Trust Board Papers

Isle of Wight NHS Trust

Board Meeting in Public (Part 1)

to be held on

Wednesday 28th January 2015

at

09.30am - Conference Room, School of Health Sciences (South Hospital)

St. Mary's Hospital, Parkhurst Road,

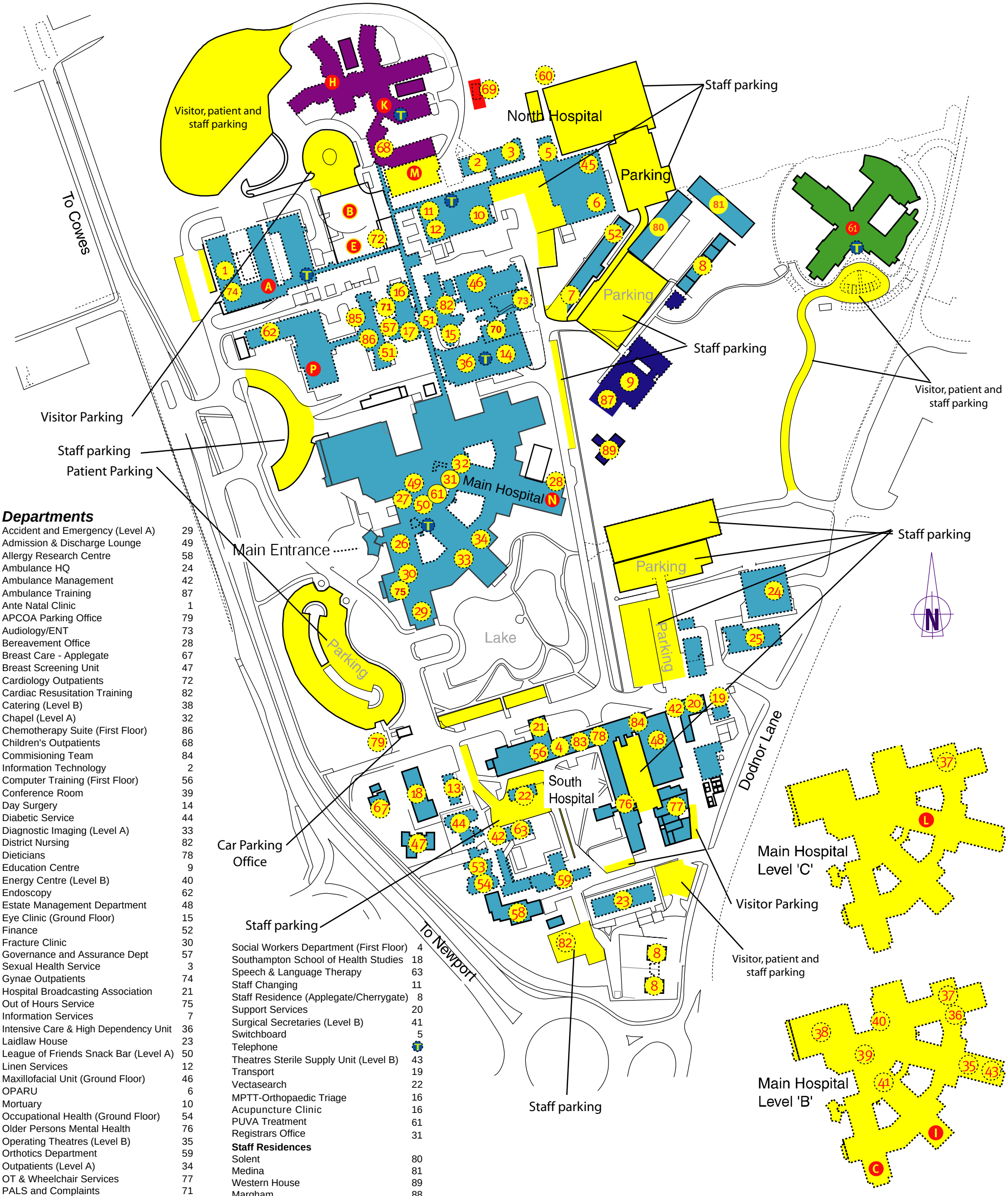
NEWPORT, Isle of Wight, PO30 5TG

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

Key Trust Strategic Objectives & Critical Success Factors 2014/15

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

St Mary's Hospital



Departments

Accident and Emergency (Level A)	29
Admission & Discharge Lounge	49
Allergy Research Centre	58
Ambulance HQ	24
Ambulance Management	42
Ambulance Training	87
Ante Natal Clinic	1
APCOA Parking Office	79
Audiology/ENT	73
Bereavement Office	28
Breast Care - Applegate	67
Breast Screening Unit	47
Cardiology Outpatients	72
Cardiac Resusitation Training	82
Catering (Level B)	38
Chapel (Level A)	32
Chemotherapy Suite (First Floor)	86
Children's Outpatients	68
Commisioning Team	84
Information Technology	2
Computer Training (First Floor)	56
Conference Room	39
Day Surgery	14
Diabetic Service	44
Diagnostic Imaging (Level A)	33
District Nursing	82
Dieticians	78
Education Centre	9
Energy Centre (Level B)	40
Endoscopy	62
Estate Management Department	48
Eye Clinic (Ground Floor)	15
Finance	52
Fracture Clinic	30
Governance and Assurance Dept	57
Sexual Health Service	3
Gynae Outpatients	74
Hospital Broadcasting Association	21
Out of Hours Service	75
Information Services	7
Intensive Care & High Dependency Unit	36
Laidlaw House	23
League of Friends Snack Bar (Level A)	50
Linen Services	12
Maxillofacial Unit (Ground Floor)	46
OPARU	6
Mortuary	10
Occupational Health (Ground Floor)	54
Older Persons Mental Health	76
Operating Theatres (Level B)	35
Orthotics Department	59
Outpatients (Level A)	34
OT & Wheelchair Services	77
PALS and Complaints	71
Pathology Laboratories (Level B&C)	37
PCT Headquarters (First Floor)	83
Personnel (First Floor)	53
Pharmacy (Level A)	27
Physiotherapy (Ground Floor)	16
Porters	51
Post Room	6
Pre Assessment Unit	70
Printing Department	45
Main Reception (Level A)	26
Renal Dialysis	60
YMCA Creche	69
Social Club	25
Chapel of Rest	10
Healing Arts	13
Respiratory Physio	85
Social Workers Department (First Floor)	4
Southampton School of Health Studies	18
Speech & Language Therapy	63
Staff Changing	11
Staff Residence (Applegate/Cherrygate)	8
Support Services	20
Surgical Secretaries (Level B)	41
Switchboard	5
Telephone	T
Theatres Sterile Supply Unit (Level B)	43
Transport	19
Vectasearch	22
MPTT-Orthopaedic Triage	16
Acupuncture Clinic	16
PUVA Treatment	61
Registrars Office	31
Staff Residences	
Solent	80
Medina	81
Western House	89
Margham	88

Wards

Newchurch Ward	E
Children's	M
Coronary Care Unit	B
Rehabilitation	H
Luccombe & Alverstone (Level C)	L
Maternity	A
Medical Assessment (Level A)	N
Mottistone Suite	P
Neonatal Intensive Care Unit (Ground Floor)	A
Colwell & Appley Wards (Level B)	C
Sevenacres	61
Stroke Unit	K
St Helens & Whippingham Ward (Level B)	I

Isle of Wight NHS
NHS Trust

Please note the School of Health Science Building is shown as No. 18 on map

Isle of Wight NHS Trust

The next meeting in public of the Isle of Wight NHS Trust Board will be held on **Wednesday 28th January 2015** commencing at 09:30hrs.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	Criteria	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: Nina Moorman, Non-Executive Director, Jessamy Baird, Non-Executive Director and Lizzie Peers, Non-Executive Financial Advisor		Chair	Receive	Verbal
	1.2	Confirmation that meeting is Quorate ***No business shall be transacted at a meeting of the Board of Directors unless one-third of the whole number is present including:*** *The Chairman; one Executive Director; and two Non-Executive Directors.*		Chair	Receive	Verbal
	1.3	Declarations of Interest		Chair	Receive	Verbal
	2	**Chairman's Update**				
	2.1	The Chairman will make a statement about recent activity		Chair	Receive	Verbal
	3	**Chief Executive's Update**				
	3.1	The Chief Executive will make a statement on recent local, regional and national activity.		CEO	Receive	Enc A
	3.2	Local Update from Hospital & Ambulance Directorate		EDNW	Receive	Enc B
	3.3	Local Update from Community & Mental Health Directorate		EMD	Receive	Enc C
	4	**Patients & Staff**				
	4.1	Presentation of this month's Patient Story	Quality & Performance Management	CEO	Receive	Pres
	4.2	Employee Recognition of Achievement Awards	Culture & Workforce	CEO	Receive	Pres
	4.3	Employee of the Month	Culture & Workforce	CEO	Receive	Pres
	4.4	Staff Story	Culture & Workforce	CEO	Receive	Pres
	5	**Minutes of Previous Meetings**				
	5.1	To approve the minutes from the meeting of the Isle of Wight NHS Trust Board held on 3rd December 2014 and the Schedule of Actions.		Chair	Approve	Enc D
	5.2	Chairman to sign minutes as true and accurate record				
	5.3	Review Schedule of Actions		Chair	Receive	Enc E
	6	**Items for the Board**				
		Operational				
	6.1	Performance Report	Quality & Performance Management	EMD	Receive	Enc F
	6.2	Data Quality Report	Quality& Performance Management	EDF	Approve	Enc G

6.3	Reports from Serious Incidents Requiring Investigation (SIRIs)	Quality &Performance Management	EDNW	Receive	Enc H
6.4	Safer Staffing - 6 Monthly Report	Culture & Workforce	EDNW	Approve	Enc I
6.5	Safer Staffing Business Case	Culture & Workforce	EDNW	Approve	Enc J
6.6	Creating Community Capacity during the winter period	Quality & Performance Management	EDNW	Approve	Enc K
	Strategic				
6.7	Research & Development - 6 Monthly Report	Strategy & Business Planning	EMD	Receive	Enc L
6.8	FT Programme Update	Strategy & Business Planning	FTPD	Receive	Enc M
	Governance				
6.9	Board Self Certification	Governance & Administration	FTPD	Approve	Enc N
6.10	Board Assurance Framework (BAF) Monthly update	Governance & Administration	Comp Sec	Approve	Enc O
6.11	Remuneration & Nomination Committee Revised Terms of Reference	Governance & Administration	Comp Sec	Approve	Enc P
	Minutes of Board Sub Committees for noting				
6.12	Minutes of the Quality & Clinical Performance Committee held on 17th December 2014 & 21st January 2015	Governance & Administration	QCPC Chair	Receive	Enc Q
6.13	Minutes of the Finance, Investment, Information & Workforce Committee held on 18th December 2014 & 21st January 2015	Governance & Administration	FIWC Chair	Receive	Enc R
6.14	Notes of the FT Programme Board held on 25th November 2014	Governance & Administration	CEO	Receive	Enc S
7	**Board Sitting as Corporate Trustee**				
7.1	Approval and sign off of the Charitable Funds Annual Report and Accounts 2013/14	Governance & Administration	EDF	Approve	Enc T
7.2	Letter of Representation	Governance & Administration	EDF	Approve	Enc U
7.3	Non Consolidation of 2014/15 Accounts	Governance & Administration	EDF	Approve	Enc V
7.4	Minutes of the Charitable Funds Committee held on 9th December 2014	Governance & Administration	CFC Chair	Receive	Enc W
7.5	Charitable Funds Committee Revised Terms of Reference	Governance & Administration	EDF	Approve	Enc X
7.6	Charitable Funds Investments & Reserves Policy	Governance & Administration	EDF	Approve	Enc Y
8	**Matters to be reported to the Board**		Chair		
9	**Any Other Business**		Chair		
10	**Questions from the Public**		Chair		
	To be notified in advance				
11	**Issues to be covered in private**.				

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

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

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

- Carbon Energy Fund Business Case
- Informed Client Group (Wight Life Partnership) Update
- Safeguarding Update
- Employee Relations Issues
- Quarterly Claims Report
- Chief Executive's Update on Hot Topics

The Chairman or Chief Executive will indicate if there are any other issues which may be discussed in private without entering into detail about them. Members of the public, the press and members of staff will then be asked to leave the room.

13:00	**12**	**Date of Next Meeting:**

The next meeting of the Isle of Wight NHS Trust Board to be held in public is on **Wednesday 4th March 2015** in the Conference Room - School of Health Science Building (South Hospital), St Mary's Hospital, Newport, IW PO30 5TG

Enc A

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 28th JANUARY 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**	✓	**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. My last report covered the period to the end of November 2014. This report covers the period 1st December 2014 to 20th January 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.							
For following sections – please indicate as appropriate:							
Trust Goal *(see key)*	All Trust goals						
Critical Success Factors *(see key)*	All Trust Critical Success Factors						
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	None						
Assurance Level ***(shown on BAF)***	Red		Amber		Green		
Legal implications, regulatory and consultation requirements	None						
Date: 22nd January 2015	**Completed by:** Andy Hollebon Head of Communications and Engagement & Sarah Morrison – Exec Assistant to Chief Executive						

Winter Pressures

The NHS on the Island continues to be under significant pressure. Staff at the Trust, with the help of GPs, social care staff and voluntary care agencies, have maintained services including an expansion in bed capacity to cope with the surge in demand which is being experienced across the country. So far this has been done without declaring a black alert or major incident. Additional beds, more nursing, medical and allied health profession staff, and more equipment, were put in place to cover an increase in demand this winter but despite this services are currently still under substantial pressure with more patients than expected requiring admission to hospital. The impact has been:

- Cancellation of 34 in-patient operations between 2nd and 19th January 2015
- Ambulances at some times have been queuing at the Emergency Department – this reduces the number available to answer 999 calls and some callers may have experienced a delay for less serious conditions.
- More patients than usual have been kept in intensive care because they can't be moved to other beds
- There is a delay in the movement of patients from the Emergency Department and Medical Assessment Unit into the main hospital

Despite this, between 2nd and 19th January 2015, we have undertaken 368 scheduled and emergency operations and we have been able to maintain outpatient appointments. The Island's position was reported on Channel 4 News as part of a package about winter pressures on the health service and featured interviews with myself, Alan Seward, Mr Robin Beal and Performance support officer (HUB) Lee Haward.

Winter Campaign

In addition to the national publicity campaigns the NHS on the Island has funded a winter campaign designed to help Islanders access the right services at the right time. This has included:

- Full page advertorials in the County Press and the Beacon magazine
- Advertising on Isle of Wight Radio
- Bus shelters
- A 16 page booklet 'What to know and when to go'

Some patients to be offered scheduled operations on mainland

The winter pressures have created a backlog in routine operations. From 22/12/14 some Islanders have been offered scheduled operations on the mainland. Patients are offered a range of local mainland hospitals including some private providers depending on the procedure they require and the capacity at those providers. Follow-up checks and appointments, where required, would be with the mainland provider but related treatment following an operation, for example physiotherapy, will be provided on the Island.

New facilities

On Monday 8th December we opened the new St Helens ward (the old Newchurch Ward). This is a 15 bedded surgical area. This move enabled us to open up additional capacity to cope with winter pressures. The old St. Helen's area was put to immediate good use and opened up as a 12-bedded GP 'step down' area known as 'Winter Ward'. This accommodates patients who are medically fit for discharge and therefore no longer in the acute phase of their care but are awaiting care packages, placement, etc.

The 'Winter Ward' is only available until the beginning of February because the area will then be handed to contractors so that they can start work on the new Endoscopy Unit. Following Board discussion earlier this month we have recently announced that we will be opening the 13 bed Poppy Unit on 26th January. Trust Board ratification of the decision to open this 'step down' facility will be sought later in the Board meeting (Enclosure K).

The refurbishment of the Medical Assessment Unit (MAU) is progressing well.

Christmas and New Year

- The Christmas Quiz attended by Trust and CCG staff raised over £400 for the IoW Youth Trust.
- The Trust is grateful to Thompson Garden Centres and Shide Trees for the donation of the Christmas tree at St. Mary's and to Groundsell Contracting for their help with erecting the tree.
- The Trust's Christmas Carol Service on 19th December was well attended.
- The Singing for Breathing group, Sounds Lively group and children from the YMCA Nursery sang carols in the main entrance and Full Circle Restaurant.
- Children's services including the Children's Ward received Christmas presents from Isle of Wight Police officers and staff, Kier Construction and the official IoW Christmas Toy Appeal.
- 7 babies were born on Christmas Day (only 6 wanted publicity) and 4 on New Year's Day.

Industrial Action

Industrial action in the health service is ongoing with further strikes and working to rule is planned by Unison, GMB, Unite, Royal College of Midwives and the Society of Radiographers. Agreements have been reached on the Isle of Wight for those members participating in action to give notice and for essential services to be staffed to public holiday standards.

Patient Council Chairman

Elections for the Chairman of the Trust's Patient Council were held on 19th January. The new Chairman is Linda Fair. Two Vice Chairmen, as before, have been agreed - Mike Carr, the previous Chairman, and Nick Wingrave. Of the previous Vice Chairmen – Robert Jones remains on the Patient Council as a Member but I am sorry to have to report that Nancy Ellacott MBE is resigning from the Patient Council due to ill health. The Trust is grateful to Mike, Robert and Nancy for their service to the Trust and the wider NHS on the Island.

Summary Hospital Mortality Indicator (SHMI)

The Trust's latest Summary Hospital Mortality Indicator (SHMI) is now 1.04, the lowest it has ever been! The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. This figure is for a past period and we should bear in mind that there are usually more deaths over the winter period so we can expect to see some fluctuation.

Operating Plan

Further to the discussion at the Board Seminar on 13 January 2015, the initial draft operating plan was submitted in line with the Trust Development Authority's (TDA) submission requirements. Further detailed work is ongoing to prepare for the full draft plan submission on 27 February 2015 and the Board will continue to be engaged as the operating plan is further developed and finalised.

Brook UK Sexual Health Awards 2014

Congratulations to the Felicity Young and the Sexual Health Team who have been shortlisted for the Brook UK Sexual Health Awards for their outreach work to prisoners in HMP Isle of Wight. The ceremony is in March and I am sure that their Prisons Outreach Service is in with a good chance of winning.

Trust Awards

The Trust's annual awards, delayed from November, take place on 30th January 2015 at Cowes Yacht Haven. The event is sponsored by KM&T and other companies who work with the Trust.

Key Points Arising from the Trust Executive Committee

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

24th November 2014
- Winter Preparedness discussed
- Deputy COO Role approved
- Proposed Changes to Safeguarding Children's Team approved

1st December 2014
- Psychological Therapies Business Case approved
- CQC Intelligent Monitoring Reports received

8th December 2014
- Ebola Plan discussed
- Bank Staff Rates of Pay approved
- ADHD Business Case approved
- Mainland Placements Business Case approved
- CMHS Business Case approved

15th December 2014
- Performance of Directorate Savings Schemes & Programme Management Status Report concern at lack of recurrent savings
- Quality Improvement Plan submitted to the CQC
- Medical Locum Rate Proposal approved
- Crisis Response Business Case approved

29th December 2014
- Additional finance measures to be announced this week
- Safer staffing recruitment to be discussed at Board Seminar

5th January 2015
- Culture Review approved
- Reprovision of Services from Ventnor Clinic approved

12th January 2015
- Organisational Change Policy approved
- New Project Approval process for Wight Life Partnership approved

Karen Baker
Chief Executive Officer
22nd January 2015

Enc B

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 28th January 2015

Title	Hospital & Ambulance Directorate update						
Sponsoring Executive Director	Executive Director of Nursing and Workforce						
Author(s)	Associate Director – Hospital and Ambulance Directorate						
Purpose	For information						
Action required by the Board:	**Receive**	✓	**Approve**				
Previously considered by (state date):							
Trust Executive Committee		Mental Health Act Scrutiny Committee					
Audit and Corporate Risk Committee		Remuneration & Nominations Committee					
Charitable Funds Committee		Quality & Clinical Performance Committee					
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 provided as a regular update to the Trust Board from the Hospital & Ambulance Directorate.							
Executive Summary:							
This report gives an update on quality, finance, performance and key issues, successes for the Hospital & Ambulance Directorate.							
For following sections – please indicate as appropriate:							
Trust Goal *(see key)*	All Trust goals						
Critical Success Factors *(see key)*	All Trust Critical Success Factors						
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	None						
Assurance Level ***(shown on BAF)***	Red		Amber		Green		
Legal implications, regulatory and consultation requirements	None						
Date: 21st January 2015 **Completed by:** Donna Collins, Associate Director – Hospital and Ambulance Directorate							

Directorate wide update for January 2015

Highlights

- Ambulance Red 1 and Red 2 calls response time <8 minutes above target
- Friends and Family best achievement to date, green for response and recommendation rates
- 90% of stay on Stroke Unit and High risk TIA fully investigated & treated within 24 hours above target
- Referral To Treatment Time for Incompletes above target
- All Cancer targets achieved
- Commencement of various system resilience schemes until March 2015 to provide more operational resilience when caring for and treating our patients in the hospital
- Opening of St Helens Ward on the previous 'Newchurch' template
- Continuance of operational hub centre to manage emergency and medical pressures impacting upon patient flow

Lowlights

- Clostridium Difficile (C.Diff) - now exceeded the national threshold (6) for the whole year
- Referral To Treatment Time for Admitted and Non-Admitted remain below target
- Staff sickness remains above plan
- Theatre utilisation below target
- System pressures on the hospital impacting upon ability to improve against performance targets for emergency and elective patients in a sustainable manner.
- Directorate financial position

Hospital

Quality

Complaints

Data to December 2014 shows that the cumulative combined total of concerns and complaints for the whole joint directorate remains lower than 2012/13 but due to a high level of concerns received we now have an increased trajectory in comparison to last year.

The number of complaints remains low (15 this month), however, there has been an increase in the number of concerns due in part to the relocation of Patient Advise and Liaison service office, and recently largely due to the problems being experienced in the Outpatient and Records Unit (OPARU). Recruitment is underway to address the staffing issues in OPARU, with the first wave having been completed and the second wave now undergoing scrutiny. A system has been put in place to ensure phones are manned at advertised times; this had led to further problems with the volume of calls at those times meaning callers are frustrated at being unable to get through. A system of answer phone messages being converted and sent as emails is being explored. Sickness absence is improving within OPARU which is also now having a positive effect.

Patient communications continue to be well managed, with few formal complaints. Some performances of particular note in comparison to previous years are shown below:

Specialty	Formal complaints Apr-Dec 2012	Formal complaints Apr-Dec 2013	Formal complaints Apr-Dec 2014
Ambulance	20	5	3
ED	20	16	9
Medical Services	16	7	8
Max Fax	17	7	4
Orthopaedics	32	13	6

The Directorate teams have been reminded that it is crucial that the timescale needed to investigate and respond is negotiated with the complainant when they are first contacted.

Serious Incidents Requiring Investigation (SIRIs)
The Directorate reported four SIRIs in December, two relating to Pressure Injuries on Whippingham Ward and in Outpatients (under a cast), one patient fall on St Helens, and one misdiagnosis in Pathology.

As of 14th January the Directorate had 14 overdue SIRIs. Of these five were with the commissioners for closure and the other nine were still under investigation or awaiting reports being finalised. The Directorate have been pro-active in seeking updates on the progress of the investigations and in trying to bring the cases to a close, but timely completion of investigations has been impacted by the current pressures being experienced across the Trust.

Plans are also in place to have a full-time investigating officer to support this important area of work.

CQC Update
The CQC report identified that there was not effective implementation and monitoring of the paediatric admissions pathway, or for the streaming and initial assessment of patients in the Emergency Department. The Trust response to this has been to develop, implement and monitor a pathway for emergency paediatric admissions. All paediatric patients requiring urgent/emergency care, transported to the hospital by ambulance, are now taken to the Emergency Department. There is a clear pathway, produced by Linda Fishburn describing the triage and initial treatment given by Emergency Department staff, followed by referral to paediatrics if required.

Children with chronic disease that require urgent treatment have a written Anticipatory Ambulance Care Pathway (AACP) should they need ambulance transport, directly to the Children's Ward. This is supported by a Standard Operating Procedure (SOP) for Paramedics, and a 'passport' held by the patient or carer. This has been successfully tested.

Paediatric Intermediate Life support has been undertaken by all Emergency Department nursing staff and there is a robust plan for annual updates. Middle grade doctors have time allocated in their job plans for training.

There are also regular inter-departmental meetings every Thursday afternoon, which are now minuted.

The CQC report identified that patients had a number of bed moves and did not have a named consultant for the duration of their stay. Changes to a patient's consultant were being made for non-clinical reasons depending on the ward they were located on rather than their clinical condition.

Performance Information and Decision Support (PIDS) are working on a reporting mechanism to monitor bed moves, which will then identify patients to audit to ensure governance.

An intra-ward transfer form has been developed and is now in place that covers clinical and non-clinical patient bed moves which reduces the risks associated with moving a patient from one ward to another, and promotes the continuity of the patients care from a medical and nursing point of view. This transfer process will ensure that patients have a clear named Consultant remaining responsible for their care for the duration of their stay in hospital.

CQC also reported that for Acute Services the action plan to address the mortality outlier for unspecified renal failure was not implemented. Staff were not using NICE guidance for treating kidney injury and the sepsis care bundle had not been rolled out across the Trust. The Trust has since declared compliance with the action plan but was still non-compliant for the sepsis care bundle. This has been progressed with the integrated sepsis policy having been completed, ratified and rolled out across the Trust.

There is a sepsis working group containing a MDT of professionals from all areas who are working toward an action plan to deliver this integrated policy. This action details the task needed to deliver the sepsis policy across the whole Trust.

A sepsis management poster has also been designed and printed to support embedding in clinical areas.

Performance

Referral to Treatment (RTT)

Admitted and non-admitted targets continued to underperform beyond the expected period due to further validation identifying a number of patients waiting longer than originally calculated; treating these patients in turn impacts on performance against these targets for December onwards.

However, the admitted performance for December increased from 81.42% in November to 86.67% this month and the non-admitted performance has increased from 91.68% last month to 94.44% in December.

The plan for delivering baseline activity plus additional in December continued to contribute towards the planned reduction of our waiting lists to 18wks. Although, January is forecast to also fail the admitted performance targets due to these new longer waiting patients continuing to be treated into the New Year.

Activity and capacity modelling on a weekly level is being developed enabling General Managers to plan and monitor weekly outpatient and inpatient activity against targets, alongside managing the impact of emergency and medical activity upon elective activity during this winter period.

A&E

The 95% target for December was again not achieved unfortunately due to the increased pressure on the systems. Despite action plans being followed the increase in attendances at the Emergency department created a situation whereby towards the end of the month the target was lost.

Increased efforts and focus throughout December continued including the commencement of system resilience schemes, ongoing till March, providing additional bed capacity within the Trust and additional medical staffing to support the increased activity. Internal processes and practices have been revised including the Trust's operational hub to manage patient flow through the Trust and into the community.

Theatre Utilisation

The percentage utilisation of theatre facilities was below the 83% target for both Main Theatres (77.1%) and Day Surgery Unit (79.9%) in December. Overall we have achieved 78.9%. Low utilisation over Christmas period, influenced by those patients not wishing to be scheduled for procedures till the new year, impacted on bookings. Bed pressures continued however, were alleviated, by the opening of the relocated St Helens ward (onto the previous Newchurch Ward template). Increased emergency admissions prevented access to elective beds again impacting on ability to ensure high utilisation.

The actions to address this include speciality based action plans to review 18 weeks activity, ongoing discussion on review of bed capacity, ongoing monitor of inpatient delays for discharge with significant incident/bed management meetings as necessary.

Finance

The Directorate continues to address it's overspend position on both pay and non-pay (£253,000 and £368,000 in month respectively) whilst declaring a worsening forecasted end of year position (£6,356,000). The current year to date variance is £4,208,000 due to unachieved CIP (£2,230,000) and vacancy factor (£629,000), as well as incurred costs following the additional18wks activity, for which the income has not yet been received (receipt of this will be included in next month's forecast). The reason for the majority of the remaining variance is locum, agency spend covering current vacancies and additional agency nurses for wards during the winter period; unfortunately such spend continues to be in excess of budget for a permanent member of staff. Actions are in place to address both the continuing overspend and the reasons, in particular recruitment to vacancies, limiting discretionary spend and increased focus on identifying additional CIP schemes achievable by year end, as well as schemes for the next financial year. Governance has increased including weekly Directorate finance meetings and weekly Executive level 'deep dive' meetings.

Ambulance

Quality

There was incident involving a paramedic and a SIRI investigation is underway. This will be completed early Jan 2015

CQC Update

The Ambulance service was rated as good overall with a concern raised over the temperature within the store room for drugs. Work has been identified to allow a permanent solution although a temporary measure is in place until funding can be identified

Performance

The Ambulance service has again achieved all national targets in Red 1 80.43% against a target of 75% Red 2 75.04 against a target of 75% and 19min 96.8 % against a target of 95% standards. This is despite an increase in demand over the December period and the continued pressures in the acute and community settings

Finance

Ambulance service remains on target to achieve CIP targets for year end.

'In the limelight'

- Ambulance staff were pictured at Sainsbury's Newport donating the 'Nectar' points they had built up to the Isle of Wight Food Bank (http://www.iow.nhs.uk/Default.aspx.LocID-02gnew05u.RefLocID-02g00700e.Lang-EN.htm)

- A Community First Responder has been reunited with one of the patients whose life he saved (http://www.iow.nhs.uk/Default.aspx.LocID-02gnew05w.RefLocID-02g00700e.Lang-EN.htm)

- The Isle of Wight Ambulance Service has received three new state-of-the-art simulation manikins for training staff, having successfully secured funding through Health Education Wessex (http://www.iow.nhs.uk/Default.aspx.LocID-02gnew05z.RefLocID-02g00700e.Lang-EN.htm)

Sabeena Allahdin
Interim Clinical Director Hospital and Ambulance Directorate
& Consultant Obstetrician and Gynaecologist

Donna Collins
Associate Director Hospital & Ambulance Directorate

Alan Sheward
Executive Director of Nursing and Workforce
21st January 2015

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)
On 28th January 2015

Title	Community & Mental Health Directorate update					
Sponsoring Executive Director	Executive Medical Director, Dr Mark Pugh					
Author(s)	Acting Associate Director– Nikki Turner					
Purpose	For information					
Action required by the Board:	**Receive**	**P**	**Approve**			
Previously considered by (state date):						
Trust Executive Committee		Mental Health Act Scrutiny Committee				
Audit and Corporate Risk Committee		Remuneration & Nominations Committee				
Charitable Funds Committee		Quality & Clinical Performance Committee				
Finance, Investment, 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 provided as a regular update to the Trust Board from the Community & Mental Health Directorate.						
Executive Summary:						
This report gives an update on quality, finance, performance and key issues, successes for the Community & Mental Health Directorate.						
For following sections – please indicate as appropriate:						
Trust Goal *(see key)*	All Trust Goals					
Critical Success Factors *(see key)*	All Trust Critical Success Factors					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	None					
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements	None					
Date: 21st January 2015	**Completed by:** Nikki Turner, Acting Associate Director Community & Mental Health Directorate					

Community and Mental Health Services

Highlights

- Successful recruitment to Occupational Therapy and Speech and Language Therapy posts.
- % of Care Programme Approach patients receiving follow up within 7 days of discharge is at 98% year to date (YTD) and above the plan of 95%.
- No MRSA (meticillin-resistant staphylococcus aureus) cases - we remain at 0, in keeping with the zero tolerance set for this year.
- Our Stroke patients spend 92% of their stay on Stroke Unit which is above the 80% national target.

Lowlights

- Delayed Transfers of Care for Mental Health patients, whilst the <7.5% target was achieved for November, these remain a concern as there were four new delays in November. The Directorate is raising this with the Local Authority at Senior Level as all these delays are related to patients awaiting specialist residential/nursing home placements.
- The proportion of people completing treatment with psychological therapies and moving to recovery is lower than plan however contingency plans are in place to ensure that the target is met by year end.
- Staff sickness remains higher than the Trust target of 3% (currently 4.36%).

Service Delivery Updates

Changes to Safeguarding Children and the line management of School Nurses and Health Visitors

Jenny Johnston retired at the end of December as the Named Nurse for Safeguarding Children and Service Lead for School Nurses and Health Visitors. In order to sustain and create capacity within Safeguarding a series of changes are proposed. Ann Stuart, who was the Named Midwife and part time Named Nurse for Safeguarding Children, has also taken on the role of Named Nurse and Service Lead. Her role is now supported by 1 wte Safeguarding Children Nurse Specialist, 1 wte Safeguarding Nurse/Midwife and 0.6 wte Named Midwife. This team is supported by 2 wte Admin, one of which is an apprentice. The resultant changes have increased the clinical hours by 1.6 wte. The Safeguarding Children team now sits within the Nursing Directorate as it is a corporate service.

Jenny's role also provided the line management to the School Nursing and Health Visiting Teams (33% of time). The Hospital and Ambulance Directorate has supported a line management move to the Modern Matron for Paediatrics who already has responsibility for community paediatrics. It makes sense to group children's services within the Trust and this change also aligns Health Visiting again with Maternity Services.

Community Mental Health Services (CMHS)

Increased referrals to community mental health services continue to create pressure on the assessment and filtering team that needs to respond to urgent referrals within the same working day. The wider community team has responded by supporting this team with resources on a daily basis. A business case for growth funding has been approved and recruitment to two permanent Band 6 Nurses for the Access and Assessment Team has been authorised. Whilst recruitment is underway agency staff are in place to meet demand.

Psychological Therapy waiting lists within CMHS have increased and a further Business Case to increase the team's capacity has been submitted to the Clinical Commissioning Group (CCG).

CA12 (safeguarding alerts from the Police) have risen steeply through the year. The Local Safeguarding Adult Board has been made aware of the increase and the Police have started to analyse the data and appropriateness of the alerts.

Shackleton Update

The environment and care in this unit has been reviewed following a visit by Board Members. This unit is subject to the same infection prevention and control (IPC) standards as all wards and hence we cannot provide soft furnishings that are not IPC compliant and therefore limits our choices. The challenging behaviour of patients admitted to Shackleton (standard admission criteria) restricts us in terms of ornaments etc. which would make the environment more homely, as these items are frequently used as missiles. All patients have an Activity Care Plan in place and the staff have developed an Activities Programme which is being evaluated though an academic paper.

Serious Incidents Requiring Investigation (SIRI's)

In November the SIRI process changed and the Directorate implemented a revised process to improve the speed by which it identifies SIRIs and subsequently investigates them. The Directorate has worked very hard to improve its response to SIRI's within expected timescales. At the time of writing this report, the Directorate has 13 overdue SIRI's. 9 have been transferred to the CCG for final signoff, leaving 4 with the directorate.

Ventnor Community Services

The current location for Ventnor Community Clinic is in Church Street next to the old Police Station in Ventnor. The property has been leased by the Isle of Wight NHS Trust from the Isle of Wight Council for a number of years but is now on Isle of the Isle of Wight Council's asset disposal list and is up for sale. The Trust secured a 12 month continuation to its lease for the building to the 31st March 2015 during which time the Trust has sought suitable alternative accommodation which includes office and clinic space. The project team are engaging with patients, the public and stakeholders which includes a meeting with the Patient Council, contacting patients affected by this change, staff affected by moving services from this community clinic, Ventnor Town Council and the Health and Adult Social Care Scrutiny Sub Committee.

CQC Updates

Mental Health compliance

The CQC raised concerns that patients were unable to lock their bedroom doors in Shackleton. We have now completed works to provide all bedroom doors with locks and patients with keys to their rooms. The locking mechanism has the safety element of being overridden by using the door handle from inside the room so patients are not able to accidentally lock themselves in. Staff have reported an improvement in patient experience, privacy and dignity as their rooms can no longer be accessed by other patients.

Community Health compliance

The CQC found that some community teams were under resourced and there were no effective operational systems to regularly assess and monitor the quality of the services provided, in order to identify and manage risks.

Specifically in Health Visiting and School Nursing there were issues around the system to raise concerns which has been addressed through meetings with teams and reviewing the use of Datix; and the importance of the 'Handler' to ensure the feedback is given to the 'Reporter' and lessons learnt shared at team meetings. There were concerns re School Nurses accessing appropriate Public Health Training and this has now been sourced and will commence in 2015.

The CQC raised concerns regarding the safety and supervision of the Community Nursing Service out of hours. Safety 'Skyguard Badges' were being implemented prior to the CQC visit, however the Team has since reviewed the Standing Operating Procedures around Lone Working and all staff have had the documents provided to them. Immediately following the inspection senior nurse provision was put in place to ensure the community nurse has clinical support out of hours. A review of the out of hours service was undertaken and the criteria for visits reiterated to the team and colleagues in the Integrated Care Hub. Clinical Supervision is more robust and the practice of Doppler tests prior to compression bandaging is now in place.

There were a number of actions for the Community Wards which are all completed or in progress. Audits are in place to ensure actions are sustainable and are now in the process of being tested by peers from other areas.

Three main areas of concern for the wards were around medical and nursing staffing levels and patients being transferred for non-clinical reasons. The organisation has plans in place to support recruitment to these disciplines and clear criteria is in place to ensure that patients on the Stroke and Rehabilitation pathways are given priority for transfer to the appropriate area for their care.

The Directorate has implemented regular reviews of the Quality Improvement Plan and work continues within individual teams on Quality Improvement and Effectiveness.

In the media spotlight

There are no media articles to report to the Board this month however the Directorate has been recognised through the Chief Executive's Friday Flame.

- Well done to Michael Preece, Occupational Therapist, who was recognised for going the extra mile.
- Congratulations to Elaine Grier, Community Rehabilitation Sister, for completing 40 years' service.
- Alex Finch, Registered Mental Health Nurse, Seagrove Psychiatric Intensive Care Unit was the Employee of the Month for November 2014. Alex was nominated by a patient who said, "*I enjoy working with Alex so much no matter what mood I am in he always makes it better. He has a very caring sense about him and is a high standard nurse."*

Finance

The Community and Mental Health Directorate is reporting a YTD over-spend of £514k at Month 9. Some costs are associated with growth in services and are being negotiated with CCG through business case development. Successful negotiations will improve the Directorate's overspend position. Six business cases have been approved which will result in investment in Community Nursing, Dietetics, IAPT, Podiatry, Orthotics and Pelvic, Obstetric and Gynaecological Physiotherapy (POGP).

The main pressure areas are within medical staffing and non-pay spend in patient appliances. We are seeking additional funding through slippage of CCG funding.

Although we have achieved our Cost Improvement Plan (CIP) year to date, a proportion of this has been achieved non-recurrently. Our challenge is to identify sustainable recurring savings for the future.

Nikki Turner
Acting Associate Director Community and Mental Health Directorate

Mark Pugh
Executive Medical Director

21st January 2015

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Isle of Wight NHS Trust

Minutes of the meeting in Public of the Isle of Wight NHS Trust Board held on Wednesday 3rd December 2014 Conference Room, St Mary's Hospital, Newport, Isle of Wight

PRESENT:	Danny Fisher	Chairman
	Karen Baker	Chief Executive (CEO)
	Katie Gray	Executive Director for Transformation & Integration (EDTI)
	Mark Pugh	Executive Medical Director
	Alan Sheward	Executive Director of Nursing & Workforce (EDNW)
	David King	Non-Executive Director
	Nina Moorman	Non-Executive Director
	Charles Rogers	Non-Executive Director (SID)
	Sue Wadsworth	Non-Executive Director
In Attendance:	Jessamy Baird	Designate Non-Executive Director
	Lizzie Peers	Non-Executive Financial Advisor
	Mark Price	FT Programme Director & Company Secretary
	Iain Hendey	Deputy Director of Informatics *(Deputy for Executive Director of Finance)*
	Andy Hollebon	Head of Communications and Engagement
For item 14/320	Nikki Turner	Acting Associate Director for the Community & Mental Health Directorate
For item 14/322	Elaine Grier	Community Rehabilitation Sister
For item 14/322	Michael Preece	Occupational Therapist
For item 14/322	Marina Amos	Team Lead Inpatient Occupational Therapy
For item 14/322	Samantha Harrison	Healthcare Assistant, Outpatients
For item 14/324	Sam Whitewood	Senior Mental Health Nurse
For item 14/333	Keith Morey	Civil Contingencies Manager
For item 14/336	Chris Smith	Head of Ambulance Services
For item 14/322 & 338	Brian Johnston	Head of Corporate Governance & Risk Management
Observers:	Chris Orchin	Health Watch
Minuted by:	Lynn Cave	Trust Board Administrator (TB)
Members of the Public in attendance:	There were 3 members of the public present	

Minute No.

14/315 APOLOGIES FOR ABSENCE, DECLARATIONS OF INTEREST AND CONFIRMATION THAT THE MEETING IS QUORATE

Apologies for absence were received from Chris Palmer, Executive Director of Finance and Jane Tabor, Non-Executive Director.

Apologies were also received from Cllr Peacey-Wilcox, Andrew Turner MP, Cllr Stephens, Mark Orchard – Director of Finance for NHS England (Wessex) and Mike Carr – Patient Council.

The Chairman announced that the meeting was quorate.

There were no declarations of interest from the Board members. However, Chris Orchin – Health Watch, advised the Board that he is a member of the Healing Arts Committee and a Trustee of Isle of Wight Citizens Advice Bureau.

14/316 CHAIRMAN'S UPDATE

The Chairman reported that the Trust was experiencing a busy time with additional pressures on services and resources. These included the winter pressures and he expressed his thanks to all staff for their efforts during this time.

He advised that a major review on the Trusts structure and efficiency was being

undertaken which was due to be completed by the end of March 2015, at which point it was anticipated that the Trust would be in a position to move forward with the daily running of services.

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

14/317 NED Membership of Sub Committees

At the requested of the Chairman the Company Secretary presented the revised Non-Executive Directors membership of the sub committees for formal approval. These were as follows:

AUDIT & CORPORATE RISK COMMITTEE	
David King	Chair
Charles Rogers (SID)	Vice Chair
Dr Nina Moorman	Member
Jane Tabor	Member
Lizzie Peers	Attendee

CHARITABLE FUNDS COMMITTEE	
Dr Nina Moorman	Chair
Sue Wadsworth	Vice Chair
David King	Member
Lizzie Peers	Member

FINANCE, INVESTMENT, INFORMATION & WORKFORCE COMMITTEE	
Charles Rogers (SID)	Chair
Jane Tabor	Vice Chair
Lizzie Peers	Member

FOUNDATION TRUST PROGRAMME BOARD	
Danny Fisher	Member
Sue Wadsworth	Member
David King	Member

MENTAL HEALTH ACT SCRUTINY COMMITTEE	
Jessamy Baird	Chair
Dr Nina Moorman	Vice Chair
Jane Tabor	Member

QUALITY & CLINICAL PERFORMANCE COMMITTEE	
Sue Wadsworth	Chair
Dr Nina Moorman	Vice Chair
Jessamy Baird	Member

REMUNERATION & NOMINATIONS COMMITTEE	
Danny Fisher	Chair
Sue Wadsworth	Vice Chair
Charles Rogers (SID)	Member
David King	Member

Proposed by Sue Wadsworth and seconded by Charles Rogers

The Isle of Wight NHS Trust Board approved the NED Membership of the Sub-Committees

14/318 CHIEF EXECUTIVE'S UPDATE

The Chief Executive presented her report and highlighted the following areas:

National

- **Foundation Trust Network Annual Conference** – Foundation Trust Network has a new name, NHS Providers.
- **Duty of Candour** – this came into force on 27th November 2014.

Local

- **Systems Pressures** – Trust is working well during these pressures and has placed a full page advertisement in the IW County Press to advise the local population of measures being taken.

- **Wight Life Partnership** – This is a joint venture with Ryhurst to help develop our estate. This is not a privatisation of the Isle of Wight NHS Trust. The Trust retains full control. This is about land and buildings not about the clinical services we provide.
- **Black or Minority Ethnic (BME) Network** – Staff network for BME staff within the Trust to be established in early 2015.
- **Carbon Energy Fund** – The Trust Development Authority (TDA) have approved the Outline Business Case (OBC) for a joint initiative with the Carbon Energy Fund to reduce our energy use and carbon emissions.
- **Pressure Ulcer Awareness Day** – This was held at the Riverside Centre on 19th November and was well supported.
- **Listening into Action** – 10 teams working around the Trust under this initiative.

- **Winter Planning** – Whole range of actions being taken including increasing capacity, helping patients remain in their homes and working across agencies.
- **Infection Prevention & Control** – small incidents of Norovirus. Lessons learnt helped contain the incident.
- **Quality Improvement Plan** – Report going to CQC on 12th December on the actions we were required to take following their inspection in June 2014. The Chief Executive reported there would not be 100% compliance but robust action plans were in place. The CQC are aware of this and it is hoped that the warning notice will be removed.
- **Strike Action** – Staff ensured that there were no ill effects on patients during this period.

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

14/319 LOCAL UPDATE FROM HOSPITAL & AMBULANCE

The Executive Director of Nursing and Workforce presented the update from Hospital and Ambulance Directorate. Areas covered included:

Highlights

- Joint Advisory Group accreditation achieved for Endoscopy
- Clinical Pathology Accreditation achieved for the Laboratories
- Recruitment of Paediatric Nurses to cover 12 hours in Emergency Department – 7 days per week – supporting the single front door
- Ambulance Red 1 and Red 2 calls response time <8 minutes above target
- Venous Thrombo-Embolism (VTE) risk assessment achievement maintained
- No MRSA cases - we remain at 0, in keeping with the zero tolerance set for this year.
- Estates work for St Helen's to Newchurch ward move progressing well and on track
- First month use of Omnicel as shared storage Colwell / Medical Assessment Unit has reduced costs more than expected – Neonatal Intensive Care Unit – Nursing feedback – positive feedback on use of the system.
- New Breast Consultants recruited
- Recruitment of substantive Consultant Oral Surgeon

Lowlights

- Clostridium Difficile (C.Diff) - now level with the national threshold (6) for the whole year
- Referral To Treatment Time Admitted and Non-Admitted below target
- Staff sickness remains above plan
- Theatre utilisation below plan
- Emergency care 4 hour standard below target

Questions were invited:

Overspend: Charles Rogers expressed concern over the considerable financial overspend within the directorate, and asked if there was a forecast for the end of the year. The Executive Director of Nursing & Workforce advised that the directorate had controls around costs in place. He advised that a contributory factor of the overspend was down to bank and locum staffing as well as a shortfall on CIP. Charles Rogers asked if there were plans to increase CIP savings. He was assured that plans were in place but that support would be needed from the other directorates. The Chief Executive confirmed that the focus was on Hospital and Ambulance and assistance was being provided to help them review their plans. This was confirmed by the Executive Director of Transformation & Integration who outlined the support process being provided by the Project Governance Office.

Locum Staff costs: Lizzie Peers asked if there was a 'roadmap' for delivery of CIP savings and if an agency review would be appropriate. The Executive Director of Nursing & Workforce advised that with the master vendor coming online this would mean that all staff would be coming via a single agency which would assist in mitigating costs. He confirmed that locum levels were reviewed weekly by the Medical Workforce team in conjunction with the vacant posts.

Medical Staffing Overspend: Lizzie Peers asked if resources could be transferred to overspending areas to offset deficits. The Executive Director of Nursing & Workforce advised that work was underway to articulate capacity and demand in line with consultant availability. The Deputy Director of Informatics also advised that work was being undertaken on coding to baselines in contracts.

The Isle of Wight NHS Trust Board received the Local Update from Hospital & Ambulance Directorate

14/320 LOCAL UPDATE FROM COMMUNITY & MENTAL HEALTH

At the request of the Executive Medical Director the Acting Associate Director presented the update from the Community and Mental Health Directorate which included:

Highlights

- % of Care Programme Approach (CPA) patients receiving follow up within 7 days of discharge is at 97%, and above plan.
- No MRSA cases - we remain at 0, in keeping with the zero tolerance set for this year.
- Stroke patients with 90% stay on Stroke Unit is above plan.
- New Head of Mental Health commencing work.

Lowlights

- Delayed transfers of care for Shackleton, although below target of 7.5%, remain a concern, with 4 patients awaiting transfer to suitable placements.
- The proportion of people completing treatment with psychological therapies and moving to recovery is lower than plan.
- Staff sickness remains static for Community and Mental Health Services.

Questions were invited:

Shackleton Ward: Sue Wadsworth enquired if the issue with delayed transfers from Shackleton was just an Island problem or a national problem. The Executive Medical Director advised that it was due to a lack of suitable island beds and it was necessary to look to the mainland for possible placements. David King commented that there was a general lack of suitable beds for these patients in the South of England and could the targets set by the Commissioners be reviewed to reflect this problem. The Executive Medical Director confirmed that discussions were ongoing with the Local Authority.

Jessamy Baird stated that following a visit to Shackleton Ward she felt that the area was very sterile and should be more patient friendly with soft furnishings, activities or programme of events to stimulate patients. She asked that an update on the provision of art therapy and other such activities be included in the next report.

Action Note: *Acting Associate Director to arrange for an update on Shackleton Ward to be included in the Community & Mental Health Directorate report for 28th January.*

Action by: AAD

Safeguarding: Sue Wadsworth asked that succession planning for the Safeguarding team be presented to the next QCPC meeting. This was agreed.

Action Note: *The Acting Associate Director to present details of the succession planning for the Safeguarding team to QCPC in January.*

Action by: AAD

SIRIs: Lizzie Peers expressed concern over the level of overdue SIRIs within the Community and Mental Health directorate. The Acting Associate Director advised her that a robust process was in place to manage these but there had been an unexpected rise in October. These cases were reviewed weekly with lessons learnt being fed back to the wider teams. She advised that these processes were in continuous development to improve them further. Jessamy Baird asked if the level of SIRIs was having an adverse impact on staff. The Acting Associate Director advised that measures were in place to mitigate any risk to staff and the Executive Medical Director confirmed that the team had

support from the Trust Executive Committee.

The Isle of Wight NHS Trust Board received the Local Update from Community & Mental Health Directorate

14/321 PATIENT STORY

The Chief Executive advised the meeting that this month's story featured a patient who has spent time in Sevenacres. The patient gave a very frank and open account of their experiences within Sevenacres.

The Chief Executive stated that it was good to have the opportunity to hear from patients from the mental health services and express her thanks to the patient for being willing to be filmed. She also stated that it would be the aim eventually to get patients to come and discuss face to face with the Board and she looked forward to the time when this could happen.

The Isle of Wight NHS Trust Board received the Patient Story

14/322 EMPLOYEE RECOGNITION OF ACHIEVEMENT AWARDS

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

Category 1 – Quality Care & Innovation

- Samantha Harrison – Healthcare Assistant, Outpatients

Category 3 – Going the Extra Mile

- Michael Preece - Occupational Therapist

Long Service – 40 years service:

- Elaine Grier - Community Rehabilitation Sister.
- Brian Johnston - Head of Corporate Governance & Risk Management

The Chief Executive congratulated all recipients on their achievements.

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

14/323 EMPLOYEE OF THE MONTH

The Chief Executive presented the Employee of the Month Award.

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Employee of the Month – November 2014

- Alex Finch - Registered Mental Health Nurse, Seagrove Psychiatric Intensive Care Unit

Unfortunately, due to clinical commitments, Alex Finch was not able to collect the award in person and the Chief Executive advised that it would be presented in the department.

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

14/324 STAFF STORY

The Staff Story was presented by Sam Whitewood who is a Senior Mental Health Nurse with the Early Intervention in Psychosis; he is also the Physical Health Lead – CMHS and Joint Clozapine Clinic Lead. He presented an overview of the Physical Health Check Clinic which operates for patients with mental health issues. He outlined the need for patients to have regular check-ups to ensure that their medication was not having any adverse effects. The programme he is running has greatly assisted patients and feedback from patients is that they like the fact that their physical wellbeing is being looked after as well as their mental wellbeing. The future plans for the programme were also outlined.

There followed a discussion on the various aspects of the programme and it was agreed that this was an important service which would greatly benefit the patients. The Chairman extended an invitation for Sam Whitewood to update the Board again following future developments within the service.

The Isle of Wight NHS Trust Board received the Staff Story

14/325 MINUTES OF PREVIOUS MEETING

Minutes of the meeting of the Isle of Wight NHS Trust Board held on 29th October 2014 were approved with the exception of the following change:

- Sue Wadsworth asked that for consistency could the minutes of both Part 1 and Part 2 be amended so that she is referred to as 'The Chairman' as in some areas she is referred to as the 'Deputy Chairman'. This was agreed.

Proposed by Nina Moorman and Seconded by Charles Rogers

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

14/326 REVIEW OF SCHEDULE OF ACTIONS

The Board received the schedule of actions and noted the following updates:

a) **TB/110 Car Parking:** The Head of Communication & Engagement provided a tabled update on the actions that had been taken in relation to publicising the car parking information. This action is now closed.

b) **TB/117 – Ambulance Appraisals** – The Executive Director of Nursing & Workforce advised that these were now at 90% with the outstanding issues having been resolved. This action is now closed.

c) **TB/118 – Consultant Cover** – The Chief Executive advised that Oncology Consultants were employed by University Hospital Southampton NHS Foundation Trust. It was agreed that this action should be closed and another opened which related to levels of locum cover used by the Trust and any gaps in Consultant cover. This was agreed.

Action Note: *Develop the Consultant Workforce Report which currently goes to TEC, to include locum usage and any gaps in Consultant cover.*

Action by: EDNW

d) **TB/122 – Consultant List** – The Chief Executive would arrange for this to be recirculated to all NEDs.

Action Note: *The Chief Executive's PA to send Consultant list to all NEDS.*

Action by: CEO

e) **TB/124 – PARIS system** – Responsibility for this system is being transferred to the Executive Director of Transformation & Integration who reported that the Associate Director for Community & Mental Health was working with her to devolve project lead responsibility to the IT department. Jessamy Baird asked for a timeline on full roll out of the system. It was confirmed that an update report would be provided in due course to the QCPC. This action is now closed.

Action Note: *Executive Director of Transformation & Integration to report back to QCPC on PARIS system roll out.*

Action by: EDTI

f) **TB/093 – Walkabouts** – The Executive Director of Nursing & Workforce confirmed that the revised process was currently in development.

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

ITEMS FOR THE BOARD

14/327 PERFORMANCE REPORT

The Deputy Director of Informatics presented the performance report which included the following summary items:

Highlights:

- Ambulance Red 1 and Red 2 calls response time <8 minutes above target
- 90% of stay on Stroke Unit and High risk TIA[1] fully investigated & treated within 24 hours above target
- MRSA maintained at 0

Lowlights:

- Clostridium Difficile (C.Diff) - now level with the national threshold (6) for the whole year
- Referral To Treatment Time (RTT) for Admitted and Non-Admitted remains below target
- Staff sickness remains above plan
- Theatre Utilisation below target

Safe:

- **Pressure ulcers:** We continue to under achieve our planned local reduction across all grades of pressure ulcers, both in the hospital setting and the wider community. A public awareness campaign is continuing to highlight prevention within the wider community and encourage regular mobilisation for those at risk.

- **Clostridium Difficile (C.Diff)**: We had 1 additional case during September and have now reached our full year target of 6.

Responsive:

- **Admitted and non-admitted RTT Indicators** were below target in October, with a number of specialties not achieving target.

- **Ambulance** Red 1 and Red 2 calls response time <8 minutes - achieving all targets during October.

- **A&E Emergency** care 4 hours standard was below target during October. Increased efforts and focus throughout November will continue.

Caring:

- **Complaints** number has increased since September and it is slightly higher than in April 2014.

- **Compliments**, in the form of letters and cards of thanks, were lower during October than in September.

- **Mixed Sex Accommodation:** there were 4 breaches during October due to extreme bed pressures.

Well Led:

- **Paybill:** Total paybill exceeds budgeted expenditure in month by £214k in month and £467k year to date. The number of FTE[2]s in post including variable FTEs (2,723) is currently below plan by 43 FTE. The Human Resource Directorate are closely monitoring and supporting the Clinical directorates with their workforce plans, in particular their control over their spend on variable hours.

- **Sickness Absence:** Has decreased from 4.55% to 4.44% during October but remains above the 3% plan. Stress related sickness absence falls significantly in month but is offset by an increase in cold & flu, and chest & respiratory related

[1] Transient Ischaemic Attack
[2] Full Time Equivalent

sickness absence.

- **Planned Surplus:** The Trust planned for a surplus of £506k in October, after adjustments made for normalising items. The reported position is a surplus of £410k in the month, an adverse variance of £96k. This position is actively being managed through performance reviews & where necessary more frequent finance assessments.

Effective:

- **Theatre Utilisation** has improved for Day surgery Unit (84.8%) but decreased for Main Theatres (77.8%) giving a joint rate of 80.8% in October.

The following areas were also raised during discussion:

i. **Assaults against Staff in Mental Health Services p6** – Chris Orchin, with permission from the Chair, asked if the cases shown were recorded as to whether they were connected to SIRIs or were patient to patient incidents. The Executive Medical Director advised that all cases were recorded and exact details could be provided. He agreed he would look into the details and report back.

Action Note: *The Executive Medical Director to get details of all assaults on staff in mental health services and report back to Board.*

Action by: EMD

ii. **Staff Sickness p28** – Lizzie Peers asked if there were any trends in staff sickness. The Deputy Director of Informatics advised that the data provided came from the Workforce team, and the Executive Director of Nursing & Workforce confirmed that Occupational Health were involved in carrying out stress focus surveys within the organisation and provided support for staff. The Chairman commented that staff sickness levels had not improved over the years and stress proved to be a difficult area to resolve.

iii. **Expenditure p42** – David King asked that the Executive Directors initiate actions that send the appropriate message to the organisation on the seriousness of the financial position. The Chief Executive advised that this area was discussed at weekly meetings with a focus on spending on locum and bank staff. She assured him that all non-essential expenditure was being reviewed. Jessamy Baird cautioned that in some cases this message could be counterproductive and it was important that when making cuts staff training should not be affected. The Executive Director of Transformation & Integration agreed and advised that a review was underway to look at areas where specific items only could be ordered – such as stationery. The Chairman stated that he was comfortable that the Executive Directors would review this appropriately.

Action Note: *Chief Executive to initiate actions that send the appropriate message to the organisation on the seriousness of the financial position.*

Action by: CEO

iv. **Capital Plan p42** – Jessamy Baird asked for clarification on why this was shown as Amber and was there assurance that the capital plan would be achieved. The Chief Executive assured her that the plan was being reviewed and was currently better than at the same time last year.

v. **Directorate Reports p's4 – 7** – Nina Moorman stated that she felt that there was repetition within the Trust Performance report and the Directorate reports received earlier in the meeting and queried if this was deliberate. The Chief Executive advised that work had been done to ensure consistency between the reports but that the Directorate reports were still being developed and this point would be taken into consideration for future reports.

Action Note: *The Company Secretary to review the respective information provided in the directorate reports and Trust Performance report.*

Action by: CS

The Executive Director of Nursing& Workforce presented slides on the RTT[3] data which showed areas of concern. He explained how the dating system for these cases operated and highlighted that it has become apparent in some cases the RTT period of 18 weeks was started at the wrong point which caused anomalies within the reported data. He explained that the 18 week period should be counted from the first referral from GP and not from the date the consultant refers for surgery. A discussion took place surrounding the finer details of this process. The Executive Director of Nursing & Workforce assured the Board that a review to validate the lists was underway and he is providing updates to the TDA and CCG.

The Chairman asked if there was sufficient capacity to undertake this review and the Executive Director of Nursing & Workforce responded that the full scope of the issue was yet to be identified. He also advised that one area being reviewed was that of patient choice of treatment location and mainland options were being factored in.

Lizzie Peers questioned if the data matrix being used was causing any issues. The Deputy Director of Informatics advised that an annual data quality report was submitted to the Board and advised that on the whole data quality was good but agreed that this area could be reviewed in more detail. The Company Secretary suggested that the Board review the data quality report at the next meeting.

Action Note: *The Deputy Director of Informatics to provide a Data Quality report for the next meeting of the Board on 28th January 2015.*

Action by: DDI

The Executive Director of Nursing & Workforce advised the Board that the TDA were looking into the cancer waiting lists but he was not anticipating any surprises. This audit is coming off the back of a very difficult time with the winter pressures, and also highlighted the levels of sickness within the teams which were a contributing factor. He confirmed that this was not just an Island problem and that he was in communication with other Trusts to discuss the issue.

The Isle of Wight NHS Trust Board received the Performance Report

14/328 MINUTES OF THE QUALITY & CLINICAL PERFORMANCE COMMITTEE

Sue Wadsworth reported on the key points raised at the last meeting held on 19th November 2014.

a) **Min No. 14/366 - Acute & Unspecified Renal Failure Update Assurance** – Sue Wadsworth and Nina Moorman expressed how impressed the committee had been with the presentation by Dr Victor Lawrence, Consultant in Diabetes and Endocrinology. It was also confirmed that the topic would return to QCPC at a later date for a progress update.

b) **Min No. 14/371 - Directorate Issues** – pressure on beds and patient flow. The Committee had limited assurance for this area. The Chief Executive advised that the operational hub in the Conference Room would continue to operate during this period.

c) **Min No. 14/374 – Quality Improvement Plan (QIP)** – Limited Assurance. Sue Wadsworth confirmed that QCPC were monitoring closely.

d) **Min No. 14/376 - Royal College of Paediatrics and Child Health (RCPCH) Revie**w – Assurance received.

e) **Min No. 14/377 - Clinical Governance Review** – requirement for internal review of clinical governance structures and processes.

f) **Min No.14/388 – Stroke Unit** - Concern raised re-redecoration of Stroke Unit which is now unsuitable for patients with visual impairment. The Executive

[3] Referral to Treatment

Director of Nursing & Workforce advised that the colour scheme was in line with recommended guidance for dementia patients but this had inadvertently caused issues with other areas. He confirmed that Ian Bast, who is the QCPC patient representative and who is himself, visually impaired, has agreed to join the team responsible for co-ordinating redecoration of patient areas.

g) **Min No.14/378 - Serious Incidents Requiring Investigation (SIRIs)** – Committee is focused on reducing levels of outstanding SIRIs.
h) **Min No. 14/386 – Self Certification** - The Committee approved the TDA Self Certification with the recommendation to the Board.

The Executive Director of Nursing & Workforce advised the Board that the SEE[4] team would be taking over responsibility for clinical risk and litigation from 1 January 2015.

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

14/329 MINUTES OF THE FINANCE, INVESTMENT, INFORMATION & WORKFORCE COMMITTEE

Charles Rogers reported on the key points raised at the last meeting held on 19th November 14, these being:

a) **Min No. 14/185 - Safer Staffing** – The Committee supports the submission of the business case for safer staffing to the CCG for consideration of funding.
b) **Min No. 14/192 - CIPS** – The Committee discussed the remaining CIP gap of £3.312m and had a full and wide ranging discussion surrounding the cost improvement process and the current levels within the directorates which included how the teams would be supported. Clinicians support was also flagged as an important factor in the success of any potential initiative.
c) **Min No. 14/195 - Sub Committee's responsibilities:** The Committee expressed concern as to where within the sub-committee structure Information Technology, Estates, Board Assurance Framework and Corporate Risk were reviewed. The Committee felt that it was not appropriate for these areas only to be covered at the Audit & Corporate Risk Committee without prior discussion at sub-committee level.

Action Note: *The Company Secretary to arrange for a Board discussion on where Information Technology, Estates, Board Assurance Framework and Corporate Risk were reviewed.*

Action by: CS

d) **Min No. 14/200 - Business Case – Ambulance CAD (Computer Aided Despatch)**: The Committee recommends the business case for the ambulance computer aided despatch upgrade for formal approval.
e) **Min No. 14/203 - Self Certification:** the Committee requested that the statements be reviewed and revalidated by the owners of the reports.

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

14/330 REPORT FROM SERIOUS INCIDENTS REQUIRING INVESTIGATION (SIRIs)

The Executive Director of Nursing and Workforce provided an overview of the 21 Serious Incidents reported during October 2014, as well as identifying the lessons learnt from 10 SIRIs closed by the commissioner during October 2014.

Of the 21 incidents reported 11 related to pressure ulcers, 3 to patient falls and the remaining 7 to various other areas. This increase in cases demonstrates the level of monitoring and it is anticipated a number of these will be downgraded following investigation.

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

[4] Safety, Experience and Effectiveness

14/331 MORTALITY UPDATE

The Executive Medical Director presented the mortality update.

- SHMI[5] of 1.07 is 'within expected' range
- HSMR[6] of 83.9 is 'lower than expected' – (but currently is not rebased and will go up when this is done)
- Rapid Review undertaken around Fluid and Electrolyte disorders and conclusion was that the issue was admission coding.
- Continued monitoring of mortality related to Urinary Tract Infections required

The Executive Medical Director advised that the Dr Foster 3 year contract was coming to an end and it had been decided not to renew it, and he was linking with Blackpool Teaching Hospitals NHS Foundation Trust to develop monthly data reporting.

Jessamy Baird queried if the issue with coding was down to the primary diagnosis. The Deputy Director of Informatics advised that following an audit of the process the issue had been tracked to a data transfer problem outside the organisation. He explained that the data is sent to the information centre who carry out an analysis of the quality of provider data submitted to Secondary Uses Service (SUS), and he gave assurance that the problem was being resolved.

The Isle of Wight NHS Trust Board received the Mortality Update

14/332 EMERGENCY PLANNING CORE STANDARDS 2014

The Civil Contingencies Manager presented the report and advised that this was a statutory requirement. He confirmed that it was a self-assessment, along with discussion with the CCG, which has shown the compliance of the Isle of Wight NHS against the core standards is 45 (72%) of the 63 standards. An action plan has been developed to achieve compliance against all applicable standards by the end of May 2015.

Sue Wadsworth enquired if there were any concerns on delivering the action plan. The Civil Contingencies Manager assured her that there were no concerns and although there had been additional issues with the Ebola risk and industrial action which could result in delays, it was anticipated that the action plan would be delivered on time.

Charles Rogers stated that there was a need to monitor any changes in the regulations and that support be provided to the Civil Contingencies Manager to ensure that any slippage is mitigated. The Executive Director of Nursing & Workforce enquired if the Board wanted to defer the monitoring of this action plan to a specific sub-committee. Charles Rogers stated that he would be happy for the Finance, Investment, Information & Workforce committee to monitor and it was proposed that feedback be presented to the committee at their March meeting. This was agreed.

Action Note: *Board Administrator to pass the agenda item required to the FIIWC Administrator*

Action by: TB

Proposed by Sue Wadsworth and seconded by Charles Rogers

The Isle of Wight NHS Trust Board approved the Emergency Planning Core Standards 2014

14/333 STRATEGIC PARTNERSHIP WITH THE ISLE OF WIGHT COUNCIL

The Chief Executive advised the Board that the paper presented today would be considered by the IW Council Executive on Tuesday 9th December 2014.

[5] Summary Hospital-level Mortality Indicator
[6] Hospital Standardised Mortality Ratios

She outlined the scope of the paper and its aim of creating a Strategic Partnership for integrated provision for community services with Isle of Wight Council which has emerged from the joint working between Trust/Clinical Commissioning Group and Isle of Wight Council.

She outlined how the integrated health and social care teams would be working in three localities across the Island – West and Central Wight, North East Wight and South Wight. She confirmed that the teams would be working closely with local GPs, the voluntary sector and independent providers within these areas to provided coordinated care and support to the population of the island.

The Chief Executive advised the Board that the executive lead for the Strategic Partnership would be Mark Price, Company Secretary and FT Programme Director.

Sue Wadsworth asked how the implementation of this initiative would be monitored and reported. The Chief Executive advised that it would be monitored by the Health & Social Care Integration Group established jointly with the Isle of Wight Council and CCG. She also advised that the Chair of this group would be rotated between the Trust, CCG and Isle of Wight Council.

Nina Moorman stated that within the current political climate and economic changes occurring within the IW Council, there would be significant challenges to the partnership. The Chief Executive advised that the activities of the partnership would be carefully monitored and these factors taken into consideration.

The Chief Executive asked that the Board endorse the recommendations outlined in this paper.

Proposed by Sue Wadsworth and seconded by Nina Moorman

The Isle of Wight NHS Trust Board approved the Strategic Partnership with the Isle of Wight Council

14/334 CAPITAL PROGRAMME 2014/15 – BOARD APPROVALS

The Deputy Director of Informatics presented the report for retrospective approval for two projects as it had emerged that they were not initially approved in line with the Trust's Standing Financial instructions (SFI's, excerpt included for reference) and will therefore require retrospective approval.. These were the ISIS full implementation and Dementia Friendly Environments on the Acute Medical Wards.

Lizzie Peers queried why approval had not been granted prior to this and was there an issue with the approval process. The Chief Executive advised that the processes in place were being reviewed to ensure compliance with governance requirements by the Company Secretary and Executive Director of Transformation & Integration. As part of this process the documentation was being standardised. The Deputy Director of Informatics also confirmed that the annual review of the standing financial instructions was under way.

Action Note: *Processes to be reviewed to ensure compliance with governance requirements.*

Action by: CS/EDTI

Proposed by Charles Rogers and seconded by Sue Wadsworth

The Isle of Wight NHS Trust Board approved Capital Programme 2014/15 – Board Approvals

14/335 CAPITAL SCHEME – PROPOSAL TO UPGRADE THE AMBULANCE COMPUTER AIDED DESPATCH (CAD) SYSTEM

The Head of Ambulance Services presented the business case for the upgrade of the Ambulance Computer Aided Despatch system. He outlined the need to upgrade the software and hardware solution used within the Isle of Wight NHS Trust Ambulance Service to coordinate the received 999 calls and dispatch appropriate Ambulance

resources in the most effective way, to ensure all 999 emergency calls are prioritised appropriately and the correct resources are deployed to meet the needs of the public.

He gave an overview of the history of the current system and how the proposed upgrade would enhance the service.

Charles Rogers confirmed that the full business case was approved at the Finance, Investment, Information and Workforce Committee on 19th November and also that it was within the capital budget funding available.

Lizzie Peers asked if during the consultation period partnership working with other organisations was considered. The Head of Ambulance Services advised that this had been investigated but there were potential intellectual property issues.

Jessamy Baird queried what the IT budget was and were there any possible 'trade- offs' which could be made. She also asked where this system sat within the IT strategy. The Executive Director of Transformation & Integration advised that funding for this system would not be coming out of the IT budget and the Company Secretary advised that the prioritisation of capital schemes was debated by the Capital Investment Group and by the Trust Executive Committee.

The Chairman stressed that IT within the organisation was an area which the Executive Director of Transformation & Integration would be looking into on a Trust wide basis. The Head of Ambulance Services assured the Board that a robust plan for implementation was in place with tandem operating until all operating levels were ratified and compliant.

Proposed by Charles Rogers and seconded by Sue Wadsworth

The Isle of Wight NHS Trust Board approved the Business Case for the Ambulance Computer Aided Despatch (CAD) System

14/336 BOARD SELF CERTIFICATION

The Company Secretary presented the monthly update. He advised that the draft self-certification returns had been approved by the Quality and Clinical Performance Committee and Finance, Investment, Information and Workforce Committee.

On Board Statement 8 Lizzie Peers asked if the Audit & Corporate Risk Committee monitored assurance as laid out within this statement. David King confirmed that as well as their minutes when appropriate, the ACRC prepared a recommendation report to the Board. He also advised that the activities carried out by the committee were being reviewed and recommendations would be included within this remit.

Proposed by Sue Wadsworth and seconded by David King

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

14/337 BOARD ASSURANCE FRAMEWORK (BAF) MONTHLY UPDATE

The Head of Corporate Governance & Risk Management presented the BAF. He advised the Board that there would be a review of the BAF for next year which the Company Secretary would lead and highlighted the recommended changes to the Assurance RAG ratings.

- **CSF2 632-1 Seclusion room and doors on Seagrove Ward** - Sue Wadsworth asked for a status update. The Executive Medical Director advised that the new doors were on order which will be more fit for purpose. He confirmed that they would be installed at the earliest opportunity.
- **CSF0 633-1 – Catering Manager** – The Executive Director of Nursing & Workforce advised that an interim catering manager was in place.

Proposed by Sue Wadsworth and seconded by David King

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

14/338 MINUTES OF THE AUDIT & CORPORATE RISK COMMITTEE

David King reported on the key points raised at the last meeting held on 13th November 2014, and advised that Nina Moorman had joined the committee.

a) **Min No. 14/119 - Care Quality Commission Report – Action Plan:** The Chief Executive outlined actions being taken through the Quality Improvement Plan. He confirmed that this item would be reviewed again at future meetings.
b) **Min No. 14/115 – Internal Audit:** Progress against the internal audit plan is on track at 44% with 8 reports issued to date – 2 with full assurance and 5 with substantial assurance. There was limited assurance given on the Freedom of Information report but it was noted that improvements have been made since the report was produced..
c) **Min No. 14/120 - FIIWC Quarterly Assurance Report:** New assurance report developed providing in depth knowledge of the assurances being provided.
d) **Min No. 14/124 - Procurement Services Contract:** The current SLA Agreement with South of England Procurement Services extended for 12 months to allow exploration of options and the assessment of benefits in order to prepare a business case.
e) **Min No. 14/125 - ACRC Terms of Reference:** Agreed subject to further amendments for approval by Trust Board.
f) **Min No. 14/126 - Legal Services Contract Tender:** Contract has been awarded to Bevan Brittan LLP for a period of 3 years with the option to extend for a further 2 years commencing on the 1st October 2014 to 30th September 2017.
g) **Min No's 14/128 &14/118 – Annual Report 2014/15:** Monitoring of operational and executive management of the Annual Report to meet the deadlines will be through the Trust Executive Committee.

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

14/339 TERMS OF REFERENCE – AUDIT & CORPORATE RISK COMMITTEE

The Company Secretary presented the revised terms of reference for the Audit & Corporate Risk Committee which were agreed by the Committee on 13th November 2014. He advised that the changes were highlighted within the document and the terms of reference had also been reviewed by the Non-Executive Financial Advisor who had benchmarked them against West Sussex Foundation Trust's Audit Committee terms of reference.

- **Clause 2.1 – Role of the Committee** – The Executive Director of Nursing & Workforce queried why areas such as the Quality Improvement Plan should be reviewed by the Audit & Corporate Risk Committee. The Company Secretary drew attention to clause 7.1.1. which outlined that the committee is the senior scrutiny committee for the Trust and can cover any aspect of the Trusts work both clinical and non-clinical. They can also request attendance at the committee of any relevant person to account for actions and decisions taken within their remit.
  It was suggested that the Company Secretary together with David King and Lizzie Peers would review the wording of clause 2.1 and agree any changes. It was agreed that any changes would be taken as approved and included within the final document.
  Action Note: *The Company Secretary to reword clause 2.1 and agree with David King and Lizzie Peers.*
  Action by: CS
- **Clause 1.1** – Sue Wadsworth asked that the word 'clinical processes' be added so that the clause reads "*The Board hereby resolves to establish a Committee of the Board to be known as the 'Audit and Corporate Risk Committee' (The Committee) to provide the Board with an independent and objective review of its clinical processes, financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS".* This was agreed.

Proposed by Sue Wadsworth and Seconded by David King

The Isle of Wight NHS Trust Board approved the revised Terms of Reference for the Audit & Corporate Risk Committee with the agreed amendment for clause 1.1 and 2.1 as stated above

14/340 TERMS OF REFERENCE – MENTAL HEALTH ACT SCRUTINY COMMITTEE

The Company Secretary presented the revised terms of reference for the Mental Health Act Scrutiny Committee which were approved by the committee on 22nd October 2014.

- **Clause 6.5** - Charles Rogers asked if the words "responsibilities and" could be added so that it reads *"To ensure that Mental Health Act responsibilities and training needs are identified and met"*. This was agreed.

Proposed by Charles Rogers and Seconded by Nina Moorman

The Isle of Wight NHS Trust Board approved the revised Terms of Reference for the Mental Health Act Scrutiny Committee with the agreed amendments for clause 6.5 as stated above

14/341 TERMS OF REFERENCE – TRUST BOARD

The Company Secretary presented the revised terms of reference for the Trust Board and highlighted the key changes. These included:

- **Clause 4.1.1 - The frequency of the meetings** – this had been discussed and agreed at Board Seminar.

- **Clause 3.1.1 - Required attendance at meetings** – it had been agreed that the wording be changed to *"It is expected that all members will endeavour to attend every meeting"* rather than the previous version which specified minimum attendance. He explained that this clause would be updated similarly within the terms of reference of the sub committees as they came due for renewal.

  Sue Wadsworth stated that having a minimum attendance level within the terms of reference had been essential when the QCPC had been experiencing poor attendance by some members. She advised that by invoking the clause attendance by these members had improved significantly and she was loathe to remove it from the terms of reference. The Chief Executive suggested that the Chair of each committee had the authority to require attendance even if the terms of reference did not specifically state a minimum attendance. The Company Secretary stated that the Chair of each committee can also be provided with a report on committee attendance by the respective committee administrators as attendance information is clearly recorded. The Company Secretary advised that he was happy to discuss any concerns with the Chair of the sub committees as required. The Chairman supported the revision and Charles Rogers advised that he was comfortable with the proposed changes.

- **Clause 1.3c)** – The Chief Executive requested that the words 'and role-modelling' be added so that the clause reads "*Shaping and role-modelling a positive culture for the Trust Board and the organisation".* This was agreed.

Proposed by Charles Rogers and Seconded by David King

The Isle of Wight NHS Trust Board approved the revised Terms of Reference for the Trust Board with the agreed amendment for clause 1.3c) as stated above

14/342 TRUST BOARD & SUB COMMITTEE MEETING DATES 2015/16

The Company Secretary presented the proposed dates for the meetings of the Trust Board and its Sub Committees for the period January 2015 to March 2016. He advised that these were being set to allow for forward planning and to allow members to incorporate within their other commitments. He highlighted the changes which were agreed at a Board Seminar and asked that the dates be approved.

Proposed by Charles Rogers and Seconded by Sue Wadsworth

The Isle of Wight NHS Trust Board approved the dates of the meeting of the Trust Board and Sub Committees for 2015/16

14/343 SUMMARY OF THE MINUTES OF THE REMUNERATION & NOMINATIONS COMMITTEE

The Company Secretary presented a summary of the minutes of the Remuneration & Nominations Committee for the period January to August 2014, and advised that this will assist in any possible Freedom of Information requests relating to the areas covered by this committee.

Proposed by Sue Wadsworth and Seconded by Charles Rogers

The Isle of Wight NHS Trust Board approved the summary of the minutes from the Remuneration & Nominations Committee

14/344 ANY OTHER BUSINESS

There was no other business.

14/345 QUESTIONS FROM THE PUBLIC

There were no questions received from the public.

14/346 DATE OF NEXT MEETING

The Chairman confirmed that the next meeting of the Isle of Wight NHS Trust to be held in public is on **Wednesday 28TH January 201** in the Conference Room, School of Health Sciences, South Hospital, St Mary's Hospital, Newport, Isle of Wight.

The meeting closed at 2pm

Signed……Chair Date:……

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

ROLLING SCHEDULE OF ACTIONS TAKEN FROM THE MINUTES

Key to LEAD: Chief Executive (CE) Executive Director of Finance (EDF) Executive Director of Transformation & Integration (EDTI)

Executive Medical Director (EMD) Executive Director of Nursing & Workforce (EDNW) Deputy Director of Nursing (DDN)

Foundation Trust Programme Director/Company Secretary (FTPD/CS) Trust Board Administrator (BA) Head of Communication (HOC) Executive Director of Finance Deputy (EDF Dep)

Head of Corporate Governance & Risk Management (HCGRM)Business Manager for Patient Safety, Experience & Clinical Effectiveness (BMSEE)
Action Associate Director for Community & Mental Health Directorate (AAD) Deputy Director of Informatics (DDI)
Non Executive Directors: Danny Fisher (DF) Sue Wadsworth (SW) Charles Rogers (CR) Nina Moorman (NM) David King (DK) Jane Tabor (JT)

Designate Non Executive Directors: Jessamy Baird (JB) Non Executive Financial Advisor: Lizzie Peers (LP)

Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Due Date	Forecast Date	Progress RAG	Date Closed	Status
30-Apr-14	14/125	TB/093	**Board Walkabout Timings:** The Chairman stated that he had undertaken walkabouts on Sundays and he encouraged members to vary the times they make their visits to include out of hours times including weekends and late evenings to get a wider picture of how the organisation functions during these times. There was a discussion surrounding the timings of the Board day walkabouts and it was requested that these be reviewed.	EDNW	Company Secretary to review timings and adjust Board day programme accordingly. **16/05/14** - Scheduled at lunchtime for May Board meeting. Timings to be adjusted following feedback. **28/05/14** - The Company Secretary advised that this item had been left open to allow for feedback on the new timings of these walkabouts within the Board programme. **01/10/14** - The Company Secretary report that a new format for these was being trailed and that the action would be left open with a discussion due to be held at Board Seminar. **24/11/14** - Principles for new process and timings for Walkabouts agreed at October Board Seminar including not scheduling them on Board days. New process to be proposed by EDNW. **03/12/14** - The Executive Director of Nursing & Workforce confirmed that the revised process was currently in development.	14-Oct-14	10-Feb-15	Progressing		Open
03-Dec-14	14/320	TB/127	**Shackleton Ward:** Jessamy Baird stated that following a visit to Shackleton Ward she felt that the area was very sterile and should be more patient friendly with soft furnishings, activities or programme of events to stimulate patients. She asked that an update on the provision of art therapy and other such activities be included in the next report.	AAD	Acting Associate Director to arrange for an update on Shackleton Ward to be included in the Community & Mental Health Directorate report for 28th January. **19/01/15** - Included in report for this meeting.	28-Jan-15	28-Jan-15	Completed	19-Jan-15	Closed
03-Dec-14	14/320	TB/128	**Safeguarding:** Sue Wadsworth asked that succession planning for the Safeguarding team be presented to the next QCPC meeting. This was agreed.	AAD	The Acting Associate Director to present details of the succession planning for the Safeguarding team to QCPC in January. **19/01/15** - Confirmed this will be on the agenda for 25th February meeting.	21-Jan-15	25-Feb-15	Progressing		Open
03-Dec-14	14/326c)	TB/129	**Consultant Workforce Report:** Develop the Consultant Workforce Report which currently goes to TEC, to include locum usage and any gaps in Consultant cover.	EDNW	The Executive Director of Nursing & Workforce to arrange for this report to be developed.	28-Jan-15	28-Jan-15	Progressing		Open
03-Dec-14	14/326e)	TB/130	**PARIS System**: Executive Director of Transformation & Integration to report back to QCPC on PARIS system roll out.	EDTI	The Executive Director of Transformation & Integration to report to the QCPC on the PARIS system roll out	21-Jan-15	21-Jan-15	Progressing		Open
03-Dec-14	14/327i)	TB/131	**Assaults against Staff in Mental Health Services p6** – Chris Orchin, with permission from the Chair, asked if the cases shown were recorded as to whether they were connected to SIRIs or were patient to patient incidents. The Executive Medical Director advised that all cases were recorded and exact details could be provided. He agreed he would look into the details and report back.	EMD	The Executive Medical Director to get details of all assaults on staff in mental health services and report back to Board. **19/01/15** - Executive Medical Director will give a verbal update at the meeting.	28-Jan-15	28-Jan-15	Progressing		Open
03-Dec-14	14/327iii)	TB/132	**Expenditure p42** – David King asked that the Executive Directors initiate actions that send the appropriate message to the organisation on the seriousness of the financial position.	CEO	Chief Executive to initiate actions that send the appropriate message to the organisation on the seriousness of the financial position. **19/01/15** - Protect initiative launched with additional measures that have been discussed with Non Executive Directors.	28-Jan-15	28-Jan-15	Completed	19-Jan-15	Closed

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Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Due Date	Forecast Date	Progress RAG	Date Closed	Status
03-Dec-14	14/327v)	TB/133	**Directorate Reports p's4 – 7** – Nina Moorman stated that she felt that there was repetition within the Trust Performance report and the Directorate reports received earlier in the meeting and queried if this was deliberate. The Chief Executive advised that work had been done to ensure consistency between the reports but that the Directorate reports were still being developed and this point would be taken into consideration for future reports.	CS	The Company Secretary to review the respective information provided in the directorate reports and Trust Performance report. **16/01/15** - To be revivewed in papers for 28th January.	31-Mar-15	31-Mar-15	Progressing		Open
03-Dec-14	14/327	TB/134	**Data Quality:** Lizzie Peers questioned if the data matrix being used was causing any issues. The Deputy Director of Informatics advised that an annual data quality report was submitted to the Board and advised that on the whole data quality was good but agreed that this area could be reviewed in more detail. The Company Secretary suggested that the Board review the data quality report at the next meeting.	DDI	The Deputy Director of Informatics to provide a Data Quality report for the next meeting of the Board on 28th January 2015. **19/01/15** - Included in Board papers for this meeting	28-Jan-15	28-Jan-15	Completed	19-Jan-15	Closed
03-Dec-14	14/329c)	TB/135	**Sub Committee's responsibilities:** The Committee expressed concern as to where within the sub-committee structure Information Technology, Estates, Board Assurance Framework and Corporate Risk were reviewed. The Committee felt that it was not appropriate for these areas only to be covered at the Audit & Corporate Risk Committee without prior discussion at sub-committee level.	CS	The Company Secretary to arrange for a Board discussion on where Information Technology, Estates, Board Assurance Framework and Corporate Risk were reviewed. **16/01/15** - To be scheduled on Board Seminar Forward Plan by 31st March 2015.	31-Mar-15	31-Mar-15	Progressing		Open
03-Dec-14	14/334	TB/137	**Capital Scheme Approval Process**: Lizzie Peers queried why approval had not been granted prior to this and was there an issue with the approval process. The Chief Executive advised that the processes in place were being reviewed to ensure compliance with governance requirements by the Company Secretary and Executive Director of Transformation & Integration. As part of this process the documentation was being standardised. The Deputy Director of Informatics also confirmed that the annual review of the standing financial instructions was under way.	CS/EDTI	Processes to be reviewed to ensure compliance with governance requirements.	04-Mar-15	04-Mar-15	Progressing		Open

Isle of Wight NHS Trust Board Performance Report 2014/15

December 14

Isle of Wight NHS Trust

Title	**Isle of Wight NHS Trust Board Performance Report 2014/15**			
Sponsoring Executive Director	Chris Palmer (Executive Director of Finance) Tel: 534462 email: Chris.Palmer@iow.nhs.uk			
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Purpose	To update the Trust Board regarding progress against key performance measures and highlight risks and the management of these risks.			
Action required by the Board:	**Receive**	**X**	**Approve**	
Previously considered by (state date):				
Trust Executive Committee		Mental Health Act Scrutiny Committee		
Audit and Corporate Risk Committee		Nominations Committee (Shadow)		
Charitable Funds Committee		Quality & Clinical Performance Committee	21/01/2015	
Finance, Investment & Workforce Committee	21/01/2015	Remuneration Committee		
Foundation Trust Programme Board				
Please add any other committees below as needed				
Other (please state)				
Staff, stakeholder, patient and public engagement:				
Executive Summary:				
This paper sets out the key performance indicators by which the Trust is measuring its performance in 2014/15. A more detailed executive summary of this report is set out on page 2.				
For following sections – please indicate as appropriate:				
Trust Goal *(see key)*	Quality, Resilience,Productivity & Workforce			
Critical Success Factors *(see key)*	CSF1, CSF2, CSF6, CSF7, CSF9			
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***				
Assurance Level ***(shown on BAF)***	☐ Red	☐ Amber	☐ Green	
Legal implications, regulatory and consultation requirements	None			

Date: Wednesday 22nd January 2015 **Completed by: Iain Hendey, Deputy Director of Information**

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

Isle of Wight NHS Trust

Safe

GRR ref		Area	Annual Target	Actual Performance		YTD	Month Trend	Sparkline / Forecast
	Patients that develop a grade 4 pressure ulcer	TW	12	8	Dec-14	36	↘	
	Reduction across all grades of pressure ulcers (25% on 2013/14 Acute baseline, 50% Community)	TW	203	46	Dec-14	281	↘	
	VTE (Assessment for risk of)	AC	>95%	97.4%	Dec-14	98.5%	↗	
	MRSA (confirmed MRSA bacteraemia)	AC	0	0	Dec-14	1	↗	
14	C.Diff (confirmed Clostridium Difficile infection - stretched target)	AC	6	1	Dec-14	7	↘	
	Clinical Incidents (Major) resulting in harm (all reported, actual & potential, includes falls & PU G4)	TW	48	7	Dec-14	46	↘	
	Clinical Incidents (Catastrophic) resulting in harm (actual only - as confirmed by investigation)	TW	9	3	Dec-14	3	↘	
	Falls - resulting in significant injury	TW	7	0	Dec-14	3	↔	

Effective

	Area	Annual Target	Actual Performance		YTD	Month Trend	Sparkline / Forecast
Summary Hospital-level Mortality Indicator (SHMI) Apr-13 - Mar-14	TW	1	1.066	Published Oct 2014	N/A	↗	
Hospital Standardised Mortality Ratio (HSMR) Oct-12 - Sep-13	TW	100	96	Published Apr 2014	N/A	↗	
Stroke patients (90% of stay on Stroke Unit)	CM	80%	95%	Dec-14	92%	↗	
High risk TIA fully investigated & treated within 24 hours (National 60%)	CM	60%	75%	Dec-14	67%	↗	
Cancelled operations on/after day of admission (not rebooked within 28 days)	AC	0	5	Dec-14	14	↘	
Delayed Transfer of Care (lost bed days)	TW	N/A	357	Dec-14	1,729	↗	
Number of Ambulance Handover Delays between 1-2 hours	AM	N/A	17	Dec-14	79	↗	
Theatre utilisation	AC	83%	79%	Dec-14	80%	↘	

Caring

	Area	Annual Target	Actual Performance		YTD	Month Trend	Sparkline / Forecast
Patient Satisfaction (Friends & Family test - Total Inpatient response rate)	AC	30%	41%	Dec-14	38%	↗	
Patient Satisfaction (Friends & Family test - A&E response rate)	AC	20%	28%	Dec-14	18%	↗	
Mixed Sex Accommodation Breaches	TW	0	0	Dec-14	4	↔	
Formal Complaints	TW	<175	16	Dec-14	144	↘	
Compliments received	TW	N/A	492	Dec-14	2,747	↗	

Responsive

		Area	Annual Target	Actual Performance		YTD	Month Trend	Sparkline / Forecast
1	RTT:% of admitted patients who waited 18 weeks or less - IoW CCG	AC	90%	88%	Dec-14	87%	↗	
2	RTT: % of non-admitted patients who waited 18 weeks or less - IoW CCG	AC	95%	96%	Dec-14	94%	↗	
3	RTT % of incomplete pathways within 18 weeks - IoW CCG	AC	92%	96%	Dec-14	94%	↘	
	RTT:% of admitted patients who waited 18 weeks or less - NHS England	AC	90%	76%	Dec-14	84%	↗	
	RTT: % of non-admitted patients who waited 18 weeks or less - NHS England	AC	95%	84%	Dec-14	76%	↗	
	RTT % of incomplete pathways within 18 weeks - NHS England	AC	92%	90%	Dec-14	90%	↘	
8b	Symptomatic Breast Referrals Seen <2 weeks*	AC	93%	100.0%	Dec-14	90.7%	↗	
6b	Cancer patients seen <14 days after urgent GP referral*	AC	93%	96.7%	Dec-14	95.6%	↘	
6a	Cancer Patients receiving subsequent Chemo/Drug <31 days*	AC	98%	100%	Dec-14	100%	↔	
5a	Cancer Patients receiving subsequent surgery <31 days*	AC	94%	100%	Dec-14	99%	↔	
	Cancer diagnosis to treatment <31 days*	AC	96%	100.0%	Dec-14	99.0%	↔	
7	Cancer Patients treated after screening referral <62 days*	AC	90%	100%	Dec-14	94.5%	↔	
5b	Cancer Patients treated after consultant upgrade <62 days*	AC	85%	No Patients	Dec-14	100%	↔	
8a	Cancer urgent referral to treatment <62 days*	AC	85%	100.0%	Dec-14	86.7%	↗	
	No. Patients waiting > 6 weeks for diagnostics	AC	<100	3	Dec-14	15	↘	
	%. Patients waiting > 6 weeks for diagnostics	AC	<1%	0.2%	Dec-14	0.1%	↘	
4	Emergency Care 4 hour Standards	AC	95%	92%	Dec-14	95%	↗	
12	Ambulance Category A Calls % < 8 minutes	AM	75%	75%	Dec-14	76%	↘	
13	Ambulance Category A Calls % < 19 minutes	AM	95%	96%	Dec-14	96%	↗	
9a	% of CPA patients receiving FU contact within 7 days of discharge	MH	95%	95%	Dec-14	97%	↘	
9b	% of CPA patients having formal review within last 12 months	MH	95%	98.0%	Dec-14	N/A	↘	
10	% of MH admissions that had access to Crisis Resolution / Home Treatment Teams (HTTs)	MH	95%	100%	Dec-14	100%	↔	

**Cancer figures for December are provisional.*

Well-Led

	Area	In Month Target	Actual Performance		YTD Target	YTD Actual	Month Trend
Total workforce SIP (FTEs)	TW	2627.43	2,647.1	Dec-14	N/A	N/A	↗
Total pay costs (inc flexible working) (£000)	TW	£10,419	£10,034	Dec-14	£87,851	£88,009	↘
Variable Hours (FTE)	TW	136.7	83.5	Dec-14	1234.9	1237.6	↗
Variable Hours (£000)	TW	£265	£694	Dec-14	£593	£5,600	↗
Staff sickness absences	TW	3%	4.93%	Dec-14	3%	4.17%	↗
Staff Turnover	TW	5%	0.52%	Dec-14	5%	5.93%	↗
Achievement of financial plan	TW	N/A	N/A	Dec-14	£1.7m	£1,577	↘
Underlying performance	TW	N/A	N/A	Dec-14	-£0.23m	(£4,612)	↘
Net return after financing	TW	N/A	N/A	Dec-14	0.50%	0.75%	↗
I&E surplus margin net of dividend	TW	N/A	N/A	Dec-14	=>1%	2.12%	↘
Liquidity ratio days	TW	N/A	N/A	Dec-14	=>0	5	↔
Continuity of Service Risk Rating	TW	N/A	N/A	Dec-14	3	4	↔
Capital Expenditure as a % of YTD plan	TW	N/A	N/A	Dec-14	=>75%	47%	↗
Quarter end cash balance (days of operating expenses)	TW	N/A	N/A	Dec-14	=>10	17	↔
Debtors over 90 days as a % of total debtor balance	TW	N/A	N/A	Dec-14	=<5%	5.33%	↘
Creditors over 90 days as a % of total creditor balance	TW	N/A	N/A	Dec-14	=<5%	0.7%	↗
Recurring CIP savings achieved	TW	N/A	N/A	Dec-14	100%	60.9%	↘
Total CIP savings achieved	TW	N/A	N/A	Dec-14	100%	94%	↘

Notes

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

Key to Area Code
TW = Trust Wide
AC = Acute
AM = Ambulance
CM = Community Healthcare
MH = Mental Health

Sparkline graphs are included to present the trends over time for Key Performance Indicators

Isle of Wight NHS Trust Board Performance Report 2014/15

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Executive Summary

Isle of Wight NHS Trust

Safe:

Pressure ulcers: We continue to under achieve our planned local reduction across all grades of pressure ulcers, both in the hospital setting and the wider community. A public awareness campaign is continuing to highlight prevention within the wider community and encourage regular mobilisation for those at risk.

C.diff: We had 1 additional case during December and have now exceeded our full year target of 6.

Responsive:

Admitted and non-admitted targets continued to underperform beyond the expected period due to further validation identifying a number of patients waiting longer than originally calculated; treating these patients in turn impacts on performance against these targets for December onwards. However, the admitted performance for December increased from 81.42% in November to 86.67% this month and the non admitted performance has increased from 91.68% last month to 94.44% in December.

Ambulance Red 1 and Red 2 calls response time <8 minutes - achieving all targets during December; Additional focus on demand vs. resource and putting additional resources on where applicable using qualified paramedic managers to fill shortfall. The Winter resilience monies are also being utilised to boost performance and support services where necessary.

Emergency care 4 hour standard - The 95% target for December was again not achieved unfortunately due to the increased pressure on community bed availability. Despite action plans being followed the increase in attendances at the Emergency department created a situation whereby towards the end of the month the target was lost.

Well Led:

Total paybill exceeds budgeted expenditure £2.6m year to date excluding release of reserves; an improvement of £141k in month. The number of FTEs in post including variable FTEs (2,730) is currently below plan by 34 FTE. A detailed Overpayment report is distributed to directorate leads on a monthly basis to inform their current position for addressing.

Sickness absence has decreased from 5.29% to 4.93% during December and remains above the 3% plan. Cold / Cough/ Flu - infuenza and other musculoskeletal related sickness absence increases significantly in month across the trust.

The Trust planned for a deficit of £85k in December, after adjustments made for normalising items (these include the net costs associated with donated assets and impairments). The reported position is a deficit of £79k in the month, a favourable variance of £7k.
The cumulative Trust plan was to deliver a surplus of £1.751m, after normalising items. The actual position is a cumulative surplus of £1.577m, an adverse variance of £174k. This position has £1.0m of forward banking recognised to the end of month 9.
The Trusts proposes to amend its forecast out-turn surplus to £3k, which is £1.699m less than plan.

Caring:

Complaints number has increased slightly since November and it is lower than in April 2014.

Compliments, in the form of letters and cards of thanks, were higher during December than in November.

The Friends & Family Test response rate for A&E improved during December and now exceeding the target for the month.

Mixed Sex Accommodation - no breaches during December following the 4 in October.

Effective:

Theatre Utilisation has improved for Day Surgery Unit (81%) but decreased for Main Theatres (77.1%) - both below 83% target - giving a joint rate of 78.9% in December. Bed pressures continue despite opening of St Helens ward. Increased emergency admissions prevented access to elective beds again impacting on ability to ensure high utilisation.

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Performance Summary - Hospital

Isle of Wight NHS Trust

Balanced Scorecard - Hospital

Safe	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
No. of Grade 1&2 Pressure Ulcers developing in hospital	Dec-14		17		90	
No. of Grade 3&4 Pressure Ulcers developing in hospital	Dec-14		5		19	
VTE	Dec-14	95%	97.4%	95%	98.5%	
MRSA	Dec-14	0	0	0	1	
C.Diff	Dec-14		1	4	5	
No. of Reported SIRI's	Dec-14		4		33	
Physical Assaults against staff	Dec-14		3			
Verbal abuse/threats against staff	Dec-14		84			

Effective	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
Delayed Transfers of Care (lost bed days)	Dec-14	N/A	357	N/A	1,729	
Cancelled operations on/after day of admission (not rebooked within 28 days)	Dec-14	0	5	0	14	

Responsive*	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
Emergency Care 4 hour Standards	Dec-14	95%	91.9%	95%	94.8%	
RTT Admitted - % within 18 Weeks (NHS England included)	Dec-14	90%	86.7%	90%	85.8%	
RTT Non Admitted - % within 18 Weeks (NHS England included)	Dec-14	95%	94.1%	95%	91.6%	
RTT Incomplete - % within 18 Weeks (NHS England included)	Dec-14	92%	95.6%	92%	93.4%	
No. Patients waiting > 6 weeks for diagnostics	Dec-14	< 8	3	100	15	
%. Patients waiting > 6 weeks for diagnostics	Dec-14	1%	0.22%	1%	0.15%	
Cancer 2 wk GP referral to 1st OP	Dec-14	93%	96.7%	93%	95.6%	
Breast Symptoms 2 wk GP referral to 1st OP	Dec-14	93%	100.0%	93%	90.7%	
31 day second or subsequent (surgery)	Dec-14	94%	100%	94%	99%	
31 day second or subsequent (drug)	Dec-14	98%	100%	98%	100%	
31 day diagnosis to treatment for all cancers	Dec-14	96%	100%	96%	99%	
62 day referral to treatment from screening	Dec-14	90%	100%	90%	95%	
62 days urgent referral to treatment of all cancers	Dec-14	85%	100.0%	85%	86.7%	
Emergency 30 day Readmissions	Dec-14		4.2%		4.8%	

Well-Led	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
% Sickness Absenteeism	Dec-14	3%	4.90%	3%	3.86%	
Appraisals	Dec-14		2.4%		47.9%	

Caring	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
FFT Hospital - % Response Rate	Dec-14	30%	42.6%	30%	38.0%	
FFT Hospital - % Recommending	Dec-14	95%	97.9%	95%	96.6%	
FFT A&E - % Response Rate	Dec-14	20%	27.8%	20%	18.0%	
FFT A&E - % Recommending	Dec-14	90%	91.4%	90%	91.6%	
Mixed Sex Accommodation Breaches	Dec-14	0	0	0	4	
No. of Complaints	Dec-14		14		107	
No. of Concerns	Dec-14		65		542	
No. of Compliments	Dec-14	N/A	235	N/A	1645	

Contracted Activity**	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
Emergency Spells	Nov-14	1,152	1,093	9,092	8,717	
Elective Spells	Nov-14	634	747	5,359	5,287	
Outpatients Attendances	Nov-14	9,226	9,523	77,944	79,448	

**Cancer figures for December 2014 are provisional*

***The Acute Service Level Agreement performance reports a month behind, therefore figures are from October 14.*

Emergency Care 4hr standard - he 95% target for December was not achieved due to the ongoing increased pressure on community bed availability. Despite action plans being followed, the increase in attendances at the Emergency Department created a situation whereby towards the end of the month the target was not achievable.

RTT performance – Admitted and non-admitted targets continued to under perform into December; action plans and revised forecasts are in place to address this.

Cancelled operations – There were 5 cancellations on or after the day of admission; all cancellations are audited and lesson learnt implemented on a regular basis.

Sickness absenteeism - Whilst this is still high, it has reduced since November (which was 5.31%); 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 – Feedback from patients for Friends and Family has been analysed due to achieving less than 95%. The two most common reasons to not recommend were 1) that it is the only ED on the Island (13 people), and 2) waiting times (7 people).

Isle of Wight NHS Trust Board Performance Report 2014/15

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Performance Summary - Community

Isle of Wight NHS Trust

Balanced Scorecard - Community

Safe	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
No. of Grade 1&2 Pressure Ulcers developing in the community	Dec-14		16		130	
No. of Grade 3&4 Pressure Ulcers developing in the community	Dec-14		8		42	
MRSA	Dec-14	0	0	0	0	
C.Diff	Dec-14		0	2	2	
No. of Reported SIRI's	Dec-14		6		56	
Physical Assaults against staff	Dec-14		0			
Verbal abuse/threats against staff	Dec-14		4			

Effective	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
Stroke patients (90% of stay on Stroke Unit)	Dec-14	80%	95.2%	80%	92.0%	
High risk TIA fully investigated & treated within 24 hours (National 60%)	Dec-14	60%	75.0%	60%	67.2%	

Responsive	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
Routine Waiting times	Nov-14		94.6%		95%	

Well-Led	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
% Sickness Absenteeism - C Directorate	Dec-14	3%	4.15%	3%	4.09%	
Appraisals	Dec-14		1.8%		87.4%	

Contracted Activity	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
Community Contacts	Nov-14	16,515	19,380	131,430	149,033	
Health Visitors	Nov-14	2,899	1,624	23,192	20,429	
Sexual Health	Nov-14	855	826	6,840	7,548	

Caring	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
FFT - % Response Rate	Dec-14	30%	30.3%	30%	36.5%	
FFT - % Recommending	Dec-14	95%	95.7%	95%	90.4%	
No. of Complaints	Dec-14		0		17	
No. of Concerns	Dec-14		6		70	
No. of Compliments	Dec-14	N/A	174	N/A	868	

Safe - No new MRSA or Cdiff cases in December 2014. Number of reported SIRIs reduces once review has taken place. SIRIs reported may not be attributable to the Directorate. Early detection of Grade 1&2 Pressure Ulcers has resulted in these increasing whilst numbers of Grade 3&4 Pressure Ulcers are falling.

Responsive - As the Directorate has many diverse services we have given a percentage of patients waiting less than their service maximum waiting time. Those services regularly breeching targets are monitored with our Commissioners on a monthly basis. 95% of new routine patients have been seen within the service target time.

Contracted Activity - Community Services are based on a block contract and consistently overperforming. Negotiations with CCG continue around demand and capacity, particularly around community nursing and therapy services.

Effective - Stroke markers continue to be maintained and performing above target.

Well Led - Whilst still above the Trust's 3% target, the Community December 2014 sickness rate has decreased from 4.81% in November 2014 to 4.15%. Sickness absence YTD is 4.09% against a 3% trust target. Percentages are due to increased short term sickness absence together with long term sickness absence within the Stroke Unit and Community Nursing. This is being closely managed via Occupational Health and HR processes.

Caring - 36.5% YTD response rate to the Friends and Family Test (FFT). Please note that FFT figures are directorate wide figures and are not split between Community and Mental Health. The Directorate is working to improve its recommending percentage. Complaints, concerns and compliments are monitored closely and lessons learned shared through the Community Quality Group and with the wider Directorate.

Isle of Wight NHS Trust Board Performance Report 2014/15

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Performance Summary - Mental Health

Isle of Wight NHS Trust

Balanced Scorecard - Mental Health

Safe	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
Physical Assaults against staff	Dec-14		1			
Verbal abuse/threats against staff	Dec-14		12			

Responsive	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
% of CPA patients receiving FU contact within 7 days of discharge	Dec-14	95%	95%	95%	97%	
% of CPA patients having formal review within 12 months	Dec-14	95%	98%	95%	N/A	
% of MH admissions that had access to Crisis Resolution / Home Treatment Teams (HTTs)	Dec-14	95%	100%	95%	100%	
RTT Non Admitted - % within 18 Weeks	Dec-14	95%	100%	95%	97%	
RTT Incomplete - % within 18 Weeks	Dec-14	92%	100%	92%	99%	

Activity	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
Mental Health Inpatient Activity	Dec-14	N/A	46	N/A	407	
Mental Health Outpatient Activity	Dec-14	N/A	422	N/A	4,775	

Effective	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
IAPT – Proportion of people who have completed treatment and moving to recovery	Dec-14	50%	56%	50%	46%	
New Cases of Psychosis by Early Intervention Team	Dec-14	2	2	11	34	

Well-Led	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
% Sickness Absenteeism	Dec-14	3%	5.19%	3%	4.83%	
Appraisals	Dec-14		0.2%		60.2%	

Caring	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
No. of Complaints	Dec-14		1		16	
No. of Concerns	Dec-14		4		30	
No. of Compliments	Dec-14	N/A	68	N/A	174	

Mental Health RTT

Learning Disabilities – Learning Disability Consultant Led activity – all referrals into service are screened by Multi-Disciplinary Team and if identified as appropriate will be passed to consultant for initial assessment. 18 weeks module not implemented for this service – waiting times monitored via PAS data. Work will be undertaken to implement 18 week pathways for this service.

Adult Mental Health – this includes new patients referred into Community MH Services. All referrals into service are screened by Multi-Disciplinary Team 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.

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.

Unfortunately due to difficulties earlier in the year with securing consistent locum Consultant cover service capacity was reduced and waiting times increased. A number of patients cancelled their first appointments and it was not possible to rebook these within the 18 week period. The Memory Service now has permanent consultant cover and is working to address long waiting times and avoid future breaches.

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 - 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 - Mental Health and Learning Disabilities continues to overachieve against its KPIs.

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.

Well Led -The Mental Health December 2014 sickness absence rate has decreased from 5.59% in November 2014 to 5.19%. Sickness absence YTD is 4.83% against a 3% trust target. Sickness absence rates are due to increased short term sickness together with long term sickness and vacancies within the Community Mental Health Service which is being closely managed via Occupational Health and HR processes.

Effective - IAPT - The proportion of people who have completed treatment and moving to recovery is currently under target however contingency plans are in place to ensure that the target is achieved by year end. Progress is being monitored closely. New Cases of Psychosis by Early Intervention Team is out performing target.

Caring - Complaints, concerns and compliments are monitored closely and lessons learned shared through the MH Quality Group and with the wider Directorate.

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Performance Summary - Ambulance and 111

Isle of Wight NHS Trust

Balanced Scorecard - Ambulance & 111

Safe	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
Physical Assaults against staff						
Verbal abuse/threats against staff	Dec-14		1			

Effective	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
Number of Ambulance Handover Delays between 1-2 hours	Dec-14		17		79	

Responsive	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
Category A 8 Minute Response Time (Red 1)	Dec-14	75%	80.4%	75%	81.1%	
Category A 8 Minute Response Time (Red 2)	Dec-14	75%	75.0%	75%	75.4%	
Category A 19 Minute Response Time	Dec-14	95%	96.3%	95%	96.4%	
Ambulance re-contact rate following discharge from care by telephone	Dec-14	3%	4.0%	3%	4.8%	
Ambulance re-contact rate following discharge from care at scene	Dec-14	2%	3.2%	2%	3.7%	
Ambulance time to answer call (in seconds) - median	Dec-14	1	1	N/A	N/A	
Ambulance time to answer call (in seconds) - 95th percentile	Dec-14	5	1	N/A	N/A	
Ambulance time to answer call (in seconds) - 99th percentile	Dec-14	14	8	N/A	N/A	
NHS 111 Call abandoned rate	Dec-14	5%	1.7%	5%	2.0%	
NHS 111 All calls to be answered within 60 seconds of the end of the introductory message	Dec-14	95%	97.0%	95%	96.4%	
NHS 111 Where disposition indicates need to pass call to Clinical Advisor this should be achieved by 'Warm Transfer'	Dec-14	95%	97.9%	95%	97.7%	
NHS 111 Where the above is not achieved callers should be called back within 10 mins	Dec-14	100%	50.0%	100%	45.1%	

Well-Led	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
% Sickness Absenteeism	Dec-14	3%	9.20%	3%	6.14%	
Appraisals	Dec-14		1.2%		55.0%	

Caring	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
No. of Complaints	Dec-14		1		3	
No. of Concerns	Dec-14		1		20	
No. of Compliments	Dec-14	N/A	11	N/A	60	

Contracted Activity	Latest data	In month Target	In month Actual	YTD Target	YTD Actual	Sparkline / Forecast
Calls Answered	Nov-14	2,025	2,258	17,219	18,894	
Hear & Treat / Refer	Nov-14	325	322	2,761	2,894	
See & Treat / Refer	Nov-14	476	527	4,047	4,157	
See, Treat and Convey	Nov-14	1,106	1,124	9,404	9,411	

The Ambulance Service has achieved all three categories required In December; Red 1 (75%) achieved 80.4%, Red 2 (75%) achieved 75.0% and 19 Min (95%) achieved 96.3%. This has been due to: additional focus on demand vs. resource and putting additional resources on where applicable using qualified paramedic managers to fill shortfall. The Winter resilience monies are also being utilised to boost performance and support services where necessary.

Our NHS 111 service continues to achieve its targets 96% on call answering and 98% on warm transfers to a clinician.

Highlights

- **Ambulance Red 1 and Red 2 calls response time <8 minutes above target**
- **90% of stay on Stroke Unit and High risk TIA fully investigated & treated within 24 hours above target**
- **Referral ToTreatment Time for Incompletes above target**
- **All Cancer Targets achieved in December**

Lowlights

- **Clostridium Difficile (C.Diff) - now exceeded the national threshold (6) for the whole year**
- **Referral ToTreatment Time for Admitted and Non-Admitted remain below target**
- **Staff sickness remains above plan**
- **Theatre Utilisation below target**
- **Emergency care 4 hour standard below target**
- **Financial position £174k below plan**

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 acquired: During December there was a reduction in reported pressure ulcers in the hospital setting from the previous month although neither the individual or aggregated targets are being achieved. The Tissue Viability Nurse continues to support ward staff with recognition and management of patients at risk.

Community acquired: Incidence of pressure ulcer development continues to cause concern and remain challenging with District Nurses experiencing increasing caseloads within the community. Although the numbers are increased this month this may be due to the effectiveness of the recent awareness campaign activity. Overall incidence as a percentage of the number of contacts over the month remains low.

The public awareness campaign across local press and venues continues to highlight prevention within the wider community and encourage regular mobilisation for those at risk.

Explanation of RAG Rating

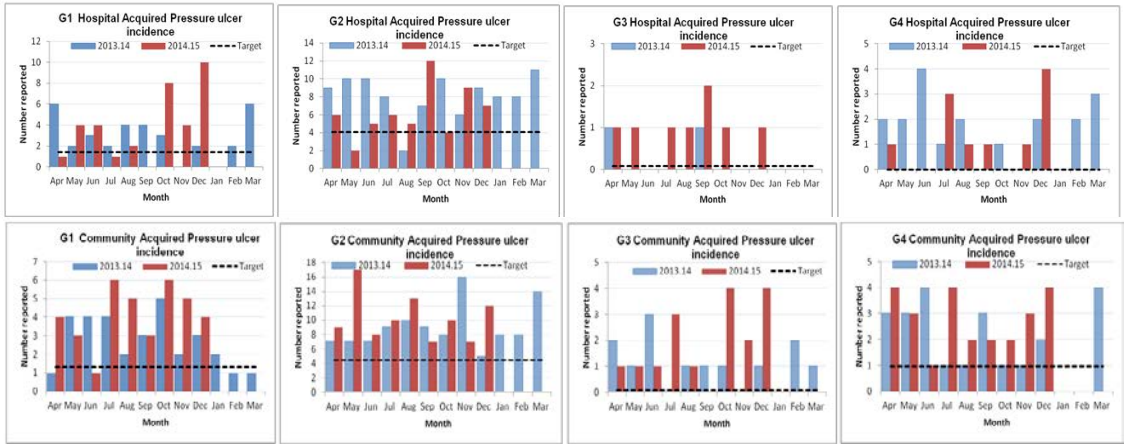
Red = Any G4 or 2 G3 or 5 any in rolling 3 months period

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

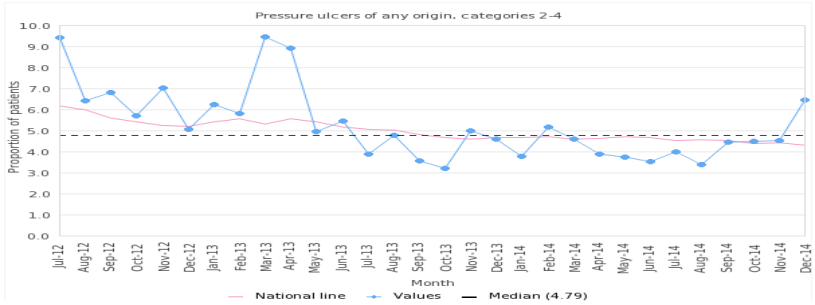
Green = No G3 or G4 and decrease in G2 or 2 or less of any grade (1&2) in rolling 3 months period

Analysis:

Prevention & Management of Pressure Ulcers



Pressure Ulcers benchmark



The graph shows improving trend. In December the Trust has been above the national average.

Action Plan:	Person Responsible:	Date:	Status:
The Tissue Viability Nurse Specialist continues to work with the Communications team on a public awareness campaign to encourage prevention and self help in the community. (Further awareness week scheduled in March 15 with ongoing training and support for care homes available)	Tissue Viability Specialist Nurse / Communications Team	Jan-15	Ongoing
The public awareness event 'I feel good' was taken to locations across that island and was well attended by patients/carers and non-trust staff involved in patient care as well as a delegation from Southampton CCG who are looking to hold a similar campaign in their area	Tissue Viability Specialist Nurse / Communications Team	Jan-15	Completed
The Tissue Viability Nurse continues to support ward staff with recognition and management of patients at risk.	Tissue Viability Nurse Specialist	Dec-14	Ongoing

Isle of Wight NHS Trust Board Performance Report 2014/15

December 14

Patient Safety

Commentary:

Clostridium difficile

There has been a further case of Healthcare acquired Clostridium Difficile identified in the Trust during December. We have now exceeded both our local stretched target and the nationally set threshold for the whole year.

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.

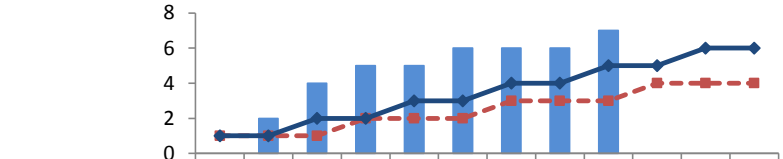
Methicillin-resistant Staphylococcus Aureus (MRSA)

MRSA incident occurred on 20 November on St Helens ward, however, this is only just being reflected in the data as the incident was originally linked to the CCG. As the patient was discharged the previous day this has now been re-attributed to the Trust. RCA meeting took place 2nd December 2014.

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

Analysis: **Clostridium Difficile infections against national and local targets**

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total cases	0	2	4	5	5	6	6	6	7			
Local Target	1	1	1	2	2	2	3	3	3	4	4	4
National Target	1	1	2	2	3	3	4	4	5	5	6	6

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	0	1	0				1

Action Plan:	Person Responsible:	Date:	Status:
Increasing education regarding timely sampling of loose stool events and isolation	Infection Control Team	Dec-14	Continuing
Highlighted awareness campaign including intranet and posters	Infection control team & Communications team	Nov-14	Continuing
Increased auditing of commode cleaning on individual wards	Ward managers	Dec-14	Continuing

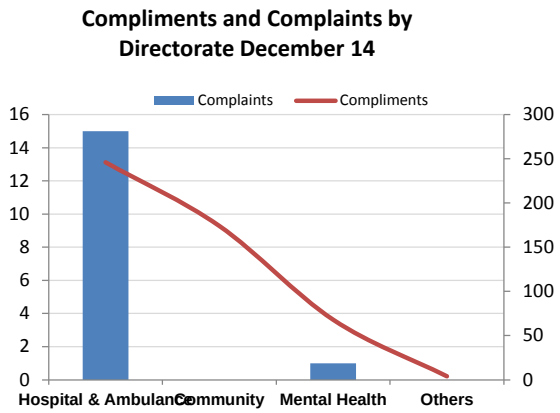
Commentary:

There were 16 formal Trust complaints received in December 2014 (14 in the previous month) against approximately 46,200 patient contacts (Inpatient episodes, all outpatient, A&E attendances and community and Mental Health contacts), with 492 compliments received by letters and cards of thanks across the same period.

Across all complaints and concerns in December 2014:
Top areas complained about were:
- Outpatient appointments/records unit (21)
- Emergency Department (5)
- Urology (7)

Across all complaints and concerns in December 2014:
Top 3 subjects complained about were:
- Clinical care (18)
- Out-patient appointment delay/cancellation (16)
- Communication (9)
- Staff Attitude (8)

Analysis: Complaints only



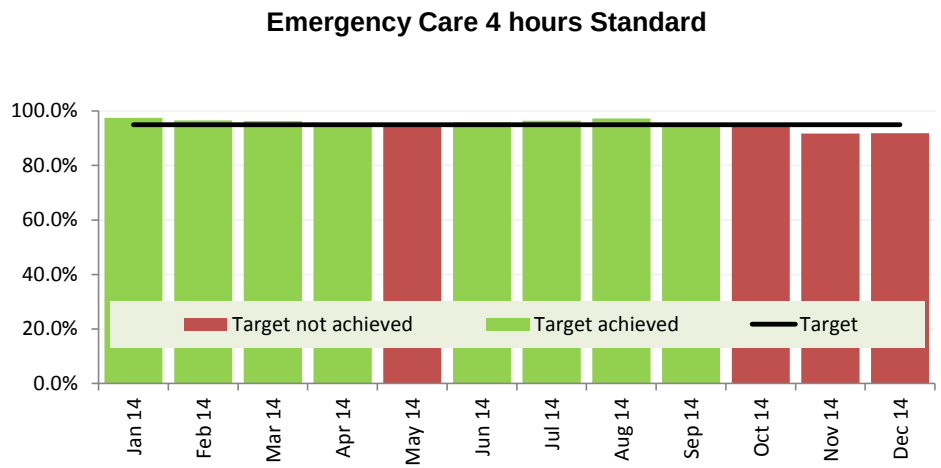
Primary Subject	Nov-14	Dec-14	CHANGE	RAG rating
Clinical Care	8	8	0	→
Nursing Care	3	1	-2	↓
Staff Attitude	1	1	0	→
Communication	0	2	2	↑
Outpatient Appointment Delay/ Cancellation	0	0	0	✓
Inpatient Appointment Delay / Cancellation	0	1	1	↑
Admission / Discharge / Transfer Arrangements	0	1	1	↑
Aids and appliances, equipment and premises	0	0	0	✓
Transport	1	1	0	→
Consent to treatment	0	0	0	✓
Failure to follow agreed procedure	0	0	0	✓
Hotel services (including food)	0	0	0	✓
Patients status/discrimination (e.g. racial, sex)	0	0	0	✓
Privacy & Dignity	0	0	0	✓
Other	1	1	0	→

Action Plan:	Person Responsible:	Date:	Status:
Monitor the performance of complaint response times against the locally agreed 20 day timescale.	Executive Director of Nursing & Workforce / Business Manager - Patient Safety; Experience & Clinical Effectiveness	Mar-15	In progress

Isle of Wight NHS Trust Board Performance Report 2014/15

December 14

A&E Performance - Emergency Care 4 hours Standard

Commentary:	**Analysis:**
The 95% target for December was again not achieved due to the increased pressure on community bed availability preventing patients flowing through the system. Despite action plans being followed the increase in attendances at the Emergency department created a situation whereby towards the end of the month the target became unachievable. Increased efforts and focus throughout December continued including the commencement of system resilience schemes, ongoing till March, providing additional bed capacity within the Trust and additional medical staffing to support the increased activity. Internal processes and practices have been revised including the Trust's operational hub to manage patient flow through the Trust and into the community.	

Action Plan:	**Person Responsible:**	**Date:**	**Status:**
Increase focus on local authority bed situation	Exec on call	Dec-14	Ongoing
Daily focus on bed states	Matrons	Dec-14	Ongoing

Isle of Wight NHS Trust Board Performance Report 2014/15

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Theatre Utilisation

Isle of Wight NHS Trust

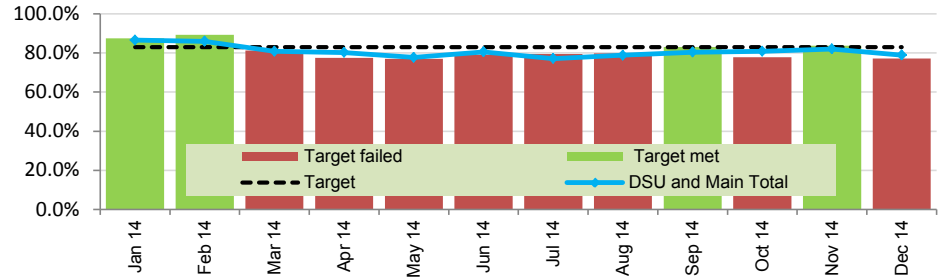
Commentary

The percentage utilisation of theatre facilities was below the 83% target for both Main Theatres (77.1%) and Day Surgery Unit (79.9%) in December. Overall we have achieved 78.9%.

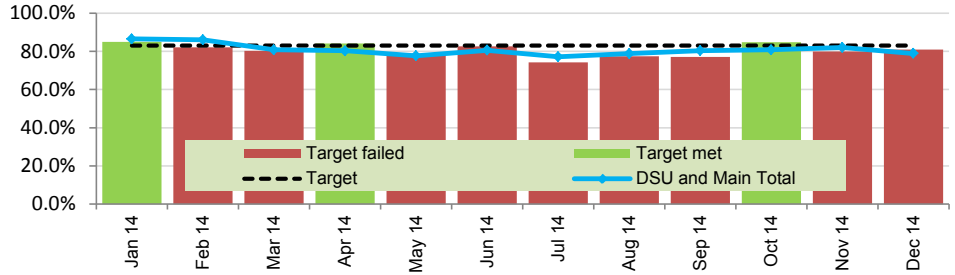
Low utilisation over Christmas period, patients not wishing to be scheduled for procedures till new year impacted on bookings. Bed pressures continued despite opening of St Helens ward. Increased emergency admissions prevented access to elective beds again impacting on ability to ensure high utilisation. Cancellations impacted on each theatre list as unable to chort lists due to specialty requirements.

Analysis:

Main Theatres



DSU



Action plan	Person Responsible:	Date:	Status:
1) Review of Pre-Assessment Unit staffing levels - increased senior support to area continuing 2) Speciality based action plans developed by each general manager to review 18 weeks activity - ongoing through into November to monitor RTT	General manager- Planned Directorate	Dec-14	Ongoing
Ongoing discussion on review of bed capacity for elective surgery. No identified changes to estates plan due to schedule risks. Ongoing monitor of inpatient delays for discharge with significant incident/bed management meetings as necessary through December. St Helens opened for elective surgery. Community beds are being taken forward to ease bed pressures overall and request for staffing to enable opening January/February 2015	General manager- Planned Directorate	Dec-14 onwards	Ongoing

Commentary:

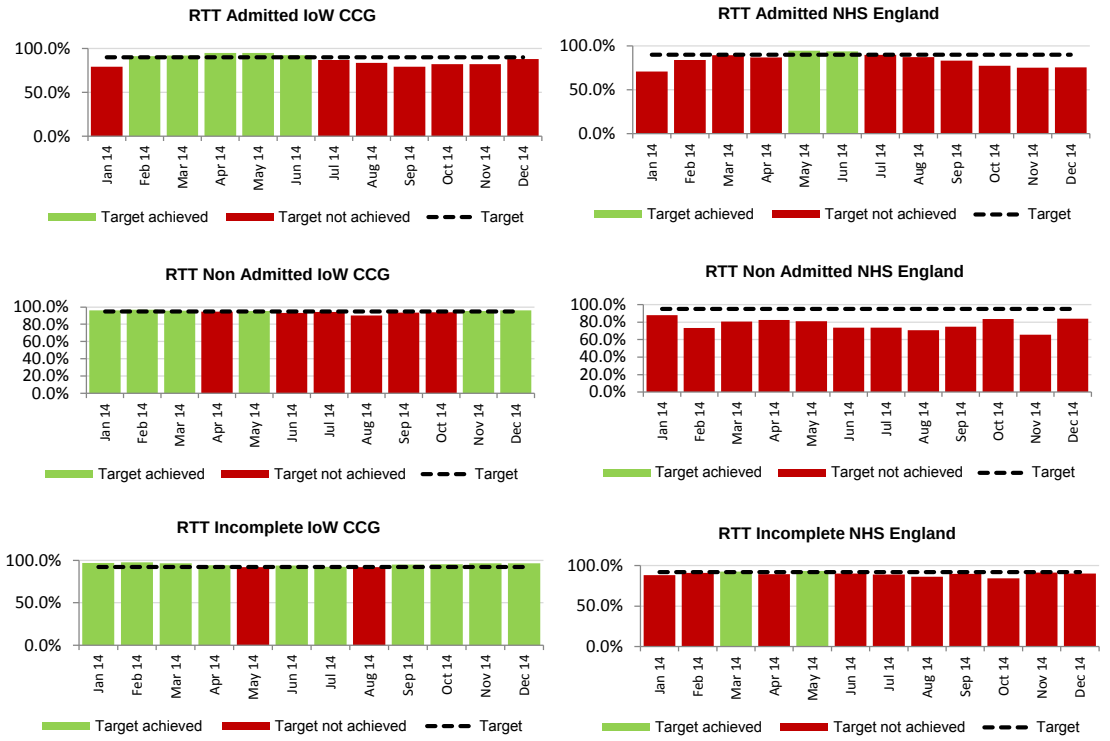
Admitted and non-admitted targets continued to underperform beyond the expected period due to further validation identifying a number of patients waiting longer than originally calculated; treating these patients in turn impacts on performance against these targets for December onwards.

However, the admitted performance for December increased from 81.42% in November to 86.67% this month and the non admitted performance has increased from 91.68% last month to 94.44% in December.

The plan for delivering baseline activity plus additional in December continued to contribute towards the planned reduction of our waiting lists to 18wks. Although, January is forecast to also fail the admitted performance targets due to these new longer waiting patients continuing to be treated into the New Year.

Activity and capacity modelling on a weekly level is being developed enabling General Managers to plan and monitor weekly outpatient and inpatient activity against targets, alongside managing the impact of emergency and medical activity upon elective activity during this winter period.

Analysis:



	Person Responsible:	Date:	Status:
Ongoing development of forecasting tools to match demand and capacity and highlight further data quality issues.	Senior Information Analyst (PIDS)	Jan-15	In progress
Engagement with clinicians to ensure that accurate data is communicated to administrators for data capture through revision of Referral to Treatment coding forms. Implemented and in trial period. Certain areas have been idenitified as needing support in this area.	OPARU Lead/ Clinical Leads	Dec-14	In progress
Development of robust processes and documentation to enable training and awareness of 18 week procedures.	Information Systems Manager & Access Lead	Feb-15	Planned

Isle of Wight NHS Trust Board Performance Report 2014/15

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Benchmarking of Key National Performance Indicators: Summary Report

Isle of Wight NHS Trust

	National Target	National Performance			IW Performance	IW Rank	IW Status	Data Period
		Best	Worst	Eng				
Emergency Care 4 hour Standards	95%	100%	75%	91.7%	92.8%	93 / 172	Amber Red	Qtr 3 14/15
RTT:% of admitted patients who waited 18 weeks or less	90%	100%	0%	86.2%	81.4%	137 / 163	Bottom Quartile	Nov-14
RTT: % of non-admitted patients who waited 18 weeks or less	95%	100%	72%	94.6%	91.7%	164 / 190	Bottom Quartile	Nov-14
RTT % of incomplete pathways within 18 weeks	92%	100%	63%	93.1%	95.9%	70 / 188	Top Quartile	Nov-14
%. Patients waiting > 6 weeks for diagnostic	1%	0%	24%	1.2%	0.1%	54 / 181	Better than national average	Nov-14
Ambulance Category A Calls % < 8 minutes - Red 1	75%	78%	64%	71.8%	78.4%	1 / 11	Top Quartile	Nov-14
Ambulance Category A Calls % < 8 minutes - Red 2	75%	76%	55%	68.4%	75.7%	1 / 11	Top Quartile	Nov-14
Ambulance Category A Calls % < 8 minutes - Red 1 & Red 2	75%	76%	55%	68.6%	76.0%	1 / 11	Top Quartile	Nov-14
Ambulance Category A Calls % < 19 minutes	95%	97%	89%	93.6%	96.0%	3 / 11	Top Quartile	Nov-14
Cancer patients seen <14 days after urgent GP referral	93%	100%	78%	93.6%	95.8%	50 / 156	Better than national average	Qtr 2 14/15
Cancer diagnosis to treatment <31 days	96%	100%	33%	97.7%	98.6%	82 / 162	Better than national average	Qtr 2 14/15
Cancer urgent referral to treatment <62 days	85%	100%	50%	80.5%	87.3%	56 / 157	Better than national average	Qtr 2 14/15
Symptomatic Breast Referrals Seen <2 weeks	93%	100%	46%	93.5%	91.7%	113 / 137	Bottom Quartile	Qtr 2 14/15
Cancer Patients receiving subsequent surgery <31 days	94%	100%	71%	96.0%	95.7%	113 / 154	Amber Red	Qtr 2 14/15
Cancer Patients receiving subsequent Chemo/Drug <31 days	98%	100%	93%	99.6%	100.0%	1 / 147	Top Quartile	Qtr 2 14/15
Cancer Patients treated after consultant upgrade <62 days	85%	100%	0%	89.8%	100.0%	1 / 151	Top Quartile	Qtr 2 14/15
Cancer Patients treated after screening referral <62 days	90%	100%	50%	94.0%	90.9%	106 / 141	Amber Red	Qtr 2 14/15

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 2014/15

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

Isle of Wight NHS Trust

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	RQQ	RQX	Data Period
Emergency Care 4 hour Standards	95%	92.8% 18	91.2% 20	94.4% 10	96.4% 1	91.2% 21	96.3% 3	95.8% 4	#N/A	96.3% 2	94.5% 9	89.9% 26	90.7% 23	90.5% 24	94.6% 7	93.4% 14	93.5% 13	92.8% 17	91.0% 22	93.8% 12	94.6% 8	86.1% 27	92.9% 16	93.4% 15	94.7% 6	91.3% 19	94.0% 11	90.3% 25	95.4% 5	Qtr 3 14/15
RTT:% of admitted patients who waited 18 weeks or less	92%	81.4% 23	96.2% 2	85.1% 21	85.0% 22	94.2% 5	93.5% 7	90.6% 14	N/A	91.5% 12	90.4% 16	88.3% 18	90.5% 15	98.7% 1	94.5% 3	94.2% 4	91.9% 11	88.3% 19	N/A N/A	92.0% 10	81.2% 24	68.8% 26	90.1% 17	70.9% 25	94.2% 6	88.2% 20	92.2% 9	92.5% 8	91.0% 13	Nov-14
RTT: % of non-admitted patients who waited 18 weeks or less	95%	91.7% 26	97.5% 8	94.4% 24	96.9% 13	95.7% 20	98.4% 4	96.5% 18	N/A	96.7% 14	97.0% 12	95.9% 19	96.5% 17	99.2% 2	97.0% 11	97.3% 10	97.7% 7	95.1% 22	N/A N/A	98.3% 5	96.7% 15	95.5% 21	96.6% 16	95.1% 23	97.8% 6	94.2% 25	98.5% 3	99.4% 1	97.4% 9	Nov-14
RTT % of incomplete pathways within 18 weeks	92%	95.9% 14	98.5% 1	92.9% 22	93.5% 20	95.6% 15	97.7% 2	95.2% 17	N/A	97.2% 6	92.4% 24	94.3% 18	97.2% 7	95.2% 16	93.2% 21	96.0% 13	96.8% 9	94.1% 19	N/A N/A	97.4% 3	96.5% 12	88.4% 25	97.3% 5	N/A	97.3% 4	92.9% 23	97.1% 8	96.7% 10	96.7% 11	Nov-14
%. Patients waiting > 6 weeks for diagnostic	1%	0.1% 8	0.1% 10	1.0% 22	0.1% 9	0.3% 13	0.6% 18	0.4% 15	N/A	0.0% 1	0.0% 1	2.0% 24	0.5% 16	0.0% 1	0.7% 20	0.0% 1	0.3% 14	0.5% 17	N/A N/A	0.0% 1	0.3% 12	8.7% 26	1.8% 23	0.26% 11	0.7% 19	4.7% 25	0.0% 1	1.0% 21	0.0% 7	Nov-14
Cancer patients seen <14 days after urgent GP referral*	93%	95.8% 12	98.2% 2	93.2% 24	96.4% 9	95.5% 16	79.1% 28	89.1% 27	94.3% 19	98.2% 3	97.6% 5	97.4% 6	93.9% 23	95.9% 11	93.1% 25	93.9% 22	96.9% 7	94.2% 20	96.0% 10	95.5% 15	98.2% 1	92.8% 26	94.2% 21	96.8% 8	95.5% 17	95.7% 13	95.0% 18	98.0% 4	95.6% 14	Qtr 2 14/15
Cancer diagnosis to treatment <31 days*	96%	98.6% 18	97.9% 22	98.4% 20	99.3% 12	99.2% 15	96.9% 24	100.0% 1	98.9% 16	100.0% 1	100.0% 1	99.3% 13	96.8% 25	100.0% 1	99.4% 10	99.4% 11	100.0% 1	95.3% 28	100.0% 1	99.3% 14	98.3% 21	97.2% 23	96.3% 27	100.0% 1	99.5% 9	100.0% 1	98.5% 19	98.8% 17	96.7% 26	Qtr 2 14/15
Cancer urgent referral to treatment <62 days*	85%	87.3% 13	78.9% 26	91.3% 7	84.0% 22	93.6% 3	75.5% 28	90.3% 9	85.3% 19	90.9% 8	95.2% 1	84.9% 20	84.2% 21	86.0% 17	87.7% 12	78.7% 27	87.1% 14	82.5% 23	89.4% 10	86.1% 16	92.8% 4	80.5% 25	81.9% 24	94.8% 2	88.0% 11	86.1% 15	92.5% 5	91.6% 6	86.0% 18	Qtr 2 14/15
Breast Cancer Referrals Seen <2 weeks*	93%	91.7% 23	94.8% 17	92.0% 22	95.0% 15	95.5% 14	50.0% 27	90.7% 25	93.1% 20	96.0% 7	96.2% 5	96.9% 3	96.1% 6	N/A	94.9% 16	98.1% 1	95.9% 9	91.5% 24	97.6% 2	96.0% 8	93.5% 19	87.7% 26	92.7% 21	95.6% 12	95.6% 11	96.8% 4	95.7% 10	95.5% 13	94.1% 18	Qtr 2 14/15
Cancer Patients receiving subsequent surgery <31 days*	94%	95.7% 26	97.0% 25	97.2% 23	98.4% 20	100.0% 1	94.1% 27	100.0% 1	100.0% 1	97.4% 22	100.0% 1	100.0% 1	100.0% 1	100.0% 1	100.0% 1	97.1% 24	100.0% 1	100.0% 1	97.9% 21	100.0% 1	94.1% 27	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 14/15
Cancer Patients receiving subsequent Chemo/Drug <31 days*	98%	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	100.0% 1	100.0% 1	100.0% 1	100.0% 1	100.0% 1	100.0% 1	94.4% 28	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	100.0% 1	Qtr 2 14/15
Cancer Patients treated after consultant upgrade <62 days*	85%	100.0% 1	83.3% 24	92.7% 17	100.0% 1	87.9% 22	76.6% 25	95.9% 12	92.2% 19	66.7% 26	92.9% 16	100.0% 1	100.0% 1	N/A	89.3% 21	95.2% 14	100.0% 1	96.3% 11	97.6% 10	57.1% 27	87.5% 23	94.4% 15	100.0% 1	90.2% 20	100.0% 1	92.6% 18	100.0% 1	100.0% 1	95.8% 13	Qtr 2 14/15
Cancer Patients treated after screening referral <62 days*	90%	90.9% 20	N/A	100.0% 1	97.2% 9	97.6% 8	71.4% 23	91.7% 18	80.0% 22	100.0% 1	92.9% 17	96.9% 11	95.0% 15	N/A	100.0% 1	90.6% 21	95.6% 14	96.7% 12	100.0% 1	96.0% 13	97.8% 7	100.0% 1	100.0% 1	N/A	97.0% 10	93.8% 16	91.7% 18	71.4% 23	N/A	Qtr 2 14/15

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	BARNSLEY 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
RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST
RQX	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

Isle of Wight NHS Trust Board Performance Report 2014/15

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Isle of Wight NHS Trust

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%	92.8% 6	100.0% 1	96.4% 4	92.0% 8	99.9% 2	92.3% 7	84.0% 9	81.7% 10	93.5% 5	99.3% 3	Qtr 3 14/15
RTT:% of admitted patients who waited 18 weeks or less	90%	81.4% 10	96.9% 1	85.0% 8	93.7% 3	93.9% 2	87.4% 5	87.2% 6	86.4% 7	81.4% 9	91.1% 4	Nov-14
RTT: % of non-admitted patients who waited 18 weeks or less	95%	91.7% 10	99.1% 2	96.9% 5	97.2% 4	99.2% 1	95.0% 7	92.0% 9	95.8% 6	93.5% 8	98.7% 3	Nov-14
RTT % of incomplete pathways within 18 weeks	92%	95.9% 6	99.4% 1	93.5% 10	97.2% 4	99.2% 2	95.8% 7	94.3% 9	96.1% 5	95.1% 8	98.5% 3	Nov-14
%. Patients waiting > 6 weeks for diagnostic	1%	0.1% 4	0.0% 1	0.1% 5	0.2% 7	0.0% 1	1.1% 9	0.2% 6	0.6% 8	1.3% 10	0.0% 1	Nov-14
Cancer patients seen <14 days after urgent GP referral*	93%	95.8% 3	N/A	96.4% 2	97.4% 1	N/A	78.2% 7	93.9% 6	94.6% 5	95.5% 4	N/A	Qtr 2 14/15
Cancer diagnosis to treatment <31 days*	96%	98.6% 4	N/A	99.3% 2	99.3% 1	N/A	96.1% 7	96.2% 6	97.9% 5	98.7% 3	N/A	Qtr 2 14/15
Cancer urgent referral to treatment <62 days*	85%	87.3% 4	N/A	84.0% 6	87.5% 2	N/A	87.2% 5	80.6% 7	87.5% 3	92.3% 1	N/A	Qtr 2 14/15
Breast Cancer Referrals Seen <2 weeks*	93%	91.7% 6	N/A	95.0% 3	100.0% 1	N/A	68.8% 7	94.4% 5	95.2% 2	94.5% 4	N/A	Qtr 2 14/15
Cancer Patients receiving subsequent surgery <31 days*	94%	95.7% 5	N/A	98.4% 3	100.0% 1	N/A	95.5% 6	96.5% 4	95.3% 7	98.9% 2	N/A	Qtr 2 14/15
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	99.3% 7	100.0% 1	100.0% 1	N/A	Qtr 2 14/15
Cancer Patients treated after consultant upgrade <62 days*	85%	N/A	N/A	N/A	100.0% 1	N/A	50.0% 5	98.9% 2	89.7% 4	95.3% 3	N/A	Qtr 2 14/15
Cancer Patients treated after screening referral <62 days*	90%	90.9% 7	N/A	97.2% 2	99.2% 1	N/A	96.4% 4	92.7% 6	93.9% 5	96.9% 3	N/A	Qtr 2 14/15

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

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

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

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Benchmarking of Key National Performance Indicators: Ambulance Performance

Isle of Wight NHS Trust

	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%	78.4% 1	72.8% 6	73.6% 5	64.3% 11	67.4% 10	68.0% 9	71.9% 7	75.1% 3	74.7% 4	78.1% 2	71.5% 8	Nov-14
Ambulance Category A Calls % < 8 minutes - Red 2	75%	75.7% 1	71.5% 7	64.2% 10	55.0% 11	71.6% 6	69.6% 9	73.0% 3	75.1% 2	70.8% 8	72.5% 4	72.2% 5	Nov-14
Ambulance Category A Calls % < 8 minutes - Red 1 & Red 2	75%	76.0% 1	71.6% 6	64.7% 10	55.2% 11	71.3% 7	69.5% 9	73.0% 3	75.1% 2	71.0% 8	72.8% 4	72.2% 5	Nov-14
Ambulance Category A Calls % < 19 minutes	95%	96.0% 3	93.7% 6	91.9% 10	89.2% 11	93.6% 7	93.1% 9	94.7% 5	95.7% 4	93.4% 8	96.6% 2	96.6% 1	Nov-14

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

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

Isle of Wight NHS Trust

Commentary:

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

The latest information is up to October 2014. Overall we have 4 red rated indicators 3 of which are in the Admitted Patient Care Dataset with the fourth in the A&E dataset. The Outpatient dataset indicators are all green. 2 of the 3 indicators in the APC dataset are the Primary Diagnosis and the HRG4 (Healthcare Resource Grouping) these are linked as you need the diagnosis to generate the HRG. Investigation has shown that the issue relates to duplicate records being created in SUS when a record is updated, we are still working with Portsmouth Hospitals to identify the cause of this error but are confident that the codes are applied on our system and in the CDS file we generate suggesting the problem is either with the translator process or SUS itself.

Recording of a valid NHS number in the Admitted Patient Care dataset has changed this month from Amber to Red we currently record 98.5% of valid NHS numbers compared to a 99.1% national average. The majority of gaps we have

In the A&E dataset we are red for the number of invalid or missing commissioner codes, this was due to an invalid default code generated by the system. This issue has been corrected and should see improvements in the coming months.

Analysis:

Total APC General Episodes: 14,993

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	218	98.5%	99.1%
Patient Pathway	275	94.3%	60.6%
Treatment Function	0	100.0%	99.9%
Main Specialty	0	100.0%	100.0%
Reg GP Practice	3	100.0%	99.9%
Postcode	96	99.4%	99.7%
Org of Residence	9	99.9%	98.7%
Commissioner	17	99.9%	99.4%
Primary Diagnosis	1,030	93.1%	98.2%
Primary Procedure	0	100.0%	99.5%
Ethnic Category	24	99.8%	97.5%
Site of Treatment	0	100.0%	95.5%
HRG4	1,043	93.0%	98.4%

Total Outpatient General Episodes: 99,914

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	541	99.5%	99.3%
Patient Pathway	44,571	51.8%	49.3%
Treatment Function	0	100.0%	99.9%
Main Specialty	0	100.0%	99.8%
Reg GP Practice	4	100.0%	99.9%
Postcode	6	100.0%	99.8%
Org of Residence	16	100.0%	96.8%
Commissioner	43	100.0%	99.4%
First Attendance	0	100.0%	99.5%
Attendance Indicator	1	100.0%	99.6%
Referral Source	509	99.5%	98.8%
Referral Rec'd Date	509	99.5%	95.9%
Attendance Outcome	29	100.0%	98.3%
Priority Type	509	99.5%	97.5%
OP Primary Procedure	0	100.0%	99.6%
Ethnic Category	57	99.9%	93.6%
Site of Treatment	1	100.0%	96.0%
HRG4	0	100.0%	98.8%

Total A&E Attendances 38,757

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	868	97.8%	94.7%
Registered GP Practice	13	100.0%	99.2%
Postcode	21	99.9%	98.5%
Org of Residence	406	99.0%	96.3%
Commissioner	626	98.4%	99.0%
Attendance Disposal	386	99.0%	97.2%
Patient Group	19	100.0%	96.0%
First Investigation	399	99.0%	94.2%
First Treatment	1,051	97.3%	93.3%
Conclusion Time	376	99.0%	97.9%
Ethnic Category	0	100.0%	93.7%
Departure Time	234	99.4%	99.8%
Department Type	0	100.0%	99.8%
HRG4	556	98.6%	96.0%

Key:

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

Action Plan:	Person Responsible:	Date:	Status:
Determine cause of records not updating	Head of Information / Asst. Director - PIDS	Dec-14	Ongoing
Review missing commissioner codes in A&E dataset		Sep-14	Ongoing

Data Quality - October 2014

Dataset	Measure	IW Performance	National	Threshold G	Threshold A	Threshold R	Status	Weighting	Score	Notes
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	98.5%	99.1%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	A	1	0.5	
APC	Valid Ethnic Category	99.8%	97.5%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
OP	Total Invalid Data Items	0	n/a	=<2	>2 =<5	>5	G	2	0.0	Performance relates to the no. of Red rated data items
OP	Valid NHS Number	99.5%	99.3%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
OP	Valid Ethnic Category	99.9%	93.6%	> = 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	97.8%	94.7%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
A&E	Valid Ethnic Category	100.0%	93.7%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
	Total			= < 2	2 > = < 4	= > 4	G	12	1.5	

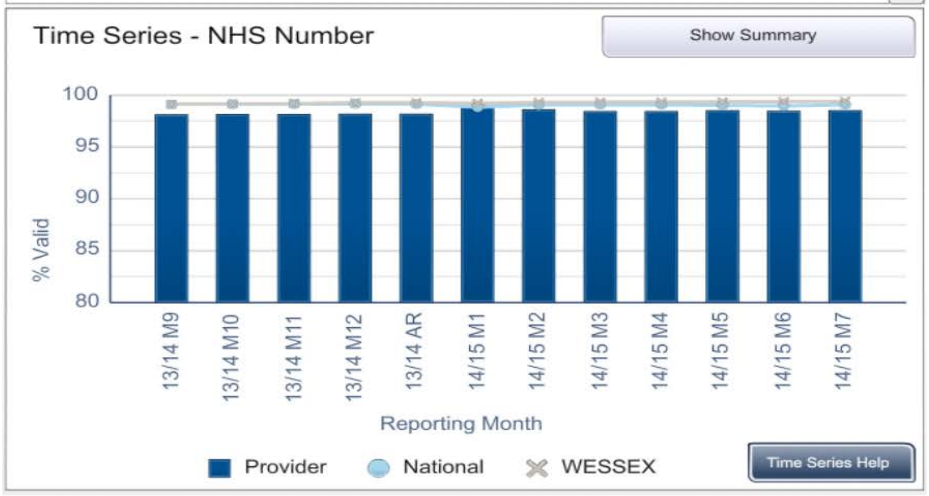
Source: Information Centre, SUS Data Quality Dashboard

Data item information:

NHS Number

The NHS Number is the unique identifier and is mandatory to record for each patient.

Select the blue hyperlink above for the NHS Data Dictionary definition. You can navigate between CDS Versions 6.1 and 6.2 from here.

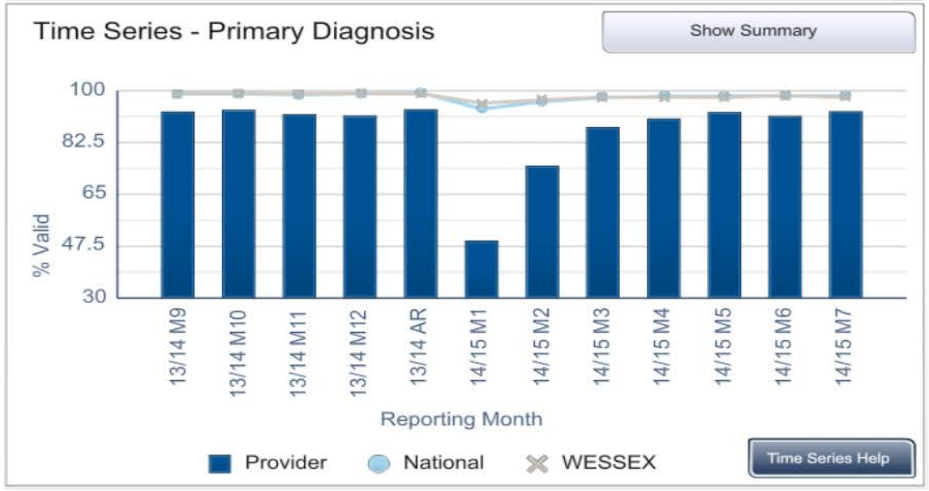


Data item information:

Primary Diagnosis (ICD-10)

This is a clinical classification associated with the patient diagnosis.

The patient diagnosis is:
i. the main condition treated or investigated during the relevant episode of healthcare, and
ii. where there is no definitive diagnosis, the main symptom,



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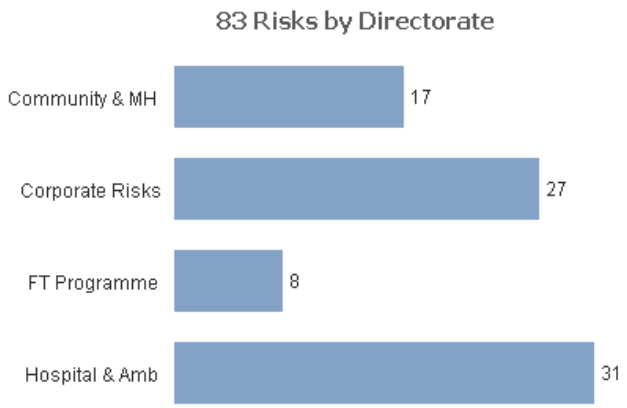
Risk Register - Situation current as at 15/01/2015

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	%
Community & MH	07/12/2009	Increased Demand On Orthotics	8	3	38%
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	5	3	60%
Hospital & Amb	22/08/2012	Risk Due To Bed Capacity Problems	4	3	75%
Community & MH	22/11/2012	Low Staffing Levels Within Occupational Therapy Acute Team	7	3	43%
Hospital & Amb	05/12/2012	Vacant Consultant Physician Posts	3	1	33%
Corporate Risks	26/03/2013	Pressure Ulcers	4	2	50%
Hospital & Amb	23/09/2013	Ophthalmic Casenotes - Poor Condition, Misfiling And Duplication Leading To Potential Clinical Error	4	2	50%
Hospital & Amb	21/01/2014	Acquisition Of Mechanical Device For Chest Compressions	5	4	80%
Hospital & Amb	30/04/2014	Maternity Theatre Inadequate Airflow Leading To Potential Infection Control Risk	4	1	25%
Corporate Risks	24/07/2014	Air Conditioning Unit In Network Core Room	7	2	29%
Corporate Risks	24/07/2014	Mandatory Resuscitation Training	6	3	50%
Hospital & Amb	28/08/2014	Computer Aided Dispatch (CAD) Server And Software Update	5	2	40%
Hospital & Amb	28/08/2014	MaxFax Dental Carts And Compressor No Longer Fit For Purpose	8	6	75%
Corporate Risks	28/08/2014	Unsupported Desktop Environment	6	0	0%
Community & MH	24/10/2014	Sparrcs Database Resilience	7	4	57%
Corporate Risks	31/12/2014	Trust Archive Records Storage	6	0	0%

Data as at 15/01/2015 Risk Register Dashboard

Commentary

The risk register is reviewed monthly both at Trust Executive Committee/Directorate Boards and relevant Trust Executive sub-committee meetings. All risks on the register have agreed action plans with responsibilities and timescales allocated. The 'Open Risks' dashboard runs from a live feed and is updated daily. All Execs/Associate Directors/Senior Managers have access with full details of all risks, actions and progress available at all times. This report provides a 'snapshot' overview. Some risk action plans (above) are out of date and the Directorates have been asked to update with immediate effect.
Since the last report 2 new risks have been added to the register - RR637 Submission of Community Information Data Set and RR638 Trust Archive Records Storage. Eight risks have been signed off the risk register - RR365 Data Quality/Data Recording/Swift Information System/RR501 Cancellation of Planned activity due to excessive medical activity/RR512 Mental Health Payment by results and CMHS Redesign/RR516 Internal and External pressures impacting on Planned Directorate Financial Management/RR518 Community Information Systems/RR595 Purchase of Additional bed Sensors/RR603 Staff isues relating to Physiotherapy Availability in community rehab and laidlaw outpatients/RR609 Planned Preventative maintenance recording on Micad System.

- **Key messages**

- Total paybill exceeds budgeted expenditure £2.6m year to date excluding release of reserves; an improvement of £141k in month.
- Release of reserves equate to £244k in month and £2.4m year to date resulting in a reported paybill overspend of £157k year to date.
- Overspend is within predominantly with Hospital sub group of Hospital & Ambulance Directorate but also Mental Health.
- Corporate directorates as a group continue to operate close to or within budget but Community & Mental health see a significant increase in cost pressures in month.
- Total Workforce FTE although over plan, remains within funded budget
- In month sickness rate reduced to4.93% from 5.29% in Month, still above target of 3%.
- Unfilled budgeted positions increase from 6.8% of total funded establishment to 7.1% in month.
- A detailed Overpayment report is distributed to directorate leads on a monthly basis to inform their current position for addressing

- **Key risks identified:**

- *Continued high level of Agency & Bank Spends*
- *Lower monthly pay budget in final quarter is likely to result in an increase in pay overspend in the period.*

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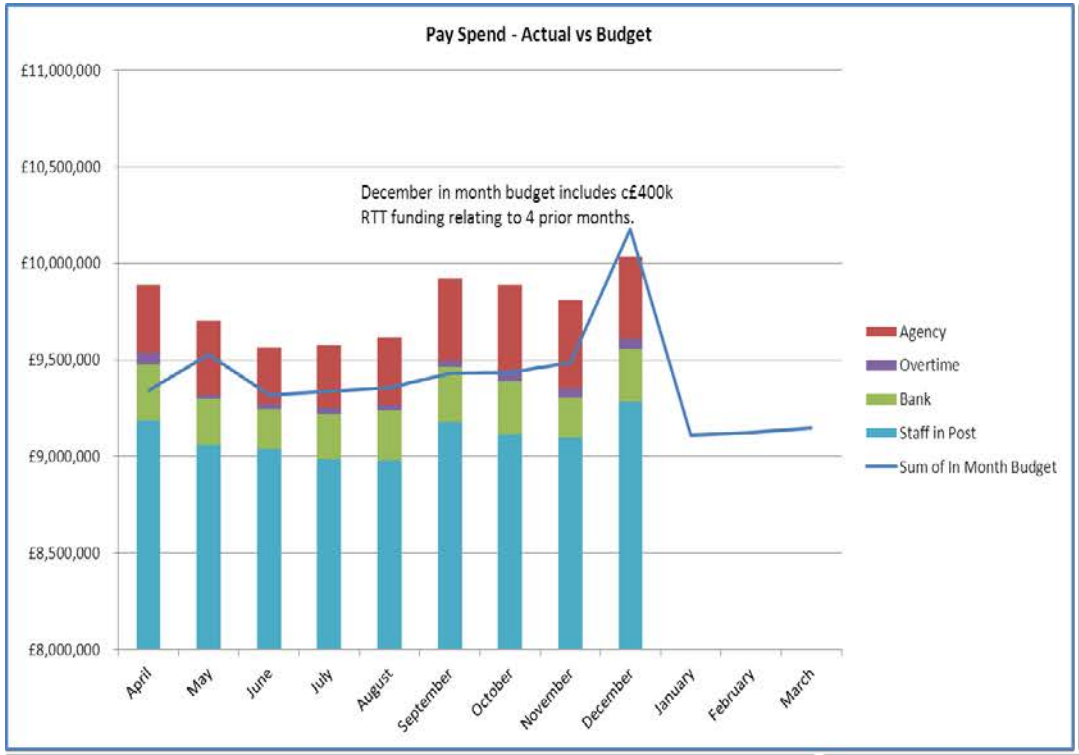
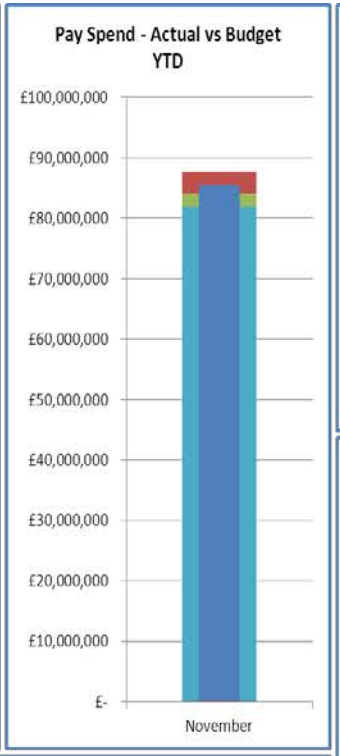
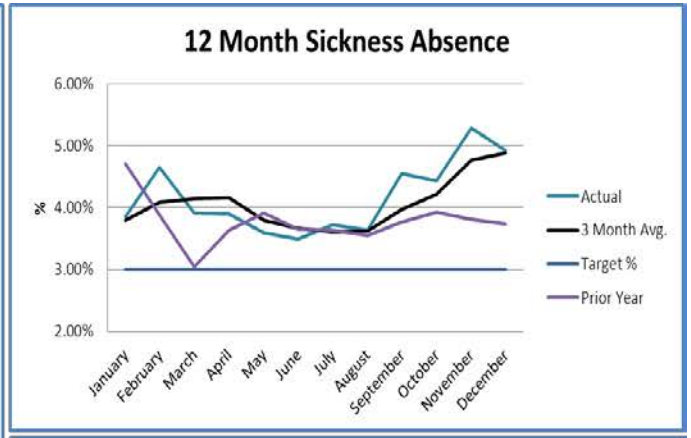
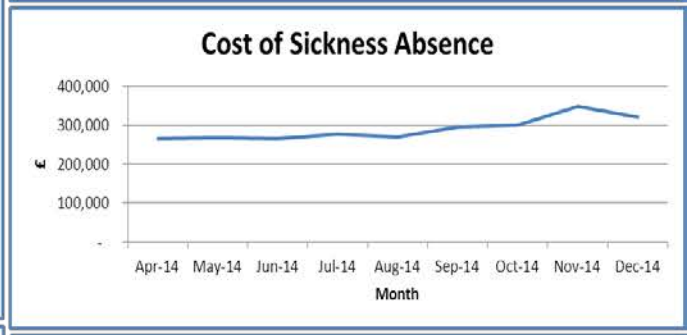
Workforce - Pay Spend (Total Trust)

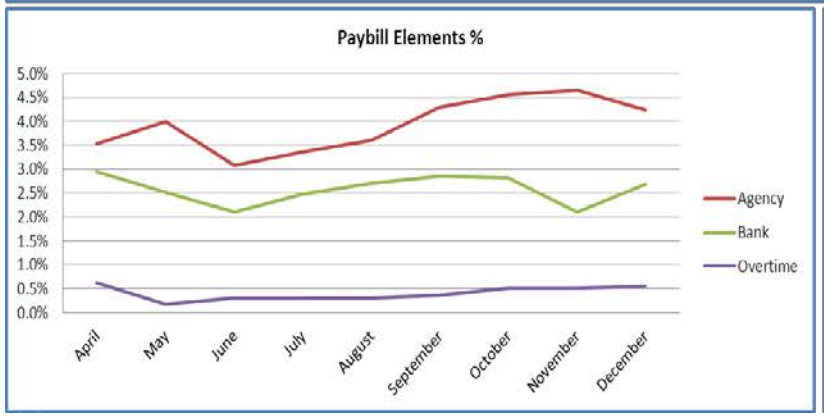
Isle of Wight NHS Trust

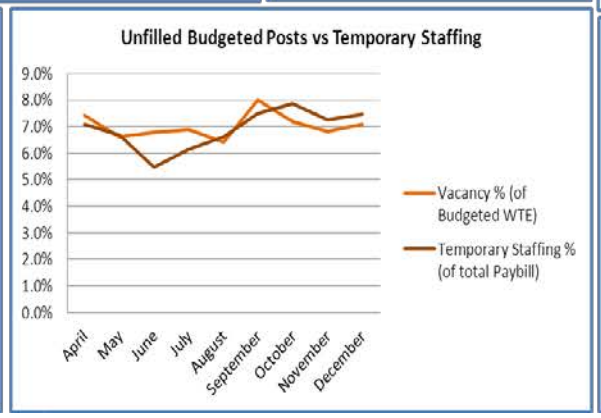


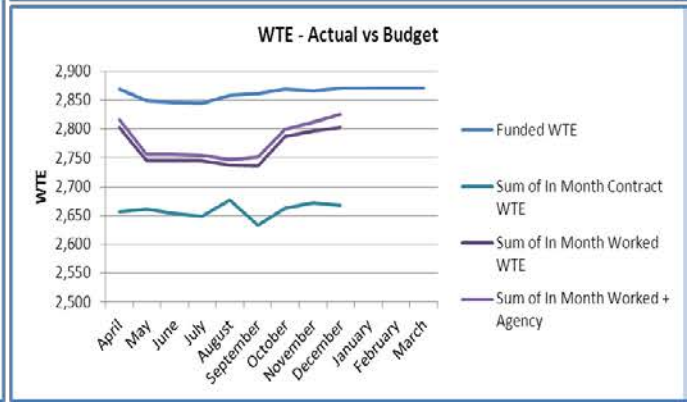












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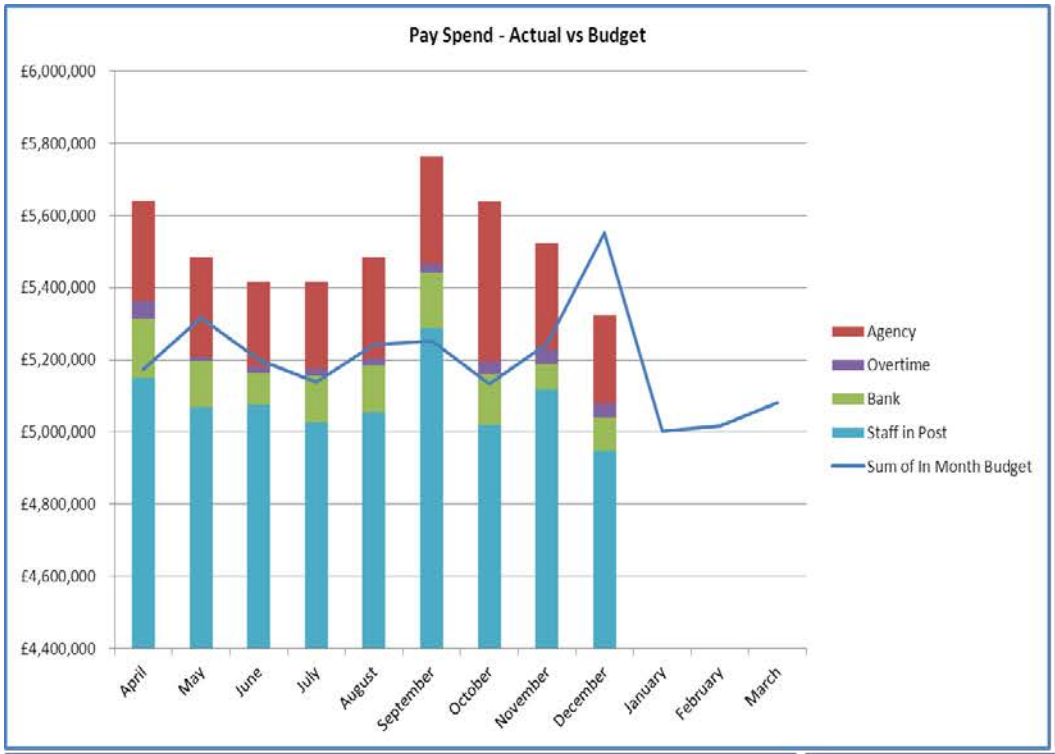
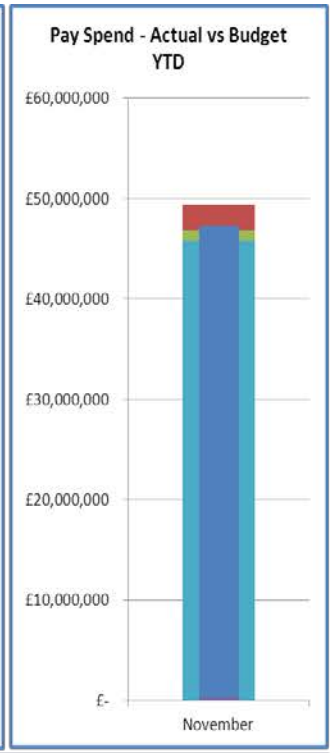
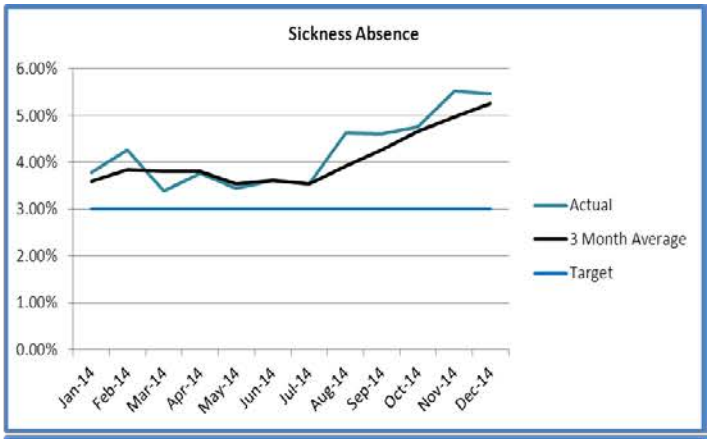
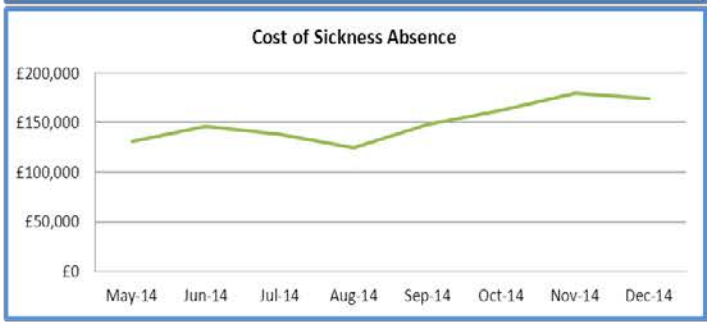
Workforce - Pay Spend (Hospital & Ambulance)

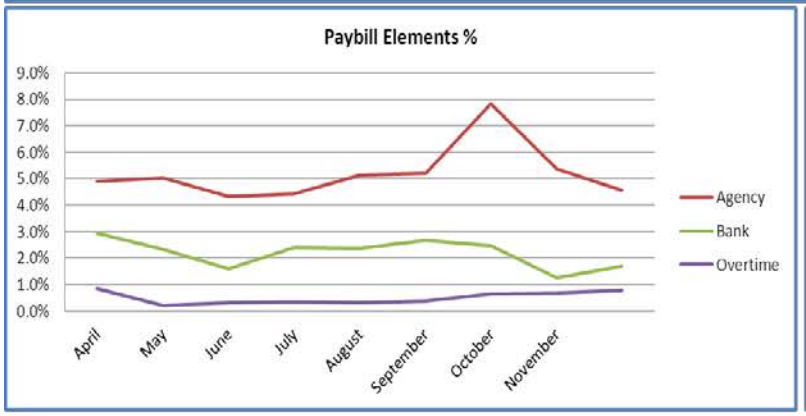
Isle of Wight NHS Trust

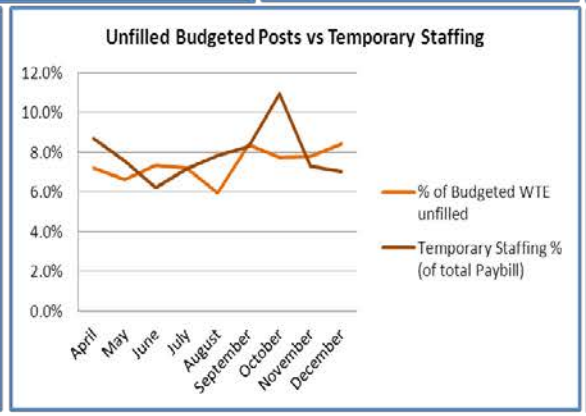


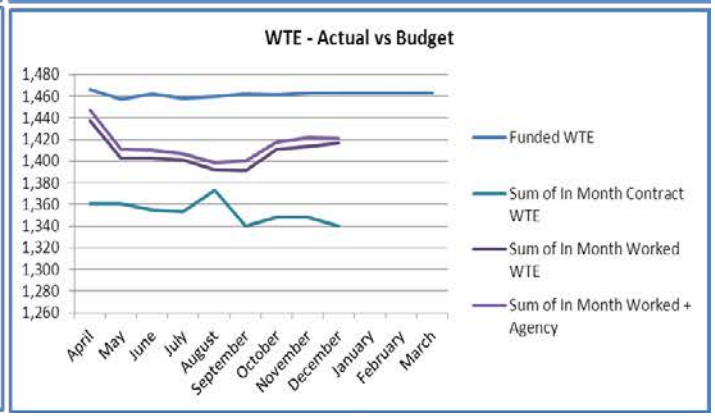




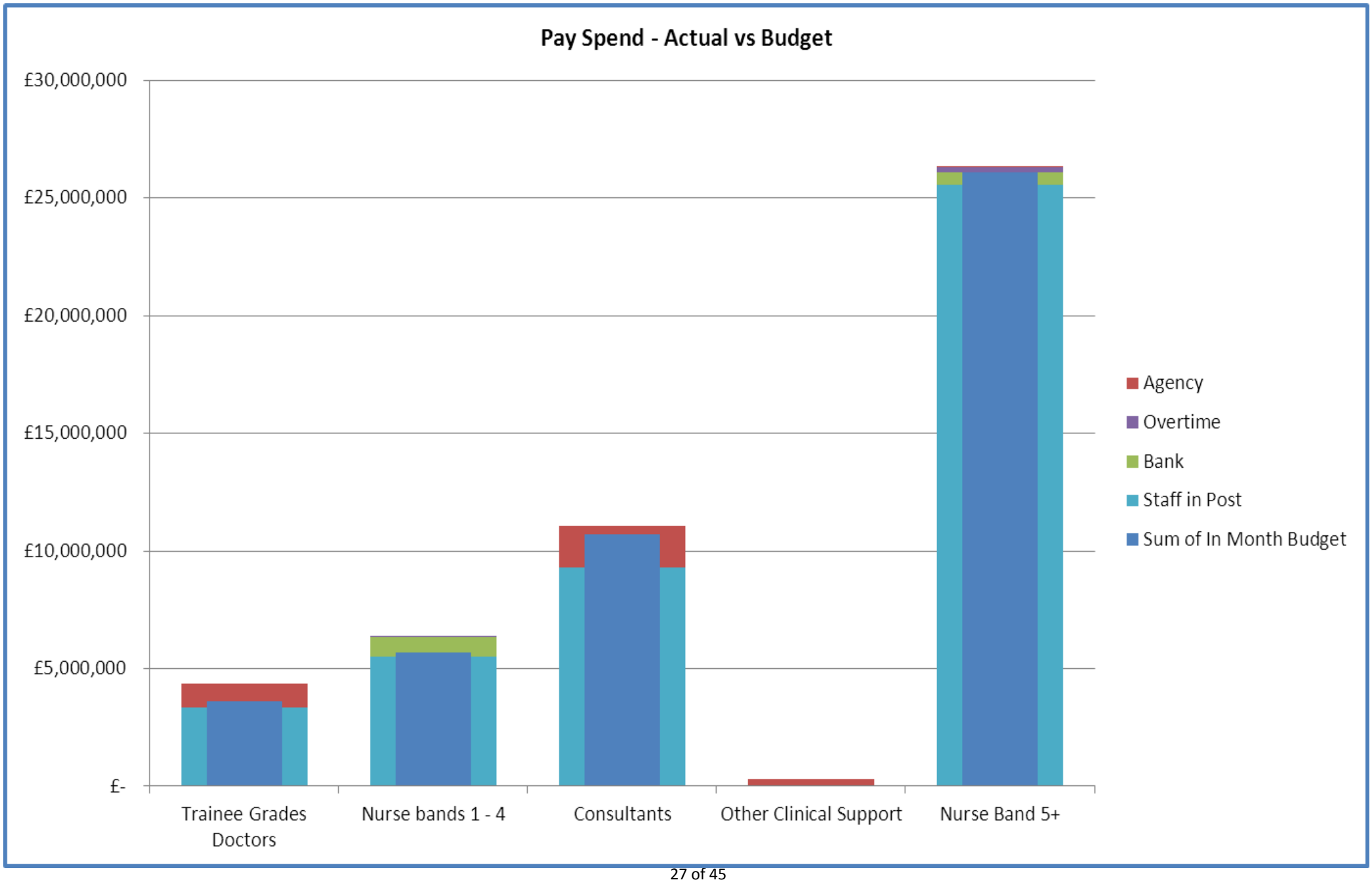








Pay Spend - Top 5 Overspent YTD Staffing Groups



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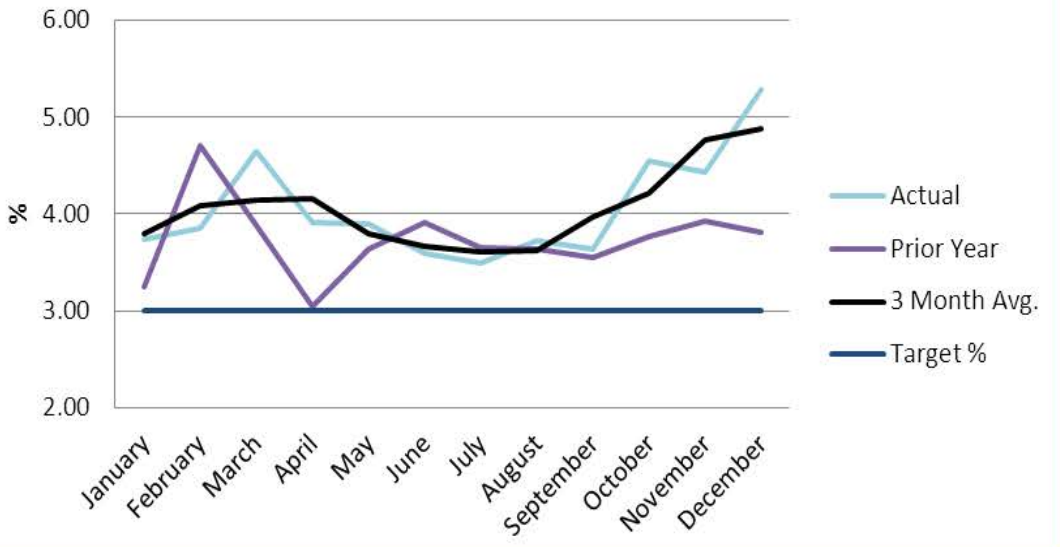
Sickness Absence - Total Trust

Isle of Wight NHS Trust

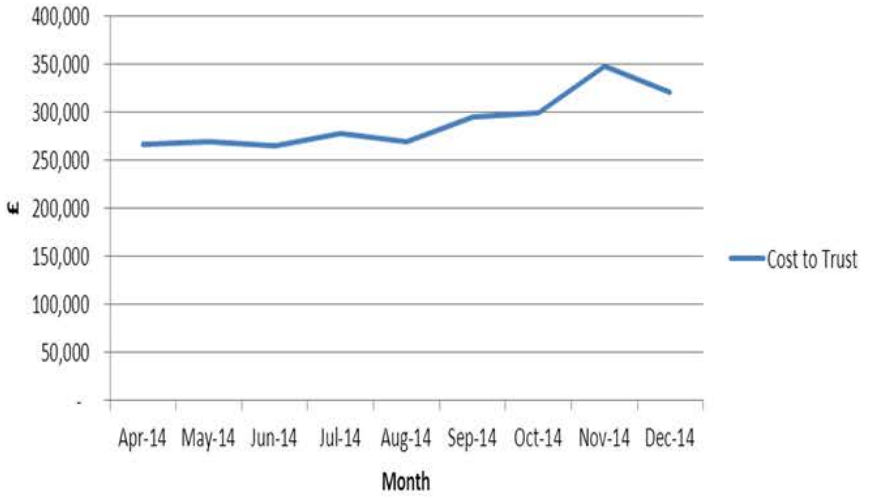
12 Month Sickness Absence



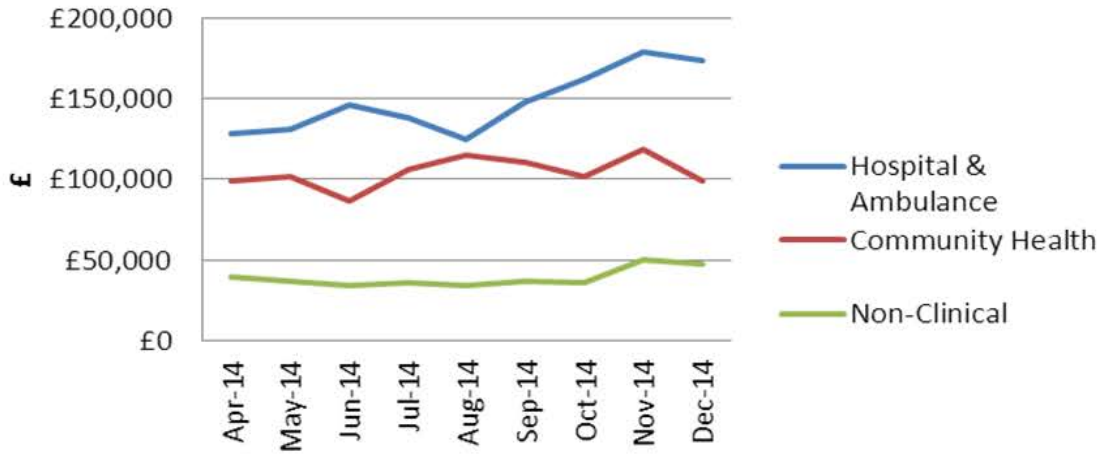
Sickness Absence	Period	Month Target/Plan	Month Actual
In Month Absence Rate	Dec-14	3%	4.93%

	Sum of FTE Days Lost				
Absence Reason	Sep-14	Oct-14	Nov-14	Dec-14	Variance
S10 Anxiety/stress/depression/other psychiatric illnesses	896.13	729.56	1214.15	1034.72	-14.78%
S25 Gastrointestinal problems	475.63	482.65	471.50	266.27	-43.53%
S11 Back Problems	373.34	419.21	420.88	432.14	2.68%
S13 Cold, Cough, Flu - Influenza	233.13	415.14	407.52	619.71	52.07%
S12 Other musculoskeletal problems	235.50	303.83	319.60	505.89	58.29%
S28 Injury, fracture	312.64	202.52	154.48	152.61	-1.21%
S15 Chest & respiratory problems	114.78	198.97	205.92	176.40	-14.34%
S21 Ear, nose, throat (ENT)	111.43	139.67	140.00	91.89	-34.37%
S26 Genitourinary & gynaecological disorders	214.73	137.87	185.65	196.03	5.59%
S17 Benign and malignant tumours, cancers	147.20	126.13	114.60	133.39	16.39%
Grand Total	3114.52	3155.56	3634.30	3609.05	-0.69%

Cost of Sickness Absence



Cost of Sickness Absence - Directorate



Outstanding Compliance with the timetable of actions in relation to National Quality Board Requirements

C The Trust receives an update detailing planned versus actual staffing on a shift by shift basis Version 10 of MAPS is now in place. This enables work on rosters to be completed to enable accurate reporting	
E The planned staffing should be reviewed on a daily basis A daily report for each shift is now in place to enable Matrons to see where staffing is reduced and action can be taken to manage accordingly. This item remains amber whilst the senior nursing team is able to provide assurance the report is utilised and embedded and any further actions are identified.	

Achievement of planned versus actual staffing hours

- The Trust achieved an average of 89% fill rate on RN's in the day for December 2014
- This is below the organisations target of 90% for an amber rating

Day				Night				Day		Night	
Registered midwives/nurses		Care Staff		Registered midwives/nurses		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	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
26646	23773.29	18548.42	18519.15	14450.25	13639.5	9135.75	10562.75	89.2%	99.8%	94.4%	115.6%

Ward name	Registered		Care Staff		Registered		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	459.5	516.25	1381.67	1066.75	294.5	300	590	606.5	112.4%	77.2%	101.9%	102.8%
ORTHOPAEDIC UNIT	2080.75	1801.75	1948.5	1835	1228.25	1140	930	841	86.6%	94.2%	92.8%	90.4%
SEAGROVE	926.5	917.91	930	1375.35	620	553	620	837	99.1%	147.9%	89.2%	135.0%
OSBORNE	930	1114	754.5	971.75	620	666	589	655	119.8%	128.8%	107.4%	111.2%
MOTTISTONE	918	847.25	402.5	374.75	620	629			92.3%	93.1%	101.5%	
ST HELENS	1016.5	888.5	946.5	1024.5	620	680	390	410	87.4%	108.2%	109.7%	105.1%
STROKE	1829.25	1543	1553.5	1619	620	618	620	849.5	84.4%	104.2%	99.7%	137.0%
REHAB	1610.75	1316.25	1607.5	1891.5	620	620	620	1270	81.7%	117.7%	100.0%	204.8%
WHIPPINGHAM	1661.5	1433.75	1476	1210.5	930	670	620	665.75	86.3%	82.0%	72.0%	107.4%
COLWELL	1386.5	1358.5	1766.5	1473.5	620	620	620	610	98.0%	83.4%	100.0%	98.4%
INTENSIVE CARE UNIT	3253	2665.45	465	313.25	2007.25	1780.75	286.75	173.5	81.9%	67.4%	88.7%	60.5%
CORONARY CARE UNIT	2269	1764.5	655.5	628	1549.75	1281.25	310	441	77.8%	95.8%	82.7%	142.3%
NEONATAL INTENSIVE CARE UNIT	1060	822.01	406.75	463.75	595.5	637	310	280	77.5%	114.0%	107.0%	90.3%
MEDICAL ASSESSMENT UNIT	2336.5	1966	1122	1261.5	930	911.75	620	820	84.1%	112.4%	98.0%	132.3%
AFTON	930	1042.5	930	959.75	310	320	620	750.5	112.1%	103.2%	103.2%	121.0%
PAEDIATRIC WARD	1587	1515.67	465	375.5	800	742.75	310	306.75	95.5%	80.8%	92.8%	99.0%
MATERNITY	2092.5	1908.5	1147	1139.8	1240	1240	620	620	91.2%	99.4%	100.0%	100.0%
WINTER BED WARD	298.75	351.5	590	535	225	230	460	426.25	117.7%	90.7%	102.2%	92.7%

Ward	Day		Night		Key Nursing indictors			
	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	112.4%	77.2%	101.9%	102.8%	5.21%	0	0	0
Orthopaedic Unit	86.6%	94.2%	92.8%	90.4%	7.61%	0	3	0
Seagrove	99.1%	147.9%	89.2%	135.0%	4.21%	0	0	0
Osborne	119.8%	128.8%	107.4%	111.2%	2.87%	0	0	0
Mottistone	92.3%	93.1%	101.5%		2.52%	0	0	0
St Helens	87.4%	108.2%	109.7%	105.1%	3.00%	3	1	1
Stroke	84.4%	104.2%	99.7%	137.0%	5.96%	4	0	0
Rehab	81.7%	117.7%	100.0%	204.8%	3.83%	0	0	0
Whippingham	86.3%	82.0%	72.0%	107.4%	7.75%	2	3	0
Colwell	98.0%	83.4%	100.0%	98.4%	2.53%	0	1	0
Intensive Care Unit	81.9%	67.4%	88.7%	60.5%	4.24%	0	0	0
Coronary Care Unit	77.8%	95.8%	82.7%	142.3%	10.69%	1	0	0
Neonatal Intensive Care Unit	77.5%	114.0%	107.0%	90.3%	9.94%	0	0	0
Medical Assessment Unit	84.1%	112.4%	98.0%	132.3%	5.73%	4	4	1
Afton	112.1%	103.2%	103.2%	121.0%	2.46%	2	0	0
Paediatric Ward	95.5%	80.8%	92.8%	99.0%	1.39%	1	0	0
Maternity	91.2%	99.4%	100.0%	100.0%	4.03%	0	0	1
Winter Ward	117.7%	90.7%	102.2%	92.7%				

Local RAG rating 95% - 100 % GREEN 90%- 94.9% AMBER <90% RED

December data

- CCU/Step down currently have vacancies due to retirement and staff leaving. Staff are being moved around to cover shifts to ensure safety and KPI's indicate this is satisfactory for this month.
- NICU are below 80% for December in their Register Nurse numbers. This is data issue and the rota needs further work to ensure it adequately reflects staff that are needed. For example there were periods of time where cot occupancy is low however we are not reflecting the need for less staff that day.
- St Helens, Whippingham and MAU give cause for concern and this will instigate investigation into staffing for going forward and a focus for ensuring bank staff are sought and placed as a high risk area.

Mitigating actions

- The new rostering policy is in implementation phase. Better management of annual leave and rostering of planned staff is expected.
- The new version of MAPS is now in place which enables rostering team to review rota's for accurate reporting
- A new daily reporting tool has been established, we are working to ensure implementation is clear and effective and an escalation policy is being drafted to support expected actions.
- Daily reporting is in place to enable Matrons to better manage staffing within the hub environment. This is facilitating rapid response for bank requirements or to move staff to different areas

Recommendations on reporting

- Following review with the TDA it is recommended that the Safer Staffing report is a stand alone report rather than incorporated into the performance report. This is currently under discussion in preparation for February Trust Board.

Isle of Wight NHS Trust Board Performance Report 2014/15

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Summary - RAG Rating based on Out-turn position

Isle of Wight NHS Trust

Summary

The Trust is reporting a £1.577m surplus in the year to December 2014, which is £174k less than the plan. The position includes forward banking of £1.0m, expected recovery of Referral To Treatment (RTT) costs of £405k, and £962k in respect of additional transition funding support.

The Trust is seeking approval from the Board to amend its forecast to a £3k surplus at 31 March 2015, which is £1.699m less than plan.

Continuity of Service Rating — G

	Plan	Actual
Year to date	4	4

The Trust is currently reporting a Continuity of Service Rating (CoSR) of '4' which is consistent with the operational plan. Additionally the expected out-turn rating is also 4.

Financial Criteria	Weight %	Metric to be scored	Definition	Ratings/segments 4	3	2	1
Liquidity Ratio	1	50%	Liquid Ratio (days)	Working capital balance x 365 / Annual operating expenses	0.0	-7.0	-14.0	<-14
Capital Servicing Capacity Ratio	1	50%	Capital servicing capacity (time)	Revenue available for capital service / Annual debt service	2.5x	1.75x	1.25x	<1.25x

Surplus — R

	Plan	Actual / Forecast	Variance
Year to date £k	1,751	1,577	(174)
Year end forecast £k	1,702	3	(1,699)

The Trust planned for a deficit of £85k in December, after adjustments made for normalising items (these include the net costs associated with donated assets and impairments). The reported position is a deficit of £79k in the month, a favourable variance of £7k.

The cumulative Trust plan was to deliver a surplus of £1.751m, after normalising items.

The actual position is a cumulative surplus of £1.577m, an adverse variance of £174k.

This position has £1.0m of forward banking recognised to the end of month 9.

The Trusts proposes to amend its forecast out-turn surplus to £3k, which is £1.699m less than plan.

Income — G

	Plan	Actual / Forecast	Variance
Year to date £k	128,221	128,937	716
Year end forecast £k	170,624	170,556	(68)

The Trust planned income in December was £14.158m. The actual reported income is £14.944m in month, a positive variance of £786k.

The cumulative income plan is £128.221m. The actual position is a cumulative income of £128.937m, a positive variance of £716k.

This position includes an estimated reduction in income of £576k relating to CCG contract penalties and NHSE contract under performance but does include expected transitional support from the CCG of £962k.

Operating Costs (including directorate income) — G

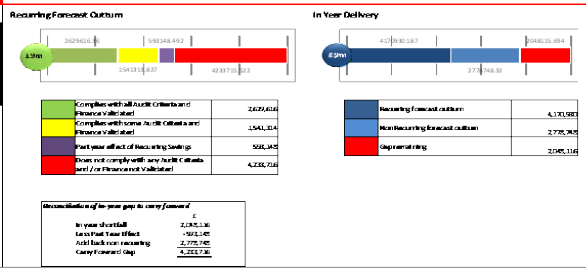
	Plan	Actual / Forecast	Variance
Year to date £k	(104,135)	(104,323)	(188)
Year end forecast £k	(139,320)	(138,711)	609

The Trust is reporting an overspend against an expenditure budget ytd of £188k.

The forecast year end position is an overspend of £1.249m. Including additional forecast costs relating to the Public Dividend Capital Charge the adjusted overspend expenditure variance is £1.225m.

The year end net operating costs include £21m of directorate income (netting off risk share adjustment of £1.163m) excluding this income source the total costs amount to £161.3m. In addition to the operating costs, capital charges & finance costs amount to c.£9m.

CIP — R



Cash — R

	Plan	Actual / Forecast	Variance
Year to date £k	6,007	7,876	1,869
Year end forecast £k	5,407	3,273	(2,134)

The cash balance held at the end of Decembers considerably more than was planned and is due to:

i) the actual spend on capital being less than the planned spend in the first six months of the year

ii) the movement in working balances

Capital

	Plan	Actual / Forecast	Variance
Year to date £k	6,605	3,105	3,500
Year end forecast £k	8,318	7,817	501

The total Capital Resource for this year was originally approved at £8.3M. This included property sales of £648k, but these are now expected to be sold during 2015/16 which brings the forecast expenditure to £7.8M for 2014/15.

Indicators of Forward Financial Risk — 0

	Plan	Forecast
Number of indicators breached	2	0
Number of indicators	11	11

Indicators breached are:

i) Unplanned decrease in EBITDA margin in two consecutive quarters

ii) Capital expenditure <75% of plan for the year

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Surplus

Isle of Wight NHS Trust

The Trust planned for a deficit of £85k in December, after adjustments made for normalising items (these include the net costs associated with donated assets and impairments). The reported position is a deficit of £79k in the month, a favourable variance of £7k.
The cumulative Trust plan was to deliver a surplus of £1.751m, after normalising items. The actual position is a cumulative surplus of £1.577m, an adverse variance of £174k. This position has £1.0m of forward banking recognised to the end of month 9.
The Trusts proposes to amend its forecast out-turn surplus to £3k, which is £1.699m less than plan.

	Year to date Plan £000s	Actual £000s	Variance £000s
Surplus / (Deficit)	1,751	1,577	(174)

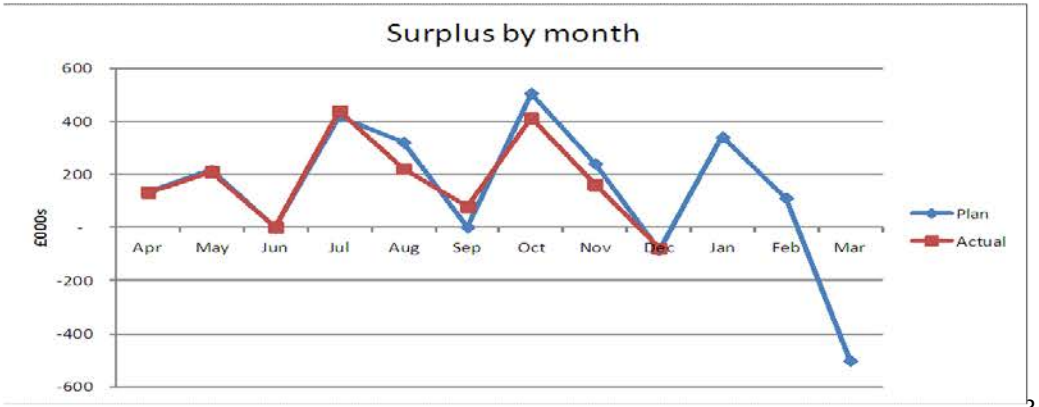
	Full Year Plan £000s	Forecast £000s	Variance £000s
Surplus / (Deficit)	1,702	3	(1,699)

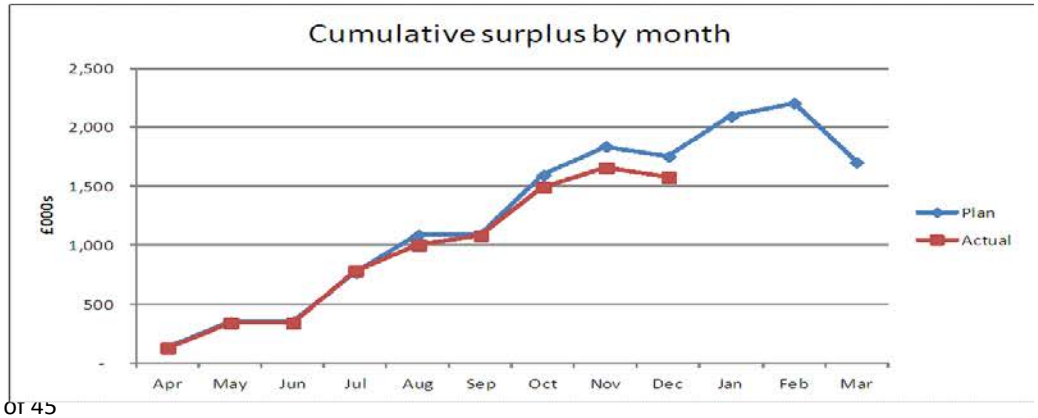
The Category A income position includes contract penalties and contractual under performance. The balance relates to contract variations that have yet to be agreed, but are offset by a corresponding balance in revenue reserves.

Operating costs include considerable over spends in Hospital & Ambulance directorate. These are offset by under utilised reserves and over achievement of CIP (including forward banking) in the corporate directorate.
During September an impairment was realised of c.£1.3m on assets subject to the District Valuers revaluation. The impairment resulted in the planned retained surplus position having a negative variance of £1.3m. This is due to the impairment being recognised in advance of the planned budgeted impairment which was in March 2015. The forecast position at the year end corrects this position & in fact the current prediction is that impairments overall will be significantly less than anticipated due to the current upward trend in land & property values.

	Year to date Plan £000s	Actual £000s	Variance £000s
Income	128,221	128,937	716
Pay	(87,851)	(88,009)	(157)
Non Pay	(31,778)	(32,528)	(751)
EBITDA	8,592	8,400	(192)
Depreciation & Amortisation	(4,336)	(4,330)	6
PDC	(2,474)	(2,475)	(0)
Impairment	0	(1,325)	(1,325)
Profit/Loss on Asset Disp	0	(15)	(15)
Interest Receivable	40	37	(4)
Interest Payable	(48)	(21)	27
Bank Charges	(12)	(5)	7
Foreign Currency Adjustments	(1)	(3)	(3)
RETAINED SURPLUS / (DEFICIT)	1,761	263	(1,498)
Receipt of Charitable Donations for Asset Acquisition	(75)	(75)	0
Impairment	0	1,325	1,325
Depreciation - Donated Assets	65	65	(0)
ADJUSTED RETAINED SURPLUS / (DEFICIT)	1,751	1,577	(174)

	Full Year Plan £000s	Forecast £000s	Variance £000s
Income	170,624	170,556	(68)
Pay	(116,400)	(117,415)	(1,016)
Non Pay	(43,284)	(43,924)	(640)
EBITDA	10,941	9,217	(1,723)
Depreciation & Amortisation	(5,800)	(5,776)	25
PDC	(3,299)	(3,399)	(100)
Impairment	(5,347)	(2,953)	2,394
Profit/Loss on Asset Disp	(125)	(30)	95
Interest Receivable	54	50	(4)
Interest Payable	(48)	(25)	23
Bank Charges	(17)	(9)	7
Foreign Currency Adjustments	(1)	(4)	(3)
RETAINED SURPLUS / (DEFICIT)	(3,643)	(2,929)	714
Receipt of Charitable Donations for Asset Acquisition	(100)	(100)	0
Impairment	5,347	2,953	(2,394)
Depreciation - Donated Assets	98	79	(19)
ADJUSTED RETAINED SURPLUS / (DEFICIT)	1,702	3	(1,699)





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Income

The Trust planned income in December was £14.158m. The actual reported income is £14.944m in month, a positive variance of £786k.

The cumulative income plan is £128.221m. The actual position is a cumulative income of £128.937m, a positive variance of £716k.
This position includes an estimated reduction in income of £576k relating to CCG contract penalties and NHSE contract under performance but does include expected transitional support from the CCG of £962k.

	Year to date Plan £000s	Year to date Actual £000s	Year to date Variance £000s
Surplus / (Deficit)	**128,221**	**128,937**	**716**

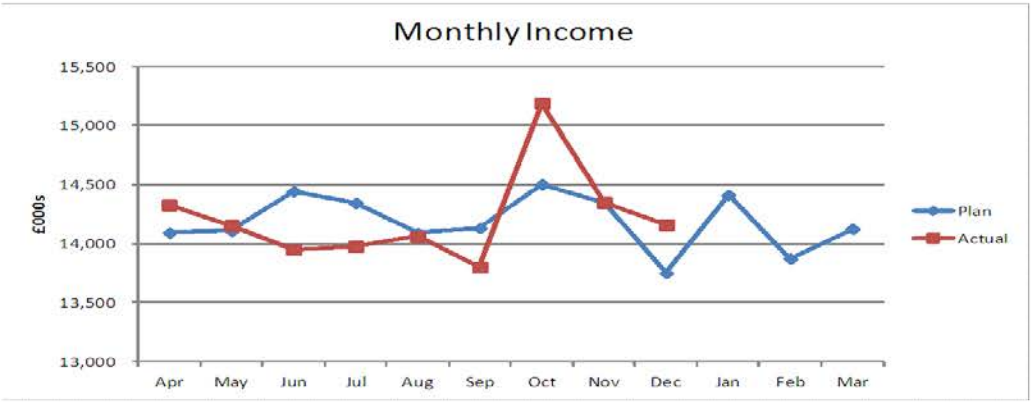
	Full Year Plan £000s	Full Year Forecast £000s	Full Year Variance £000s
Surplus / (Deficit)	**170,624**	**170,556**	**(68)**

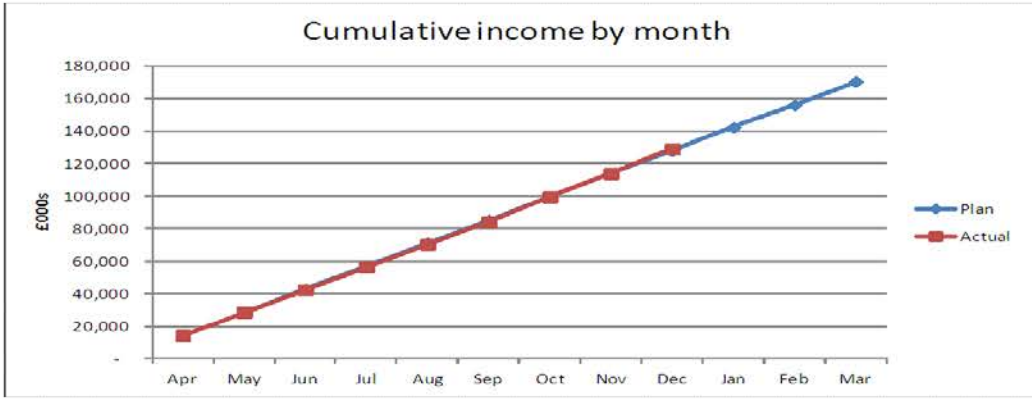
The NHS Isle of Wight CCG position to date includes £264k of contract penalties. The balance relates to contract variations that have yet to be agreed, but are offset by a corresponding balance in revenue reserves.
CCG income has also been assumed for delivery of RTT targets (£405k), costs of redundancies already incurred (£155k), the cost of CQC QIP incurred to date (£177k) and a further £962k in respect of additional transition funding support.

NHS England variance relates to under performance against contract on breast screening services and neonatal critical care, and non-tariff drugs.

Income	Year to date Plan £000s	Year to date Actual £000s	Year to date Variance £000s
NHS Isle of Wight CCG	101,307	101,901	594
NHS England	8,650	7,839	(811)
Isle of Wight Council	1,311	1,326	15
Commissioning Support Unit	266	266	(0)
Non Contractual Activity	1,125	1,311	186
Southampton University Hospitals FT	68	79	12
Income from Patient Care Activities	**112,727**	**112,723**	**(4)**
Other directorate income	15,494	16,214	720
TOTAL INCOME	**128,221**	**128,937**	**716**

Income	Full Year Plan £000s	Full Year Forecast £000s	Full Year Variance £000s
NHS Isle of Wight CCG	134,985	135,615	630
NHS England	11,594	10,383	(1,210)
Isle of Wight Council	1,748	1,764	16
Commissioning Support Unit	355	355	0
Non Contractual Activity	1,500	1,575	75
Southampton University Hospitals FT	90	105	15
Income from Patient Care Activities	**150,272**	**149,798**	**(475)**
Other directorate income	20,351	20,758	407
TOTAL INCOME	**170,624**	**170,556**	**(68)**





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Directorate Performance

Isle of Wight NHS Trust

Hospital & Ambulance

	Year to date			Forecast
	Plan £000s	Actual £000s	Variance £000s	Variance £000s
Income	6,804	6,768	(36)	167
Pay	(47,882)	(50,298)	(2,417)	(3,105)
Non Pay	(17,498)	(19,455)	(1,957)	(2,331)
TOTAL	**(58,575)**	**(62,985)**	**(4,410)**	**(5,268)**

The Hospital and Ambulance Directorate continues to report an overspend in M9. The main pressures the Directorate faces include unachieved CIP and Vacancy Factor of £3.7m ytd plus Agency Staff covering Medical Vacancies (£1m adverse variance ytd). The Directorate has also incurred additional expenditure of £184k for RTT to reduce the >18 week waiting list.
The directorate is predicting a year end overspend of £6.3m, although this is reduced to £5.3m with additional spend reduction challenges and funding support.

Community Health

	Year to date			Forecast
	Plan £000s	Actual £000s	Variance £000s	Variance £000s
Income	3,196	3,332	136	173
Pay	(24,263)	(24,453)	(190)	(101)
Non Pay	(3,250)	(3,709)	(459)	(492)
TOTAL	**(24,317)**	**(24,830)**	**(513)**	**(420)**

Community are cumulatively overspent by £513k, the directorate is carrying a vacancy factor of £280k to date. There are areas of concern due to high levels of expenditure - these are Orthotics & Prosthetics, Continence and Wheelchair. The Directorate is developing business cases to resolve the on-going pressure in these areas. Position improved in month from anticipated forecast due to £56k cquins funding being allocated to the community directorate. The directorate is anticipating underperformance in relation to the PDS contract.
The directorate is predicting a year end overspend of £802k, although this is reduced to £420k with additional spend reduction challenges.

Corporate - Research & Development

	Year to date			Forecast
	Plan £000s	Actual £000s	Variance £000s	Variance £000s
Income	316	432	117	144
Pay	(311)	(375)	(65)	(90)
Non Pay	(8)	(58)	(50)	(53)
TOTAL	**(3)**	**(1)**	**2**	**0**

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

Corporate - Earl Mountbatten Hospice

	Year to date			Forecast
	Plan £000s	Actual £000s	Variance £000s	Variance £000s
Income	1,514	1,930	415	414
Pay	(1,514)	(1,780)	(266)	(265)
Non Pay	(1)	(150)	(149)	(149)
TOTAL	**(1)**	**(1)**	**(0)**	**(0)**

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

Corporate - Finance & Performance Management

	Year to date			Forecast
	Plan £000s	Actual £000s	Variance £000s	Variance £000s
Income	168	358	190	178
Pay	(1,967)	(1,762)	206	363
Non Pay	(2,560)	(353)	2,206	2,824
TOTAL	**(4,358)**	**(1,757)**	**2,602**	**3,365**

Finance & Performance Management is reporting a significant underspend to date and forecast. This is mainly due to the reporting of the impairment of assets which were subject to the District Valuers revaluation and a reversal of 13/14 balances from control accounts

Corporate - Nursing & Workforce

	Year to date			Forecast
	Plan £000s	Actual £000s	Variance £000s	Variance £000s
Income	451	424	(27)	(37)
Pay	(4,420)	(4,535)	(115)	(191)
Non Pay	(1,332)	(1,371)	(39)	(70)
TOTAL	**(5,301)**	**(5,482)**	**(181)**	**(298)**

The in month and ytd positions for Nursing and workforce are being distorted by £21k of Bank Nursing costs which, due to a move to the upgraded rostering system, have not been coded to where the staff worked. It is anticipated that this will be resolved in M10. The yearend forecast overspend of £298k is mainly due to unachieved CIP of £227k and early overspends on Hotel services pay.

Corporate - Strategic & Commercial

	Year to date			Forecast
	Plan £000s	Actual £000s	Variance £000s	Variance £000s
Income	2,945	3,724	779	498
Pay	(3,745)	(3,528)	217	235
Non Pay	(5,459)	(6,202)	(743)	(727)
TOTAL	**(6,259)**	**(6,006)**	**253**	**6**

The ytd variance of £253k relates partially to the £105k 'profit' element (income exceeding expenditure) of NHS Creative, who are forecasting to increase this to £152k by year end. The overall year end forecast has been reduced to £6k surplus due to the forecast cost of the KM&T project work.

Corporate - Trust Administration

	Year to date			Forecast
	Plan £000s	Actual £000s	Variance £000s	Variance £000s
Income	99	117	18	32
Pay	(1,307)	(1,277)	30	46
Non Pay	(2,546)	(2,510)	35	33
TOTAL	**(3,753)**	**(3,670)**	**83**	**112**

Trust Administration is reporting a fairly balanced position both in month and year to date. As CIP was achieved earlier in the year and there is a slow trend to underspend, currently an overall surplus of £112k is being forecast for year end.

Reserves

	Year to date			Forecast
	Plan £000s	Actual £000s	Variance £000s	Variance £000s
Income	0	(872)	(872)	(1,163)
Pay	(2,442)	0	2,442	2,093
Non Pay	875	1,281	406	324
TOTAL	**(1,567)**	**409**	**1,976**	**1,254**

The variance to date on reserves includes £1.0m of forward banked CIP. The balance relates to commissioners contract variations that have yet to be agreed, but are offset by a corresponding balance in income.

The Trust is reporting an overspend against an expenditure budget ytd of £188k.
The forecast year end position is an overspend of £1.249m. Including additional forecast costs relating to the Public Dividend Capital Charge the adjusted overspend expenditure variance is £1.225m.
The year end net operating costs include £21m of directorate income (netting off risk share adjustment of £1.163m) excluding this income source the total costs amount to £161.3m. In addition to the operating costs, capital charges & finance costs amount to c.£9m.

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Cash

Isle of Wight NHS Trust

The cash balance held at the end of Decembers considerably more than was planned and is due to:
i) the actual spend on capital being less than the planned spend in the first six months of the year
ii) the movement in working balances

	Year to date		
	Plan £000s	Actual £000s	Variance £000s
Cash Balance	**6,007**	**7,876**	**1,869**

	Full Year		
	Plan £000s	Forecast Actual £000s	Variance £000s
Cash Balance	**5,407**	**3,273**	**(2,134)**

	Plan £000s	Year to date £000s	Variance £000s
Operating Surplus/(Deficit)	4,236	2,730	(1,506)
Depreciation and Amortisation	5,600	4,330	(1,270)
Impairments and Reversals	0	1,325	1,325
Gains /(Losses) on foreign exchange	0	(3)	(3)
Donated Assets - non-cash	(100)	(75)	25
Interest Paid	(6)	(21)	(15)
Dividend (Paid)/Refunded	(1,650)	(2,475)	(825)
Movement in Inventories	100	(191)	(291)
Movement in Receivables	0	(5,139)	(5,139)
Movement in Trade and Other Payables	(8,743)	(3,033)	5,710
Provisions Utilised	(250)	(225)	25
Movement in Non Cash Provisions	0	(183)	(183)
Cashflow from Operating Activities	**(813)**	**(2,959)**	**(2,146)**
Interest Received	18	37	(19)
Capital Expenditure - PPE	(6,215)	(2,358)	(3,857)
Capital Expenditure - Intangibles	(345)	(212)	(133)
Cashflow from Investing Activities	**(6,542)**	**(2,533)**	**(4,009)**
Cash Flows from Financing Activities	**(7,355)**	**(5,493)**	**(1,862)**
Capital Element of Finance Leases	(42)	(35)	(7)
Cashflow from Financing Activities	**(42)**	**(35)**	**(7)**
Net increase/decrease in cash	**(7,397)**	**(5,528)**	**(1,869)**
Opening Cash Balance	13,404	13,404	0
Restated Cash and Cash Equivalents (and Bank Overdra	13,404	13,404	0
Closing Cash Balance	**6,007**	**7,876**	**1,869**

	Plan £000s	Full Year £000s	Variance £000s
Operating Surplus/(Deficit)	(223)	2,190	2,413
Depreciation and Amortisation	7,460	5,792	(1,668)
Impairments and Reversals	5,347	2,953	(2,394)
Gains /(Losses) on foreign exchange	0	(4)	(4)
Donated Assets - non-cash	(100)	(100)	0
Interest Paid	(6)	(25)	(19)
Dividend (Paid)/Refunded	(3,299)	(3,399)	(100)
Movement in Inventories	250	472	222
Movement in Receivables	733	(1,993)	(2,726)
Movement in Trade and Other Payables	(9,387)	(10,342)	(955)
Provisions Utilised	(466)	(711)	(245)
Movement in Non Cash Provisions	30	57	27
Cashflow from Operating Activities	**339**	**(5,110)**	**(5,449)**
Interest Received	24	44	(20)
Capital Expenditure	(7,973)	(4,640)	(3,333)
Capital Expenditure - Intangibles	(345)	(344)	(1)
Cashflow from Investing Activities	**(8,294)**	**(4,940)**	**(3,354)**
Cash Flows from Financing Activities	**(7,955)**	**(10,050)**	**2,095**
Capital Element of Finance Leases	(42)	(35)	(6)
Cashflow from Financing Activities	**(42)**	**(35)**	**(6)**
Net increase/decrease in cash	**(7,997)**	**(10,085)**	**4,959**
Opening Cash Balance	13,404	13,358	(46)
Restated Cash and Cash Equivalents (and Bank Over	13,404	13,358	(46)
Closing Cash Balance	**5,407**	**3,273**	**(2,134)**

The cash balance held at the end of December amounted to £7,876k. This is£1.9m more than was planned and is largely attributable to actual spend on capital being less than the planned spend in the first six months of the year.

The forecast cash position is an adverse variance to plan of £2.1m. This takes into account the more likely movement in creditors and shows a reduced forecast cash balance of c£3.2m.

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Statement of Financial Position

Isle of Wight NHS Trust

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

	1st April 2014	Year to Date			
		Plan	Actual	Variance	Notes
	£k	£k	£k	£k	
Property, Plant and Equipment	97,613	93,923	95,605	1,682	
Intangible Assets	4,150	3,469	3,583	114	
Trade and Other Receivables	277	200	159	(41)	
Non Current Assets	**102,040**	**97,592**	**99,347**	**1,755**	
Inventories	2,200	1,878	2,009	131	
Trade and Other Receivables	6,930	8,177	12,069	3,892	
Cash and Cash Equivalents	13,358	6,007	7,876	1,869	
Sub Total Current Assets	22,488	16,062	21,954	5,892	
Current Assets	**22,488**	**16,062**	**21,954**	**5,892**	
Trade and Other Payables	(20,395)	(10,179)	(17,362)	(7,183)	
Provisions	(711)	(50)	(303)	(253)	
Liabilities arising from PFIs / Finance Leases	(48)	0	0	0	
Current Liabilities	**(21,154)**	**(10,229)**	**(17,665)**	**(7,436)**	
Provisions	0	(40)	0	40	
Non-Current Liabilities	**0**	**(40)**	**0**	**40**	
TOTAL ASSETS EMPLOYED	**103,374**	**103,385**	**103,636**	**251**	
FINANCED BY:					
Public Dividend Capital	6,762	6,762	6,762	0	
Retained Earnings Reserve	72,124	75,372	71,239	(4,133)	
Revaluation Reserve	24,488	21,251	25,635	4,384	
Other Reserves	0	0	0	0	
TOTAL TAXPAYERS EQUITY	**103,374**	**103,385**	**103,636**	**251**	

	Full Year			
	Plan	Actual	Variance	Notes
	£k	£k	£k	
Property, Plant and Equipment	88,794	97,353	8,559	
Intangible Assets	3,143	3,456	313	
Trade and Other Receivables	200	200	0	
Non Current Assets	**92,137**	**101,009**	**8,872**	
Inventories	1,728	1,728	0	
Trade and Other Receivables	8,177	9,000	823	
Cash and Cash Equivalents	5,407	3,302	(2,105)	
Sub Total Current Assets	15,312	14,030	(1,282)	
Current Assets	**15,312**	**14,030**	**(1,282)**	
Trade and Other Payables	(10,179)	(10,082)	97	
Provisions	(50)	(57)	(7)	
Liabilities arising from PFIs / Finance Leases	0	0	0	
Current Liabilities	**(10,229)**	**(10,139)**	**90**	
Provisions	0	0	0	
Non-Current Liabilities	0	0	0	
TOTAL ASSETS EMPLOYED	**97,220**	**104,900**	**7,680**	
FINANCED BY:				
Public Dividend Capital	6,762	6,762	0	
Retained Earnings Reserve	69,590	72,503	2,913	
Revaluation Reserve	20,868	25,635	4,767	
Other Reserves	0	0	0	
TOTAL TAXPAYERS EQUITY	**97,220**	**104,900**	**7,680**	

There has been little overall movement in working balances since last month with debtors, creditors and cash showing similar values to November.

At the planning stage the non-current asset values were based on an assumption that impairments of £2m would be applied to the assets at the end of 2013/14. In reality, when the District Valuer had completed the revaluation exercise at the end of 2013/14, asset values had increased by c£3m - a swing of £5m. Until month 6 it had been assumed that impairments of £5.3m would be applied to the current capital building programme in 2014/15. However, based on the latest forecast this has been reduced to £2.9m and therefore these two factors have contributed to the significant variance against plan.

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Capital

Isle of Wight NHS Trust

The total Capital Resource for this year was originally approved at £8.3M. This included property sales of £648k, but these are now expected to be sold during 2015/16 which brings the forecast expenditure to £7.8M for 2014/15.

Year to Date

	Plan	Actual	Variance
	£k	£k	£k
Strategic Capital	5,362	2,534	2,828
Operational Capital	1,243	571	672
Total	**6,605**	**3,105**	**3,500**

Year End Forecast

	Plan	Forecast	Variance
	£k	£k	£k
Strategic Capital	6,854	6,463	391
Operational Capital	1,464	1,354	110
Total	**8,318**	**7,817**	**501**

Strategic Capital schemes includes the larger capital projects. All schemes are progressing well and expected to complete within approved timescales, apart from Ryde Community Clinic. Additional funding has been approved which will push the completion date of this project to the end of March. The ICU/CCU project has been paused, and the funding reallocated to bring the completion date of MAU Extension and Endoscopy Relocation projects forward.

Operational Capital - Bids for IM&T RRP and Equipment RRP were brought to the Capital Investment Group in November. Bids for the replacement of the Ambulance CAD System and Telephony System Upgrade were approved.

Strategic Capital	**Year to Date**			**Full Year**			**Risk**
	Plan	**Actual**	**Variance**	**Plan**	**Forecast**	**Variance**	**Rating**
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	3,782	3,782	0	6,854	6,854	0	
Donated Capital			0			0	
	3,782	**3,782**	**0**	**6,854**	**6,854**	**0**	
Application of Funds							
Strategic Capital Schemes							
MAU Extension	1,720	682	1,038	2,378	1,840	538	G
Ward Reconfiguration Level C	100	76	24	100	42	58	G
Ryde Community Clinic	1,203	498	705	1,203	1,280	(77)	G
Dementia Friendly		268	(268)		192	(192)	G
ISIS Further Faster	344	272	72	344	344	0	G
ICU/CCU	1,700	125	1,575	2,204	126	2,078	A
Endoscopy Relocation	295	351	(56)	625	2,247	(1,622)	G
St Helens Relocation		260	(260)		369	(369)	G
Carbon Energy Fund		3	(3)		24	(24)	G
	5,362	**2,534**	**2,828**	**6,854**	**6,463**	**391**	

Operational Capital	**Full Year**	**Year to Date**			**Full Year**		**Risk**
	Plan	**Approved**	**Actual**	**Variance**	**Approved**	**Forecast**	**Variance**	**Rating**
Source of Funds	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	
Depreciation	7,460	3,730	3,310	420	7,460	5,824	1,636	
Property Sales	648	0	0	0	648	0	648	
Donated Funds	100	50	50	0	100	100	0	
Other	110	55	0	55	110	110	0	
Transfer to Strategic Capital	(6,854)	(3,782)	(3,782)	0	(6,854)	(6,854)	0	
	1,464	**53**	**(422)**	**475**	**1,464**	**(820)**	**2,284**	
Application of Funds								
Operational Schemes								
Estates Schemes	320	320	244	76	320	301	19	G
IM&T RRP	156	156	27	129	156	156	(0)	G
Equipment RRP	500	500	118	382	500	469	31	G
Staff Capitalisation	200	152	155	(3)	200	200	0	G
Contingency/Unallocated	188	115	0	115	188	0	188	G
Donated Assets	100	0	0	0	100	100	0	G
PARIS Implementation	0	0	27	(27)	0	128	(128)	G
	1,464	**1,243**	**571**	**672**	**1,464**	**1,354**	**110**	

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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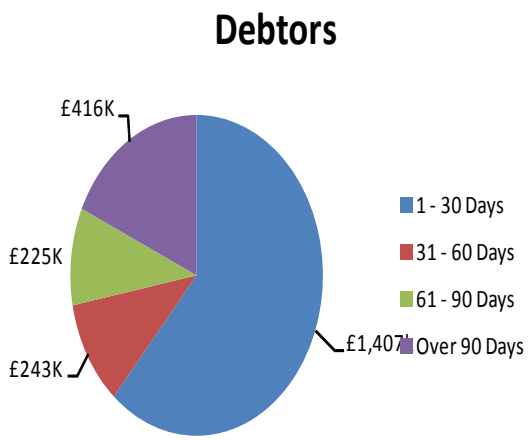
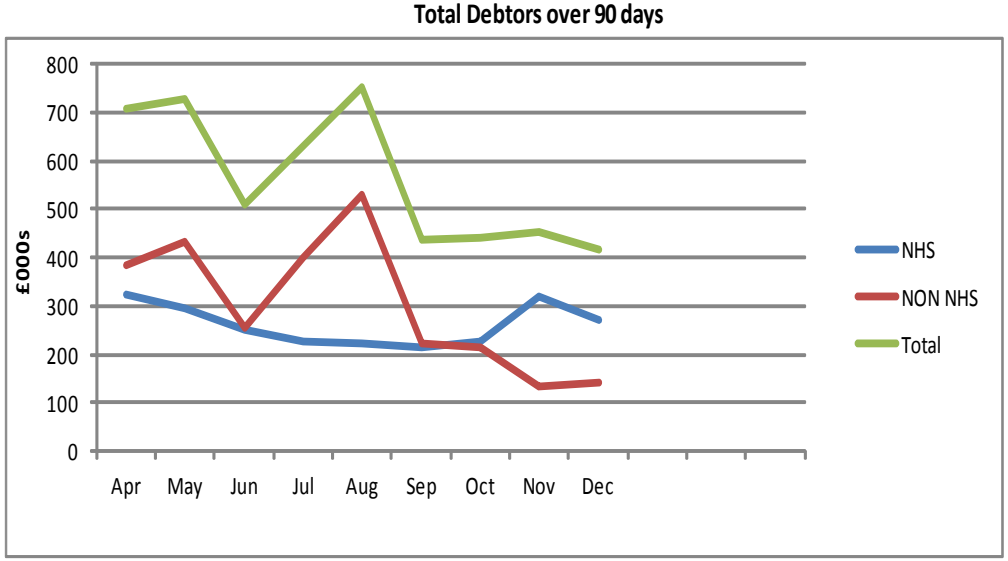
Debtors

Isle of Wight NHS Trust

The Trust debtors are a combination of invoiced debtors, accrued income and prepayments as set out in the table below. This shows that the Trust has outstanding debtors over 30 days of more of £885k

Invoiced debtors	Within Terms	1 Month Overdue	2 Months Overdue	3 Months Overdue	Total	Current Month
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days		Over 30 Days
	£000s	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
CCGs	306	75	129	92	603	297
NHS England	220	0	2	3	225	5
Trusts	163	28	22	114	327	164
Foundation Trusts	170	58	15	63	306	136
Other NHS	-348	12	4	1	-331	18
Non NHS - Private Patients	85	38	18	62	203	118
Non NHS - Local Authority/Public Bodies	509	20	6	11	545	36
Non NHS - Other	301	12	29	70	413	112
Total	**1,407**	**243**	**225**	**416**	**2,292**	**885**
	61%	11%	10%	18%		
Provision for Bad Debts (including Injury Costs Recovery provision)					(406)	
Accrued Income					6,913	
Prepayments					1,459	
Other Debtors					1,970	
Total Trade and Other Receivables					**12,228**	





Accrued income and Other Debtors consists of VAT £238k, RTA £443k (11/12-13/14) plus accruals for invoices not yet raised.

Balance Scorecard

Debtors over 90 days as a % of total debtor balance	Target	<5%
Based on total trade & other receivables with > 90 adjusted for bad debt provision	**Actual**	**0.09%**

The target is to pay all NHS and non-NHS trade creditors within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agree. Compliance is at least 95% of invoices paid (by the bank automated credit system or date and issue of a cheque) within thirty days or within agreed contract terms.

In Month

Supplier Classification	Invoice Count	Invoice Count	% Passed	BPPC Amount £000s	Invoice Amount (Passed) £000s	% Amount
NHS	**141**	**124**	**87.9%**	**684**	**582**	**85.1%**
NON-NHS OTHER	183	178	97.3%	187	187	99.7%
NON-NHS TRADE	2,250	2,183	97.0%	3,752	3,647	97.2%
TOTAL NON-NHS	**2,433**	**2,361**	**97.0%**	**3,939**	**3,833**	**97.3%**
IN-MONTH ALL	**2,574**	**2,485**	**96.5%**	**4,623**	**4,416**	**95.5%**

Year to Date

Supplier Classification	Invoice Count	Invoice Count	% Passed	BPPC Amount £000s	Invoice Amount (Passed) £000s	% Amount Passed
NHS	**1,290**	**1,135**	**88.0%**	**6,721**	**5,675**	**84.4%**
NON-NHS OTHER	1,874	1,788	95.4%	1,727	1,660	96.1%
NON-NHS TRADE	21,042	20,276	96.4%	35,899	34,848	97.1%
TOTAL NON-NHS	**22,916**	**22,064**	**96.3%**	**37,625**	**36,508**	**97.0%**
YTD ALL	**24,206**	**23,199**	**95.8%**	**44,346**	**42,183**	**95.1%**

Overall, the cumulative figures to December with regard to both the numbers and values processed are on target at 95%. There is an expectation that this can continue through to the year-end.

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MONITOR FINANCIAL RISK INDICATORS - Indicators of Forward Financial Risk

Isle of Wight NHS Trust

The indicators below have previously been identified by Monitor as indicators of forward financial risk against financial performance. Although new Monitor Risk Assessment Framework is now in place, the indicators below still provide a helpful indication of operational financial performance. The Trust will monitor performance against these as a helpful indicator of emerging risks in addition to the Continuity of Service Rating and delivery against the control total surplus.		YTD	Forecast
	Number of Indicators Breached	2	0

MONITOR FINANCIAL RISK INDICATORS	YTD RAG	Forecast Qtr RAG	Position	Explanation if Risk	Action if Risk
Unplanned decrease in EBITDA margin in two consecutive quarters	A	A	Marginal difference in Qtr 1 & Qtr 2 variance due to impairment recognition in advance of year end.		
Financial risk rating (FRR) may be less than 3 in the next 12 months	G	G	FRR rating replaced by CoSRR	Not applicable	Not applicable
FRR 2 for any one quarter	G	G	FRR rating replaced by CoSRR		
Working capital facility (WCF)Vused in previous quarter	G	G	No working capital facility	Not applicable	Not applicable
Debtors >90 days past due account for >5% of total debtor balances	G	G	Based on total debtors within the balance sheet		
Creditors >90 days past due account for >5% of total debtor balances	G	G	Based on total creditors within the balance sheet		
Two or more changes in Finance Director in a 12 month period	G	G		Not applicable	Not applicable
Interim Finance Director in place over more than one quarter-end	G	G		Not applicable	Not applicable
Quarter end cash balance <10 days of operation expenses	G	G	Currently the Trust holds approx. 17 days		
Capital expenditure <75% of plan for the year	A	A	Slippage against original plan	Capital plan reviewed monthly by CIG & expected to deliver to plan	
Any particular occurrences that could have an impact on the operation of the business of the Trust	G	G		No plans to undertake a major acquisition,	

	YTD RAG	Forecast Qtr RAG	IMPACT	MITIGATION	NEXT STEPS
Trust financial performance is on plan	G	G			
Trust financial performance is on plan and the focus is now on ensuring the delivery of the CIP programme.	A	A	Potential carried forward of recurrent CIP	Review of CIP plans underway	

Month 09 - Risk Rating:

The Trust is currently reporting a Continuity of Service Rating (CoSR) of '4' which is consistent with the operational plan. Additionally the expected out-turn rating is also 4.

Year To Date	Plan Rating	Actual Rating
Liquidity Ratio	4	4
Capital Servicing Capacity Ratio	4	4
Weighted Average Rating	**4**	**4**

Financial Criteria	Weight %		Metric to be scored	Definition	Rating categories 4	3	2	1
Liquidity Ratio	1	50%	Liquid Ratio (days)	Working capital balance x 360 / Annual operating expenses	0.0	-7.0	-14.0	<-14
Capital Servicing Capacity Ratio	1	50%	Capital servicing capacity (time)	Revenue available for capital service / Annual debt service	2.5x	1.75x	1.25x	<1.25x

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

	Ref	Indicator	Sub Sections	Thresh-old	Weight-ing	Historic Data Q4 2013/14	Historic Data Q1 2014/15	Historic Data Q2 2014/15	Current Data Oct	Current Data Nov	Current Data Dec	Current Data Q3 2014/15	Notes
Access	1	Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted		90%	1.0	No	Yes	No	No	No	No	No	Admitted and non-admitted targets continued to underperform beyond the expected period due to further validation identifying a number of patients waiting longer than originally calculated; treating these patients in turn impacts on performance against these targets for December onwards. However, the admitted performance for December increased from 81.42% in November to 86.67% this month and the non admitted performance has increased from 91.68% last month to 94.44% in December.
	2	Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted		95%	1.0	Yes	No	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	Yes	Yes	Yes	Yes	
	4	A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge		95%	1.0	Yes	No	Yes	No	No	No	No	Increased efforts and focus throughout December continued including the commencement of system resilience schemes, ongoing till March, providing additional bed capacity within the Trust and additional medical staffing to support the increased activity. Internal processes and practices have been revised including the Trust's operational hub to manage patient flow through the Trust and into the community.
	5	All cancers: 62-day wait for first treatment from:	Urgent GP referral for suspected cancer	85%	1.0	Yes	No	No	No	No	Yes	No	
			NHS Cancer Screening Service referral	90%									
	6	All cancers: 31-day wait for second or subsequent treatment, comprising:	surgery	94%	1.0	No	Yes	No	Yes	Yes	Yes	Yes	
			anti-cancer drug treatments	98%									
			radiotherapy	94%									
	7	All cancers: 31-day wait from diagnosis to first treatment		96%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	8	Cancer: two week wait from referral to date first seen, comprising:	All urgent referrals (cancer suspected)	93%	1.0	Yes	No	No	Yes	No	Yes	No	
			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	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	No	Yes	Yes	Yes	Yes	Yes	Yes	
	11	Meeting commitment to serve new psychosis cases by early intervention teams		95%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	12	Category A call – emergency response within 8 minutes, comprising:	Red 1 calls	75%	1.0	Yes	Yes	No	Yes	Yes	Yes	Yes	
			Red 2 calls	75%	1.0	Yes	Yes	No	Yes	Yes	Yes	Yes	
	13	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Outcomes	14	Clostridium difficile – meeting the C. difficile objective	Is the Trust below the de minimus	12	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
			Is the Trust below the YTD ceiling	3		Yes	No	No	No	No	No	No	
	16	Minimising mental health delayed transfers of care		≤7.5%	1.0	No	No	No	No	Yes	No	No	
	17	Mental health data completeness: identifiers		97%	1.0	Yes	Yes	Yes	yes	Yes	Yes	Yes	
	18	Mental health data completeness: outcomes for patients on CPA		50%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	19	Certification against compliance with requirements regarding access to health care for people with a learning disability		N/A	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	20	Data completeness: community services, comprising:	Referral to treatment information	50%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
			Referral information	50%									
			Treatment activity information	50%									
		TOTAL				**5.0**	**6.0**	**9.0**	**5.0**	**5.0**	**4.0**	**6.0**	
						R	R	R	R	R	R	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	Route Cause Analysis
RTT	Referral to Treatment Time
SUS	Secondary Uses Service
TIA	Transient Ischaemic Attack (also known as 'mini-stroke')
TDA	Trust Development Authority
VTE	Venous Thrombo-Embolism
YTD	Year To Date - the cumulative total for the financial year so far

Workforce and Finance terms

CIP	Cost Improvement Programme
CoSRR	Continuity of Service Risk Rating
CYE	Current Year Effect
EBITDA	Earnings Before Interest, Taxes, Depreciation, Amortisation
ESR	Electronic Staff Roster
FTE	Full Time Equivalent
HR	Human Resources (department)
I&E	Income and Expenditure
NCA	Non Contact Activity
RRP	Rolling Replacement Programme
PDC	Public Dividend Capital
PPE	Property, Plant & Equipment
R&D	Research & Development
SIP	Staff in Post
SLA	Service Level Agreement

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28th January 2015

Title	Isle of Wight NHS Trust Board – Data Quality Report January 2015 Update			
Sponsoring Executive Director	Executive Director of Finance			
Author(s)	Deputy Director of Information			
Purpose	To provide the Trust Board with assurance of the data quality underpinning Key Performance Metrics			
Action required by the Board:	**Receive**		**Approve**	**P**

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

Staff, stakeholder, patient and public engagement:

Executive Summary:

The Trust Board requires an annual data quality report summarising the integrity (data quality) of the information contained in Board Performance reports. In 2014 the review analysed the data supporting the 70 main KPIs then reported to the Board.

For each of the Key Performance Indicators shown in the Isle of Wight NHS Trust Board Report Balanced Scorecard a data quality assessment has been conducted and findings reported in this paper.

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

Date: 19h January 2014 Completed by: Iain Hendey, Deputy Director of Information

Trust Board – Data Quality Report
January 2015 Update

Isle of Wight NHS Trust

Background

The Trust Board requires an annual data quality report summarising the integrity (data quality) of the information contained in Board Performance reports. Through the completion of the data quality audit the Trust is able to ensure compliance with the regulations underpinning the recently introduced criminal offence for supplying or publishing False or Misleading Information (FOMI).

Assessment

For each of the Key Performance Indicators shown in the Isle of Wight Trust Board Report Balanced Scorecard a data quality assessment has been conducted. Indicators are grouped within the Key Lines of Enquiry (KLOE's) used by the Care Quality Commission during their review of Trust performance. Overall data quality ratings are given as:-

- Good – Quality of the source data underpinning the KPI is good, is complete, and is not subject to reporting delays; as such the degree of confidence in the reported KPI is high and can be relied upon as a true measure of performance.
- Fair – Quality of the source data underpinning the KPI may have some errors, have moderate completeness or is reported in a reasonably timely fashion; as such the degree of confidence in the reported KPI is moderate.
- Poor – Quality of the source data underpinning the KPI may have high error rates, is not complete, or is subject to significant delays in reporting; as such, the degree of confidence in the reported KPI is low.

In order to derive the overall level of data quality for each indicator the following elements have been assessed.

	Good	Fair	Poor
Data Completeness	All data known to be present	High probability that all data is present	Data known to be incomplete or unknown level of data completeness
Timeliness	Reporting Period no more than 1 month old	Reporting period no more than 3 months old	Reporting period greater than 3 months old.
Validity	Data has been fully validated	Data has been partially validated	Data is un-validated

A summary table giving a full description of each indicator and its overall data quality rating is given at the end of this report in Appendix A.

Findings

The assessment provided the following results, with 49 measures scored as good (80%). Figures from the 2014 report are also shown in brackets.

2015 Isle of Wight Trust Board Report Balanced Scorecard
Data Quality Assessment Results

	Good	Fair	Poor	TBC
Safe	7 (7)	1 (1)	0 (0)	0 (0)
Effective	4 (3)	4 (3)	0 (0)	0 (2)
Caring	4 (2)	1 (0)	0 (0)	0 (3)
Responsive	16 (13)	6 (6)	0 (0)	0 (3)
Well-Led	18 (13)	0 (4)	0 (0)	0 (1)
Total	49 (38)	12 (14)	0 (0)	0 (9)

Each of the 12 measures that did not attain a “Good” rating have been evaluated and a development plan for each has been established.

Update

There has been improvement in the quality of data which underpins the Trust Board Balanced scorecard. In the 2015 review 49 metrics are now considered to be of “Good” standard compared to 38 last year. Extended use of data capture systems such as Quince and Datix has reduced the risk of incorrect data entry and lengthy data analysis processes.

Within the “**Safe**” category of metrics the only measure not considered to be “Good” is the assessment for the risk of VTE. This view is due to the error in interpretation of the national guidelines around data capture that occurred during 2014. This issue has now been resolved and we believe the data is now being recorded correctly.

Two measures within the “**Effective**“ category (SHMI & HSMR) remain in the “Fair” category due to the timeliness of the data. Historically these measures have been calculated externally by Dr Foster and have been difficult to replicate locally. The Trust has now terminated its contract with Dr Foster and are in contact with another Trust, Blackpool Teaching Hospital NHS Foundation Trust, who have developed an algorithm to calculate these metrics locally. It is thought that this will improve the position for these measures by allowing a timely update.

The other two metrics within "**Effective**" assessed as being "Fair" are, lost bed days due to delayed transfer of care, and, number of ambulance handover delays of between 1 and 2 hours. The data for delayed transfer of care (DTOC's) is currently captured manually and, whilst a good indicative view, is not considered to be robust. The Trust is working towards improving the data capture and analysis for this metric. Data, and performance, for ambulance handover delays has been affected by system and connectivity issues within the Emergency Department. The Trust is investing in improvements in this area and this should result in an improvement in the data quality for this metric.

Data quality for the number of compliments received, a metric within the "**Caring**" category is considered to be "Fair". Data is captured manually by good news coordinators who sit within the Trust directorates. This is reliant on individuals reporting when a compliment is received and as such is likely to only be partially complete and open to individual interpretation. It is difficult to see how data quality in this area can be improved. However, despite these data quality issues the use of this metric is considered to be important in giving a balanced view in comparison to data on complaints and concerns.

Within the "**Responsive**" category six metrics are considered to have "Fair" data quality. All of these metrics relate to 18 week pathway (RTT) information. Recently the Trust has completed some detailed modelling of 18 week performance. During this exercise several data quality issues were identified in waiting list information. Detailed validation of 18 week pathway data is now being completed both by the Trust and with the support of external resource from the National RTT Validation Programme. Information Governance processes have been reviewed, with the assistance of the Trust Development Authority (TDA), and agreed processes have been put in place to continue to monitor data quality and improve performance in RTT.

All of the metrics within the "**Well-Led**" category are considered to have "Good" data quality.

Recommendation

Data quality of Trust Board performance reporting has improved through scrutiny of these metrics. It is recommended that we continue to conduct an annual assessment of KPIs and associated development plans to provide long-term assurance. The Board should continue to receive an update of the Information Assurance Directory at the beginning of each financial year. This will include an assessment of any new measures included in the Trust Board Performance Report prior to inclusion.

Iain Hendey
Deputy Director of Information
19th January 2015

Trust Board – Data Quality Report

January 2015 Update

Appendix A – Information Assurance Directory

Isle of Wight NHS Trust

Ref	Indicator Description	Data Item 1	Data Source 1	Data Item 2	Data Source 2	Data Collection Method	RAG Threshold	Target	Calculation Methodology	Monitoring Frequency	Overall Indicator Data Quality
Safe											
1	Patients that develop a grade 4 pressure ulcer	Number of confirmed hospital acquired cases	Datix			Electronic	TBC	0	Number of confirmed hospital acquired cases	Monthly	Good
2	Reduction across all grades of pressure ulcers (25% on 2013/14 Acute baseline, 50% Community)	Number of confirmed hospital acquired cases	Datix			Electronic	TBC	Reduction on 13/14 Baseline	Number of confirmed hospital acquired cases	Monthly	Good
3	VTE (Assessment for risk of)	Number of Admissions Screened for VTE	e-prescribing	Number of Admissions	PAS	Electronic	R - Below plan G - Above plan or equal to plan	95%	(Number of VTE Screens + Number of Daycases) / (Number of inpatient admissions + Number of daycases)	Monthly	Fair
4	MRSA (confirmed MRSA bacteraemia)	Number of confirmed hospital acquired cases	Pathology			Manual	R - Below plan G - Above plan or equal to plan	1	Number of confirmed hospital acquired cases	Monthly	Good
5	C.Diff (confirmed Clostridium Difficile infection - stretched target)	Number of confirmed hospital acquired cases	Pathology			Manual	R - Below plan G - Above plan or equal to plan	12	Number of confirmed hospital acquired cases	Monthly	Good
6	Clinical Incidents (Major) resulting in harm (all reported, actual & potential, includes falls & PU Cat 4)	Number of Clinical Incidents (Major) resulting in harm	Datix			Electronic	TBC	TBC	Number of Clinical Incidents (Major) resulting in harm	Monthly	Good
7	Clinical Incidents (Catastrophic) resulting in harm (actual only - as confirmed by investigation)	Number of Clinical Incidents (Catastrophic) resulting in harm	Datix			Electronic	TBC	TBC	Number of Clinical Incidents (Catastrophic) resulting in harm	Monthly	Good
8	Falls - resulting in significant injury	Number of falls - resulting in significant injury	Datix			Electronic	R - Above plan G - Below plan or equal to plan	24	Number of falls - resulting in significant injury	Monthly	Good
Effective											
9	Summary Hospital-level Mortality Indicator (SHMI) Apr 13 - Mar 14	SHMI Score	Health & Social Care Information Centre			Electronic	R-Above Expected A-As Expected but above plan G-As Expected but on or below plan	1.0956	Calculated externally using the number of observed deaths / number of expected deaths and then standardised	Quarterly	Fair
10	Hospital Standardised Mortality Ratio (HSMR) Oct 12 - Sep 13	HSMR Score	Dr Foster			Electronic	TBC	TBC	Calculated externally using the number of observed deaths / number of expected deaths and then standardised	Quarterly	Fair
11	Stroke patients (90% of stay on Stroke Unit)	People who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	PAS	People who have had a stroke who are admitted to hospital	PAS	Electronic	R - Below plan G - Above plan or equal to plan	80%	People who have had a stroke who spend at least 90% of their time in hospital on a stroke unit / Total number of people who have had a stroke who are admitted to hospital	Monthly	Good
12	High risk TIA fully investigated & treated within 24 hours (National 60%)	Transient Ischaemic Attack (TIA) cases with a higher risk of stroke who are assessed and treated within 24 hours	PAS	Patients referred with a suspected TIA who are at high risk of	PAS	Electronic	R - Below plan G - Above plan or equal to plan	60%	Transient Ischaemic Attack (TIA) cases with a higher risk of stroke who are assessed and treated within 24 hours / Total number referred with a suspected TIA who are at high risk of stroke	Monthly	Good
13	Cancelled operations on/after day of admission (not rebooked within 28 days)	Number of operations cancelled on day of / after admission for non clinical reasons by the hospital	Theatrmaxx	Total First Finished Consultant Episodes for G&A Specialties	PAS	Electronic	R - More than 2.25% of General & Acute FFCE's A - Between 0.42% and 2.25% of General & Acute FFCE's	0	Number of operations cancelled on day of / after admission for non clinical reasons by the hospital / Total Number of First Finished Consultant Episodes for G&A Specialties	Monthly	Good
14	Delayed Transfer of Care (lost bed days)	Number of patients who's discharge from hospital care is delayed due to differing factors	Manual			Electronic	TBC	TBC	Number of patients who's discharge from hospital care is delayed due to differing factors	Monthly	Fair
15	Number of Ambulance Handover Delays between 1-2 hours	Number of patients waiting between 1 and 2 hours to be handed over from the Ambulance service to the A&E department	Symphony			Electronic	TBC	TBC	Number of patients waiting between 1 and 2 hours to be handed over from the Ambulance service to the A&E department	Monthly	Fair
16	Theatre utilisation	Start of operation for first patient on list to end of operation for last patient on list	Theatrmaxx	Planned theatre list time	Theatrmaxx	Electronic	R - Below plan G - Above plan or equal to plan	85%	Start of operation for first patient on list to end of operation for last patient on list / Planned theatre list time	Monthly	Good
Caring											
17	Patient Satisfaction (Friends & Family test - Total inpatient response rate)	Completed Friends & Family responses	Manual			Manual	R - Below plan G - Above plan or equal to plan	30%	The percentage of patients attending for treatment who complete a Friends & Family feedback form	Monthly	Good
18	Patient Satisfaction (Friends & Family test - A&E response rate)	Completed Friends & Family responses	Manual			Manual	R - Below plan G - Above plan or equal to plan	20%	The percentage of patients attending for treatment who complete a Friends & Family feedback form	Monthly	Good
19	Mixed Sex Accommodation Breaches	Number cases of Mixed Sex Accomodation				Manual	R - Above plan G - Below plan or equal to plan	0	Number cases of Mixed Sex Accomodation	Monthly	Good
20	Formal Complaints	Number of formal complaints	Datix			Electronic	R - More than last year A - Same as last year G - Less than last year	<20%	Number of formal complaints	Monthly	Good
21	Compliments received	Number of compliments received	Manual			Manual	N/A	N/A	Number of compliments received	Monthly	Fair

Isle of Wight NHS Trust

Ref	Indicator Description	Data Item 1	Data Source 1	Data Item 2	Data Source 2	Data Collection Method	RAG Threshold	Target	Calculation Methodology	Monitoring Frequency	Overall Indicator Data Quality
	Responsive										
22	RTT % of admitted patients who waited 18 weeks or less - IoW CCG	Admitted patients who waited 18 weeks or less	PAS	Total on Admitted Waiting list	PAS	Electronic	R - Below plan G - Above plan or equal to plan	90%	Number of patients waiting < 18 weeks / Total number waiting	Monthly	Fair
23	RTT % of non-admitted patients who waited 18 weeks or less - IoW CCG	Non - Admitted patients who waited 18 weeks or less	PAS	Total on Non Admitted Waiting list	PAS	Electronic	R - Below plan G - Above plan or equal to plan	95%	Number of patients waiting < 18 weeks / Total number waiting	Monthly	Fair
24	RTT % of incomplete pathways within 18 weeks - IoW CCG	Incomplete patients who waited 18 weeks or less	PAS	Total on Incomplete Waiting list	PAS	Electronic	R - Below plan G - Above plan or equal to plan	92%	Number of patients waiting < 18 weeks / Total number waiting	Monthly	Fair
25	RTT % of admitted patients who waited 18 weeks or less - NHS England	Admitted patients who waited 18 weeks or less	PAS	Total on Admitted Waiting list	PAS	Electronic	R - Below plan G - Above plan or equal to plan	90%	Number of patients waiting < 18 weeks / Total number waiting	Monthly	Fair
26	RTT % of non-admitted patients who waited 18 weeks or less - NHS England	Non - Admitted patients who waited 18 weeks or less	PAS	Total on Non Admitted Waiting list	PAS	Electronic	R - Below plan G - Above plan or equal to plan	95%	Number of patients waiting < 18 weeks / Total number waiting	Monthly	Fair
27	RTT % of incomplete pathways within 18 weeks - NHS England	Incomplete patients who waited 18 weeks or less	PAS	Total on Incomplete Waiting list	PAS	Electronic	R - Below plan G - Above plan or equal to plan	92%	Number of patients waiting < 18 weeks / Total number waiting	Monthly	Fair
28	Symptomatic Breast Referrals Seen <2 weeks*	Number of breast cancer referrals seen within 14 days	Open Exeter	Total number of patients seen in category	Open Exeter	Electronic	R - More than 5% below target A - Up to 5% below target G - On or above target	93%	Number of patients seen within 14 days / Total number seen	Monthly	Good
29	Cancer patients seen <14 days after urgent GP referral*	Number of patients seen within 14 days of an urgent GP referral for suspected cancer	Open Exeter	Total number of patients seen in category	Open Exeter	Electronic	R - More than 5% below target A - Up to 5% below target G - On or above target	93%	Number of patients seen within 14 days / Total number seen	Monthly	Good
30	Cancer Patients receiving subsequent Chemo/Drug <31 days*	Number of patients receiving subs Chemo/Drugs treatment for cancer within 31 days	Open Exeter	Total number of patients seen in category	Open Exeter	Electronic	R - More than 5% below target A - Up to 5% below target G - On or above target	98%	Number of patients seen within 31 days / Total number seen	Monthly	Good
31	Cancer Patients receiving subsequent surgery <31 days*	Number of patients receiving subs surgery treatment for cancer within 31 days	Open Exeter	Total number of patients seen in category	Open Exeter	Electronic	R - More than 5% below target A - Up to 5% below target G - On or above target	94%	Number of patients seen within 31 days / Total number seen	Monthly	Good
32	Cancer diagnosis to treatment <31 days*	Number of patients receiving first definitive treatment within 31 days of a cancer diagnosis	Open Exeter	Total number of patients seen in category	Open Exeter	Electronic	R - More than 5% below target A - Up to 5% below target G - On or above target	96%	Number of patients seen within 31 days / Total number seen	Monthly	Good
33	Cancer Patients treated after screening referral <62 days*	Number of patients treated after screening referral within 62 days	Open Exeter	Total number of patients seen in category	Open Exeter	Electronic	R - More than 5% below target A - Up to 5% below target G - On or above target	90%	Number of patients seen within 62 days / Total number seen	Monthly	Good
34	Cancer Patients treated after consultant upgrade <62 days*	Number of patients treated after consultant upgrade within 62 days	Open Exeter	Total number of patients seen in category	Open Exeter	Electronic	R - More than 5% below target A - Up to 5% below target G - On or above target	85%	Number of patients seen within 62 days / Total number seen	Monthly	Good
35	Cancer urgent referral to treatment <62 days*	Number of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer	Open Exeter	Total number of patients seen in category	Open Exeter	Electronic	R - More than 5% below target A - Up to 5% below target G - On or above target	85%	Number of patients seen within 62 days / Total number seen	Monthly	Good
36	No. Patients waiting > 6 weeks for diagnostics	Patients waiting > 6 weeks for diagnostic	CRIS / PAS			Electronic	R - Below plan G - Above plan or equal to plan	100	Number of patients waiting > 6 weeks	Monthly	Good
37	% Patients waiting > 6 weeks for diagnostics	Patients waiting > 6 weeks for diagnostic	CRIS / PAS	Total patients waiting for diagnosis	CRIS / PAS	Electronic	R - Below plan G - Above plan or equal to plan	1%	Number of patients waiting > 6 weeks / Total number waiting	Monthly	Good
38	Emergency Care 4 hour Standards	A&E Attendances less 4 hour breaches (Beacon included)	Symphony	A&E Attendances (Beacon included)	Symphony	Electronic	R - Below plan G - Above plan or equal to plan	95%	Number of A&E attendance Admitted, Discharged or Transferred within 4 hours / Number of A&E attendances	Monthly	Good
39	Ambulance Category A Calls % < 8 minutes	Number of Category A calls responded to within 8 minutes	Vitrada	Calls resulting in an emerg response arriving at the scene	Vitrada	Electronic	R - Below plan G - Above plan or equal to plan	75%	Number of Cat A Calls responded to within 8 minutes / Number of Cat A calls resulting in an emergency response arriving at the scene	Monthly	Good
40	Ambulance Category A Calls % < 19 minutes	Number of Category A calls responded to within 19 minutes	Vitrada	Calls resulting in an emerg response arriving at the scene	Vitrada	Electronic	R - Below plan G - Above plan or equal to plan	95%	Number of Cat A Calls responded to within 19 minutes / Number of Cat A calls resulting in an emergency response arriving at the scene	Monthly	Good
41	% of CPA patients receiving FU contact within 7 days of discharge	% of CPA patients receiving FU contact within 7 days of discharge	PAS			Electronic	R - Below plan G - Above plan or equal to plan	95%	% of CPA patients receiving FU contact within 7 days of discharge	Monthly	Good
42	% of CPA patients having formal review within last 12 months	% of CPA patients having formal review within last 12 months	PAS	PARIS		Electronic	R - Below plan G - Above plan or equal to plan	95%	% of CPA patients having formal review within last 12 months	Monthly	Good
43	% of MH admissions that had access to Crisis Resolution / Home Treatment Teams (HTTs)	% of MH admissions that had access to Crisis Resolution / Home Treatment Teams (HTTs)	PAS			Electronic	R - Below plan G - Above plan or equal to plan	95%	% of MH admissions that had access to Crisis Resolution / Home Treatment Teams (HTTs)	Monthly	Good

Trust Board – Data Quality Report

January 2015 Update

Appendix A – Information Assurance Directory

Isle of Wight NHS Trust

Ref	Indicator Description	Data Item 1	Data Source 1	Data Item 2	Data Source 2	Data Collection Method	RAG Threshold	Target	Calculation Methodology	Monitoring Frequency	Overall Indicator Data Quality
Well-Led											
41	Total workforce SP (FTEs)	Number of FTE	Electronic Staff Record (ESR)			Electronic	TBC	2638	Staff in Post at the end of the period	Monthly	Good
42	Total pay costs (inc flexible working) (£000)	Payfull YTD end to Month	SBS			Electronic	TBC	TBC	Total Pay costs at the end of the period	Monthly	Good
43	Variable Hours (FTE)	Variable hours used	Weekly Data Input Reports				TBC	TBC	Variable hours used a the end of the period	Monthly	Good
44	Variable Hours (£000)	Variable Hours costs (Excess, O/T, Bank)	SBS			Electronic	TBC	TBC	Total variable hours pay costs at the end of the period	Monthly	Good
45	Staff absences	Staff absent (days lost)	Electronic Staff Record (ESR)	Total number of absences	Electronic Staff Record (ESR)	Electronic	TBC	3%	Number of absences (days lost) / days available represented as %	Monthly	Good
46	Staff Turnover	Staff leaving (headcount)	Input reports	Total number staff in post (headcount)	Electronic Staff Record (ESR)	Electronic	TBC	5%	Number of staff headcount leaving/staff in post headcount, represented as %	Monthly	Good
50	Achievement of financial plan	Actual monthly financial position	General Ledger	Monthly position as per plan	General Ledger/FIMS Plan	Electronic		£1.5m Surplus	Comparison of one to the other	Monthly	Good
51	Underlying performance	Actual monthly recurrent financial position	General Ledger	Monthly recurrent position as per plan	General Ledger/FIMS Plan	Electronic		£1.5m Surplus	Comparison of one to the other	Monthly	Good
52	Net return after financing							0.50%		Monthly	Good
53	EBIT surplus margin net of dividend	EBIT Surplus (net of impairment & other gains and losses)	General Ledger	Total income	General Ledger	Electronic		>=1%	EBIT Surplus (net of impairment & other gains and losses)/Income x/be >=1	Monthly	Good
54	Liquidity ratio days	Calculated no of days liquidity	General Ledger/SOFP	Total spend	General Ledger	Electronic		>=15	Total assets less investments plus working capital facility/total spend x days in the year	Monthly	Good
55	Monitor financial risk rating	Various	General Ledger			Electronic	Red = < 3 Green = 3 or more	3	Data is collected for each of the criteria from the month end performance results and calculations are performed according to Monitor's instructions to provide FRR	Monthly	Good
56	Capital Expenditure as a % of YTD plan	Actual monthly financial position	General Ledger	Monthly position as per plan	FIMS Plan	Electronic		>=75%	Actual spend/planned spend should be >75%	Monthly	Good
57	Quarter end cash balance (days of operating expenses)	Total cash in hand and all bank at end of quarter	Bank statements/General Ledger	Total non-pay spend in period	Cashbook	Electronic		>= 10%	Actual cash balance should be: -> (total non-pay spend in period/days in period) x 10	Monthly	Good
58	Debtors over 90 days as a % of total debtor balance	Outstanding sales debtors > 90 days	Business Intelligence Aged Debtor report	Total sales debtors at end of period	Business Intelligence Aged Debtor report	Electronic		<=5%	Outstanding sales debtors > 90 days/total sales debtors at end of period should be <=5%	Monthly	Good
59	Creditors over 90 days as a % of total creditor balance	Outstanding creditors > 90 days	Business Intelligence Aged Payables report	Total creditors at end of period	Business Intelligence Aged Payables report	Electronic		<=5%	Outstanding creditors > 90 days/total creditors at end of period should <=5%	Monthly	Good
60	Recurring CIP savings achieved	Actual Recurrent CIP Savings	General Ledger/CIP Spreadsheet	Recurrent CIP Savings Plan	CIP/Savings Plan Spreadsheet/FIMS	Electronic		100%	Actual recurrent CIP Savings/ Recurrent CIP Savings Plan	Monthly	Good
61	Total CIP savings achieved	Total actual CIP Savings	General Ledger/CIP Spreadsheet	Total CIP Savings Plan	CIP/Savings Plan Spreadsheet/FIMS	Electronic		100%	Actual CIP Savings/ CIP Savings Plan	Monthly	Good

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Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28th January 2015

Title	Serious Incidents Requiring Investigation (SIRI) Report			
Sponsoring Executive Director	Alan Sheward, Executive Director of Nursing & Workforce			
Author(s)	Deborah Matthews, Interim Lead for Patient Safety, Experience & Clinical effectiveness (SEE)			
Purpose	To provide assurance to the Board in relation to the process for reporting, investigating and learning from SIRIs			
Action required by the Board:	**Receive**	P	**Approve**	

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Remuneration & Nominations Committee	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment, Information & Workforce Committee		Foundation Trust Programme Board	
Please add any other committees below as needed			
Board Seminar			
Patient Safety, Experience & Clinical Effectiveness Committee (SEE)	14 January 2015		
Other (please state)			

Staff, stakeholder, patient and public engagement:

Lessons learned are shared with teams after analysis is completed

Executive Summary:

This report provides an overview of the 10 Serious Incidents reported during December 2014, as well as identifying the lessons learnt from SIRIs recently closed by the CCG.

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	1					
Critical Success Factors *(see key)*	CSF2					
Principal Risks ***(please enter applicable BAF references – e.g. 1.1; 1.6)***	2.6					
Assurance Level ***(shown on BAF)***	Red		Amber	P	Green	
Legal implications, regulatory and consultation requirements						

Date: 16 January 2015 **Completed by:** Deborah Matthews, Interim Lead for SEE

Isle of Wight NHS Trust

Serious Incident Requiring Investigation (SIRI) Activity Report
For The Patient Safety, Experience and Clinical Effectiveness Committee
(December 2014 data)

1. BACKGROUND:

A serious incident is defined as an incident that occurred where a patient, member of staff or the public has suffered serious injury, major permanent harm, and unexpected death or where there is a cluster / trend of incidents or actions which have caused or are likely to cause significant public concern.

Near misses may also constitute a serious incident where the contributory causes are serious and may have led to significant harm. Reporting and investigating serious incidents can ensure that the organisation can learn and improve from identified systems failures.

2. NEW INCIDENTS REPORTED AS SIRIs:

During December 2014 the Trust reported **10** Serious Incidents to the Isle of Wight Clinical Commissioning Group (CCG). Below is a summary of these incidents:

- Grade 3 and 4 pressure ulcers:

Grade 4	**Grade 3**
Freshwater District Nursing x 1	Freshwater District Nursing x 1
East Cowes District Nursing x 1	Outpatients (Fracture Clinic) x 1
	Whippingham ward x 1

- Delayed Diagnosis

Under whose care	**Summary**
Pathology (Histopathology)	Possible incorrect diagnosis on skin biopsy

- Escape

Under whose care	**Summary**
Mental Health – Shackleton	Patient removed screws and restrictor bars to a window and jumped out onto roof below

- Safeguarding Children

Under whose care	**Summary**
Safeguarding Children & Young People	Unexpected death of child (subject to Child Protection Plan)

- Slip, Trip, Fall (x 2)

Under whose care	**Summary**
Stroke Unit	Patient fall resulting in un-displaced fracture of right distal fibula
St Helens ward	Patient fall resulting in fracture to leg and hip.

3. **CURRENT POSITION:**
This table provides the current status of open SIRIs as of 08.01.15

SIRIs	COMMUNITY & MENTAL HEALTH	HOSPITAL & AMBULANCE	OTHER CORPORATE AREAS	
OVERDUE CASES				
· *With Coroner*	0	0	0	
· *With Directorate*	4	10	0	
· *With Quality team*	0	1	0	
· *With Commissioner*	8	3	0	
· *Returned from Commissioner with further questions*	0	0	0	
TOTAL OVERDUE	**12**	**14**	**0**	
CURRENT CASES				
· *With Coroner*	0	0	0	
· *With Directorate*	17	6	0	
· *With Quality team*	0	0	0	
· *With Commissioner*	5	1	0	
· *Returned from Commissioner with further questions*	0	0	0	
TOTAL CURRENT	**22**	**7**	**0**	
TOTAL NUMBER OF OPEN CASES	**34**	**21**	**0**	**55**

4. CLOSED SIRI CASES

During December 2014, and at the time of reporting, the IW Clinical Commissioning Group had closed **13** SIRI cases listed below**:**

- Confidential Information Leak x 2 (one was a near miss)
- Grade 3 pressure Ulcers x 3
- Grade 4 pressure ulcers x 3
- Safeguarding Vulnerable Adult x 1
- Slip, Trip, Fall x 2
- Unexpected neo-natal death
- Unexpected death

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Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28th January 2015

Title	Six Monthly Safer Staffing Report			
Sponsoring Executive Director	Executive Director of Nursing and Workforce			
Author(s)	Deputy Director of Nursing			
Purpose	To provide the Board with the six monthly safer staffing report as identified by the NHS England, in line with the National Quality Board publication 'How to ensure the right people with the right skills are in the right place at the right time'			
Action required by the Board:	**Receive**		**Approve**	**X**

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Remuneration & Nominations Committee	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment, Information & Workforce Committee	21st Jan 2015	Foundation Trust Programme Board	
Please add any other committees below as needed			
Other (please state)			

Staff, stakeholder, patient and public engagement:

None

Executive Summary:

A six monthly report is required to be provided to the Board following an establishment review using evidence based tools.

The framework for ensuring specific requirements are met, including setting of establishments using evidence based tools, providing robust reports and demonstrating adequate review, has been set out by the National Quality Board. Expectations are identified for reporting by NHS England and the Care Quality Commission.

The report provides key information on progress in relation to reporting robustly on Safer Nurse Staffing. Information is provided on how gaps are being addressed.

Information is provided on clinical indicators and the previous six months fill rate for nursing.

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

Date: 21st January 2015 **Completed by: Sarah Johnston, Deputy Director of Nursing**

Six Monthly Safer Nurse Staffing Report
Jan 2015

1. INTRODUCTION

1.1. The National Quality Board (NQB) issued guidance to optimise nursing, midwifery and care staffing capacity and capability. The document 'How to ensure the right staff with the right skills are in the right place at the right time' identified ten expectations for organizations' to deliver.

1.2. Expectation 1 identifies the requirement for the Trust Board to take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.

1.3. In order to achieve this NHS England have set out requirements for reporting to the Trust Board. The Board will receive a monthly report indicating planned and actual hours for nurse staffing; this is received in the performance report. In addition a 6 monthly report which evaluates staffing capacity and capability over the previous 6 months, and forecasts the likely requirements for the next six months is required; the Board received the first 6 monthly report in June 2014. The 6 monthly reviews should be based on evidenced based tools and discussion with ward or service leads. Boards are required to sign off the establishment for all clinical areas, articulate the rationale and evidence for agreed staffing establishments, and understand the links to key quality and outcome measures. (p 11 NQB guidance).

1.4. The Board have been fully engaged with the process for setting new establishments following the initial work undertaken to review requirements utilise the Shelford Acuity and Dependency Tool, and the subsequent discussions in relation to funding and recruitment. The business case is presented to the Board separately for a decision on the recommendations put forward for a phased approach for new establishments for 2015/2016.

1.5. The National Institute for Clinical Excellence (NICE) guidelines for nurse staffing in Acute areas were launched by NICE in June 2014. The organisation is working to achieve compliance with these recommendations

1.6. Two areas are not aligned to national recommendations for review

1.6.1. Maternity – this area has not yet been fully reviewed for staffing establishments. Maternity is complex to review because staff work flexible across both community and hospital and are not linked to beds or patients but to births. The number and place of births is varied so a flexible approach is needed. An external review is planned to review the service and consider different ways of working; the establishment review will be incorporated into that.
NICE guidelines on Safer Midwifery Care guide are expected Jan 2015

1.6.2. Emergency Department – Emergency Departments are not required as part of the national requirements but have been included. We have utilised the BEST tool which is the current Emergency Department evidence based tool which is

available although we recognise this work is still under way and not as established as the Safer Nursing Care Tool for Acute Inpatient areas. We have utilised professional opinion to support the establishment review.
NICE guidelines on Safer Emergency Department care are expected May 2015

2. DELIVERY ON REQUIREMENTS

2.1 NATIONAL QUALITY BOARD (NQB) REQUIREMENTS

2.1.1 The NQB sets out what is expected in a six monthly staffing paper to the Board in relation to the establishment review.

2.1.2 For ease of understanding those expectations are set out in summary below. A RAG rating is provided to indicate how far we are with being able to provide adequate data in a meaningful way for analysis.

2.1.3 Appendix A provides the information for each ward in relation to current and anticipated establishment following the establishment review. This remains the same as June 2014.

Table 1 List of expected information provided in the six monthly report.

The difference between current establishment and recommendations following the use of evidence based tools		Appendix A, Column F
What allowance has been made in establishments for planned and unplanned leave		There is no uplift in current establishments. 22% uplift has been accounted for in the new establishments (principle 4)
Demonstration of the use of evidenced based tools		Appendix A, Column B The Safer Nursing Care Tool has been presented to the Board previously. This has been put in place in line with national recommendations which is to review in January and June. The January audit is has been delayed due to significant winter pressures. It has recommenced Monday 12th January.
Details of any element of supervisory allowance that is included in establishments for the Sister/Charge Nurse		There are informal supervisory arrangements on the medical wards. Ward Managers aim to take at least 1 ward management day a week. There is no supervisory allowance on the surgical areas. In the new establishments ward managers are fully supervisory. Appendix B, Column N

Evidence of triangulation between the use of tools and professional judgment and scrutiny		The review of establishments was conducted in June/July 2014. This was reviewed with peer group scrutiny. For January Acuity and Dependency this will be reviewed by Director of Nursing Senior team prior to recommendations to the Board.
The skill mix ratio before the review and recommendations after the review		The skill mix ratio for current establishments remains the same. Appendix B, Column E We are aware that where Registered Nurses are not available this are sometimes supplemented with HCA which means the skill mix will be reduced. We are working to obtain data in relation to this.
Details of any plans to finance any additional staff required		For Jan 2015 the separate business case is under discussion
The difference between the current staff in post and current establishment and details of how this gap is being covered and resourced		Appendix C
Details of workforce metrics – e.g. data on vacancies (short and long term) sickness/absence, staff turnover, use of temporary staffing solutions, (split by bank/agency/extra hours and overtime)		Appendix C Work to complete on detail of temporary staffing separating Registered Nurse requests filled with Health Care Assistants
Information against key Quality and outcome measures e.g. data on safety thermometer or equivalent for non acute settings, serious incidents, healthcare associated infections (HCAI's) complaints, patient experience/satisfaction and staff experience/satisfaction		Appendix C The Quality Dashboard has replaced the Nursing dashboard and provides key indicators for all areas in an excellent visual display. Key quality indicators can be viewed monthly.

2.2 NICE GUIDANCE

2.2.1 We are working towards compliance with NICE guidance. We have implemented daily reporting electronically which has been a significant issue previously. Following implementation of Version 10 of our MAPS system the Rostering team have been able to set up a report which indicates where we are below our anticipated staffing. This can be accessed by the Matrons and reviewed daily and enables us to move staff around as necessary.

2.2.2 Red flag system

We are plans in place to utilise the 'red flag' system. These are safety indicators and are either related to number of staff available for a shift, or an incident or issue e.g. delay in giving pain relief, or unplanned omission of medication.

This will enable us to identify where wards are working on a reduced number, and whether or not this results in unsafe care.

2.3 CONTACT HOURS

2.3.1 In addition to utilising the Shelford Model for Acuity and Dependency other tools can be utilised to support better understanding of staffing and greater assurance of ability to deliver the right care.

Safer Staffing: a guide to Care Contact Time indicates the need to have regular robust information about direct contact time and emphasises the importance of additional ward staff i.e. housekeepers and ward clerks. DNT are reviewing the process for this approach and will make recommendations for implementation.

The Nurse Staffing principles have include housekeepers and Ward clerks as integral to the well staffed ward and DNT will be reviewing how we monitor this alongside our nurse staffing.

3 ESTABLISHMENT REVIEW

3.1 ACUITY AND DEPENDANCY

3.1.1 The organisation is utilising the Shelford Model to review Acuity and Dependency. This tool enables staff to measure the intensiveness of care (e.g. intravenous anti-biotics, high level of monitoring, ventilation or respiratory support) and the level of dependency of a patient (two people to mobile, needs help with eating and drinking). We are then able to calculate a WTE nursing requirement for the number of patients in that ward.

3.1.2 The information from the June review (shown on following page) and applies to acute wards only therefore Mental Health is not included.

ACUITY AND DEPENDANCY TRACKING					
	SCORE				
Ward	Jan-14	Jun-14	Funded Establishment	Contracted Establishment	Gap between contracted establishment and recommended establishment
COLWELL	41.98	41.46	33.90	31.58	9.88
APPLEY	34.29		6.10	-	
STROKE	38.96	39.36	35.06	32.01	7.35
REHABILITATION	42.65	35.32	33.75	31.42	3.90
WHIPPINGHAM	33.85	47.75	36.63	30.45	3.40
ALVERSTONE	14	18.73	18.05	20.05	- 1.32
LUCCOMBE	29.78	30.39	28.46	24.87	5.52
ST HELENS	15.68	38.61	31.66	17.69	20.92
MOTTISTONE	7.87	11.02	16.20	11.96	- 0.94
CCU/CCU STEPDOWN	25.35	21.42	37.98	30.08	- 8.66
ITU	48.33	48.33	43.32	41.58	6.75
MAAU	40.38	40.38	37.49	36.78	3.60
	373.12	372.77	358.60	308.47	50.40
	figures used from previous annual review - Shelford model not applicable				

There is significant change in rehabilitation who reduced requirements by 7 WTE. This will need to be further reviewed. This may have been a reflection of additional beds opened during the previous Winter review.

Alverstone and Luccombe operate as an 'orthopedic unit' and the over contracted staff that appear on Alverstone fill the under establishment on Luccombe.

During 2014 wards have been moved to accommodate building schemes and the number of nursing requirements has therefore fluctuated for each ward over the past 6 months with the increase or decrease in bed stock.
The overall requirements for nursing remain the same but staff are required in different places.

3.1.3 The recommendations for improving establishments therefore remain the same. There are therefore no further additional recommendations to the current business case under review.

3.2 BAND 6 REVIEW

3.2.1 As part of the whole Safer Staffing review we identified a lack of consistency in Band 6 roles within the ward environment, both in numbers and in the expectation of the role. As part of the Safer Staffing principles we stated that there would be 1 or 2 Band 6 roles only, and that these roles would be Deputy Sister roles with the appropriate responsibilities identified.

3.2.2 Through agreement with teams there is a different establishment for 3 areas: ITU, Emergency Department and MAU.

3.2.3 The Band 6 consultation has taken place and wards have reduced their Band 6 staff to the relevant numbers with the exception of the Stroke Unit. A risk

was identified in this area as the Consultant is leaving shortly, and there was not clarity on how the stroke expertise would be distributed across acute and community, or whether there were options for utilising a different model of care. The team were asked to review the service and provide information January as to service options.

4 MANAGING CURRENT SHORTFALLS

4.1 RECRUITMENT

4.1.1 The Director of Nursing team has been working closely with the HR team to ensure we use all proactive approaches to fill the current shortfall managing high risk areas first. Recruitment is discussed at the Director of Nursing Team meeting

4.1.2 We have recruited staff using a centralised recruitment process in order to be as effective as possible with our resources. We are prioritising our higher risk areas first however we would not want to deter a new staff member from working with us because their preferred work area is not available and bank contracts can be offered to staff that are not able to start in a preferred area immediately. Most areas do have vacancies now however until we have committed to additional roles the vacancies will need to be held whilst international recruitment goes ahead. This will mean utilising bank for a period of time.

4.1.3 International recruitment - Two staff will fly to the Philippines to commence our international recruitment on 23rd January. We hope to start placing nurses by March 2015.

4.1.4 Matrons have visited Southampton University with the recruitment team to promote the island and the hospital: they have received positive response with up to 80 expressions of interest from student nurses for employment once training is completed.

4.1.5 A number of away days are planned to recruitment fairs, the recruitment team have managed different general adverts that promote the island in conjunction with NHS Creative which have boosted interest.

4.2 TEMPORARY STAFFING

4.2.1 The organisation does not routinely utilise agency staffing. This is under review as we will need to assure ourselves that where bank utilisation fails or is undersubscribed for requirements we have a suitable option to access staff quickly.

4.2.2 The use of bank staff including requests for bank nurses to cover shifts, and provision of staff to cover shifts is identified in Safe Staffing Information at 7.1

4.3 MANAGING RISK

4.3.1 The monthly Unify report which identifies Planned v Actual staffing hours for Registered Nurses and Health Care Assistants, by day and night has fallen below our expected level in a number of areas during the previous 6 months. See Safer Staffing Data at 7.2

Where areas are dropping below 80% over a period of months we need to be robust in identifying these areas and indicating a deep dive. A governance framework is under development to articulate the process.

4.3.2 The information relating to safety key performance indicators is identified in the Safer Staffing Data at 7.2

4.3.3 The monthly Safer Staffing Report includes matching Safety Indicators to specific wards to identify hotspots from which actions where reduced staffing and red indicators are evident.

5 WORKFORCE DATA

5.1 The Workforce data report is supplied a in the Safer Staffing Data at 7.2

5.2 Data is supplied to demonstrate the average Sickness, Turnover and Bank Fill rates for the nine months nine months from April 2014 to December 2014 for each Inpatient Acute and Mental Health area. (This period is extended from 6 to 9 months for this report to align with Board reports going forward)

5.3 Data is supplied separately for each ward, for each month, from October 2013 to March 2014 on Full Time Equivalents (FTE's) used as part of the budget, agency, bank, overtime etc. This is provided to enable the Board to see where gaps are and how they are covered.

5.4 Sickness is a significant issue for nurse staffing. Back to work interviews and sickness management is in place. We have had a push on flu vaccinations in preparation for winter.

6 RECOMMENDATIONS

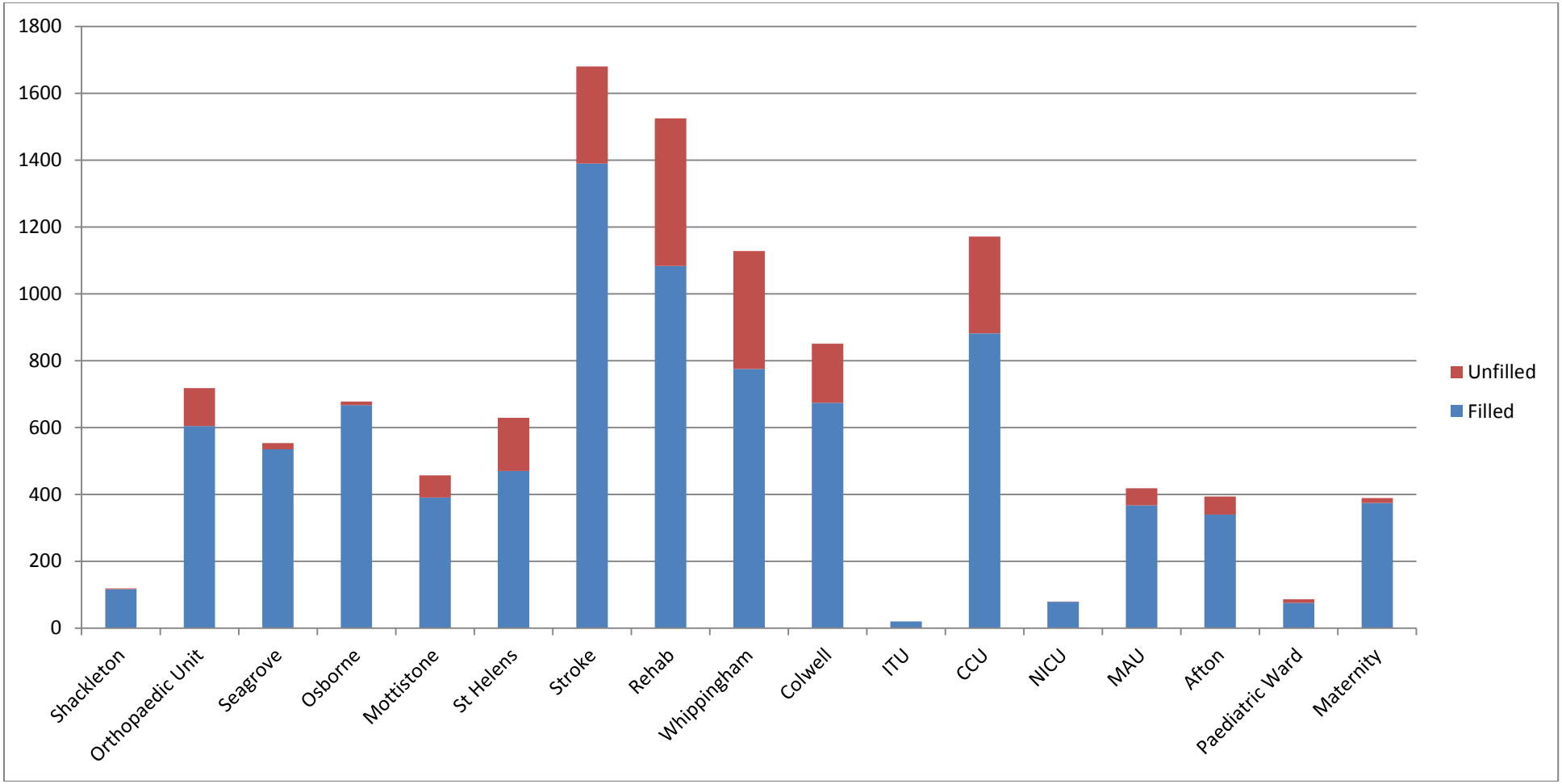
6.1 The Trust Board are asked to review the 6 monthly report and assure themselves that appropriate actions are being taken

6.2 The Trust Board are requested to approve the report

Alan Sheward
Executive Director of Nursing and Workforce
21 Jan 2015

7. SAFER STAFFING DATA

7.1 Bank Fill rates by Ward



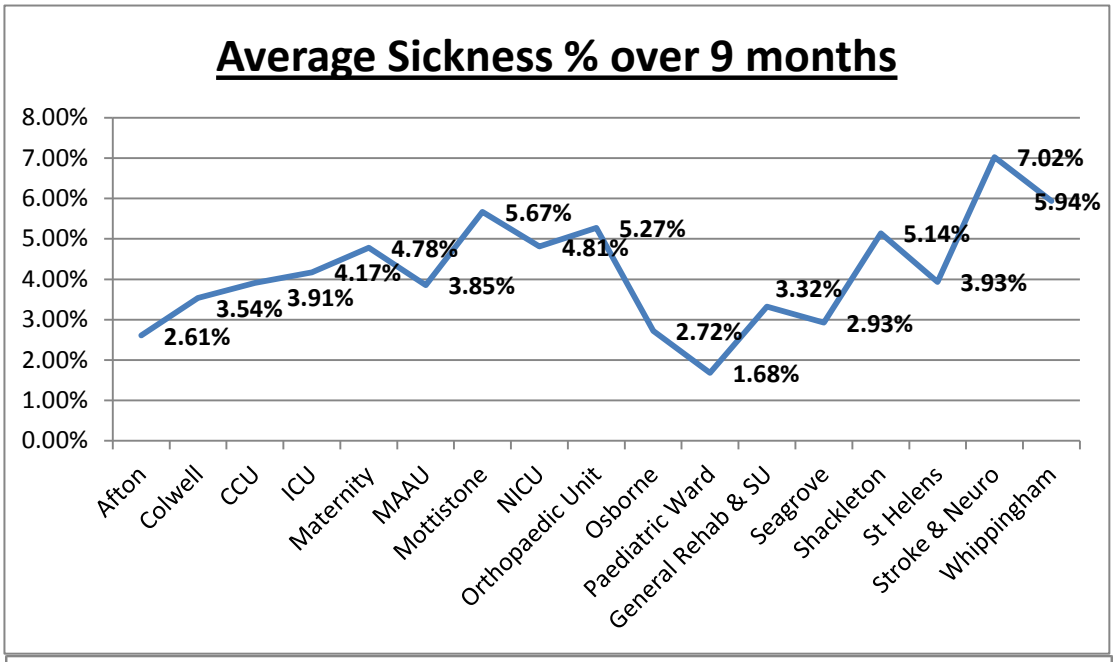
7.2 Planned v actual percentages over past 6 months

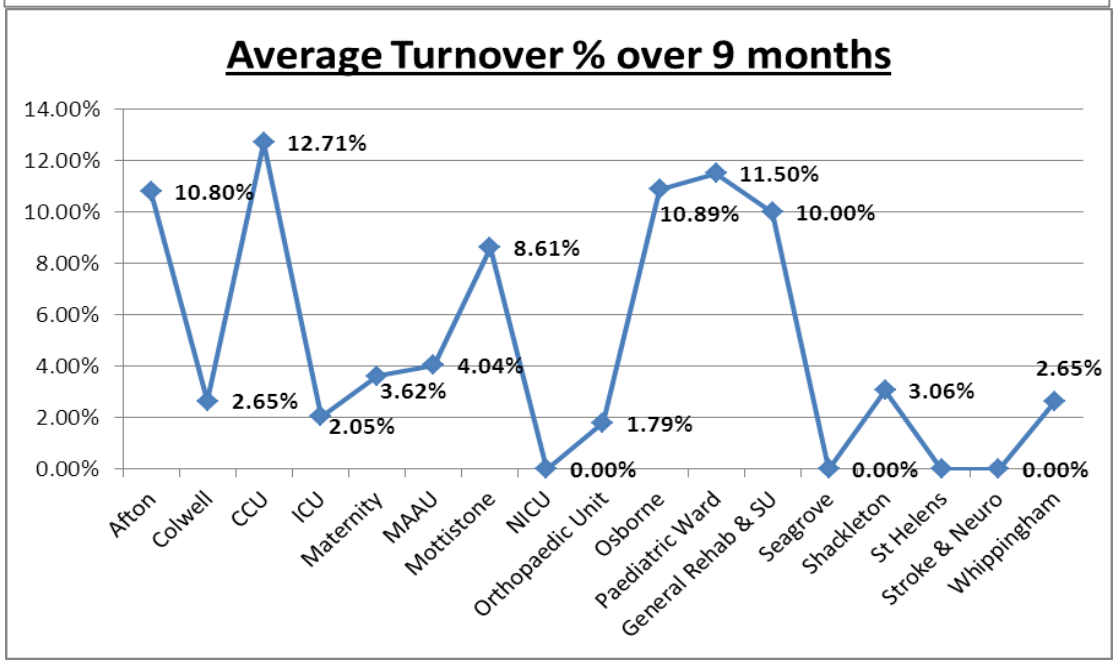
	July 2014				August 2014			
Ward	Day		Night		Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Shackleton	112.8%	93.3%	101.8%	104.6%	105.1%	93.4%	102.3%	103.4%
Orthopaedic Unit	96.8%	94.1%	95.9%	104.9%	78.5%	89.2%	96.8%	105.1%
Seagrove	104.9%	96.2%	99.6%	128.9%	103.8%	129.4%	88.1%	136.0%
Osborne	93.2%	136.0%	80.9%	230.9%	81.5%	104.4%	73.4%	210.9%
Mottistone	106.4%	97.9%	95.4%	#DIV/0!	99.8%	89.6%	95.2%	70.0%
St Helens	109.4%	90.2%	100.0%	100.0%	96.7%	87.7%	100.0%	93.5%
Stroke	98.2%	130.7%	100.0%	100.0%	87.6%	115.1%	100.0%	125.8%
Rehab	89.4%	112.6%	103.1%	101.7%	101.3%	96.5%	100.0%	100.0%
Whippingham	92.0%	94.7%	91.1%	105.0%	88.4%	86.8%	83.9%	111.3%
Colwell	95.6%	97.0%	100.0%	96.6%	102.3%	103.4%	98.4%	100.0%
Intensive Care Unit	110.5%	80.8%	93.9%	96.7%	91.1%	72.2%	90.4%	68.2%
Coronary Care Unit	92.3%	100.2%	90.0%	150.0%	91.1%	101.1%	88.1%	135.5%
Neonatal Intensive Care Unit	92.1%	96.0%	112.2%	87.2%	82.3%	114.1%	98.4%	93.5%
Medical Assessment Unit	97.4%	97.1%	98.8%	96.5%	110.8%	104.0%	100.0%	100.0%
Afton	98.5%	80.3%	103.3%	97.9%	103.3%	102.8%	103.2%	107.7%
Paediatric Ward	93.8%	94.1%	101.8%	96.7%	75.1%	88.3%	101.1%	93.5%
Maternity	104.2%	63.6%	100.6%	100.0%	73.7%	64.9%	100.2%	96.8%

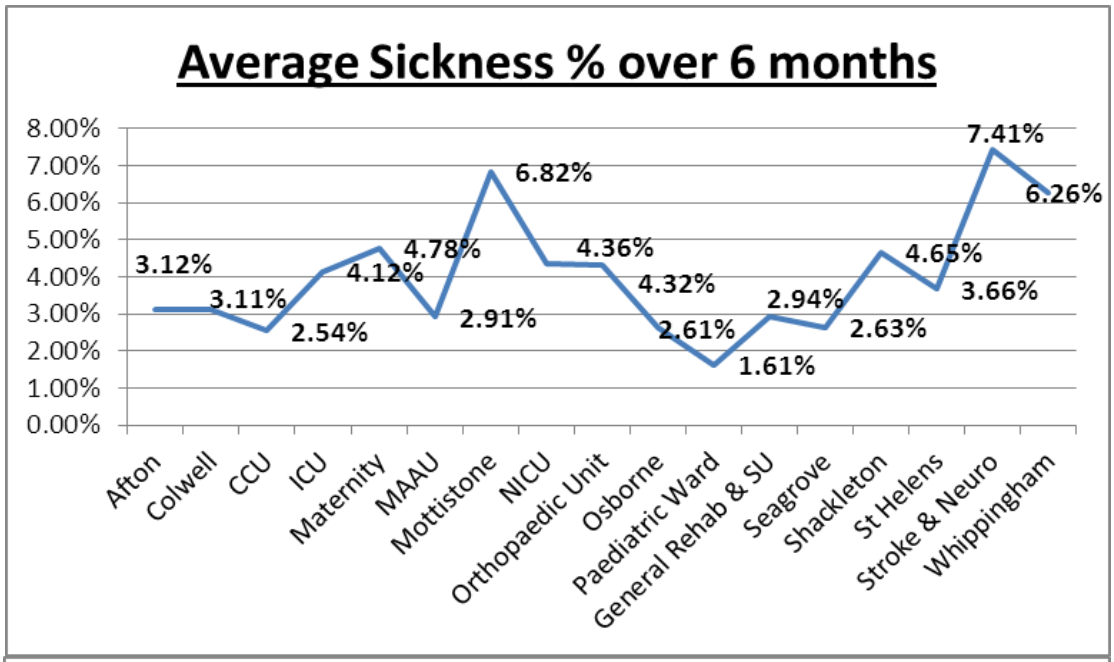
	September 2014				October 2014			
Ward	Day		Night		Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Shackleton	109.3%	86.5%	109.2%	104.4%	103.3%	74.9%	104.7%	104.6%
Orthopaedic Unit	79.2%	84.5%	96.6%	100.0%	79.1%	95.0%	95.2%	96.4%
Seagrove	99.1%	112.5%	95.0%	123.2%	101.2%	120.8%	90.2%	115.2%
Osborne	72.8%	117.5%	77.4%	195.3%	83.5%	119.5%	75.0%	204.4%
Mottistone	86.7%	88.6%	98.6%		89.8%	130.1%	96.0%	-
St Helens	76.1%	100.6%	96.7%	90.0%	79.1%	100.9%	98.4%	90.3%
Stroke	81.6%	114.4%	100.5%	177.8%	99.5%	115.5%	101.7%	161.5%
Rehab	81.9%	90.5%	100.0%	83.3%	105.2%	109.4%	101.5%	115.5%
Whippingham	87.9%	90.5%	80.0%	121.1%	79.4%	95.5%	76.3%	119.4%
Colwell	82.2%	91.4%	100.0%	98.3%	106.3%	94.0%	96.8%	98.4%
Intensive Care Unit	77.3%	68.1%	86.7%	49.9%	89.0%	69.2%	85.3%	68.3%
Coronary Care Unit	80.4%	97.1%	90.7%	106.7%	97.8%	96.7%	86.8%	122.6%
Neonatal Intensive Care Unit	90.5%	167.2%	106.4%	120.0%	94.0%	107.9%	116.8%	90.3%
Medical Assessment Unit	82.4%	80.2%	98.8%	108.3%	113.6%	111.5%	117.4%	104.8%
Afton	105.5%	127.4%	100.0%	130.0%	120.3%	73.1%	99.2%	99.6%
Paediatric Ward	83.8%	87.8%	100.8%	100.0%	86.3%	79.2%	104.8%	100.0%
Maternity	93.5%	108.1%	100.0%	100.0%	96.0%	102.0%	100.9%	100.0%

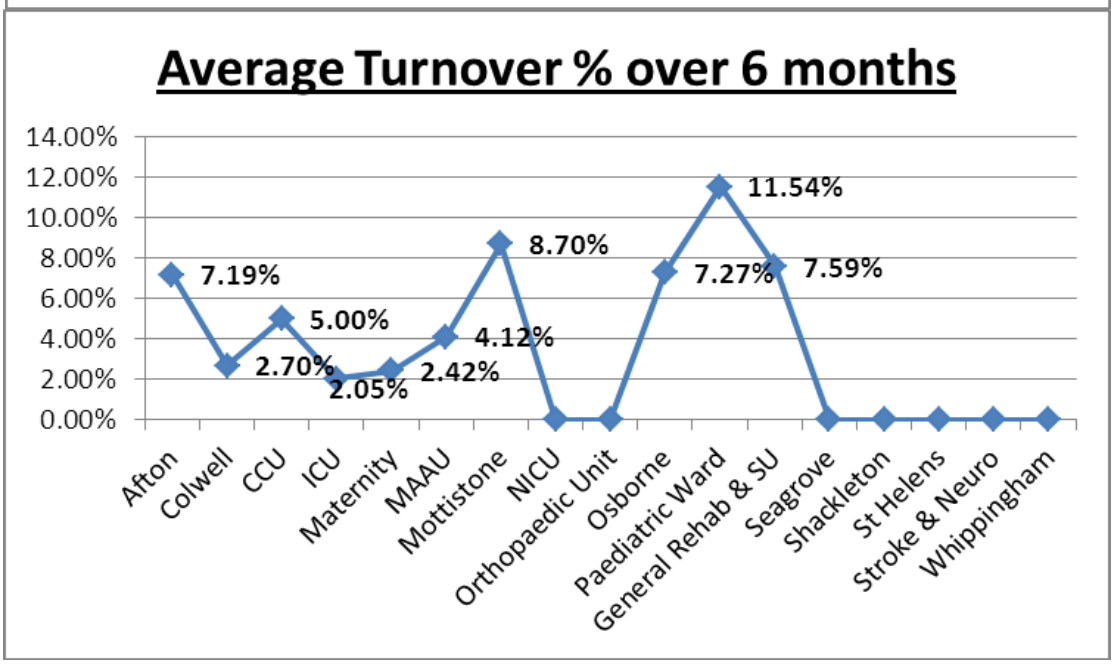
	November 2014				December 2014			
Ward	Day		Night		Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Shackleton	102.6%	93.5%	102.4%	106.3%	102.6%	93.5%	102.4%	106.3%
Orthopaedic Unit	81.2%	93.4%	98.3%	91.7%	81.2%	93.4%	98.3%	91.7%
Seagrove	102.1%	127.4%	93.8%	137.8%	102.1%	127.4%	93.8%	137.8%
Osborne	92.1%	109.6%	76.0%	228.4%	92.1%	109.6%	76.0%	228.4%
Mottistone	90.5%	105.3%	98.3%	-	90.5%	105.3%	98.3%	-
St Helens	81.9%	98.1%	96.7%	98.3%	81.9%	98.1%	96.7%	98.3%
Stroke	97.5%	131.3%	100.0%	140.0%	97.5%	131.3%	100.0%	140.0%
Rehab	107.9%	135.8%	97.9%	186.7%	107.9%	135.8%	97.9%	186.7%
Whippingham	74.7%	105.0%	80.0%	95.0%	74.7%	105.0%	80.0%	95.0%
Colwell	120.4%	100.5%	100.0%	98.3%	120.4%	100.5%	100.0%	98.3%
Intensive Care Unit	92.6%	69.8%	88.7%	39.5%	92.6%	69.8%	88.7%	39.5%
Coronary Care Unit	98.3%	113.1%	89.4%	124.5%	98.3%	113.1%	89.4%	124.5%
Neonatal Intensive Care Unit	92.3%	93.2%	96.7%	100.3%	92.3%	93.2%	96.7%	100.3%
Medical Assessment Unit	160.2%	135.0%	121.3%	125.8%	160.2%	135.0%	121.3%	125.8%
Afton	103.1%	90.5%	100.0%	100.0%	103.1%	90.5%	100.0%	100.0%
Paediatric Ward	94.2%	119.3%	100.6%	103.0%	94.2%	119.3%	100.6%	103.0%
Maternity	93.7%	101.3%	104.1%	100.0%	93.7%	101.3%	104.1%	100.0%

7.3 Safer Staffing Workforce Data and Clinical Indicators

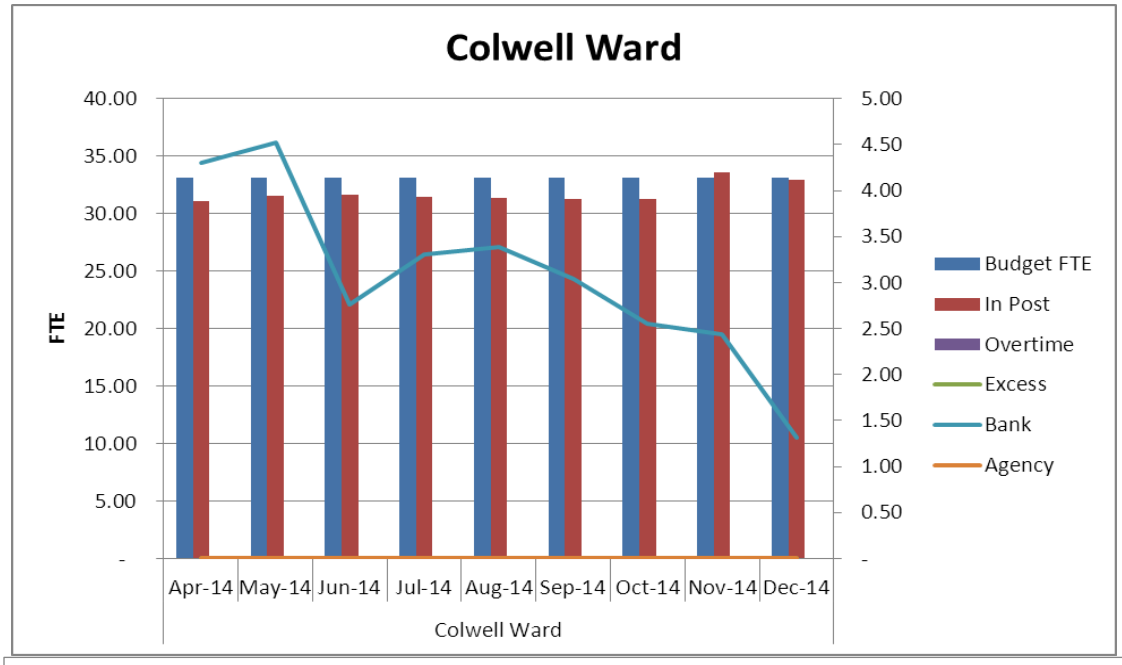


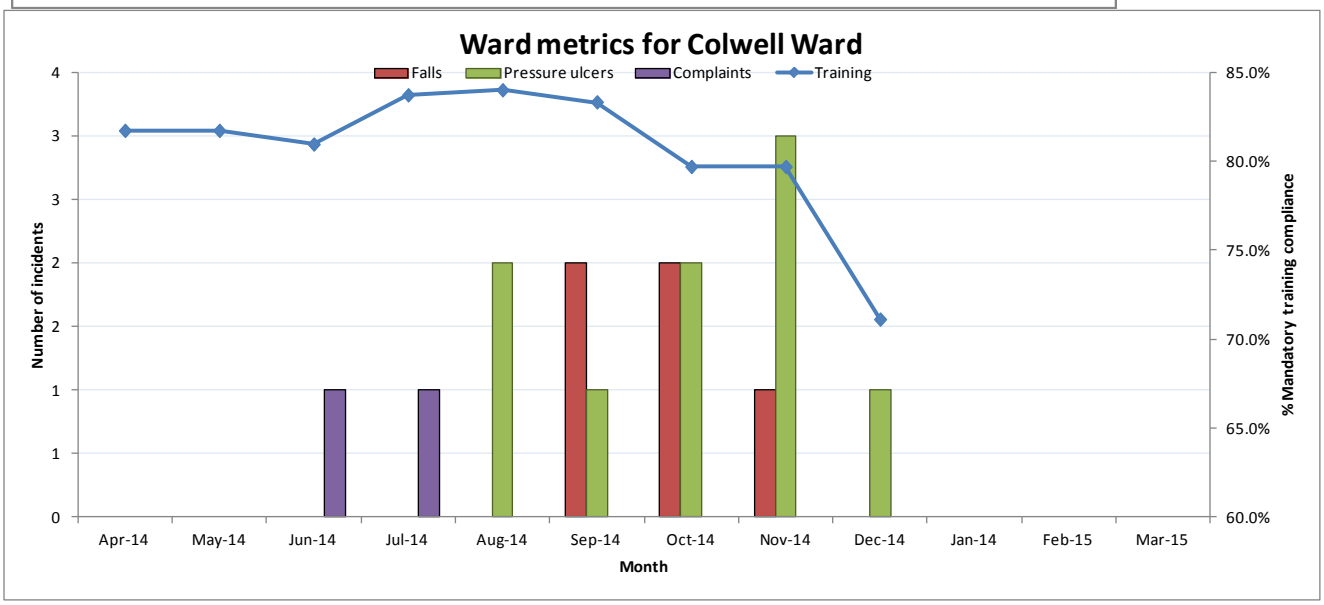


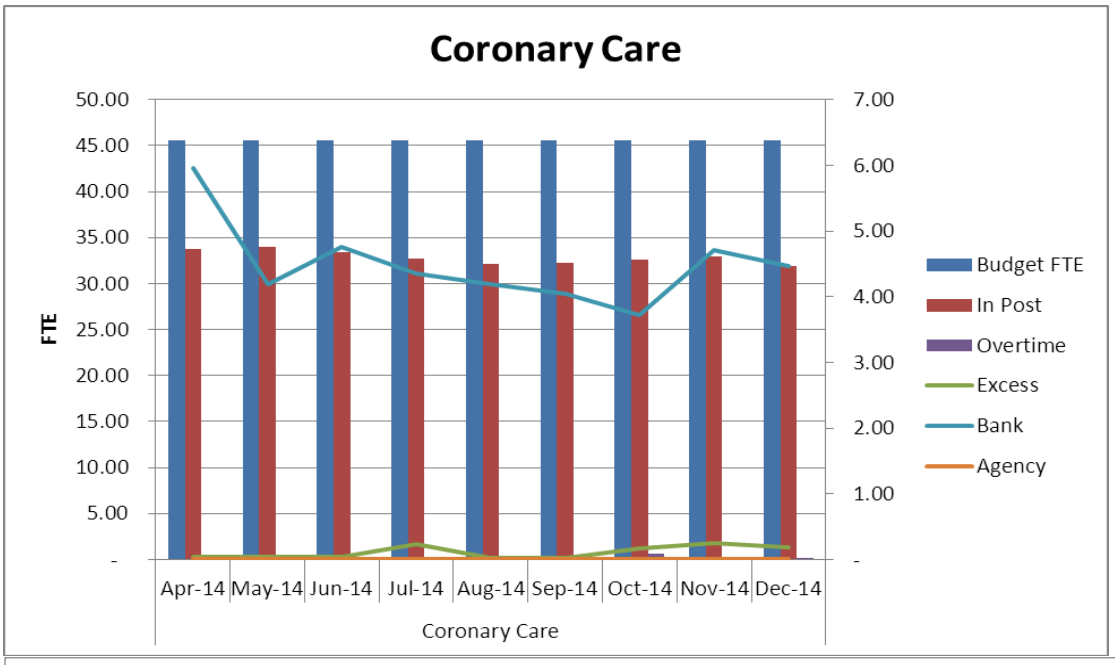

Average Sickness % over 6 months
8.00%
7.00%
6.00%
5.00%
4.00%
3.00%
2.00%
1.00%
0.00%
3.12%
3.11%
2.54%
4.12%
4.78%
2.91%
6.82%
4.36%
4.32%
2.61%
1.61%
2.94%
2.63%
4.65%
3.66%
7.41%
6.26%
Afton
Colwell
CCU
ICU
Maternity
MAAU
Mottistone
NICU
Orthopaedic Unit
Osborne
Paediatric Ward
General Rehab & SU
Seagrove
Shackleton
St Helens
Stroke & Neuro
Whippingham

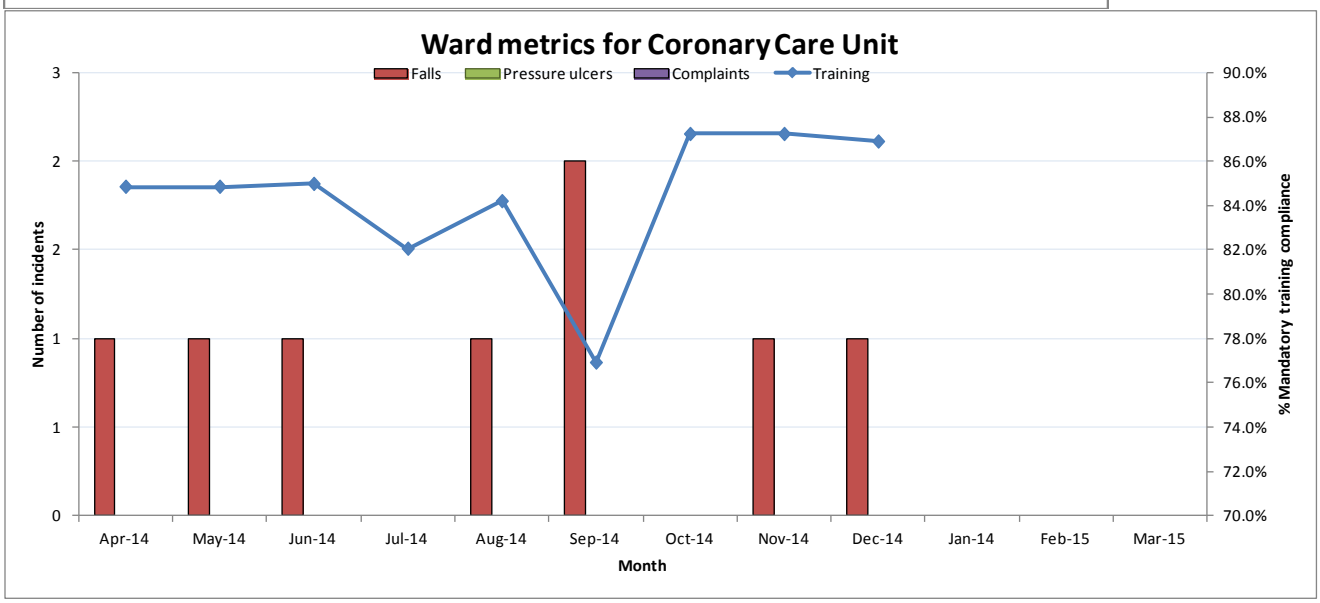

Average Turnover % over 6 months
14.00%
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
7.19%
2.70%
5.00%
2.05%
2.42%
4.12%
8.70%
7.27%
11.54%
7.59%
Afton
Colwell
CCU
ICU
Maternity
MAAU
Mottistone
NICU
Orthopaedic Unit
Osborne
Paediatric Ward
General Rehab & SU
Seagrove
Shackleton
St Helens
Stroke & Neuro
Whippingham

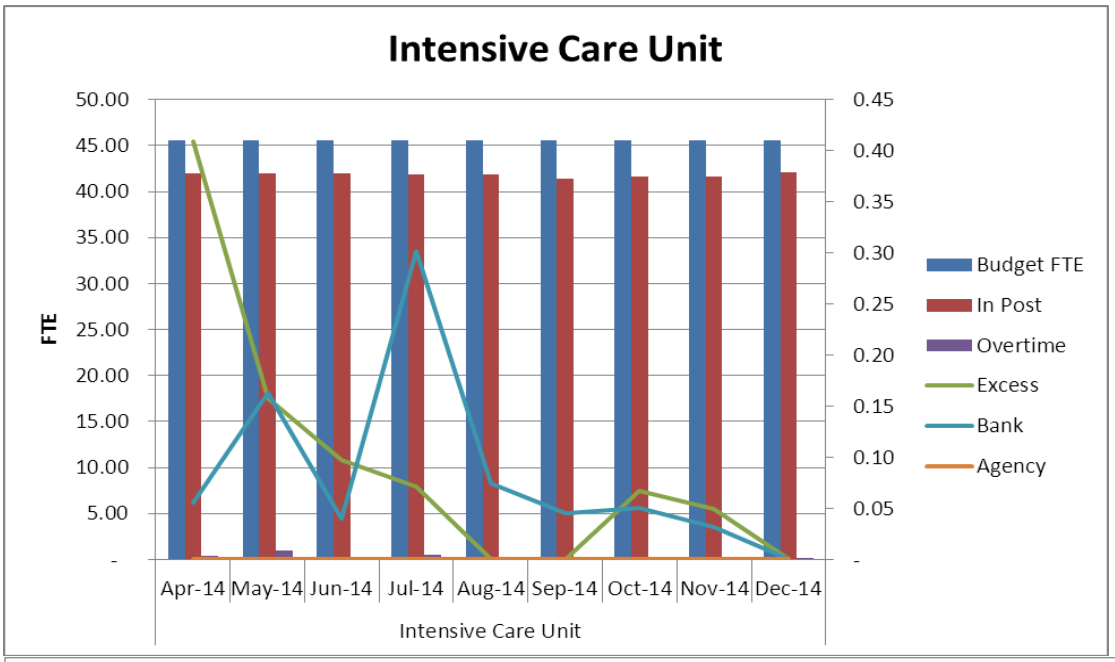
Hospital & Ambulance

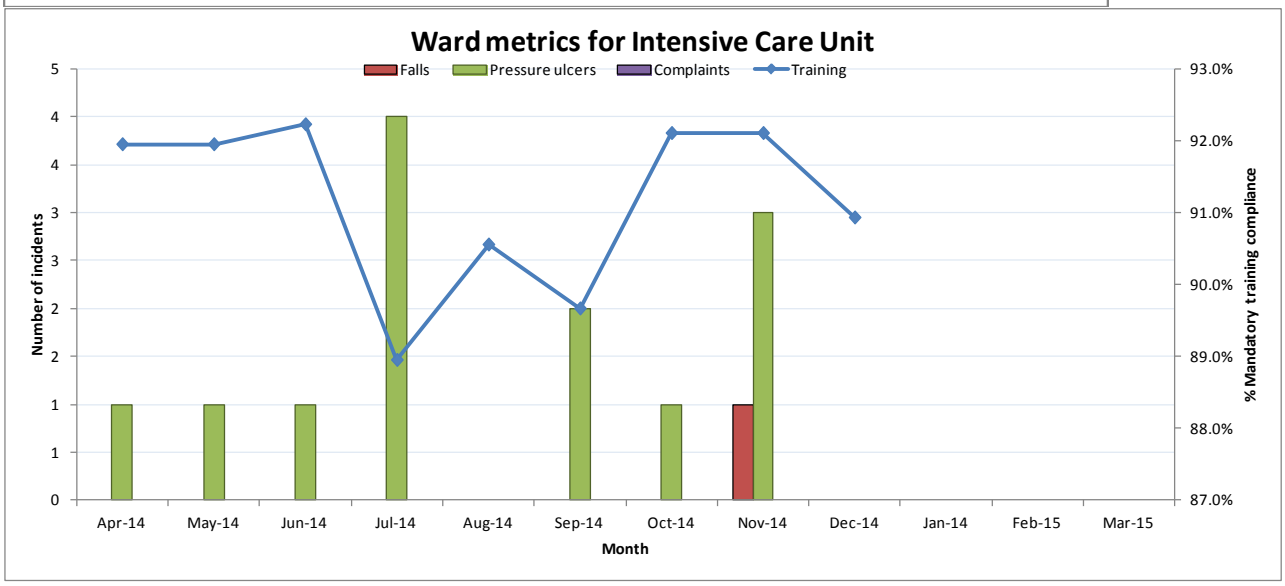


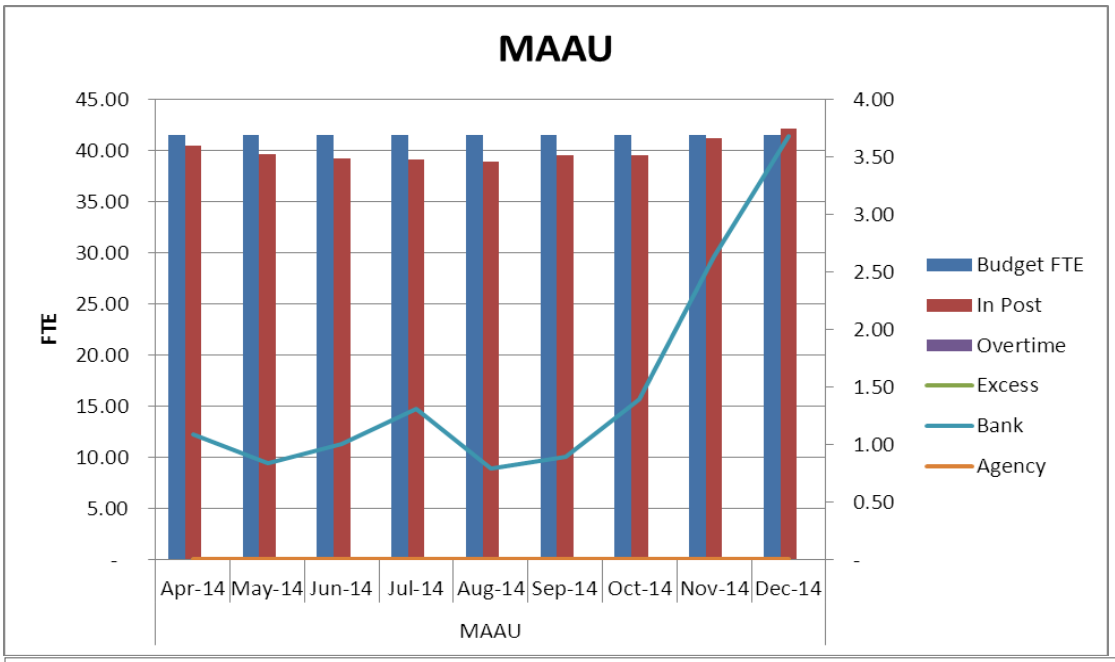


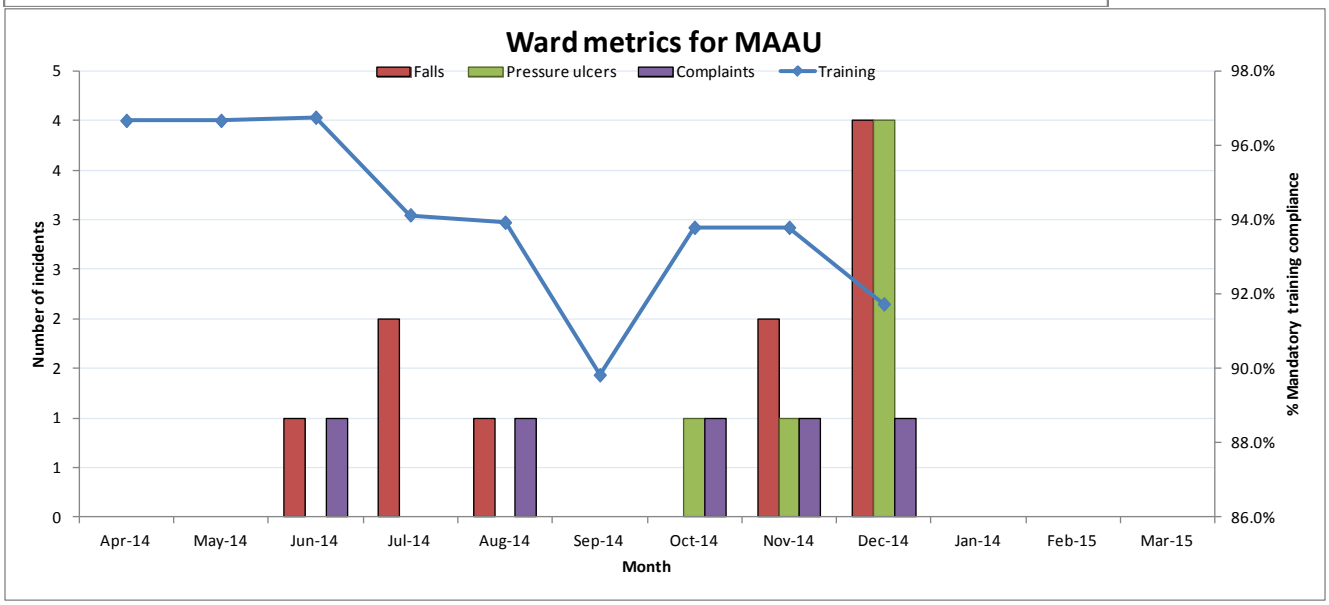

Coronary Care
50.00
45.00
40.00
35.00
30.00
25.00
20.00
15.00
10.00
5.00
-
FTE
7.00
6.00
5.00
4.00
3.00
2.00
1.00
-
Budget FTE
In Post
Overtime
Excess
Bank
Agency
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Coronary Care

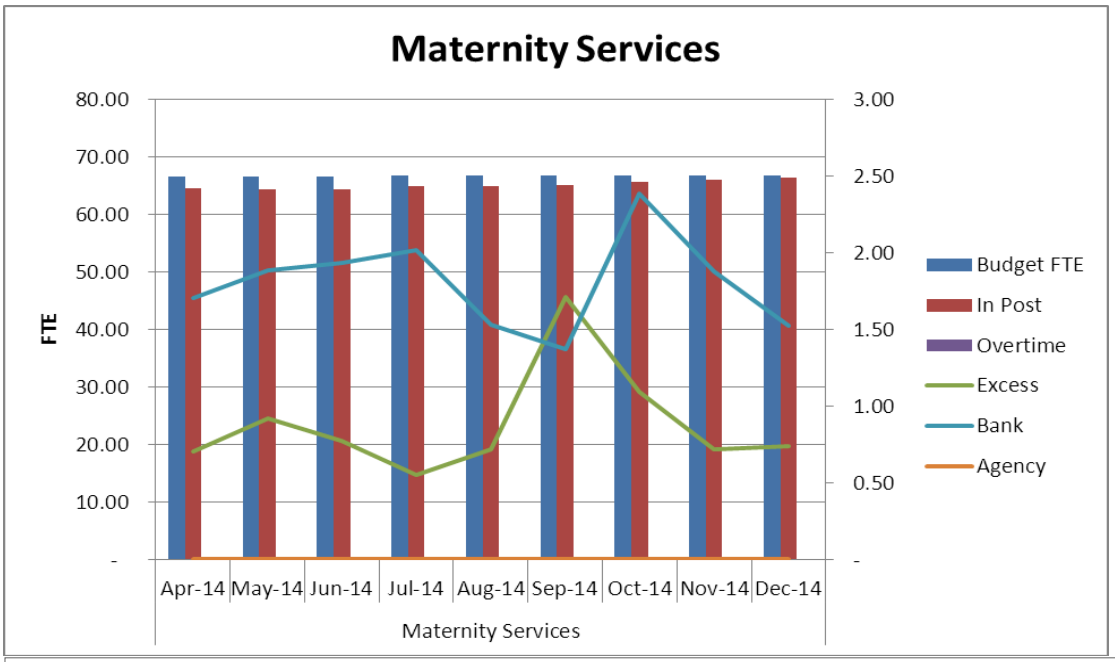

Ward metrics for Coronary Care Unit
Falls
Pressure ulcers
Complaints
Training
3
2
2
1
1
0
Number of incidents
90.0%
88.0%
86.0%
84.0%
82.0%
80.0%
78.0%
76.0%
74.0%
72.0%
70.0%
% Mandatory training compliance
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15
Month

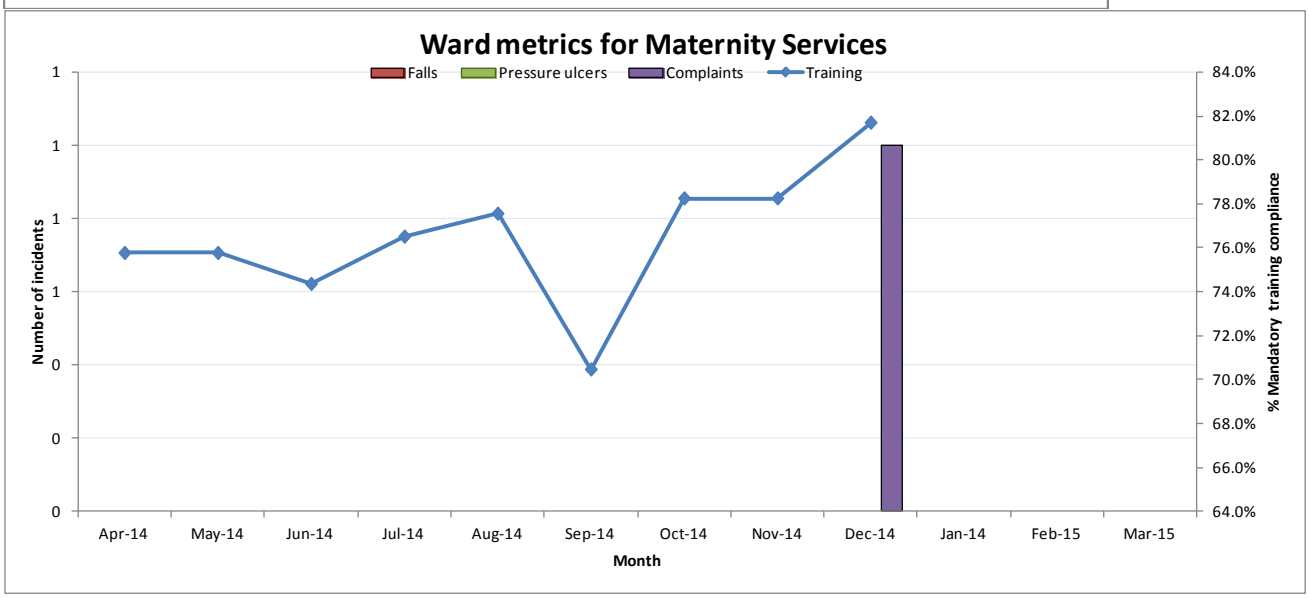

Intensive Care Unit
FTE
50.00
45.00
40.00
35.00
30.00
25.00
20.00
15.00
10.00
5.00
-
0.45
0.40
0.35
0.30
0.25
0.20
0.15
0.10
0.05
-
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Intensive Care Unit
Budget FTE
In Post
Overtime
Excess
Bank
Agency

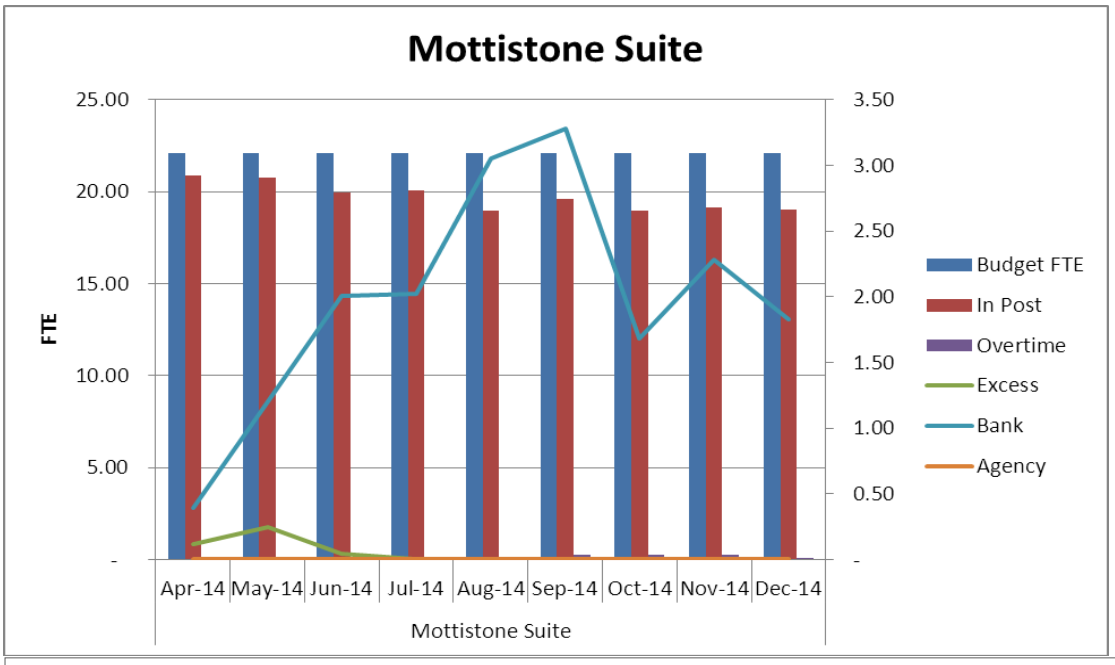

Ward metrics for Intensive Care Unit
Falls
Pressure ulcers
Complaints
Training
Number of incidents
% Mandatory training compliance
Month
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15
93.0%
92.0%
91.0%
90.0%
89.0%
88.0%
87.0%

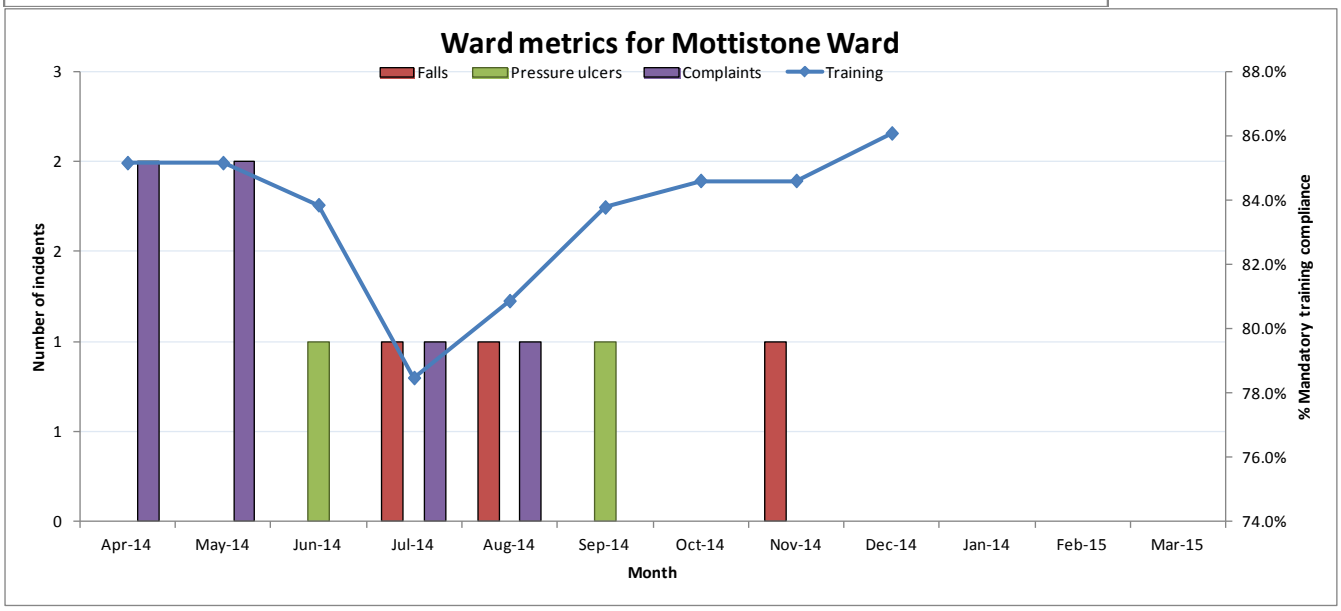

MAAU
45.00
40.00
35.00
30.00
25.00
20.00
15.00
10.00
5.00
-
FTE
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
-
Budget FTE
In Post
Overtime
Excess
Bank
Agency
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
MAAU

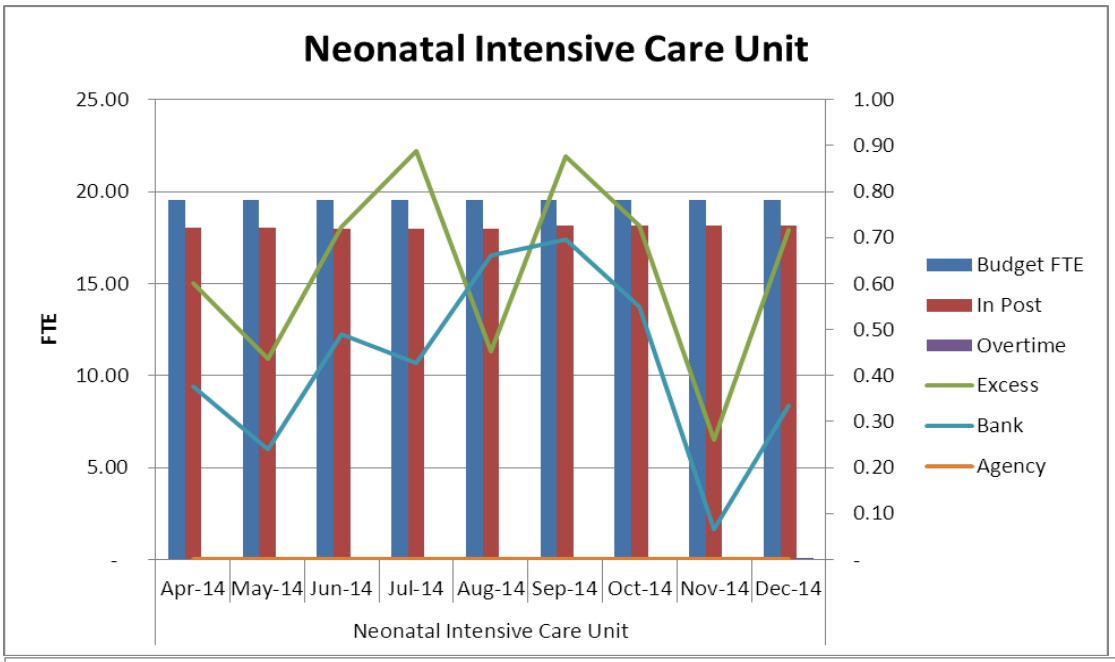

Ward metrics for MAAU
Falls
Pressure ulcers
Complaints
Training
Number of incidents
% Mandatory training compliance
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15
Month

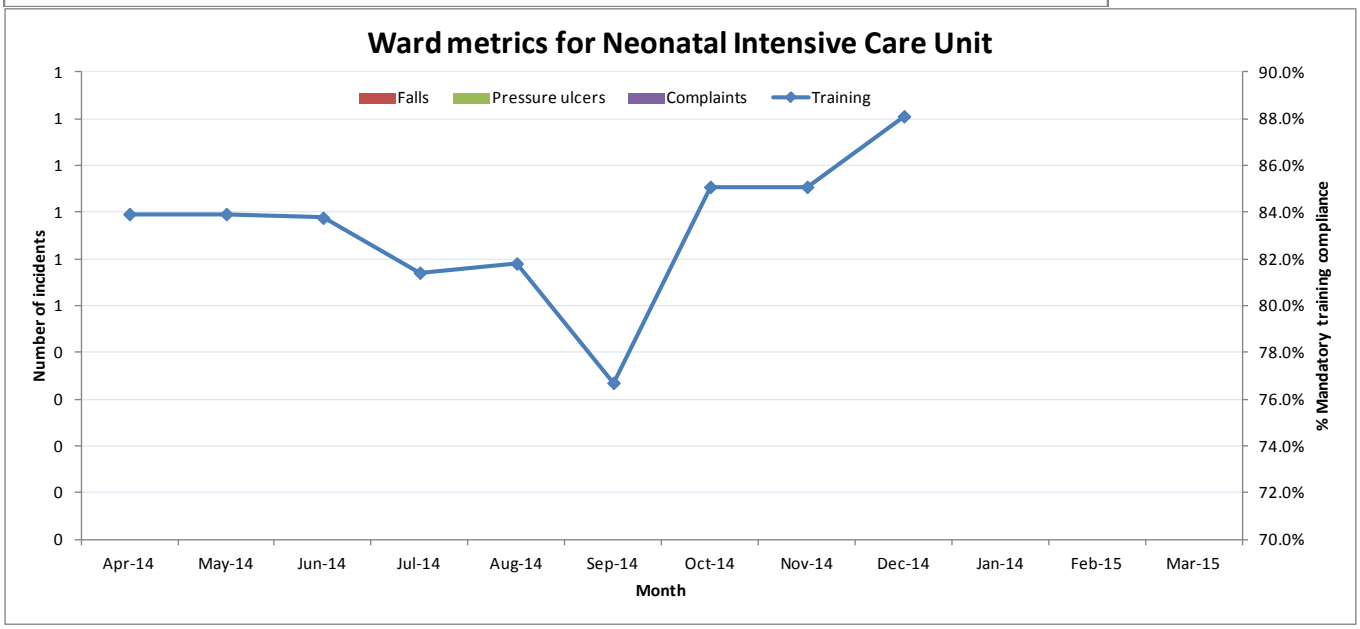

Maternity Services
80.00
70.00
60.00
50.00
40.00
30.00
20.00
10.00
-
FTE
3.00
2.50
2.00
1.50
1.00
0.50
-
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Maternity Services
Budget FTE
In Post
Overtime
Excess
Bank
Agency

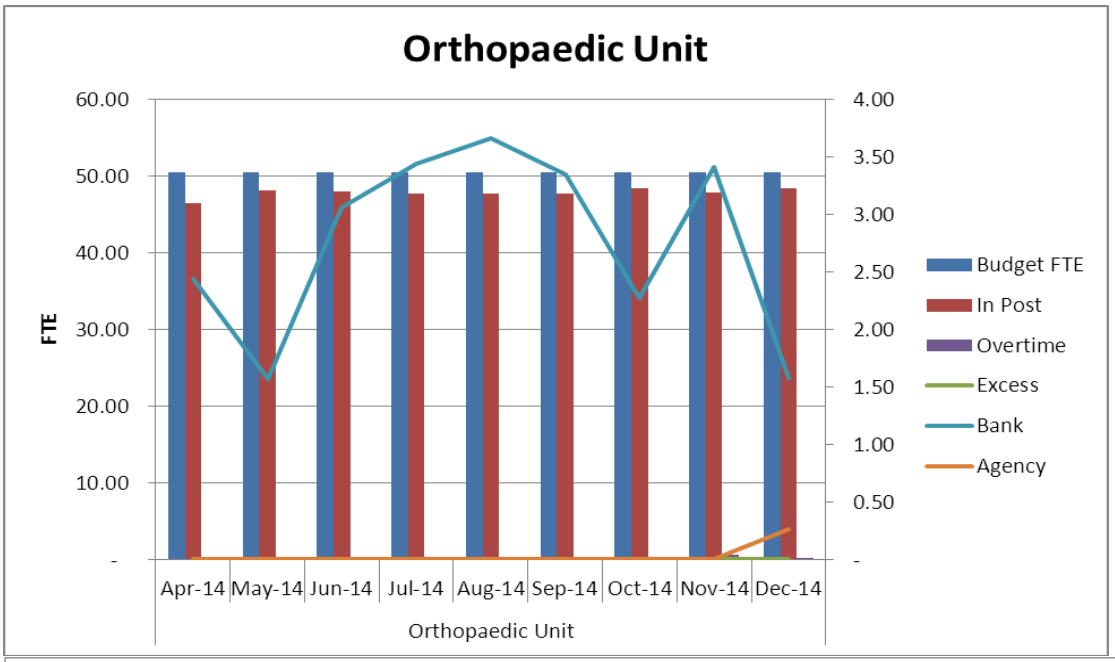

Ward metrics for Maternity Services
Falls
Pressure ulcers
Complaints
Training
Number of incidents
% Mandatory training compliance
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15
Month

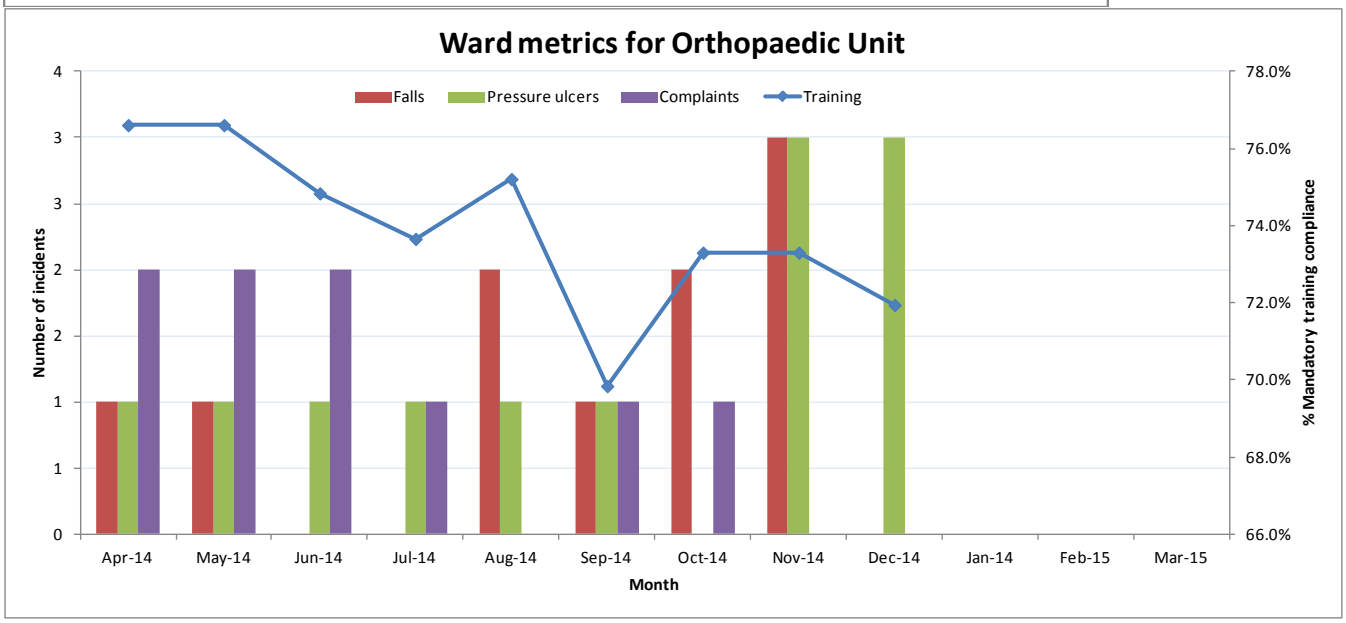

Mottistone Suite
25.00
20.00
15.00
10.00
5.00
-
FTE
3.50
3.00
2.50
2.00
1.50
1.00
0.50
-
Budget FTE
In Post
Overtime
Excess
Bank
Agency
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Mottistone Suite

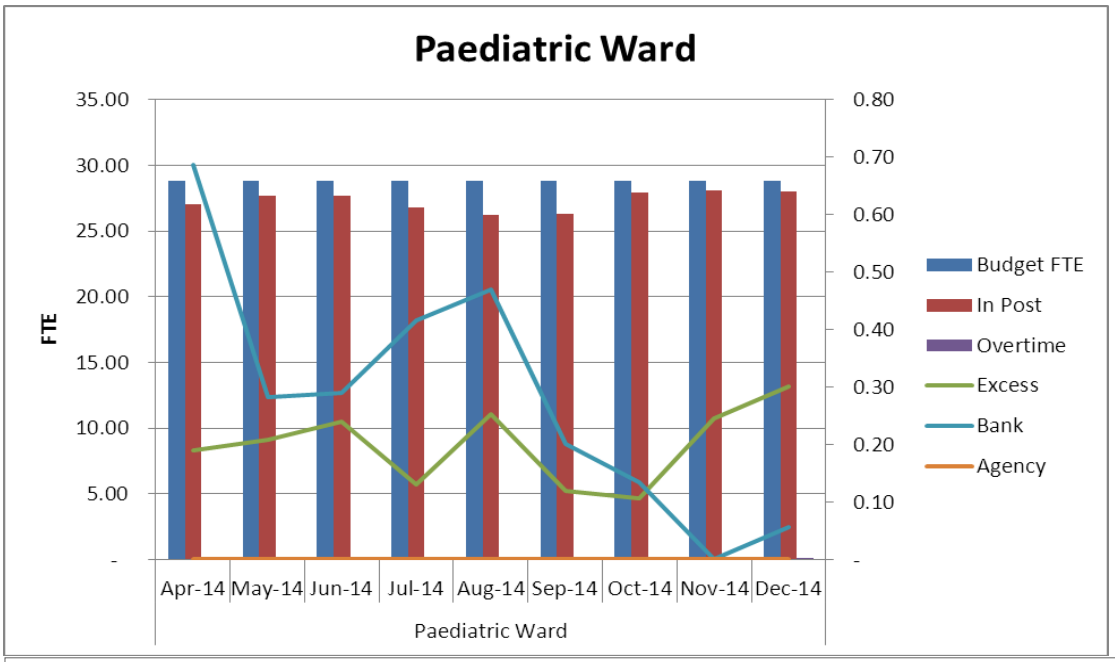

Ward metrics for Mottistone Ward
Falls
Pressure ulcers
Complaints
Training
3
2
2
1
1
0
Number of incidents
88.0%
86.0%
84.0%
82.0%
80.0%
78.0%
76.0%
74.0%
% Mandatory training compliance
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15
Month

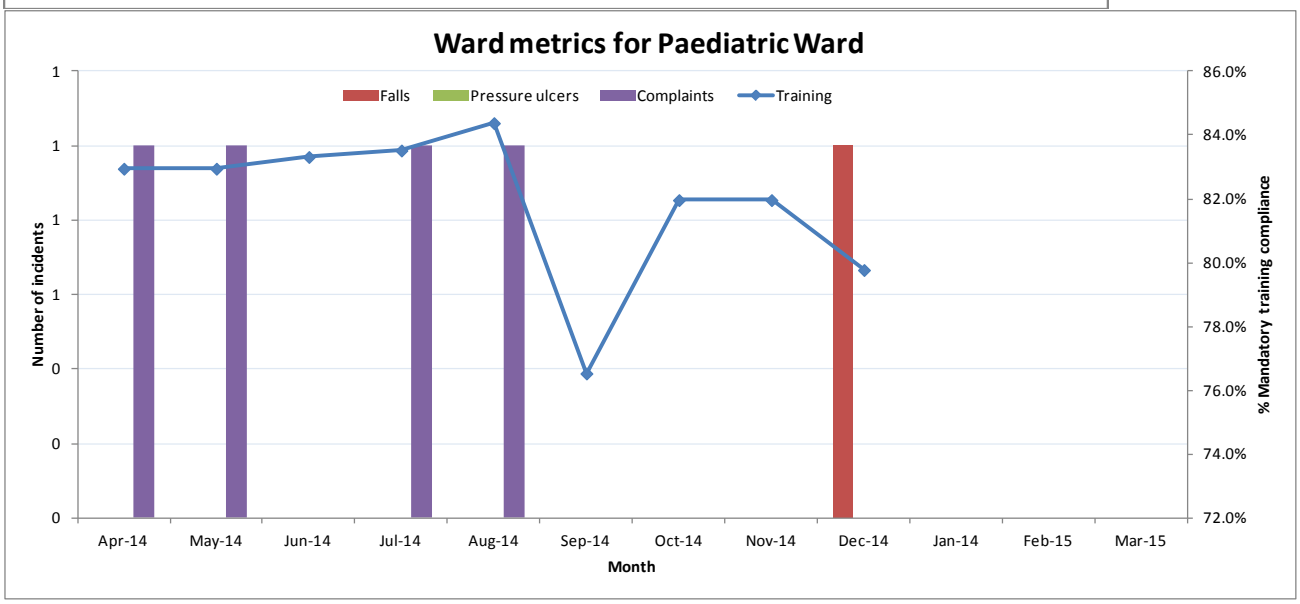

Neonatal Intensive Care Unit
25.00
20.00
15.00
10.00
5.00
-
FTE
1.00
0.90
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
-
Budget FTE
In Post
Overtime
Excess
Bank
Agency
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Neonatal Intensive Care Unit

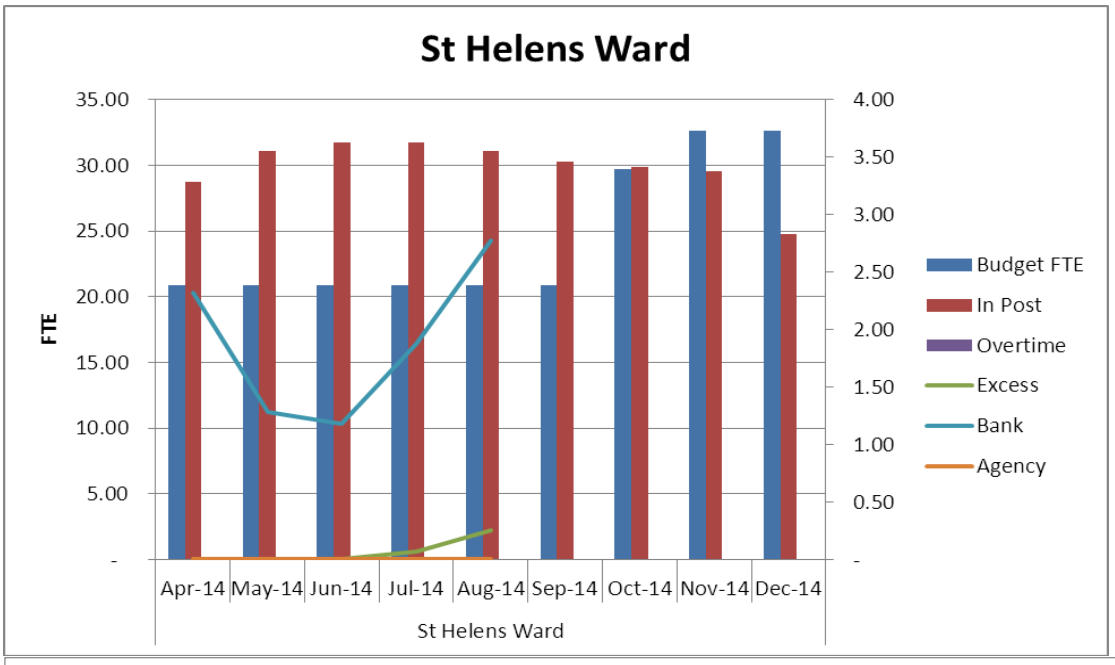

Ward metrics for Neonatal Intensive Care Unit
Falls
Pressure ulcers
Complaints
Training
Number of incidents
% Mandatory training compliance
90.0%
88.0%
86.0%
84.0%
82.0%
80.0%
78.0%
76.0%
74.0%
72.0%
70.0%
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15
Month

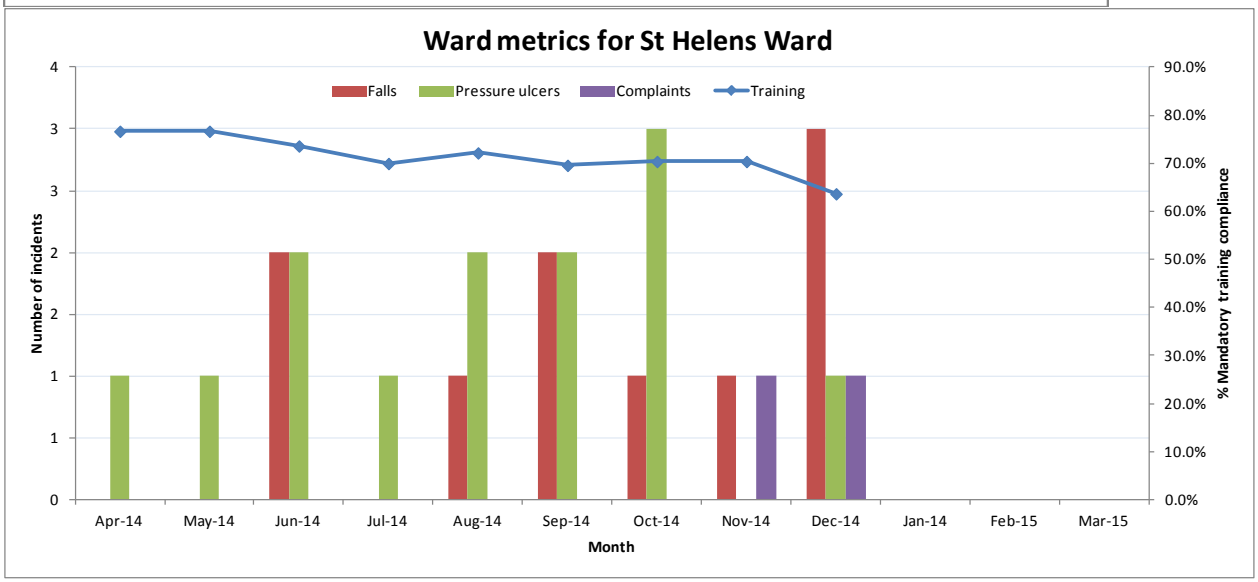

Orthopaedic Unit
60.00
50.00
40.00
30.00
20.00
10.00
-
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
-
FTE
Budget FTE
In Post
Overtime
Excess
Bank
Agency
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Orthopaedic Unit

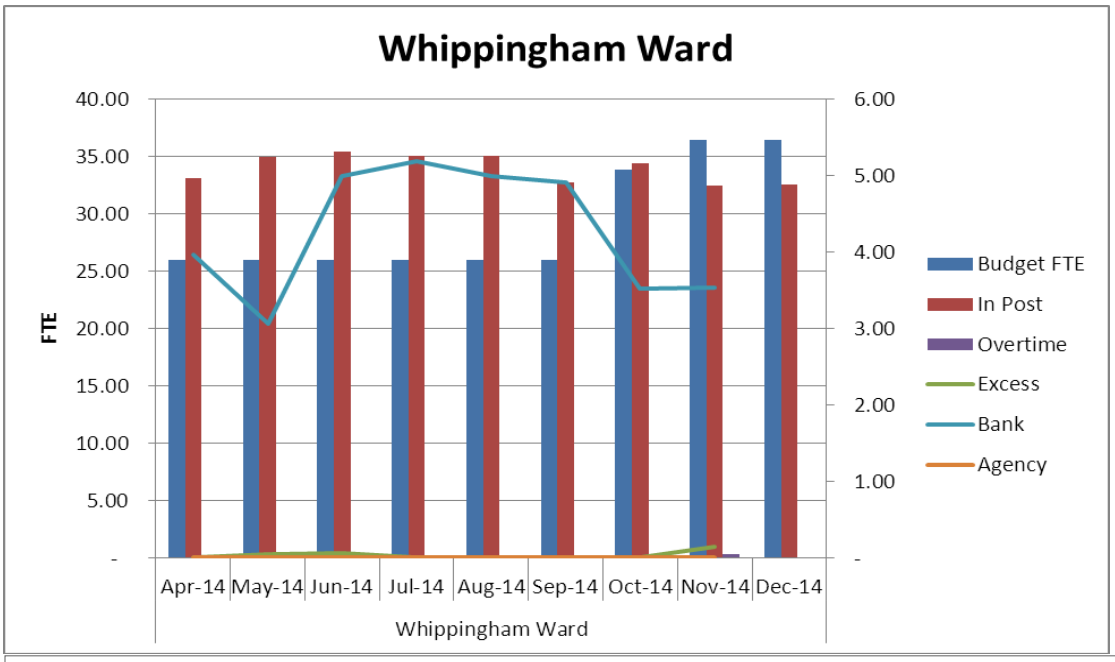

Ward metrics for Orthopaedic Unit
Falls
Pressure ulcers
Complaints
Training
Number of incidents
% Mandatory training compliance
Month
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15

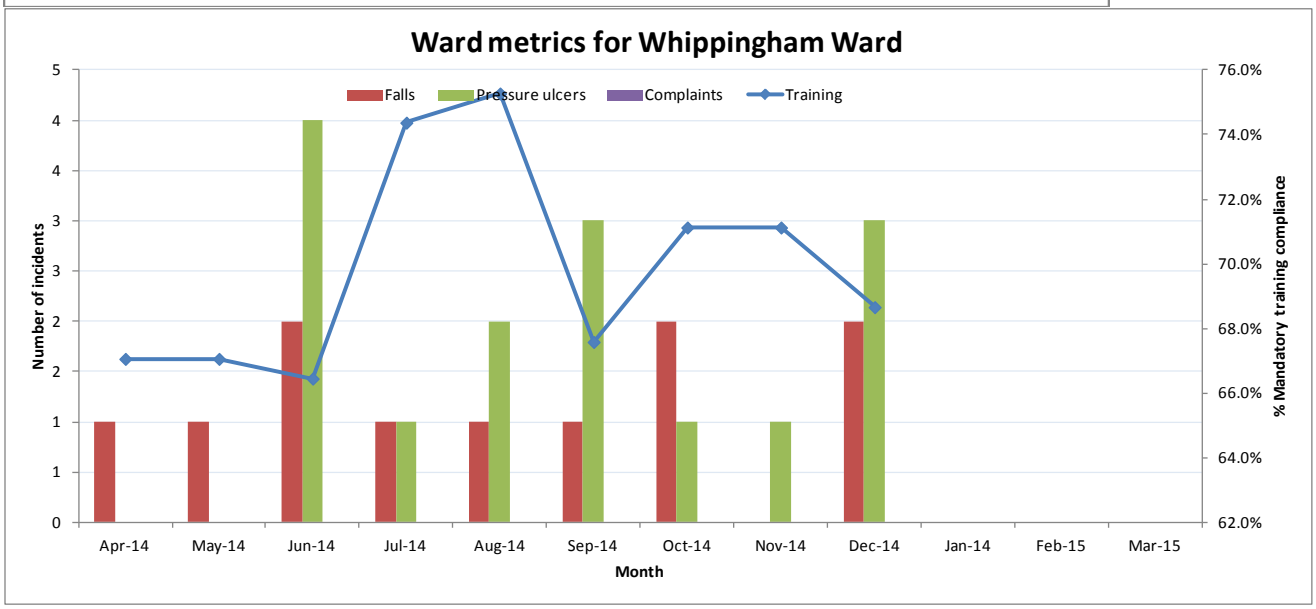

Paediatric Ward
FTE
35.00
30.00
25.00
20.00
15.00
10.00
5.00
-
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
-
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Paediatric Ward
Budget FTE
In Post
Overtime
Excess
Bank
Agency


Ward metrics for Paediatric Ward
Falls
Pressure ulcers
Complaints
Training
Number of incidents
% Mandatory training compliance
Month
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15

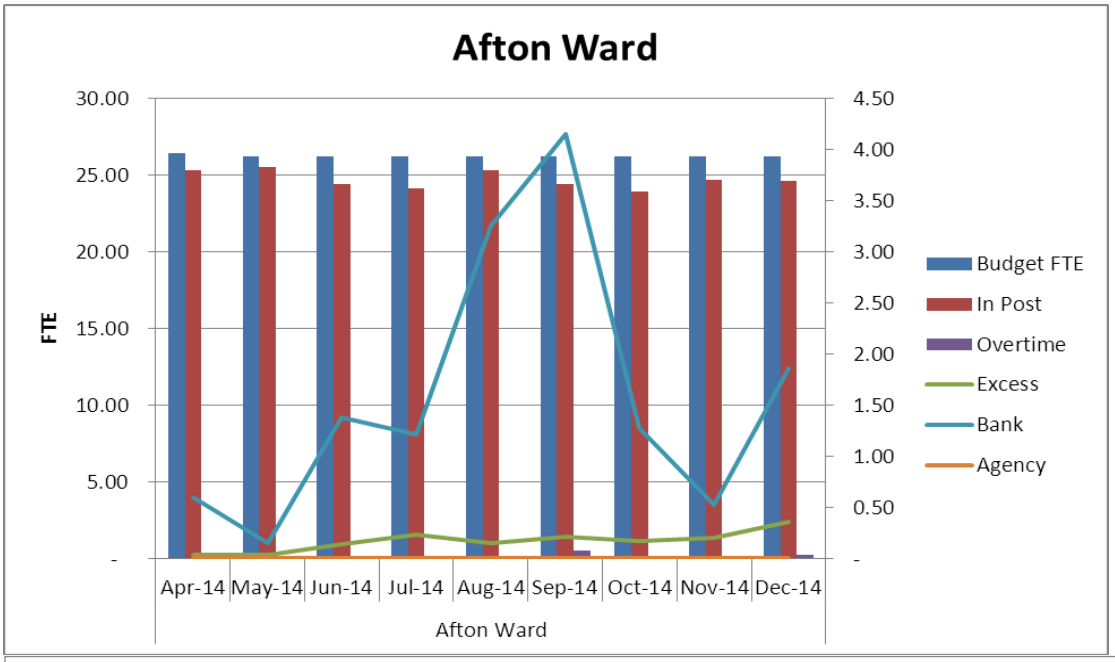

St Helens Ward
FTE
35.00
30.00
25.00
20.00
15.00
10.00
5.00
-
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
-
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
St Helens Ward
Budget FTE
In Post
Overtime
Excess
Bank
Agency

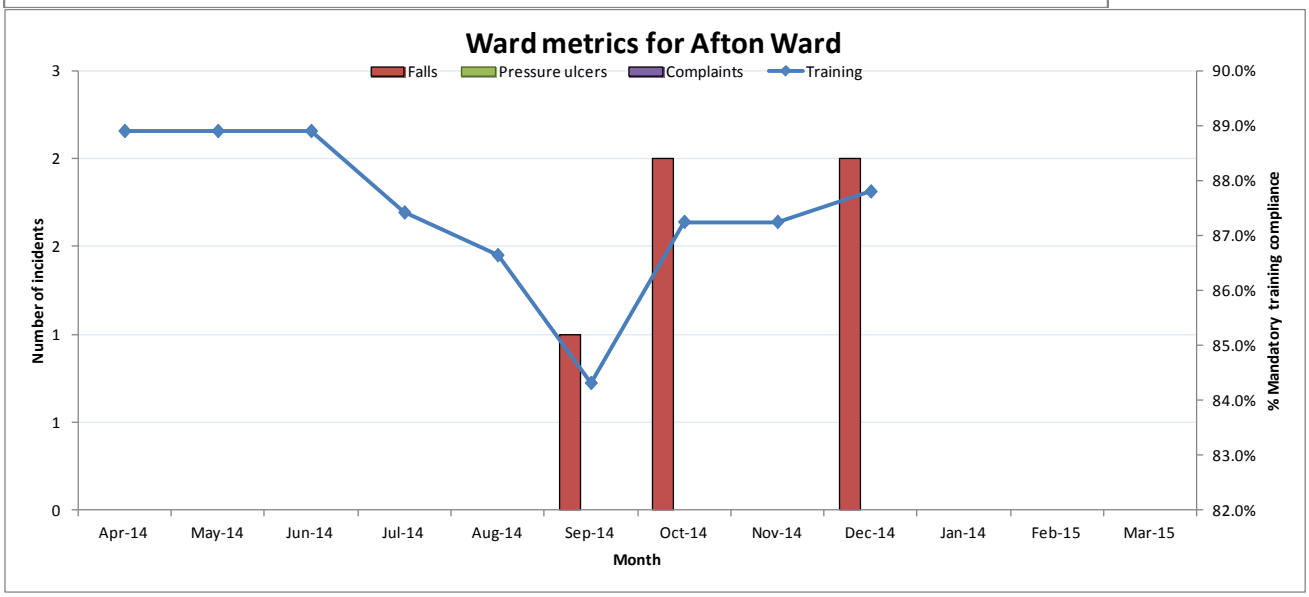

Ward metrics for St Helens Ward
Falls
Pressure ulcers
Complaints
Training
Number of incidents
% Mandatory training compliance
4
3
3
2
2
1
1
0
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15
Month

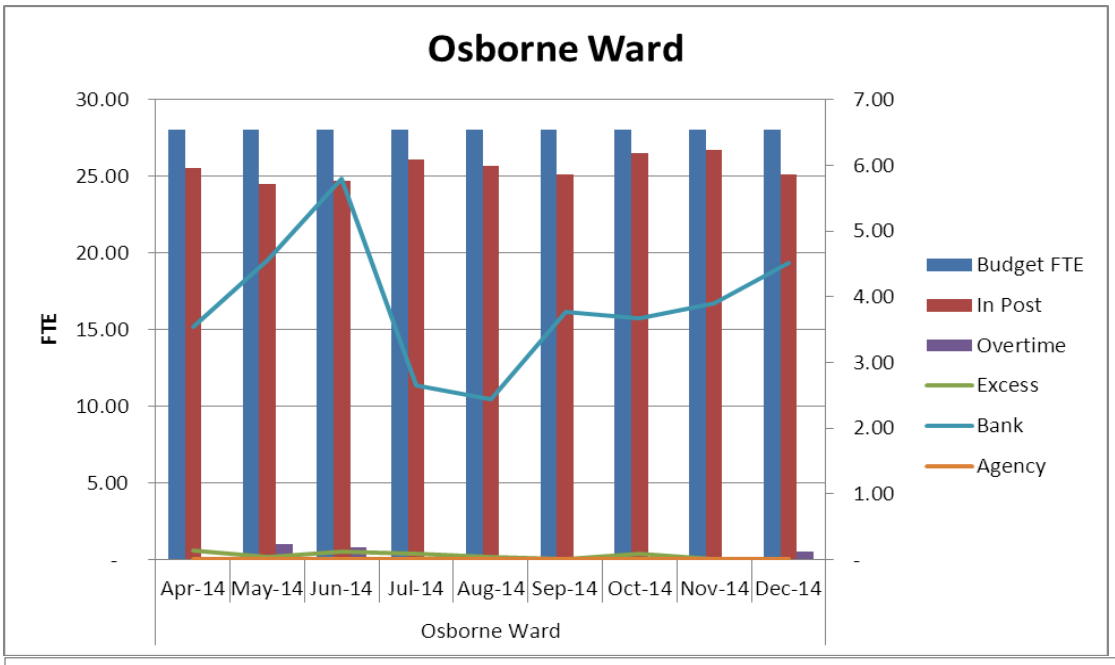

Whippingham Ward
FTE
40.00
35.00
30.00
25.00
20.00
15.00
10.00
5.00
-
6.00
5.00
4.00
3.00
2.00
1.00
-
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Whippingham Ward
Budget FTE
In Post
Overtime
Excess
Bank
Agency

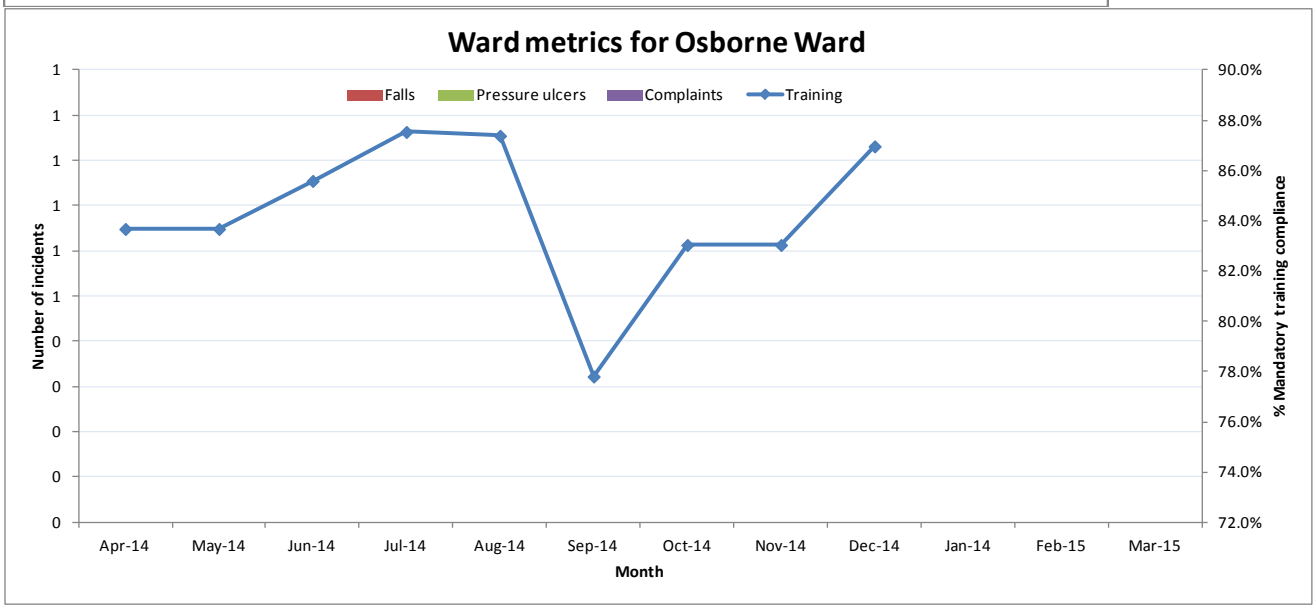

Ward metrics for Whippingham Ward
Falls
Pressure ulcers
Complaints
Training
Number of incidents
% Mandatory training compliance
Month
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15

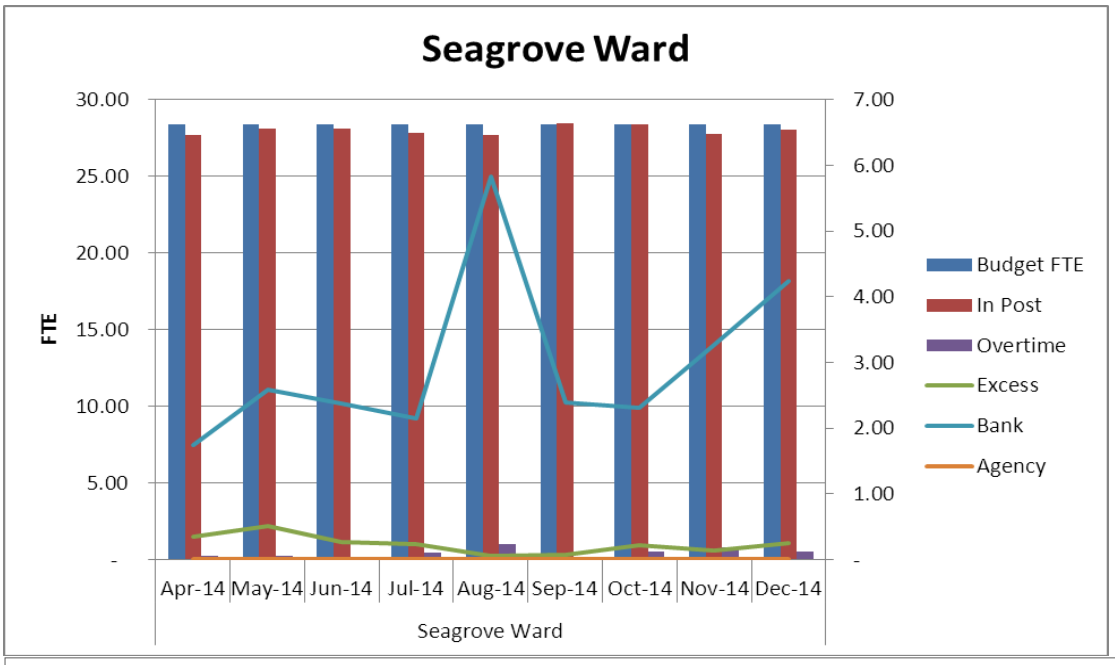
Mental Health Wards

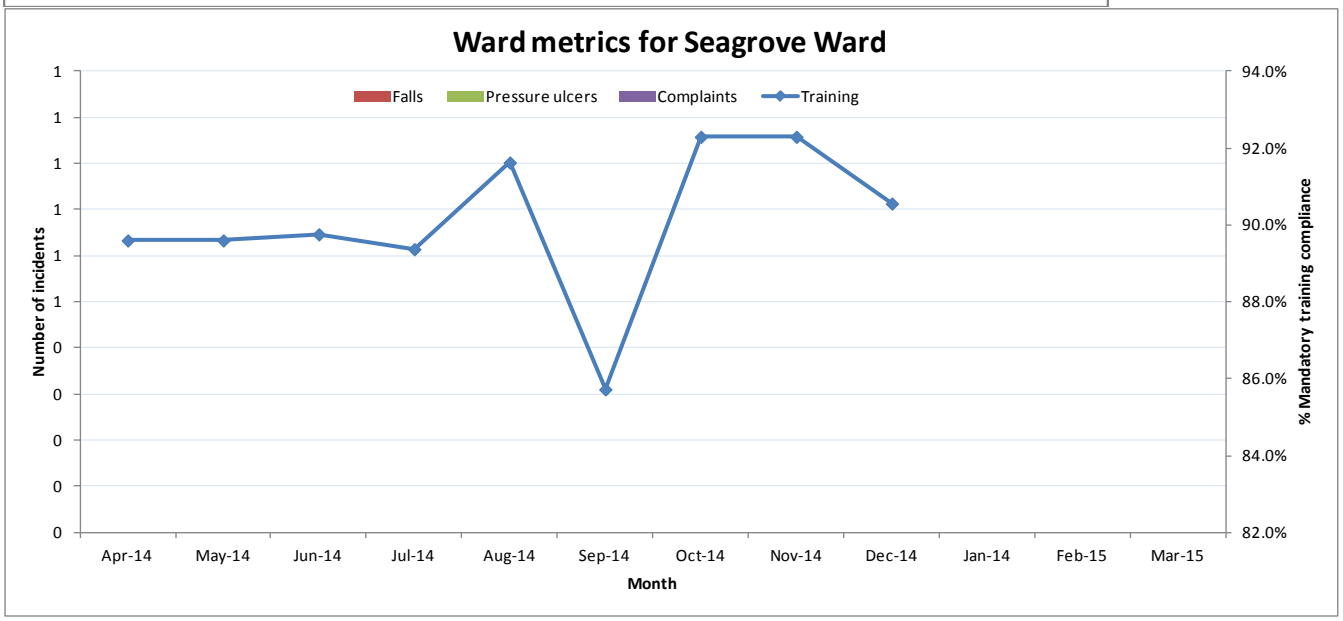


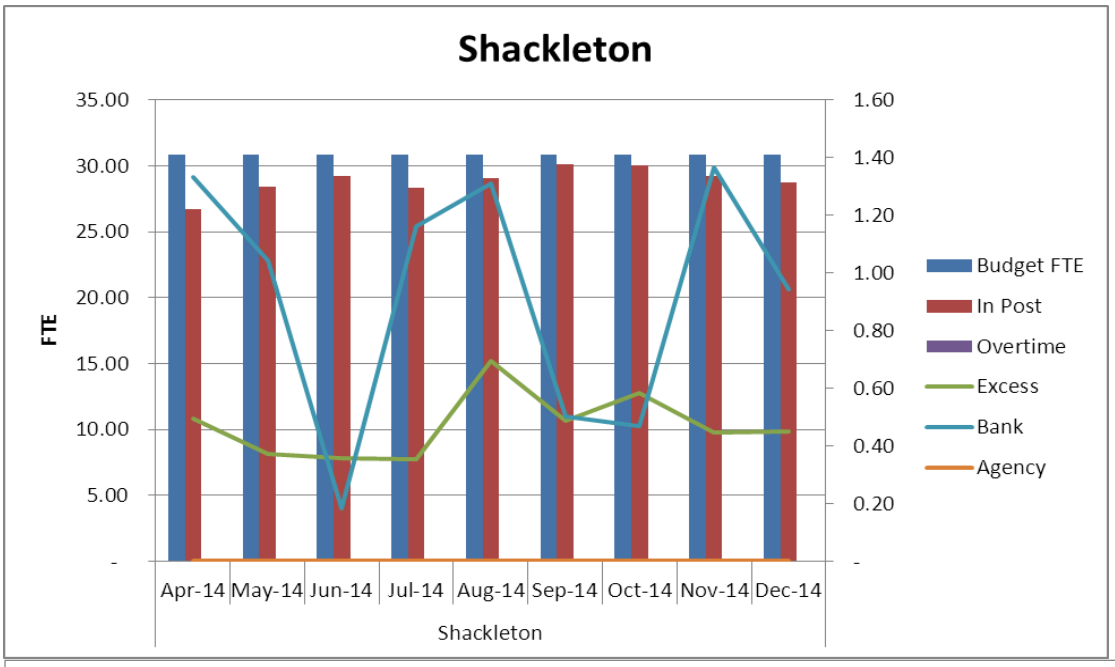


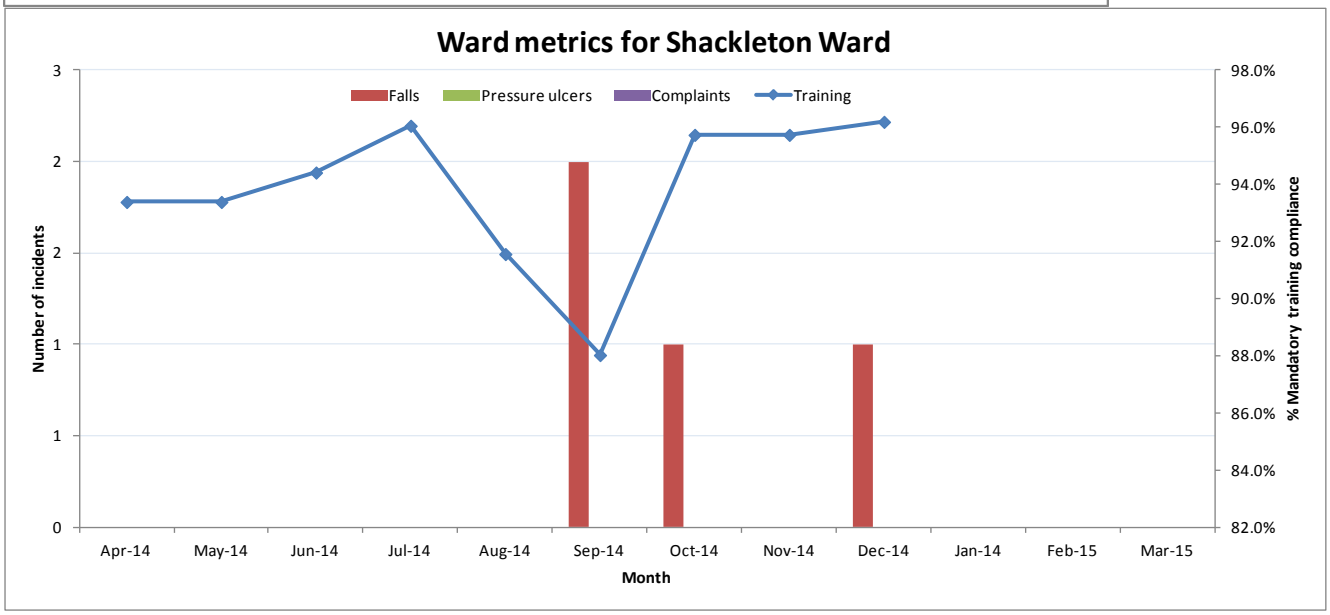

Osborne Ward
30.00
25.00
20.00
15.00
10.00
5.00
-
FTE
7.00
6.00
5.00
4.00
3.00
2.00
1.00
-
Budget FTE
In Post
Overtime
Excess
Bank
Agency
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Osborne Ward


Ward metrics for Osborne Ward
Falls
Pressure ulcers
Complaints
Training
Number of incidents
% Mandatory training compliance
90.0%
88.0%
86.0%
84.0%
82.0%
80.0%
78.0%
76.0%
74.0%
72.0%
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15
Month

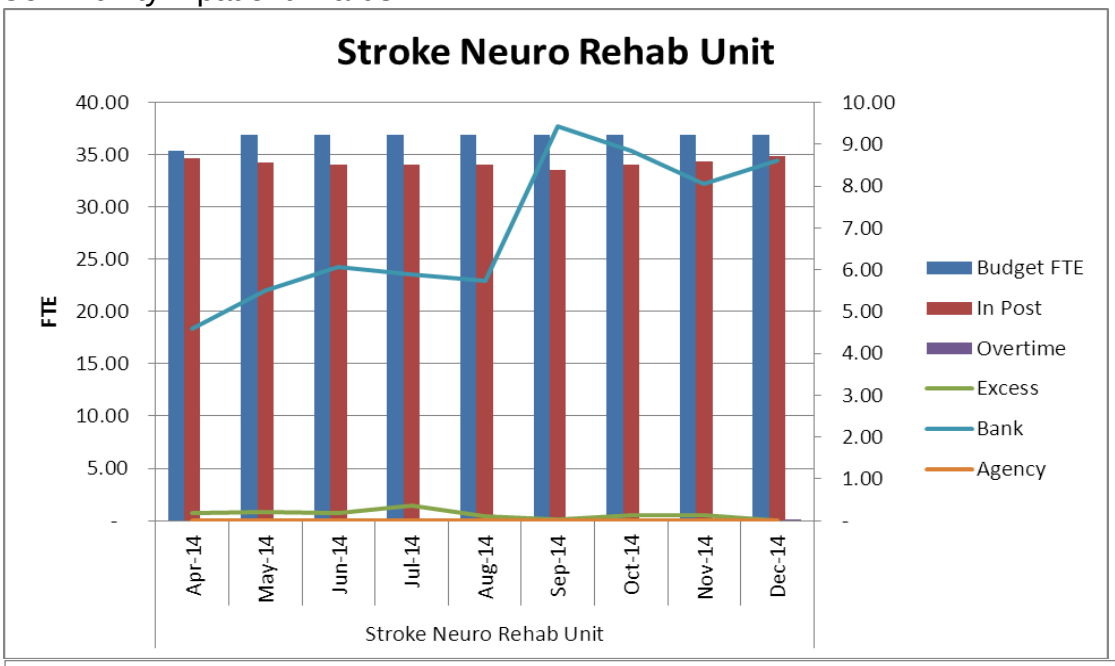

Seagrove Ward
30.00
25.00
20.00
15.00
10.00
5.00
-
FTE
7.00
6.00
5.00
4.00
3.00
2.00
1.00
-
Budget FTE
In Post
Overtime
Excess
Bank
Agency
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Seagrove Ward

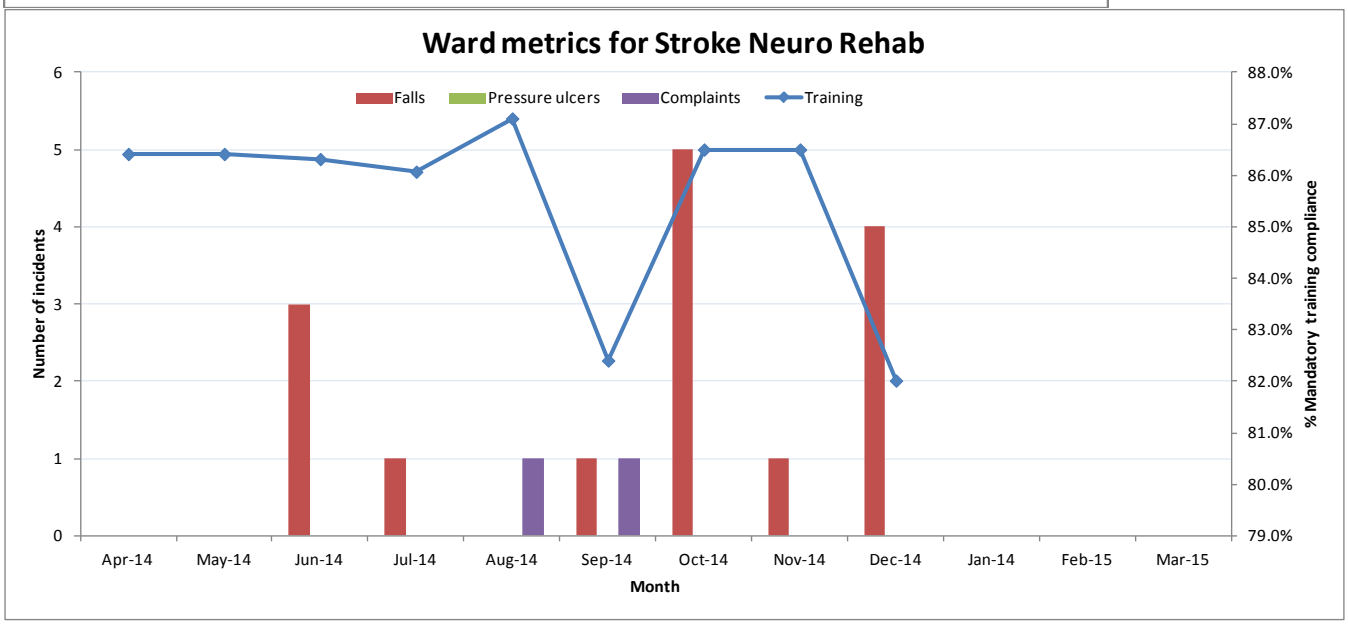

Ward metrics for Seagrove Ward
Falls
Pressure ulcers
Complaints
Training
Number of incidents
% Mandatory training compliance
94.0%
92.0%
90.0%
88.0%
86.0%
84.0%
82.0%
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15
Month

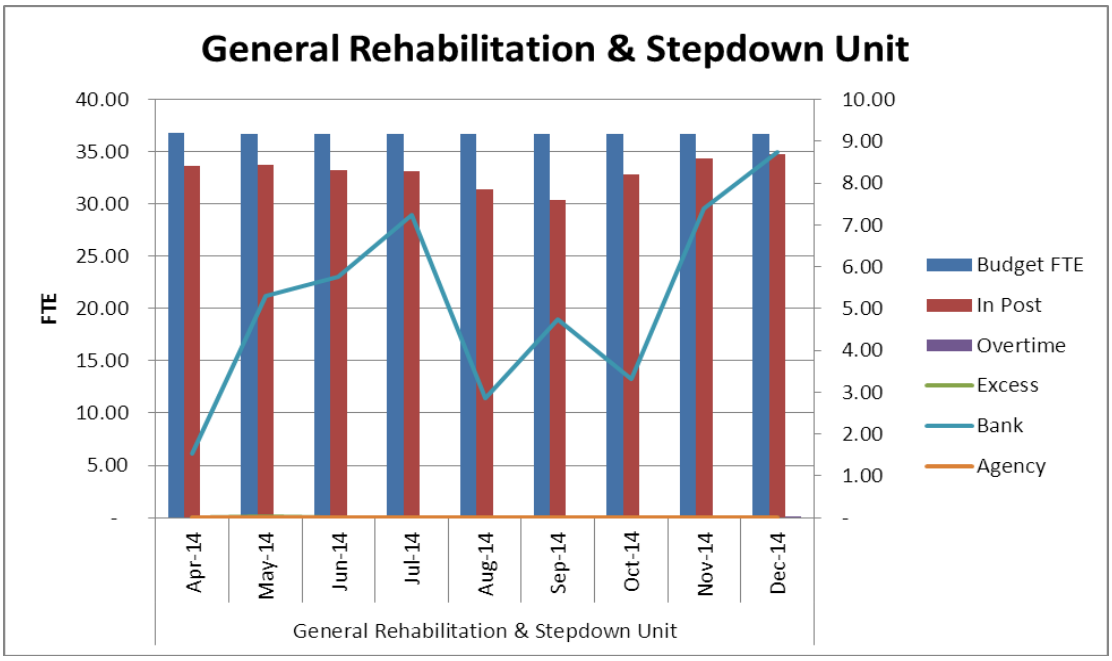

Shackleton
35.00
30.00
25.00
20.00
15.00
10.00
5.00
-
FTE
1.60
1.40
1.20
1.00
0.80
0.60
0.40
0.20
-
Budget FTE
In Post
Overtime
Excess
Bank
Agency
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Shackleton

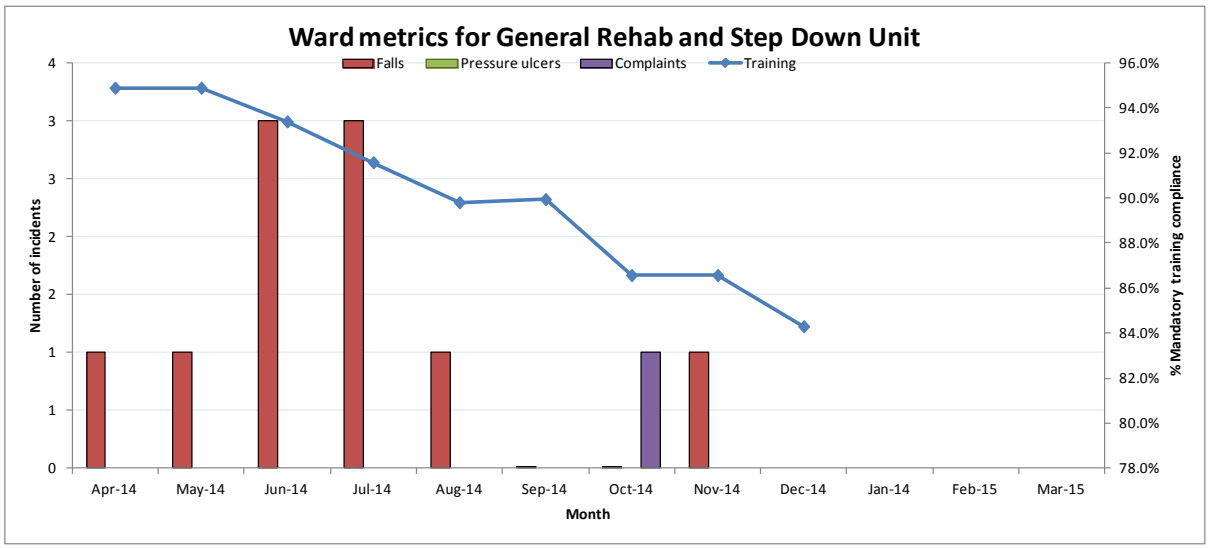

Ward metrics for Shackleton Ward
Falls
Pressure ulcers
Complaints
Training
Number of incidents
% Mandatory training compliance
Month
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15

Community Inpatient Wards






General Rehabilitation & Stepdown Unit
FTE
40.00
35.00
30.00
25.00
20.00
15.00
10.00
5.00
-
10.00
9.00
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
-
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Budget FTE
In Post
Overtime
Excess
Bank
Agency
General Rehabilitation & Stepdown Unit


Ward metrics for General Rehab and Step Down Unit
Falls
Pressure ulcers
Complaints
Training
Number of incidents
% Mandatory training compliance
4
3
3
2
2
1
1
0
96.0%
94.0%
92.0%
90.0%
88.0%
86.0%
84.0%
82.0%
80.0%
78.0%
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-14
Feb-15
Mar-15
Month

- End -

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD

ON 28th January 2015

Title	Safer Staffing Business Case			
Sponsoring Executive Director	Executive Director of Nursing and Workforce			
Author(s)	Deputy Director of Nursing			
Purpose	To provide the business case for the recruitment of additional Registered Nurses to deliver our Safer Staffing requirements. Safer Nurse Staffing requirements			
Action required by the Board:	**Receive**		**Approve**	✓

Previously considered by (state date):			
Trust Executive Committee	14/04/2014 15/09/2014 17/11/2014 26/1/2015	Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Remuneration & Nominations Committee	
Charitable Funds Committee		Quality & Clinical Performance Committee	16/04/2014 18/06/2014
Finance, Investment, Information & Workforce Committee	16/04/2014 17/09/2014 19/11/2014 21/01/2015	Foundation Trust Programme Board	
Please add any other committees below as needed			
Board Seminar	12/11/13, 14/01/14, 08/04/14; 10/06/14 13/01/2015	Trust Board Meeting Part 2	03/12/14
Other (please state)			

Staff, stakeholder, patient and public engagement:

Nurses, Matrons and Senior Nurses have been involved in the process leading up to the business case.
The project is being overseen by the Director of Nursing Senior Team
The CCG have been engaged in relation to provision of funding for both recruitment and recurrent funding to support recommendations

Executive Summary:

The business case is presented following the culmination of much work in the Trust related to Safer Staffing.

In particular this case sets out the recommendation for implementing additional nurses following our Safer Staffing review. This included agreeing underpinning principles for Safer Ward Staffing with the Board, acuity and dependency review as per national guidance, and gaining professional opinion as per guidance. The National Institute for Clinical Excellence (NICE) have now produced guidelines which identify, alongside a range of safer staffing requirements, the need to utilise a evidenced based tool to set nursing establishments. The Safer Nursing Care Tool (Shelford Model) was agreed by the Board as the tool to assess acuity and dependency. This has been used for acute areas where the tool is applicable.

The Board should be aware that NICE have produced guidance for Emergency Department staffing on Friday 16th January which will be reviewed with Emergency Department. We have utilised the BEST tool and professional opinion as part of the staffing review in this department and we are confident that once reviewed the guidance will not indicate a reduction in numbers so

recommendations going forward will still be required.

The acuity and dependency review identified the need for 76 nurses (including Mental Health)

This is costed at circa £2.5m in total. During 2014/15 there have been discussions with the CCG to source recurrent funding in order to recruit the additional staff. There is however no additional funding available from the CCG for the services within the PbR (Payment by Results) tariff. There is potential CCG funding of circa £720,000 as part of the Cost Pool Contract but this is not confirmed. There will still be a cost pressure of circa £1.8m even if this was confirmed.

It remains a requirement for the Board to ensure that establishments are appropriate to meet the needs of patients. Establishments should be agreed and signed off by the Board following acuity and dependency review. (National Quality Board guidance).

Option 4 is put forward which utilises a phased approach over 3 years. The recommendation of Option 4 aims to reduce clinical risk for those areas with a significant percentage gap on their new establishments, and those key service change areas – one front door staffing requirements (ED and paediatric) and a more consistent approach to Mental Health outreach, which could be provided by Osborne nursing staff.

The Trust Board are required to make a decision in relation to the recommendations put forward to ensure safe and effective nursing care, in the context of the current financial position.

The Board approved the development of a business case to enable funding to be sought via the Clinical Commissioning Group (CCG). Funding has not been secured and the business case is resubmitted to Trust Board for review of recommendation of Option 4, which indicates a phased approach to increasing nursing establishment.

Key changes made:
Option 4 is recommended – the previous version of the business case recommended Option 2, still a phased approach but in two cohorts rather than 3. There is still work to do to ensure robust reporting against key safety indicators, alongside new recommendations for identifying best staffing for ward areas. Recruiting over a 3 year cohort gives time to provide an uplift to nursing to ensure high risk areas are brought into line with an amber or green risk rating (see paper), and also allows time to continue the work to implement the recommendations from NICE.

The Board requested further information in relation to key indicators and return on investment. Under the Economic case (section 7) information is provided to articulate how poor safety outcomes can be financially adverse, or result in additional hours utilised ineffectively such as in complaint reviews or investigations. This results in more effective working and better outcomes for patients but is difficult to quantify. There is however evidence to suggest having more nursing staff does reduce mortality and that 1 additional nurse can save 5 lives in medicine per 1000 patients, and 6 in surgery per 1000 patients (Keogh review 2013).

The Board is requested to approve the recommendation of Option 4.

For following sections – please indicate as appropriate:						
Trust Goal *(see key)*	Quality					
Critical Success Factors *(see key)*	CSF1, CSF2, CSF9, CSF7					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***						
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements	National Quality Board guidance NICE guidance					

Date: 22nd January 2015 **Completed by: Deputy Director of Nursing**

Contents

1. EXECUTIVE SUMMARY

There has been significant work undertaken to create evidence based nursing establishments for all in Inpatient Acute Wards and Units and for Mental Health in-patient wards. The National Institute for Clinical Excellence (NICE) recently produced guidelines which utilise the Safer Nursing Care Tool (Shelford Model) for acute care, this model has been used to underpin the Trusts Safer Staffing principles.

The Shelford Tool or AUKUH model was commenced in January 2014 and had previously been used in the organisation to assure teams of accurate staffing but not in a formal way. The Shelford Tool is nationally recognised and has been developed by a group of University Hospital Senior Nurses. It measures the Whole Time Equivalent requirements for an area; there is then other measurements or reviews to consider such as skill mix, professional opinion, review of actual safety outcomes, that will also influence requirements.

Since we have started using the Shelford model NICE guidance has been issued and other tools are available. In particular, Safer Staffing: a guide to Care Contact Time has been published and has been piloted by a number of Trusts. The Senior Nursing Team will be reviewing this tool for potential use in the organisation going forward, alongside other models as they come forward. For the current time we would recommend maintaining the Shelford model as this maintains consistency.

Information derived from the application of the Safer Staffing Tool has been reviewed at the Trusts Quality & Clinical Performance (QCPC), Finance Investment Information & Workforce Committee (FIIWC) and the Trust Board. The revised establishments have been identified through a robust process of use of evidence based tools, working to underpinning principles agreed by the Trust Board, professional opinion and senior scrutiny and challenge.

This business case sets out;

- New establishments,
- Benefits and risks,
- Recommended phasing for implementation,
- Financial implications
- Options for recruitment process
- Financial costings for the initial recruitment and the increased establishment

Current establishment is as set for 2014/2015. There are significant financial pressures with a lack of Cost Improvement Programme (CIP) delivery resulting in the Hospital and Ambulance directorate reporting a projected deficit of £6.3m. The organisation has sought funding from the CCG. Currently, the CCG view is that an element of funding for nursing is expected to be available within tariff irrespective of the NICE guidelines being released, some additional funding may be achieved through negotiations on block contract, and transitional funding may be a possible funding source.

Funding has been provided for the recruitment process to enable the organisation to organise a recruitment drive to the Philippines. This is in progress and we will be able to recruit up to 30 staff in January 2015. Currently we plan to recruit to current vacancies only. Placement fees cover up to 55 posts however support has only been received to recruit to current vacancies to date from the Trust.

2. PROJECT OBJECTIVE

The overall project objective is to deliver safe effective care by ensuring the right number of nurses, with the right skills, in the right place. Evidence suggests safer staffed wards (i.e. a higher proportion of staff to patient ratio) deliver a much higher level of safety for patients, with increased mortality rates, alongside prevention of poor outcomes of experience.

This project is operating in the following national and local context:

- National shortage of nurses
- Difficulty in recruiting to the Island
- Evidenced based tools for demonstrating safer staffing, although in place, will be endorsed by NICE over a period of 3-5 years, therefore organisations cannot wait for NICE guidelines to be delivered before implementing an approach to 'Safer Staffing'
- Wide range of gaps identified on wards following acuity and dependency review which identifies areas with higher clinical risk
- There is currently poorly resourced bank team resulting in poor bank management and no agency relationship. This is being addressed however it is an added risk that there is not a consistent availability of temporary registered nurses to draw on if required.

Project goals

1) To secure funding to implement the first phase of recruitment which is for CURRENT VACANCIES ONLY to take place up to **31st March 2015**. This has been agreed for the sum of £300,000 which is being used for the international recruitment work. **Achieved**

2) By January 2015 we expect to have an agreed plan for implementing additional requirements for establishments. **Subject of this Business Case**.

3) By March 2015 we would expect to have developed an effective recruitment drive to maintain the nursing turnover requirements for staffing for registered nurses to funded establishment. **In progress**

4) By March 2015 we would expect to have robust arrangements in place for rostering, daily review, and robust bank management. **In progress**

5) By 1st April 2015 we expect to have recruited 30 WTE Registered nurses from the Philippines, for the Acute Inpatient areas, placed on wards on a risk basis, balanced with the need for capacity to support new staff. **In progress**

3. BENEFITS

The evidence based tools provide the information for establishment requirements to be based on acuity and dependency; - this means we are much more likely to match our staffing resource to what is actually required to provide the nursing care. This means we have greater assurance that care can be delivered with the numbers in place. See section 7 for further information on key indicators.

We would therefore anticipate the following:

3.1 Reduction in harm to patients including; pressure ulcers, falls, infection rates, medication errors.

3.2 Improved communication with patients providing a better patient & staff experience

3.3 There is a positive correlation between in-patient to staff ratio and a higher HMSR score; potentially a further reduction in mortality rate.

3.4 Reduction in length of stay and improved patient flow and discharge processes.

3.5 Improved sickness rates, appraisal rates and other workforce indicators utilising a supervisory ward sister/charge nurse approach

3.6 Decrease in use of bank staff which reduces variation in practice and improves patient safety.

3.7 Happier, more motivated staff that can deliver high quality care to patients, providing them with improved job satisfaction

3.8 More dynamic workforce with headroom to provide innovation and creativity in the ward environments to continually improve patient care

4. OPTION APPRAISAL

4.1 Table 1

Options	Description
Option 1	**Do nothing** All NHS organisations are under scrutiny to ensure evidence based tools are implemented to identify staffing needs, and to work to ensure these are filled in response to recommendations from the Francis Report. We have identified significant gaps in some areas and clinical indicators, although not wholly attributed to low staffing, are poor in some areas and not improving with pace. If we were to NOT recruit additional staff, the organisation would need to reduce the requirements for nurses, i.e. reduce the number of beds to enable the nurses to be redeployed to maintain safe staffing in a recued number of areas. £2.5m would require approximately 50 beds to be closed to enable the full complement of staffing to be achieved. This is based on costing of nursing only. In addition we would need to account for loss of income and retained costs.
Option 2	**Recruit all additional staff identified to enable new rota's by April 2015** In reviewing recruitment potential we recognise that there are constraints in recruiting staff to the hospital due to being an Island; it is more difficult for staff to travel to us, and therefore we need to work hard to offer recruitment incentives and to demonstrate the positive aspects of working at St Mary's hospital. It is unlikely that we would be able to recruit to all posts during 2015/2016 In addition there is significant costs associated. If we recruit in cohorts there will be a reduction in pressure for staff, an anticipated improvement in clinical indicators, time to consider other options for workforce or reduction of beds or pathway changes. For this reason this option is not being considered.
Option 3	**Recruit a reduced number of the required staff to each area, focussing on high risk areas, and key service change areas in April 2015. Recruit the additional staff in April 2016** This is an approach which enables us to recruit to our high priority areas initially reducing the percentage gap in the new establishments to be below 10% in most cases. In addition there are 3 hot spot areas: - we would recruit to Emergency Department and Paediatric ward in order to support the new 'one front door' requirement. We would also recommend recruiting to Osborne Ward. Recruiting to this area would enable a psychiatric outreach on call rota to be formally established by the nursing team. Our current processes are criticised by the CQC and Deanery as they are ad hoc and sporadic. Recruiting to the Osborne nursing team would avoid the need to put in a full medical on call rota for outreach which would cost substantially

	more, and be less effective as the on call is not always required. We would then recruit the additional staff in April 2016. We would reinvest band 6 organisational change pay protection monies back into nursing, once pay protection is completed in June 2016. We will have already reduced pressure on wards, settled our new overseas nurses, monitored improvement in clinical indicators, and in particular we will be able to take another view on our position. The nursing team will be implementing the Shelford tool in a robust and consistent way, and rota requirements will be reviewed annually taking into account service changes as well as patient requirements.
Option 4	**As Option 3 but recruit 2nd cohort in 2 stages – April 2016 and April 2017** This option delivers the same as option 3 but plans for a longer period of time to recruit to full establishment.

5. RISKS

5.1 Table 2

Risk		Action to mitigate
Risk of increasing Cost Improvement Programme requirements as no current funding identified.	The organisation will need to find ways to manage the additional costs, or reduce the need for the additional staff. LEAN improvement projects would support this but there is no clarity on how this will manifest itself at this stage.	Act on option 3 or 4 and recruit to posts identified in a staged process. Work to reduce the need for additional posts Identify key deliverables that provide return on investment
Risk of not recruiting	The organisation has previously found it difficult to recruit nursing staff.	Funding for recruitment for 2014/2015 has been sourced via CCG to enable international recruitment. A proactive recruitment campaign is in progress which includes open advertising, recruitment from university for newly qualified staff, engagement with return to practice strategies via with Health Education Wessex.
Risk of lower standard of care and safety if utilizing phased approach to implementation	Option 3 and 4 (see point 8) advocate a phased approach. This means wards will not achieve their full complement of staff as identified by acuity and dependency monitoring.	Wards would be allocated a number of staff dependant on the level of risk identified form the shortfall (see Table 3 and 4 below) which would bring most areas to less than 20% gap in current establishment and required establishment. For GRSC area there is further work to be done to consider how Allied Health Professionals could form part of the ward team. Afton ward has not been allocated staff as the current focus is acute areas and NICE guidance is not yet available for Mental health areas. This will need to be considered separately and we will continue to monitor staffing and indicators to manage risk.

5.2 Option 3 Level of risk to manage in establishment

Wards	New RN's requried	funded RN establish ment (BD 5 &6)	new RN establishm ent (bd 5&6)	percentage gap of RN's against total RN establishment	Apr - 15 RN increase	RN's still required	percentage RN gap against new RN establishment	Apr-16 RN increase (June 2016 pay protection completed)	RN's still required	percentage gap againt total RN establishment
COLWELL	9.92	14.58	24.50	40.5%	6.00	3.92	16.0%	3.92	0.00	0.0%
STROKE	4.50	19.50	25.00	18.0%	4.00	0.50	2.0%	0.50	0.00	0.0%
REHABILITATION	7.63	15.37	23.00	33.2%	3.00	4.63	20.1%	4.63	0.00	0.0%
MAAU	3.83	23.17	27.00	14.2%	3.00	0.83	3.1%	0.83	0.00	0.0%
APPLEY	5.28	18.12	23.40	22.6%	3.00	2.28	9.7%	*2.28*	0.00	0.0%
CCU/CCU STEPDOWN	-0.12	31.32	30.20	-0.4%	0.00	0.00	0.0%	0.00		
ITU	3.74	38.06	41.80	8.9%	1.00	2.74	6.6%	2.74	0.00	0.0%
ALVERSTONE	3.20	10.80	14.00	22.9%	2.00	1.20	8.6%	1.20	0.00	0.0%
LUCCOMBE	3.53	13.37	16.90	20.9%	2.00	1.53	9.1%	1.53	0.00	0.0%
ST HELENS 15 beds	2.53	11.47	14.00	18.1%	2.00	0.53	3.8%	0.53	0.00	0.0%
WHIPPINGHAM 21 beds	3.90	13.00	16.90	23.1%	3.00	0.90	5.3%	0.90	0.00	0.0%
MOTTISTONE	0.31	11.69	12.00	2.6%	0.00	0.31	2.6%	0.31	0.00	0.0%
PAEDS	4.81	18.39	23.20	20.7%	3.00	1.81	7.8%	1.81	0.00	0.0%
ED*	12.17	23.83	36.00	33.8%	5.67	6.50	18.1%	6.50	0.00	0.0%
NICU	1.40	10.44	11.84	11.8%	0.00	1.40	11.8%	1.40	0.00	0.0%
OSBORNE	3.54	16.46	20.00	17.7%	3.54	0.00	0.0%	0.00	0.00	0.0%
SEAGROVE	2.60	13.07	15.67	16.6%	0.00	2.60	16.6%	2.60	0.00	0.0%
AFTON	3.41	11.79	15.20	22.4%	0.00	3.41	22.4%	3.41	0.00	0.0%
	76.18	**314.43**	**390.61**		**41.21**	**35.09**		**35.09**		

* transistional requirements for 1 front door

>20% gap

>5% <20% gap

<10% gap

NB Rehabilitation is proposed to remain at 20% until April 2016 - professional opinion and June Acuity and Dependency review indicate that the ward does not always require this complement of staff. Safety indicators will be monitored during this time

Afton Ward is a Mental Health (MH) ward. The Board requested MH be reviewed however MH is not required to be reviewed using acuity and dependency in the same way acute inpatient wards as NICE guidance is not yet issued. Only Osborne Ward has been recommended for April 2015 increase – this is to enable the ward to provide MH outreach. Afton, and other MH wards are part of the monthly nursing hours review and the monitoring of safety indicators..

5.3 Option 4 Level of risk to manage in establishment

	Option 4										
	New RN's requried	funded RN establishment (BD 5 &6)	new RN establishment (bd 5&6)	percentage gap of RN's against total RN establishment	Apr-15 RN increase	RN's still required	percentage RN gap against new RN establishment	Apr-16 RN increase (June 2016 pay protection completed)	RN's still required	percentage gap againt total RN establishment	April-17 RN increase to complete
Wards											
COLWELL	9.92	14.58	24.50	40.5%	6.00	3.92	16.0%	2	1.92	7.8%	1.92
STROKE	4.50	19.50	25.00	18.0%	4.00	0.50	2.0%	0	0.50	2.0%	0.50
REHABILITATION	7.63	15.37	23.00	33.2%	3.00	4.63	20.1%	3	1.63	7.1%	1.63
MAAU	3.83	23.17	27.00	14.2%	3.00	0.83	3.1%	0	0.83	3.1%	0.83
APPLEY	5.28	18.12	23.40	22.6%	3.00	2.28	9.7%	0	*2.28*	9.7%	*2.28*
CCU/CCU STEPDOWN	-0.12	31.32	30.20	-0.4%		0.00	0.0%	0	0.00	0.0%	0.00
ITU	3.74	38.06	41.80	8.9%	1.00	2.74	6.6%	0	2.74	6.6%	2.74
ALVERSTONE	3.20	10.80	14.00	22.9%	2.00	1.20	8.6%	0	1.20	8.6%	1.20
LUCCOMBE	3.53	13.37	16.90	20.9%	2.00	1.53	9.1%	0	1.53	9.1%	1.53
ST HELENS 15 beds	2.53	11.47	14.00	18.1%	2.00	0.53	3.8%	0	0.53	3.8%	0.53
WHIPPINGHAM 21 beds	3.90	13.00	16.90	23.1%	3.00	0.90	5.3%	0	0.90	5.3%	0.90
MOTTISTONE	0.31	11.69	12.00	2.6%	0.00	0.31	2.6%	0	0.31	2.6%	0.31
PAEDS	4.81	18.39	23.20	20.7%	3.00	1.81	7.8%	0	1.81	7.8%	1.81
ED*	12.17	23.83	36.00	33.8%	5.67	6.50	18.1%	3.67	2.83	7.9%	2.83
NICU	1.40	10.44	11.84	11.8%	0.00	1.40	11.8%	0.4	1.00	8.4%	1.00
OSBORNE	3.54	16.46	20.00	17.7%	3.54	0.00	0.0%	0	0.00	0.0%	0.00
SEAGROVE	2.60	13.07	15.67	16.6%	0.00	2.60	16.6%	2.60	0	0.0%	0
AFTON	3.41	11.79	15.20	22.4%	0.00	3.41	22.4%	3.41	0	0.0%	0
	76.18	**314.43**	**390.61**		**41.21**	**35.09**		**15.08**	**20.01**		**20.01**
* transitional requriements for 1 front door											
		>20% gap									
		>5% <20% gap									
		<10% gap									

6. STRATEGIC CASE

The Safer staffing project is nationally driven. Following the Robert Francis recommendations (2013) and subsequent reviews and guidance in relation to staffing, the National Institute for Clinical Excellence (NICE) issued guidance on the nurse to patient requirement for acute in-patient ward environments. This is guidance document 1. Emergency Care guidance has just been delivered, Maternity guidance will follow, and there are plans for other clinical guidelines to be delivered over 2015/2016 and 2016/2017.

It is expected that future nursing management, of both numbers and patient outcomes, will be based on a guidance provided by the suite of NICE documents, and that establishment reviews will be done more frequently and feed into budget requirements each year.

Our overall strategy includes a reduction in acute bed provision however there is no absolute plans that can be utilised in this case. There is opportunity to consider strategies to reduce the need for additional nurses in the future. It is however likely that as in-patient beds reduce and care shifts into the community areas nursing resource will move from inpatient acute to community with the patient.

Once agreed, nursing establishments will not be reduced as part of cost improvement programmes unless there is a clinical requirement for less – i.e. a reduction in bed numbers. The rota requirements will be reviewed every year, utilising acuity and dependency information where available, to revise any change in nursing need. The overarching management of nursing numbers will sit with the Director of Nursing's Team, (DNT) which includes Heads of Clinical Services, and representation from the nursing specialities; Paediatrics and Mental Health, and the Executive Director of Nursing and Deputy Director. It is the responsibility of the team to liaise with Associate Directors and Clinical Directors and ensure two way communication is maintained around nursing recruitment

Going forward the DNT will be considering new ways of working including development of band 3 and Band 4 non registered nursing roles, and how they may contribute to the overall nursing function.
The non-registered nursing roles have been considered in the staffing review and the new recommended rotas delivered a minimal additional number of staff overall, (a reduction when considering only acute areas excluding mental health) and a redistribution of staff will provide effective rota management. This will be taken forward as a separate project and no additional costs are anticipated.

6.1 Clinical Strategy

Beyond Boundaries describes our clinical vision for the future which will be a different way from how we deliver care now. The senior nursing team are looking at other roles that can be developed in the trust for the future which include:

- Developing Band 4 non registered nursing roles
- Developing the apprentice non registered roles
- Developing Band 1-4 non registered roles across professions to improve skill set and competency

There may be potential to utilise Band 4 in roles which are currently Band 5 in the future.

For future nursing requirements care will be delivered more in the community setting so our staff will need to be flexible and prepared to work across numerous settings as this transition occurs. We are planning rotational programmes for newly qualified nurses to give them a broader view of nursing requirements in this Trust, and we are implementing approaches to daily staff management which start to change views about how skills can be applied in different settings. We are working to implement a comprehensive competency programme so we can be assured that staff working across different settings are well equipped to deal with different care approaches.

6.2 CCG view

The CCG have been in discussions with the EDoN&W and the EDoF in relation to these requirements and are aware of the expectations following the Francis recommendations, our requirements to meet safer nursing care, and NICE guidance.

There has been a national uplift in Tariff to reflect these requirements however this falls significantly short of the full requirement following the review of nurse staffing.

7. ECONOMIC CASE - Options appraisal (value for Money)

The delivery of the safer staffing model will require significant investment over the next 3 years.

For return on investment it is anticipated that safety indicators would improve, staff morale and resilience to pressure would improve, thereby reducing current high levels of sickness, and patient experience would be excellent.

Although difficult to quantify, It is reasonable to make a direct link between clinical effectiveness and the reduction in costs. The safer we keep our patients, the less we will be spending on litigation and prolonged hospital stays. This naturally improves the care environment for patients.

There is evidence to state that there is a direct correlation between nurse staffing numbers and mortality and this is cited in the Keogh and Berwick reviews:

An additional 1 nurse can save 5 lives per 1000 medical patients,
An additional 1 nurse can save 6 lives per 1000 surgical patients

In our monthly staffing reviews we are monitoring wards with low staffing alongside clinical indicators and going forward the Director of Nursing Team would continue to progress this through the nurse staffing governance framework. A benefits realisation report would be produced to assure the Board of delivery of improved indicators.

The indicators below would be monitored for expected improvements.

7.1 Benefits from investment in Nurses

NB 1 band 5 nurse £37,146

Nursing KPI's	Monetary value	Apr 2014 – Dec 2014		Improvements
Infections	Contract penalty for each CDiff case over trajectory or MRSA = approx £10,000	2 cases of CDiff over trajectory 2 cases of MRSA £40,000	**Cost avoidance**	Improved management of infection control through barrier nursing, Improved stool management, better Infection control oversight
Pressure Ulcer	Estimated cost of managing a pressure ulcer in acute areas including dressing, time etc Grade 4 = £10,000 Grade 3= £7000 Grade 2 = £3000 Grade 1= £2000	66 Grade 4= £660,000 78 Grade 3= £546,000 399 Grade 2= £897,000 2016 Grade1=£412,000	**Cost avoidance**	Greater assurance on preventative measures. More capacity to deliver interventions – i.e. intentional rounding
Complaints/SIRI's/ Safeguarding	Utilise approx 1-2 days management time for SIRI investigation or Complaint	90 SIRIs 146 Complaints =472 days used for investigating	More effective working Better patient experience	More nurses available will improve safety and potentially reduce SIRI's More nurses are likely to reduce complaints via communication

6.2 Non financial option appraisal

<table>
<tr><th>Option 1</th><th>Do Nothing</th></tr>
<tr><td colspan="2">This option would be to maintain current establishment levels and monitor and manage the risk.

We would need to continue to monitor staffing levels and to provide information to the Board in the monthly staffing report demonstrating planned and actual levels and evidence for clinical indicators. This is in place now.

Regular liaison with the CCG would need to be in place in relation to risk management.

It is likely that the Trust would not be able to sustain this position, the recognition of inadequate staffing by the Francis report, the recommendations, the subsequent national guidance, and the NICE programme of guidelines being issued, demonstrate that nurse staffing is a significant issue that Trust's are expected to address.

The alternative approach is to reduce bed stock. This approach has not been reviewed as part of this work but would be an alternative to enable the right number of staff to be caring for patients. Given the current bed pressures for the organisation this is not an immediate option but could be an option for the future.</td></tr>
<tr><td>Benefits</td><td>No additional cost to the organisation</td></tr>
<tr><td>Risks</td><td>Quality of care will not improve.
Quality indicators are likely to be poor
– safety indicators – falls and pressure ulcers would be of particular concern,
– general nursing care – hydration and feeding are at risk of not being delivered as identified in the Mid Staffordshire cases
– Patient experience indicators will not improve - complaints are likely to increase
– Sickness rates will continue to be high
– Training and development will reduce
There is inadequate registered nurses on the bank to provide consistent temporary staffing approach to reduce risk
The current resource for Bank Staff Management is not sufficient to deliver the level of bank staff management required.
The organisation will be in breach of NHS England guidelines and expectations
Care Quality Commission Licence requirements may not be met.
Risk of not meeting external regulatory requirements particularly CQC requirements in relation to inspection and subsequent actions required in relation to staffing
Risk of needing to reduce bed stock in order if unable to provide adequate numbers for current bed stock.
Staff will be stressed and under pressure – key indicators unlikely to be met or improved, sickness rate likely to be higher than target

Reduction of beds required to achieve safer staffing levels :
Risk of not being able to deliver Trust requirements to deliver treatment and care for community due to number of beds being inadequate
Risk of not meeting required targets e.g. 4 hour target and privacy and dignity requirements due to likelihood of patients being cohorted in Emergency department (using current patterns of bed requirements)
Risk of not being able to deliver changes required to enable closure of 50 beds
Risk of not achieving 'no spend' as investment will be required in community area.</td></tr>
<tr><td>Spend profile</td><td>No additional spend for additional permanent staff</td></tr>
</table>

	Reduction of beds would be a requirement: 50 beds would need to be released to achieve 2.5million required. Staff would be redeployed therefore no additional spend required in hospital Will require investment in community area or Local Authority Investment to create an area/place for treatment and care of the patients
Option 2	**Recruit all additional staff to implement new rotas by April 2015**
This option would be to recruit all additional staff to enable new rotas to be implemented by April 2015	
Benefits	All areas are able to recruit to new establishments
Risks	Areas are unlikely to be able to fully recruit to new establishments Financial requirements may not be able to be met Clinical risk of too many new staff unfamiliar with systems and processes recruited at one time May over recruit before organisation works to reduce beds Very costly
Spend profile	2015/2016 – £2,520,547
Option 3	**Recruit a reduced number of the required staff to each area, focussing on high risk areas, and key service change areas in April 2015. Recruit the additional staff in April 2016**
This is an approach which enables us to recruit to our high priority areas in 2015/2016, to monitor and manage any risks identified, and to review our position prior to changing establishments is required, in April 2016	
Benefits	Enables us to continue to work with Acuity and Dependency tools to develop expertise Gives option to work on bringing forward service change plans if required More realistic and achievable which will give confidence of delivery to staff Planned international recruitment will ensure 30 staff will be able to be placed
Risks	All areas will carry a level of risk May not be able to guarantee recruitment to Mental Health or paediatrics: areas not supplied by international recruitment No clarity on available funding
Spend profile	2015/2016 - 1,597,790 2016/2017 - 922,756
Option 4	**As Option 3 but recruit 2nd cohort in 2 stages – April 2016 and April 2017**
As option 3 but will enable additional staff to be dispersed between 2 cohorts – April 2016 and April 2017	
Benefits	Gives option for longer period to bring forward service change plans if required Gives option to work on bringing forward service change plans if required
Risks	All areas will carry a level of risk for longer
Spend profile	2015/2016 - 1,597,790 2016/2017 - 148,321 2017/2018 - 774,436

7.3 Preferred Option

Option 4 is the preferred option

Benefits to the Organisation
Addresses areas with higher clinical risk first. Provides reasonable length of time to address any service changes that could result in bed reductions Provides time to manage and monitor risk and review workforce requirements for April 2016
Benefits to Patient and Carer Groups
Additional staff will enable improved safety, clinical effectiveness and patient experience to be achieved Patients and Carers will see a clear plan that is more likely to be delivered.
Benefits to Staff
Additional staff will enable current staff to deliver high quality care more easily. Staff will be under less pressure; less reliance on temporary staff Delivery of high quality care will be more consistent Ability to deliver workforce indicators more consistently e.g. annual leave management, reduction of sickness, reduction of temporary staff usage
Impact on Quality
Quality KPI's will improve and be of a continually high standard See economic case
Impact on Productivity
Productivity KPI's would be expected to improve including discharge planning and length of stay See economic case
Links to Strategic Goals / Critical Success Factors
CSF1 – improves the experience and satisfaction of our patients, their carers, our partners and staff CSF2 - Improve clinical effectiveness, safety and outcomes for our patients CSF9 - Redesign our workforce so people of the right skills and capabilities are in the right places to deliver high quality patient care

7.4 Option 4 recruitment timeline

Timeline	Requirement	Associated Costs	Tariff Contract	Block Contract
2014/15	Secure overseas recruitment funding	£300.298 - Includes placement fee		
Jan 2015 – overseas recruitment	30wte – Fill existing vacancy	No additional costs – Funding already in budget		
If funding supported				
April 2015	41.21 wte – brings all Wards to Amber or Green	£1,597.790 (R)	£1,190.551	£407.239
April 2016	Further recruitment of 15.08 wte	£148,321 owing to reinvestment in year. Band 6 Pay protection ends	-£85,485	£233.807
June 2016	Pay Protection of band 6's Completes	- £500K reinvestment		
April 2017	Further recruitment of 20.01 wte		£691.524	£82.912
Total Recruitment			**£1,796.590**	**£723.957**

7.5 Summary of Nursing Whole Time equivalents required

DATE	REGISTERED NURSES	COST
Apr - 15	41.21	£1,597.790
Apr - 16	15.08	£148,321
Apr - 17	20.01	£774,436

8. FINANCIAL CASE (Affordability)

8.1 Option 1 Do nothing

Reduction of beds would be required to ensure nurse to patient requirements are met. The table below indicates the financial saving of removing a typical nurse staffing profile from the organisation.

To enable the required £2.5m to be achieved it is approximated that 50 beds would need to be removed.

8.1.1 Savings for Nursing WTE 20 bedded ward

Reduction of 20 beds - option 1						
Band	WTE	Salary	Enhancements	On-costs	Total per WTE	Total
		£	£	£	£	£
Band 7	1	39,239		8,773	48,012	48,012
Band 6	2	31,768	7,465	8,772	48,005	96,011
Band 5	16	25,783	3,953	6,461	36,197	579,158
Band 2	12	15,851	3,699	3,969	23,519	282,223
Total	31					1,005,404
Notes						
Excludes ward clark and non-pay costs						
Based on 2014/15 rates						

8.1.2 Non recurrent recruitment costs for current vacancies

Non-recurrent Safer Staffing recruitment & Vacancies - Option 1					
Recruitment Drive 2014/15				2014/15	
	Estimated Placements	Band	WTE	£	Period of Time
Recruitment Team		3	1	15,446	1st August 2014 - 31st March 2015
Recruitment Team		3	1	9,654	1st August 2014 - 31st December 2015
Recruitment Team		5	1	8,477	1st January 2015 - 31st March 2015
Clincial Workforce Lead		6	1	14,051	1st December 2014 - 31st March 2015
Travel Costs				8,800	(28th January 2015)
Placement Fees	55			243,870	
Total				**300,298**	
Reduction in 20 beds					
Band 7 x 1	would be made redundant or redeployed				
Band 6 x 2	would move to band 5				
Band 5 X 15	would cover additional staff requirements				
Band 2 x 12	would be made redundant or redeployed				

8.2 Option 2 Recruit all additional staff identified to enable new rota's by April 2015

This option would recruit all nurses from April 2015 at a cost of 2.5 million.
It is unlikely that we could recruit all nurses to post even if funding available.
There is a limited pool of nurses nationally. As new students complete training more will become available. There are 2 cohorts of students a year.
It is possible to recruit all requirements from abroad however this is not currently planned.

8.3 Option 3 Recruit a reduced number of the required staff to each area, focussing on high risk areas, and key service change areas in April 2015. Recruit the additional staff in April 2016

8.3.1 Nursing WTE costs Option 3

WARD AREAS	**WTE April 15**	Annual Financial Commitment 2015/16	**WTE Apr 16**	Annual Financial Commitment 2016/17	Total Recurrent Commitment WTE	£
COLWELL	6.00	230,411	3.92	135,667	9.92	366,078
STROKE	4.00	156,221	0.50	19,528	4.50	175,749
REHABILITATION	3.00	116,658	4.63	149,793	7.63	266,451
MAAU	3.00	118,515	0.83	-945	3.83	117,571
APPLEY	3.00	107,652	2.28	53,611	5.28	161,263
CCU/CCU STEPDOWN	0.00	0	-0.12	-41,089	-0.12	-41,089
ITU	1.00	39,523	2.74	47,406	3.74	86,929
ALVERSTONE	2.00	84,076	1.20	49,755	3.20	133,832
LUCCOMBE	2.00	84,076	1.53	55,670	3.53	139,747
ST HELENS 15 beds	2.00	73,556	0.53	19,492	2.53	93,048
WHIPPINGHAM 21 beds	3.00	113,076	0.90	7,147	3.90	120,222
MOTTISTONE	0.00	0	0.31	-15,943	0.31	-15,943
PAEDS	3.00	120,427	1.81	58,479	4.81	178,906
ED	5.67	219,239	6.50	192,927	12.17	412,166
NICU	0.00	0	1.40	43,860	1.40	43,860
OSBORNE	3.54	134,359	0.00	0	3.54	134,359
SEAGROVE	0.00	0	2.60	71,024	2.60	71,024
AFTON	0.00	0	3.41	76,374	3.41	76,374
TOTALS	41.21	1,597,790	34.97	922,756	76.18	2,520,546
Safer Staffing costs - within tariff		1,190,551		606,038		1,796,589
Safer Staffing costs - Block contract		407,239		316,719		723,957

Option 2
Increase WTE with effect from April 15, and further increase from June 15 and April 17

NB There is an adjustment in payment by Results funding of £210,000 to fund safer staffing however this falls significantly short of our requirements and is already being spent.
Block contract (predominantly Mental Health, Stroke, and Rehabilitation) has scope for negotiation

8.4 Option 4 Recruit a reduced number of the required staff to each area, focussing on high risk areas, and key service change areas in April 2015. Recruit the additional staff in April 2016 and April 2017

8.4.1 Nursing WTE Costs Option 4

Option 4 Increase WTE with effect from April 15, and further increase from April 16 and April 17

WARD AREAS	WTE April 15	Annual Financial Commitment 2015/16	WTE Apr 16	Annual Financial Commitment 2016/17	WTE April 17	Annual Financial Commitment 2017/18	Total Recurrent Commitment WTE	Total Recurrent Commitment £
COLWELL	6.00	230,411	2.00	61,936	1.92	73,731	9.92	366,078
STROKE	4.00	156,221	0.00	0	0.50	19,528	4.50	175,749
REHABILITATION	3.00	116,658	3.00	86,409	1.63	63,384	7.63	266,451
MAAU	3.00	118,515	0.00	-31,878	0.83	30,933	3.83	117,571
APPLEY	3.00	107,652	0.00	-28,205	2.28	81,816	5.28	161,263
CCU/CCU STEPDOWN	0.00	0	-0.12	-41,089	0.00	0	-0.12	-41,089
ITU	1.00	39,523	0.00	-60,886	2.74	108,292	3.74	86,929
ALVERSTONE	2.00	84,076	0.00	-691	1.20	50,446	3.20	133,832
LUCCOMBE	2.00	84,076	0.00	-8,648	1.53	64,319	3.53	139,747
ST HELENS 15 beds	2.00	73,556	0.00	0	0.53	19,492	2.53	93,048
WHIPPINGHAM 21 beds	3.00	113,076	0.00	-26,776	0.90	33,923	3.90	120,222
MOTTISTONE	0.00	0	0.00	-27,100	0.31	11,157	0.31	-15,943
PAEDS	3.00	120,427	0.00	-14,178	1.81	72,657	4.81	178,906
ED	5.67	219,239	3.67	86,688	2.83	106,239	12.17	412,166
NICU	0.00	0	0.40	5,341	1.00	38,519	1.40	43,860
OSBORNE	3.54	134,359	0.00	0	0.00	0	3.54	134,359
SEAGROVE	0.00	0	2.60	71,024	0.00	0	2.60	71,024
AFTON	0.00	0	3.41	76,374	0.00	0	3.41	76,374
TOTALS	41.21	1,597,790	14.96	148,321	20.01	774,436	76.18	2,520,547
Safer Staffing costs - within tariff		1,190,551		-85,485		691,524		1,796,590
Safer Staffing costs - Block contract		407,239		233,807		82,912		723,957

NB

There is an adjustment in payment by Results funding of £210,000 to fund safer staffing however this falls significantly short of our requirements and is currently being spent.

Block contract (predominantly Mental Health, Stroke, and Rehabilitation) has scope for negotiation

9. STAKEHOLDER ENGAGEMENT AND COMMUNICATIONS PLAN

9.1 CCG

Continued negotiation with CCG is planned with EDoN&W and EDoF to jointly consider how to move forward with the options

9.2 Trust Board

The Trust Board have been engaged with the process of establishing this business case and the work underpinning this throughout all stages

9.3 FIIWC

FIIWC have received the business case at stages throughout the process and have been involved in safer staffing reporting

9.4 QCPC

Opinions and views have been sought from QCPC in relation to clinical outcomes and safer staffing process and requirements

9.3 Wider Organisation

The Nursing Teams including Ward Sisters have fully involved in the process including signing of safer staffing rotas

Ward Sisters have been involved in the proactive recruitment campaign, and interviewing

Appendix 1

Summary evidence: nursing impact on processes and outcomes.	**Sources**
Saving lives	
Reduction in mortality	Tourangeau et al (2006)21 Dall et al (2009) West and Rafferty (Undated)22
Correlation between nurse staffing levels and crude mortality	Rafferty et al. (2006)23
Correlation between nurse ration and HSMR	Dr Foster (2009)24
Improving health and improving quality of life	
Lower rates of medication errors and wound infections	McGillis Hall et al. (2004)
Lower rates of pressure ulcers, hospital admissions, urinary tract infections, weight loss and deterioration in ability to perform activities of daily living	Horn et al (2005)
Improved mental and physical functioning, reduction in depression	Markle-Reid et al. (2006)
Smoking cessation	University of Ottawa Heart Institute (2007)
Cost effective care	
Reduction in length of stay	Kane et al. (2007) Needleman et al. (2002)
Reduced length of stay and adverse events avoided can lead to net cost savings	Needleman et al. (2006)
Process of care	
Reduction in waiting times	CAN (2009)
Improvement in patient experience and perception of health care	Rafferty et al. (2006)25
Contribution to wider economy	
Increasing the number of RNs per patient has an estimated value of US$60,000 per additional FTE positive in avoided medical costs and improved national productivity (US)	Dall et al. (2009)26

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28th January 2015

Title	Creating Community Capacity during the Winter Period			
Sponsoring Executive Director	Alan Sheward, Executive Director of Nursing & Workforce			
Author(s)	Nicola Turner, Acting Associate Director, Community & Mental Health Directorate			
Purpose	The Board is requested to ratify the decision it made at the Seminar on 13th January 2015 to utilise Poppy Floor at Solent Grange as a community stepdown unit (Poppy Unit) for a 10 week pilot period. This would support the early discharge from the Acute Bed base creating the required acute capacity to support the effects of winter.			
Action required by the Board:	**Receive**		**Approve**	**X**

Previously considered by (state date):			
Trust Executive Committee	05/01/15	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	13/01/15		
Directorate Board	13/01/15		
Other (please state)			

Staff, stakeholder, patient and public engagement:

Overview and Scrutiny Committee 12/01/15
Patient Council 19/01/15

Executive Summary:

- The attached paper was discussed at the Trust Board Seminar on 13th January 2015.
- An extract of the draft minutes of the Seminar are enclosed

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	ALL					
Critical Success Factors *(see key)*	CSF1, 2, 4& 5					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***						
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements						

Date: 19th January 2015 Completed by: Nikki Turner, Acting Associate Director, CMH Directorate

DRAFT

Trust Board Report on

Creating Community Capacity during the Winter Period

1 Introduction

The Isle of Wight NHS Trust requires additional capacity to meet the growing demands of acute patients during the winter months. Historically this has been achieved by opening additional acute beds within the St Marys Hospital site. Owing to the amount of Capital Building Work currently taking place on the St Marys site, the ability to create additional acute capacity in the current environmental foot print is very limited. In the wider health and social care community on the island, there is a significant shortage of nursing home and residential home beds owing (in part) to a significantly reduced number of beds at one of the Islands largest Nursing homes. Even if we were to have enough beds, it is unlikely we could staff them.

This paper outlines the options that the Trust has explored to create capacity required and recommends a preferred option which has been explored in detail with a project team working in conjunction with a local Nursing Home. The preferred option is 4, although it is recognised that the creation of community stepdown beds in itself will not fully address the issue of bed capacity within the St Marys Hospital site.

2 Background

The Trust is keen to establish additional capacity that responds to the needs of patients. The Trust has had mixed responses in establishing capacity in the past. It has been necessary to open additional capacity against a backdrop of increased delayed discharges and transfers of care. The focus has been on staffing acute inpatient function rather than trying to improve the efficiency in the turnover of patients and expediting patients who are medically, therapy and socially fit for discharge.

With the redesign of MAU and the development of a new Endoscopy Suite, the estate flexibility is not there as it has been in previous years. This is further compounded by the rise in acuity of patients, who can as a result, and require more complex discharge support . Discharging from Trust Beds is more complex and requires a higher degree of coordinated community service response, be that a nursing home bed or equipment adaptations and carers input into patients homes.

To that end the Trust has explored the following options to meet the needs of patients in the most appropriate care setting.

3 Options

3.1 Options reviewed but ruled out

- Integrating Stroke and Rehab Unit
- Enhancing Community Stroke and Community Rehab Teams
- Flexible use of existing community beds
- Re-establishment of Old Gatcombe

3.2 Use of Hotel accommodation further options still under review

3.2.1 Mottistone Suite

Whilst Mottistone Suite is the inpatient private ward with 10 beds, occupancy for private patients has been historically less than 50%. Work is required to raise the profile of the unit so whilst this work is undertaken it may be possible to explore using the 10 beds up until March 2015 for elective capacity to free up acute beds on Alverstone.

3.2.2 Transfer of Surgical Work to Mainland

As part of the Referral to Treatment 18 Weeks (RTT) work, elective operations are currently being scheduled on the mainland by other providers. The best case numbers and worse case numbers have been developed and the aim would be to transfer the best case activity numbers. There has been minimal uptake so far for this, but focused age groups in the 8 – 14 weeks category could be explored further.

3.2.3 Expansion of other Ward capacity

During the winter period additional capacity has been sought by opening Newchurch/St Helens (until end of January 2015). Further beds can be opened in the following areas:

- Rehab Unit – 4 beds (already in use at times)
- Alverstone – 3 beds (already in use at times)
- Obs and Gynae – 4 beds - Agreement has been made with Consultants to open 4 gynaecological and women health elective beds. This would be dependent on projected birth rates for the coming 3 months, which is currently being explored and could be available within 2 weeks if staffing requirements can be met

This is still an option but will not give the Trust enough capacity once the Winter Ward closes at the end of January.

3.2.4 Utilisation of Solent Grange Nursing Home

The Executive Director of Nursing & Workforce was approached in September 2014 to see what support the Trust could offer to Solent Grange. This was in an attempt to support the reopening of a number of closed beds at Solent Grange who had been issued with a Section 31 order by CQC. The Trust has been exploring, with the home, the potential to rent one floor of the home to accommodate 13 patients.

This is our preferred option which has been explored in more detail in the following sections.

4 Evaluation of Preferred Option – Solent Grange

4.1 Current situation

London Residential Healthcare (LRH) http://www.lrh-homes.com/ owns and runs a number of homes on the South Coast of the UK. It currently owns and runs Solent Grange. Solent Grange provides Nursing and Residential care in a 91 bedded home of which 51 are nursing beds & 39 residential Home beds. Given the CQC Section 31 order in place at Solent Grange, it is not possible for patients requiring Nursing or Residential care to be admitted to there. This has reduced the Island's Nursing Home bed base by approximately 45 beds. All other Nursing homes are operating at 100% occupancy with very few vacancies. The Trust is accommodating an average of 5 patients a day that are waiting for Nursing Home or Residential Home placement.

The Trust has met with the CQC who are supportive of the registration of the 13 bedded Poppy Unit at Solent Grange as an additional location and part of our accommodation where patients can transfer from the Acute Hospital setting to the Community Step Down Facility.

As a result a project team was established and registration of Poppy Floor undertaken as a step towards implementation.

5 Plan to operationalise Beds at Solent Grange (Poppy Unit)

5.1 Project Overview

To open a Community Step Down Facility of 13 beds to support the Island's winter pressures for a Pilot period until 31st March 2015. This project will be completed in two phases:

Phase 1: Pre- Work to Implementing a Community Step Down Facility

- Understand legal requirements, infrastructure and resources required to open 13 beds.
- Provide a fully costed paper for Trust Board approval
- Develop a clearly defined risk based criteria to enable the transfer of patients from the Acute Hospital setting to the Community Step Down Facility.

Phase 2: Implementation of a Community Step Down Facility

- Community Step Down Facility of 13 beds to be opened until March 2015
- Patients will be managed by the Community Directorate and the Length of Stay will not be anticipated to extend beyond 5 days.

5.2 Criteria

Inclusion and exclusion criteria have been drafted for the transfer of patients to the Poppy Unit at Solent Grange; in addition criteria has been drafted for transferring the patient back to the acute hospital in the event of the patient deteriorating– see Appendix A. Patients will need to be medically stable to leave the acute hospital with a planned discharge to an agreed destination within 14 days.

Weekly reviews of potential patients have been carried out to test criteria with live data. This has indicated that on average there are 7 patients that would meet the draft criteria and would be appropriate for transfer to Solent Grange on a given day. The number has been as low as 4 and as high as 9. See Appendix B for summary of criteria testing. It is unlikely that 13 beds will be filled according to the original draft criteria of a maximum patient length of stay of 5 days. It is likely that patients will need to be selected from another cohort of patients. This could be patients awaiting nursing home placements (normal placements or for 30 day CHC Transitional funding) or patients who require palliative care but have not yet reached the criteria for EMH. The risks of this would be 1) the inability to move patients out of Solent Grange prior to the end of the winter resilience period and 2) potentially higher clinical need than can be managed by the planned nursing, AHP and GP resources planned. Daily review of patients will take place through the central co-ordination hub to indentify suitable Solent Grange Transfers.

5.3 Staffing

Staffing of Poppy Unit will comprise of 1 Registered Nurse to 2 Nursing Assistants – 24/7, plus 1 Charge Nurse Monday – Friday. During periods where the Charge Nurse is not on site the registered nurse on duty will be a band 6. Periodic Visits will be undertaken by the Directorate and Executive management teams.

Clinical leadership will be provided by the Community and Mental Health Directorate, with oversight provided from the Community Rehabilitation Sister (band 7), Modern Matron (band 8a) and the Community Service Lead (band 8b).

Out of hours staff at the Poppy Unit will also be supported by the Clinical Site Coordinators at St Marys Hospital and the Senior Manager on call. In the event that a member of staff from the Poppy Unit falls ill, out of hours it will be the responsibility of the Site Coordinator to give Poppy Unit priority for staffing. During ordinary working hours staffing is the responsibility of the appointed Charge Nurse.

5.4 Inspection and compliance

In order for the Trust to occupy Poppy Unit as series of inspections have been undertaken to assure the Trust that the environment and associate support services would meet our requirements. The following is a summary of current position at the home and Trust Action:

Inspection Area	Findings	Action
Health & Safety	Use of our policy and advice to be given to SG	Trust to provide policy and make recommendations to home
COSHH	Non compliance	Trust to provide service & recommendations provided to home
Waste	Part compliance	Trust to provide service
Equipment & maintenance	Part compliance	Trust to provide equipment and decontamination
Security	Compliant	None required
Infection control	Non compliant	Trust to provide service & recommendations provided to home
Cleanliness	Non compliant	Trust to provide service
Catering	Not satisfactory	Trust to provide service

Fire safety	Non compliant	Solent Grange remedial action by 09/01/15
Laundry and Store	Not enough capacity	Trust to provide service
Boilers	Inspected - Compliant	None required
IT	Wifi available	IT order equipment for use at home

5.5 Risk

In order for the Trust to occupy Poppy Unit the following top risks and issues require mitigation:

1. Reputational risk to the Trust – Solent Grange has been identified as a provider issued with a Section 31 order by CQC, careful communication plans are required.
2. Staffing risk – inability to staff Poppy Unit to safe staffing levels is a concern; staff are to be carefully identified and transferred over to Poppy Unit during the transition period of closing Winter Ward and opening Poppy Unit. Staffing continuity arrangements are to be agreed with the Hospital Site Coordinator.
3. Fire Risk – the fire audit recommended 16 actions to be completed by Solent Grange Management prior to NHS occupancy. This is being closely monitored and reviewed by the Trusts fire safety officer.
4. Inability to find permanent discharge location for patients at the end of the winter resilience period – a robust exit strategy and strong clinical leadership is required to prevent having 13 patients at the end of the project being transferred back into acute care. Also, daily care management staff will form part of our Poppy Unit team.

All of these risks are covered in a risk and issue log with steps for mitigation.

5.6 Contractual Arrangements

Due to the Trust providing all services into the home, we will only be renting Poppy Floor at Solent Grange. As a consequence a licence to occupy is required rather than a more detail contract. This is being drawn up by the Estates Department.

5.7 Governance

Governance for the stepdown facility will be monitored by the project team on a weekly basis; all incidents, complaints, concerns and compliments will be reported in a governance and assurance update to TEC during the pilot period. The ongoing monitoring and management of the unit will be maintained within the Directorate Governance arrangements. In addition to this the Poppy Unit will be participating in the Friends and Family Test using an electronic tablet for patient feedback. Staff feedback for the Poppy Unit will be available by emailing a designated inbox (sgf@iow.nhs.uk).

To ensure effective processes are in place at the stepdown facility a suite of site specific protocols and policies will be in place. These protocols and policies will be supported by senior input from existing Trust resources, and further assurance will be provided through clinical audit and performance information.

Clinical supervision and senior advice will be provided to staff at the stepdown facility through the Community and Mental Health Directorate.

In order to provide quality assurance around the GP provision contracted for Poppy Unit Senior Medical oversight will be provided by the Executive Medical Director and the Community and Mental Health Clinical Director.

5.8 Cost

Appendix C shows the breakdown of costs to run this 13 bedded stepdown unit for 10 weeks. The total cost for that period is £514, 850 which equates to a cost of £550 per bed per day. This is high because the costs include the use of agency staff within St Mary's to release existing staff to this unit, other costs include the provision of all soft FM by the Trust and not the home itself.

Funding has been agreed by the System Resilience Group (CCG).

5.9 Exit Strategy

To be completed by the project team during February 2015.

6 Recommendations

The Authors seek support from Trust Board to utilise Poppy Floor at Solent Grange as a community stepdown unit (Poppy Unit) for a 10 week pilot period. This would support the early discharge from the Acute Bed base creating the required acute capacity to support the effects of winter.

The following principles will be applied during this pilot:

1. The time frame for this pilot of community stepdown beds will run from CQC authorisation to the end of March 2015 with the option to extend at the permission of London Residential Healthcare.
2. **13 beds** based on the top floor at Solent Grange will be de-regulated by the CQC from Solent Grange Nursing & Residential Care Home.
3. The Isle of Wight NHS Trust will run the "top floor" of the home (13 beds) adding these beds to the Trust existing registration as an additional location.
4. CQC registration will support the Trust delivering care and treatment in the 13 beds. This is very separate to the Homes existing registration with the CQC.
5. The Trust will not be subject to any restrictions that are currently in place at Solent Grange
6. A governance structure will be established to support the opening of beds in the community which will feed into the Community & Mental Health Directorate and provide weekly updates to the Trust Executive Committee.
7. Operational management of the beds at Solent Grange will be delegated to the Community & Mental Health Directorate.
8. The Trust will be "**renting**" the space at Solent Grange and all patients will be subject to Isle of Wight NHS Trust policies and procedures
9. All **Staffing** for the additional 13 beds will be provided by the Isle of Wight NHS Trust. This will need to be supported by both the Hospital & Ambulance (H&A) and C&MH Directorate.

10. Designated Nursing management will be provided by the Community and Mental Health Directorate. The Cleanliness, laundry and catering functions will be provided by the Trust.
11. Medical cover will be provided by Trust utilising GP's under our employment.
12. The Isle of Wight NHS Trust will develop protocols or utilise existing for the transfer of patients from, and where required, to the Trust.

Nikki Turner

Acting Associate Director,

Community and Mental Health Services

Alan Sheward

Executive Director of Nursing & Workforce

APPENDIX A

Community Step down Facility – Criteria

Inclusion Criteria

- 18 years and older
- Have been assessed as having the mental capacity to understand they are being transferred to a community step-down unit and have agreed the transfer
- Medically / Surgically fit or stable for transfer from the acute setting (clearly documented in the patients case notes by the patients responsible consultant)
- Discharge Summary complete for inpatient hospital stay
- Patient transfer document completed in conjunction with Poppy Unit staff
- Ultimate discharge destination agreed
- Anticipated day of transfer to ultimate discharge destination within 5 days
- Patients who are therapy fit but awaiting delivery of social care packages. They are likely to require ongoing support with ADLs but only limited support for mobility e.g. without help or with the assistance of 1
- Patients who are therapy fit but awaiting preferred care home placement or adaptation to home or provision of equipment. They are likely to require ongoing support with ADLs and the assistance of 2 people to transfer or mobilise
- Patients who are non-weight bearing through upper limb

Exclusions

- Anticipated stay less than 3 days for people with cognitive impairment
- Patients requiring 1:1 close supervision nursing
- Patients with challenging behaviour e.g. cognitive impairment with disinhibition, drug and alcohol abuse, violent or abusive behaviours
- Patients with challenging social context (e.g. complex family issues) which are likely to impact on length of stay and prevent patient being discharged from Poppy Unit prior to planned closure date
- Patients requiring oxygen therapy
- Infection control issues requiring isolation – e.g. active or suspected norovirus, c diff.
- Patients weighing 25 stone or over
- Patients receiving intravenous or cytotoxic/static drugs
- Pregnant patients

Criteria for transferring the patient back to acute service:

- Requiring more than twice weekly review by GP
- GP decides post review that they require acute secondary care
- Sudden significant deterioration in condition prompting 999 call
- Requiring intravenous therapy
- Involved in an incident resulting in harm and/ or need for increased level of care
- Requiring a procedure (under general anaesthetic / spinal anaesthetic / sedation) which leads to a period of close observation
- Change in presentation in need of 1:1 close supervision

APPENDIX B – Criteria Testing

Essential Criteria - must be bet by all patients	Predicted LOS at step down facility	Level of care	Patient Type	24/11/2014	26/11/2014	03/12/2014	18/12/2014	30/12/2014
18+ Not pregnant Capacity to move Medically FFD/ Surgically FFD D/C destination agreed	7 days or less	Therapy fit	Awaiting POC/ placement with low level support e.g. ongoing support with ADLs but only limited support for mobility e.g. without help or with the assistance of 1	3	2 - previous	7	8	4
		Therapy fit	Awaiting preferred care home placement/ adaptation to home/ provision of equipment with higher levels of support e.g. ongoing support with ADLs and the assistance of 2 people to transfer or mobilise	0	0	0	1	2
		Therapy fit	NWB through upper limb	0	0	0	0	0
		Not therapy fit	Needing OT/PT input to assess safety/ mobility at home	0	0	0	0	0
		Palliative Care	Need EOLC but not EMH	1 fast track patient	0	0	2	0
		CHC	Awaiting placement for 30 Day Funding	0	0	0	0	0
		Not therapy fit	Awaiting Comm rehab bed	0	0	0	0	0
		Any other potential patient	Details:	0	0	0	0	0
			Total potential -7day LOS patients	**4**	**2 - already identified Monday (no new patients identified)**	**7 - new this week**	**11**	**6**
	7 days plus	Therapy fit	Awaiting POC/ placement with low level support e.g. ongoing support with ADLs but only limited support for mobility e.g. without help or with the assistance of 1	4	5 (4 previously identified)	2	0	0
		Therapy fit	Awaiting preferred care home placement/ adaptation to home/ provision of equipment with higher levels of support e.g. ongoing support with ADLs and the assistance of 2 people to transfer or mobilise	6	4 (3 previously idenitifed)	4	4	1
		Therapy fit	NWB through upper limb	0	0	0	0	0
		Not therapy fit	Needing OT/PT input to assess safety/ mobility at home	1	2	0	0	1
		Palliative Care	Need EOLC but not EMH	7 fast track awaiting	9 (7 previously identified)	5 (previously identified)	1	3
		CHC	Awaiting placement for 30 Day Funding	2	2 (previously identified)	3	2	5
		Not therapy fit	Awaiting Comm rehab bed	0		2	0	0
		Any other potential patient	Details:	0		2 (challenging behaviour)		
			Total potential +7day LOS patients	20	22 (5 new since Monday)	18	7	10

APPENDIX C – Costings

	Staff Banding	WTE	Total Cost 3 mths £
Agency Band 7	Band 7	1.00	21,311
Agency Nurse Band 5	Band 5	4.67	115,197
Agency Nurse Band 2	Band 2	9.33	92,421
AHP Band 6 (x2) Assumes works 37.5 per week	Band 6	2.00	37,044
Ward Clerk & Housekeeper costs	Band 2	2.00	20,286
Management Time - Project Management(CC & NT)			7,785
GP costs			11,948
Transport Jumbulance (Includes Driver)			5,769
ICES Driver to deliver Equipment	Band 3	0.50	2,664
Driver to deliver Catering/Post	Band 3	0.50	2,664
Cleanliness Assistant - to clean ICES equipment	Band 2	0.50	2,361
Cleanliness Assistant - to clean 13 bed facility	Band 2	1.00	5,667
Cleaning - toilets	Band 2	1.00	5,667
laundry/hk/catering	Band 2	4.48	19,531
Pharmacy costs			1,248
Backfill for Sickness/maternity @ 15%			6,648
Total Pay Costs		**26.98**	**358,210**
Computer IT			3,772
Office Equipment/Furniture and fittings			1,000
Stationery			500
Mobile Phones			298
Medical and Surgical Equipment (includes disposables)			233
Drugs			4,959
Hotel Services consumables including start up costs			5,579
Printing costs			133
ICES Equipment			45,195
Travel & Subsistence			3,720
Transport - to transport patients to step down facility (Van)			1,546
Transport - to deliver Catering (Van)			1,546
Catering			5,235
Laundry			3,576
Cleaning materials			3,420
Waste Management			700
Total Non-Pay Direct Costs			**81,412**
Total Direct Costs			**439,622**
Overheads (based on 10% of Pay & Non-Pay Direct Costs)			43,962
Rent			31,265
Total Costs			**514,850**
Margin 2%			0
Total Price (Funding Requirement)			**514,850**

Note: Start date 19th January to 31st March 2015

Meeting: IW NHS Trust Board Seminar
Date: Tuesday 13th January 2015
Time: 10.20am – 2.45pm
Venue: Conference Room – School of Health Sciences
St. Mary's Hospital, Newport, Isle of Wight

NOTES

PRESENT:	Danny Fisher	Chairman	Chair
	David King	Non-Executive Director	DK
	Charles Rogers	Non-Executive Director *Senior Independent Director*	CR
	Jane Tabor	Non-Executive Director	JT
	Sue Wadsworth	Non-Executive Director	SW
	Karen Baker	Chief Executive	CEO
	Katie Gray	Executive Director of Transformation & Integration	EDTI
	Chris Palmer	Executive Director of Finance	EDF
	Mark Pugh	Executive Medical Director	EMD
	Alan Sheward	Executive Director of Nursing & Workforce	EDNW
In Attendance:	Jessamy Baird	Designate Non-Executive Director	JB
	Lizzie Peers	Non-Executive Financial Advisor	LP
	Mark Price	Company Secretary & FT Programme Director	CS/FTPD
For items 14/130 & 133	Kevin Bolan	Associate Director of Estates	ADE
For item 14/130	Charles Joly	Environmental, Waste and Sustainability Manager	EWSM
For item 14/133	Robert Graham	Capital Planning and Development Manager	CPDM
For item 14/132	Nikki Turner	Acting Associate Director – Community & Mental Health Directorate	AADCMH
For item 14/132	Lucy Abel	Community Service Lead	CSL
For item14/134	Sarah Johnston	Deputy Director of Nursing	DDN
For item 14/136	Kevin Curnow	Deputy Director of Finance	DDF
For item 14/136	Andy Shorkey	Programme Manager - Business Planning & Foundation Trust Application	PM-BP&FT
Apologies:	Nina Moorman	Non-Executive Director	NM
Noted by:	Lynn Cave	Trust Board Administrator	TBA

The following is an extract taken from the Notes of the Board Seminar held on 13th January 2015.

14/132 WINTER RESILIENCE – SOLENT GRANGE PROPOSAL

The Executive Director of Nursing & Workforce gave an overview of the background to this initiative and advised that the Community & Mental Health Directorate had been asked to take this forward.

The Acting Associate Director for Community & Mental Health Directorate advised that the report presented today had been prepared with the assistance of the Community Service Lead. She outlined the plan to take over the top floor of Solent Grange which would be called Poppy Ward. It is a 13 bed unit which the Trust would take over on 19th January with the first patients going in on 26th January. The unit would be staffed by Trust employees and the catering and domestic services would also be provided by the Trust. She confirmed that the electrical and fire certificates were now in place and the Deputy Head of Health & Safety & Security was undertaking the final fire checks. She confirmed the appointment of the lead nursing and clinical staff and advised that following an expression of interest nursing staff had been identified. She confirmed that the criteria for patients was being finalised. She stressed that this was a pilot scheme and the possibility of a longer term option for Community Step Down unit could be explored.

A discussion took place and the following points were raised:

The Chairman expressed his concern about the risk of delays once patients were in situ and stressed that the clinical assessments for these patients needed to be clear.

The Chief Executive asked that the Patient Council be approached for feedback on the scheme and requested that this be raised at the Patient Council meeting on 19th January. It was confirmed that the Communications team were preparing information on the scheme for patients.

Jane Tabor asked for clarity on whether patients could refuse to move to the new unit. The Executive Director of Nursing & Workforce advised that under the agreement with the local authority Transfer of Care Protocol, the process for transfer of care from Acute to Community/Home for patients was outlined. He stressed that patients would be fully informed of the process and the reasons they were being transferred and feedback would be gathered as part of the process.

Jane Tabor also asked if governance processes were in place. The Executive Director of Nursing & Workforce confirmed that weekly governance and KPI's reviews would take place with support from the Project Management team.

Sue Wadsworth supported the scheme and requested that progress reports be provided to the Quality & Clinical Performance Committee and a final evaluation report be presented to Board. This was agreed.

Action by: EDNW

Charles Rogers asked for assurance that the emergency fire procedures at

Solent Grange would be the Trust standard and that all risks involved with the evacuation of patients had been resolved. The Acting Associate Director assured him that full health and safety, fire and COSHH assessments had been undertaken and that the Trust was working with the owners of Solent Grange to harmonise the emergency fire procedures for all residents. It was also confirmed that until these were fully in place the scheme would not move forward.

The Executive Director of Nursing & Workforce advised that he had received some feedback from Island nursing and care home owners which indicated that they were concerned with the Trust's involvement with the scheme, and advised that a letter was being sent to all homes to clarify the Trust's position and assure them of our intentions.

The Executive Medical Director expressed concern that in the event of a serious incident where Poppy Ward was not available, where would these patients be placed. The Acting Associate Director advised that a contingency plan was being developed but one option could be using the top floor of the Gouldings. This has not yet been discussed with the Local Authority.

The Executive Director of Finance queried that should the scheme be extended past the initial 10 week period, how dementia friendly was the unit. The Acting Associate Director advised that currently the unit was not optimal but this could be reviewed at the appropriate time.

The Acting Associate Director advised that the Project Team were preparing an information pack for the site co-ordinator and bed management team which would be available in the operation room. She also confirmed that, subject to Board support, they were issuing a press release today.

Jessamy Baird stated that the name given to the scheme be clearly defined to show that it was a Step Up to Community rather than a Step Down from Acute. David King suggested that "Intermediate Care Ward" be considered as this had proved successful on mainland.

Proposed by Sue Wadsworth and Seconded by Jane Tabor. Unanimously agreed

The Isle of Wight Trust Board approved that the pilot Community Capacity scheme and agreed that this be ratified at the Board meeting on 28th January.

Enc L

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28th January 2015

Title	Research & Development 6 Monthly report			
Sponsoring Executive Director	Executive Medical Director			
Author(s)	Lead Research & Development Officer			
Purpose	To inform the Board on research activities within the Trust			
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		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:

Executive Summary:

The report gives an overview of research activity during the year to January 2015, including the number and range of new studies approved, the number of staff who participated in portfolio research and the number of patients recruited during the year.

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	Quality					
Critical Success Factors *(see key)*	**CSF2** - Improve clinical effectiveness, safety and outcomes for our patients **CSF5** - Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***						
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements						

Date: 19th January 2015 **Completed by:** Alex Punter, Lead Research & Development Officer

Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD – JANUARY 2015

MID-YEAR RESEARCH REPORT – 2014/15

Our participation in clinical research projects continues, with **17 new** studies approved year to date (*Appendix A refers*) and our annual funding allocation from the Local Clinical Research Network: Wessex has been utilised to maintain our infrastructure to support clinical research *(Appendix B refers)*.

As at 12 January 2015, **740** participants have been recruited to twenty-six portfolio studies, against an annual target of 840, across the clinical specialties of dementias and neuro-degeneration, cancer, metabolic and endocrine disorders, mental health, diabetes, musculoskeletal, children, stroke, respiratory, health services research, anaesthesia/critical care, ophthalmology, haematology and cardiovascular.

The initial investment from the **Dementia & Neurodegenerative Diseases Research** Network (DeNDRoN) in a part-time research nurse at the end of 2013/14 and our own investment in Dr Sharif with continuing support for the Research Nurse has materialised in the opening of 2 studies (Londowns Cohort and IDEAL[1]) with recruitment into both.

The capital investments at Residential Care Homes, Nursing Homes, Hospital General Medical Wards and Specialist Dementia Inpatient Unit across the Island received as part of the **DOH Dementia Friendly Environments Funding** Award in July 2013, has led to 7 Care Homes signing up to the ENRICH ((Enabling Research in Care Homes) project developed by the National Institute of Health Research (NIHR).

Mr Basavaraj, one of our **ENT[2] Surgeons** is about to open the first ENT study (OSTRICH[3]) and **Dr Debreceni, Consultant Anaesthetist**, was Local Collaborator for the SNAP survey looking at patient reported outcomes after anaesthesia and will be for the POPULAR[4] study, looking at post-anaesthesia pulmonary complications after use of muscle relaxants, due to take place in February.

Sanjay Ramdany has been awarded a **NIHR fully funded scholarship** to study an MSc in Research - the first nurse on the island to be awarded this highly competitive scholarship and Gary Whitwam, Nurse Specialist for OHPiT[5] Infusion Clinic, is being supported to undertake a PhD under the **Wessex Clinical Academic Scheme.**

The David Hide Asthma & Allergy Research Centre has continued recruitment into the 3rd Generation Study and also recruited MAPS/ITEC children at 3 years for follow-up and to the Asthma UK adolescent asthma study. Their collaboration with the University of Manchester continues with the provision of data from our IOW cohort for a 4 year project entitled "STELAR" (Asthma e-lab and identification of novel endotypes of childhood asthma).

Finance

Local Clinical Research Network, Wessex 2014/15 Funding
A central annual allocation of **£371,781** (a reduction of 8% on last year's actual spend and the second successive annual reduction for our organization), together with **£10,000** Contingency Funding was made available to the Trust to provide NHS infrastructure support to studies within the National Institute for Health Research Clinical Research Network (NIHR CRN) Portfolio. This funding covers clinician sessions, research nurses and associated staff, NHS service support (pathology, radiology & pharmacy)

[1] **I**mproving the experience of **d**ementia and **e**nhancing **a**ctive **l**ife
[2] Ears, Nose & Throat
[3] Oral Steroids for the Resolution of Oitis Media with effusion in Children
[4] **PO**stanaesthesia **PUL**monary complications **A**fter use of muscle **R**elaxants
[5] Out-Patient and Home Parenteral Infusion Service

and research management and governance. The contingency funding was allocated to meet the shortfall in funding clinician sessions in the David Hide Asthma & Allergy Research Centre.

NIHR Research Capacity Funding (RCF) 2014/15
Standard RCF is allocated to research-active NHS bodies or NHS health care providers, if they either received sufficient NIHR income to reach a threshold to trigger an RCF allocation of at least £20k or recruited at least 500 individuals to non-commercial studies, conducted through the NIHR-Clinical Research Network, during the previous financial year reporting period. The Trust received **£20,000** in 2014/15 and this funding has been used part to fund Gary Whitwam's scholarship and also to contribute towards the cost of a research management and governance service.

Our achievements against key performance indicators are detailed in *Appendix C:*

- Recruitment against annual target achieved
- Recruiting first patient within 30 days of NHS Permission
- Local studies reviewed within 15 days of valid research application
- 70 day or less benchmark from receipt of a valid research application to the time the first patient is recruited for that study

This year, the Trust's contract with the DH for NIHR funding contains conditions on data requirements on Performance in Initiating and Delivering Clinical Research. From Quarter 3, the Trust is now required to submit and publish information in two areas:

a) Initiating clinical research: whereby providers must submit to the National Institute for Health Research Central Commissioning Facility (CCF), within 30 days of each quarter, information on the days elapsing between obtaining a Valid Research Application and recruitment of first patient to a clinical trial for every clinical trial for which it gave NHS permission in the previous three quarters

b) Delivering clinical research: whereby providers must submit to CCF, within 30 days of each quarter, information on recruitment to time and target for every commercial contract clinical trial hosted by the NHS provider in the previous three quarters

c) Providers must publish the information as required in the attached guidelines within 30 days of the end of each quarter in a publicly accessible part of their website.

Alexandra Punter, Research Management and Governance Manager
18 January 2015

APPENDIX A:

Research Projects approved – April 2014 to October 2014

Non-Commercial

- CSP 141805 : The IDEAL Study - Improving the experience of dementia and enhancing active like; living well with dementia (Dr Sharif)

- CSP 137716 : Knowledge leadership and Early AHSNs - NHS top managers, knowledge exchange and leadership: The Early development of academic Health Science Networks

- CSP 130663 Feeding and Autoimmunity in Down's syndrome Evaluation Study (FADES) (Dr G Williams, University Hospitals Bristol - Nutrition BRU)

- CSP 151153 : Adoloscent Asthma Study - Improving the engagement of teenagers with asthma with their healthcare (Prof G Roberts, DHAARC)

- CSP: 150697) 3rd Generation Study Three Year Follow UP (Prof Arshad, DHAARC)

- CSP: 95005: Genetic and biochemical investigations of children with symptoms suspicious for an inherited metabolic disease (*minor amendment still pending)*

- CSP: 97743: OCS-Care: A pilot study for developing and evaluating a care pathway for cognitive problems after stroke (*SSI submission still pending)*

- CSP 119358 OSTRICH – Oral steroids for otitis media with effusion in children study (Dr N Francis, Cariff Univ/SBasavaraj, ENT Surgeon)

- CSP 155270 POPULAR - POstanaesthesia PULmonary complications After use of muscle Relaxants in Europe (Dr V Murthy-Burra, Royal Liverpool University Hospitals/Dr Debreceni, Consultant Anaesthetist)

Commercial:

- CSP 160472 : FOURIER Cognitive Sub-Study - A Double-Blind, Placebo Controlled, Multicenter Study to Assess the Effect of Evolocumab on Cognitive Function in Patients with Clinically Evident Cardiovascular Disease and Receiving Statin Background Lipid Lowering Therapy: A Study for Subjects Enrolled in the FOURIER (Study 20110118) Trial (Vectasearch/Dr Al-Bahrani & Amgen Inc)

- CSP: 156081: DRN2832 Linagliptin and Insulin in elderly Type 2 Diabetes patients (Dr Baksi/Vectasearch & Boehringer Ingelheim Limited)

Non-Portfolio (Student):

- Study of the relationship between electronic prescribing and medicines safety culture (Angela Carrington, Masters in Public Administration at the University of Ulster)

- Case Series Study into the prevalence of Restless Leg Syndrome with periodic Leg Movement in Patients Referred to Secondary Care for Suspected Obstructive Sleep Apnoea (Tracey Jones, MSC Advance Clinical Practice, University of Southampton)

- Pharmacy Emergency Admissions Service: A service development evaluation (Nicola Wright, Pharmacy – MSc, UoPortsmouth)

- Determining universal processes related to best outcome in emergency abdominal surgery (PChaichanavichkij, CT2 in General Surgery)

- Stakeholder perceptions of a 'Street Triage' Service (KHorspool, Msc Uni Sheffield)

- Patients' experiences of self-managing COPD exacerbations with rescue medication packs: An Exploratory Study (SRamdany, Masters in Research)

APPENDIX B:

Allocation of Resources to deliver our planned portfolio of activity in 2014/15 (£371,781 + £10,000)

Division 1: Cancer
- Research Nurse (1.2 WTE) – Alison Brown and Debbie Fraser

Division 2: Diabetes/Stroke/Metaboic & Endocrine
- Clinical Lead Diabetes (0.5PA) – Arun Baksi
- Research Nurse, Diabetes (0.5WTE) – Liz Nicol
- Research Nurse, Diabetes (0.2 WTE – Apr-Aug) – Pat Wilson
- Clinical Lead Stroke (1PA) – Eluzai Hakim
- Research Nurse, Stroke (0.5 WTE) - Jane Herman
- Research Physio, Stroke (0.2 WTE) – Brian Nobles
- Assistant Practitioner, Stroke (0.16 WTE) – William Hayles

Division 3: Blood/Medicines for Children
- Clinical Lead, Children -Asthma & Allergy (1PA – Oct-Mar) – Prof Hasan Arshad
- Clinical Lead, Children -Asthma & Allergy (1PA – Oct-Mar) – Dr Ramesh Kurukulaaratchy
- Registrar, Children (0.4 PA) – Ewa Szynaka
- Research Nurse, Children (0.2 WTE) – Charlene Middleton
- Study Co-Ordinator, Children (0.3 WTE) – Chloe Fox

Division 4: DeNDRoN/Mental Health
- Clinical Lead, Dementia (1PA) – Saif Sharif
- Research Nurse (0.4 WTE) – Joy Wilkins

Division 5: Primary Care/Health Services Research
- Research Nurse (0.3 WTE) – Jane Grundy
- Study Co-Ordinator (0.5 WTE) – Gill Glaseby

Division 6: Eye/Gastro/Injuries & Emergencies/Respiratory
- Clinical Lead, Ophthalmology (0.5PA) – Javeed Khan
- Research Nurse, Ophthalmology (0.43 WTE) – Becky Massey
- Clinical Lead, Gastroenterology (0.5 PA) – Leonie Grellier
- Research Nurse, Gastroenterology (0.4 WTE) – Joy Wilkins
- Research Paramedic (0.04 WTE) – Joanna Barry (OHCAO)
- Senior Research Nurse, Asthma/Allergy (0.4 WTE) – Sharon Matthews
- Research Nurse, Asthma/Allergy (0.6 WTE) – Maria Larsson
- Clinical Lead, Asthma/Allergy (2PA) – Graham Roberts
- Clinical Lead, ENT (0.5 PA) – Mr Basavaraj
- Clinical Lead, Anaesthesia/Critical Care (0.03 PA) – Gabor Debreceni

Other:
- Lead Nurse (0.7 WTE) – to be appointed
- Research Management & Governance (0.64 WTE) – Tracey Tidbury

Supporting Clinical Services:
- Research Pharmacist (0.2 WTE) – Liz Harrison
- Research Technician (0.4 WTE) – Nick Culshaw
- Radiographer (0.2 WTE) – John Pettit
- MLSO (0.1 WTE) – Roger Twistleton

APPENDIX C:

Performance Metrics:

- % of CRN: Wessex led, non-commercial studies recruiting first patient within 30 days of NHS Permission
- % of local studies reviewed within 15 days (Site-Specific Information Form (SSI) to NHS Permission)
- benchmark of 70 days or less from the time a provider receives a valid research application to the time that the provider recruits the first patient for that study

CSP CLRN ID	Study Title	SSI Submission	Permissions Granted OR PIC Approval	Days SSI Received to NHS Permission	Reasons for >15 days	First Patient First Visit (FPFV)	Reasons for >30 days	70 day benchmark
115956 (14175)	Personalized Anti-TNF Therapy in Crohn's Disease (PANTS)	20/03/2014	15/04/2014	**26**	SSI pre 1/4	0	Initial IT problems connecting to study site - fixed 11/8	N
140148 (16399)	In-patient suicide whilst under non-routine observation	11/02/2014	09/04/2014	**58**	SSI pre 1/4 - Global Review was suspended for long time and got put to one side	0	No local investigator	N
149651 (16565)	3rd Generation Study Two Year Follow-up	14/03/2014	22/04/2014	**39**	SSI pre 1/4 - we achieved in 30 days but Global Review was suspended	24/04/2014		Y
138384 (16249)	A national survey of patient reported outcome after anaesthesia	18/03/2014	22/04/2014	**35**	SSI pre 1/4 - 4 day Easter BH weekend delay in hearing back from our anaesthetists pushed us over 30 days	13/05/2014		N outside our control - 2 day survey with fixed date
120344 (14796)	LonDowns Cohort	26/03/2014	25/04/2014	**30**	SSI pre 1/4	06/08/2014	Signed Contract recvd 4/6, signed LOAs recd 16/6	N
137716 (15922)	Knowledge Leadership & early AHSNs	13/05/2014	29/05/2014	**16**	No reason	0	No local investigator	N
101849 (15404)	ELFIN	17/04/2014	09/05/2014	**22**	Data retention query as babies which wasn't answered by Sponsor til 7/5, after the 15 day deadline	0	continuing care site - no recruitment whole study as yet	N
130663 (16735)	Feeding and Autoimmunity in Down's syndrome Evaluation Study (FADES)	20/05/2014	04/06/2014	**15**		0	No local investigator	N

CSP CLRN ID	Study Title	SSI Submission	Permissions Granted OR PIC Approval	Days SSI Received to NHS Permission	Reasons for >15 days	First Patient First Visit (FPFV)	Reasons for >30 days	70 day benchmark
149426 (16454)	SHOES	09/06/2014	04/07/2014	**25**	Outside our control - problem identified with REC approval letter for Amdmt 1 – re-sent to us 30/6 (6 days after 15 day deadline)	14/10/2014 *(date first complete Q returned)*	Phase 1 stage - Q only Phase 2 will involve lab assessments	N
151153 (16918)	Adolescent Asthma	09/07/2014	28/07/2014	**19**	Could have achieved 15 but gave priority to staff appraisals that week	17/08/2014		Y
141805 (16593)	IDEAL Study	17/07/2014	07/08/2014	**21**	Contract queries raised 30/7 and finalised 7/8	16/09/2014	Site Initiation Visit 20/8 – first patient recruited within 30 days of SIV	Y
150697 (17415)	3rd Generation Study Three Year Follow-up	10/09/2014	26/09/2014	**16**	No reason	29/10/2014		Y
95005	Inherited metabolic diseases	21/08/2014	*Target 5/9*		Local review complete - awaiting minor amendment needed by Sponsor to change PIS so useable for non GOSH sites	0		*target 30/10*
152611	TULIP (Commercial - Eye)	03/10/2014	*Target 18/10*		Contract queries outstanding with Sponsor – same unresolved concerns raised by Portsmouth Hospitals	0		*target 12/12*
119358	OSTRICH	28/10/2014	20/11/2014	**23**	Contract queries	0	Site Initiation Visit 15/12 Research Nurse needs Local Safeguarding Training before recruit ment can commence – scheduled 20/1	*target 7/1*
156081	DRN2832 – Basal Insulin	07/11/2014	24/11/2014	**17**	Waiting on pharmacy for confirmation that arrangements in place to comply with Clinical Trial Regs	0		*target 16/1*

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28 JANUARY 2015

Title	FOUNDATION TRUST PROGRAMME UPDATE				
Sponsoring Executive Director	FT Programme Director / Company Secretary				
Author(s)	Programme Manager – Business Planning and Foundation Trust Application				
Purpose	To provide an update to the Board on the Foundation Trust programme				
Action required by the Board:	**Receive**	**✓**	**Approve**		

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment, Information & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board	25/11/15		
Please add any other committees below as needed			
Board Seminar			
Other (please state)			

Staff, stakeholder, patient and public engagement:

A programme of internal and external stakeholder engagement has been initiated and is ongoing to deliver change within the organisation and generate the support required across the locality and health system to deliver a sustainable Foundation Trust. A formal public consultation on becoming an NHS Foundation Trust has been undertaken. A membership recruitment campaign was launched in March 2013.

Executive Summary:

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

The key points covered include:

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

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	5					
Critical Success Factors *(see key)*	10 - Develop our organisational culture, processes and capabilities to be an outstanding organisation and employer of choice					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***						
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements	A 12 week public consultation is required and concluded on 11 January 2013.					

Date: 19 January 2015 **Completed by: Andrew Shorkey**

ISLE OF WIGHT NHS TRUST
NHS TRUST BOARD MEETING WEDNESDAY 28 JANUARY 2015
FOUNDATION TRUST PROGRAMME UPDATE

1. Purpose

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

2. Background

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

3. Programme Plan

The Trust has been subject to significant quality, performance and financial challenges in recent months, the measurable cornerstones used to test Foundation Trust eligibility. The CQC inspection identified quality issues and we have struggled with some of our access and outcomes targets due to increased demand and system-wide issues. Our resources and capacity have been stretched and this has impacted on the delivery of transformation and cost improvement schemes and our projected financial outturn. The Trust is forecasting under delivery of recurrent cost improvement schemes and is dealing with significant budget pressures.

At present, work to achieve Foundation Trust status is principally focused around dealing with these challenges: delivery of the Quality Improvement Plan following the CQC judgment in September 2014, improving performance and achieving financial targets. The extent of the work required to embed the necessary change will delay the programme by at least 18 months. A revised timeline will need to be agreed with the Trust Development Authority (TDA).

As a result of the slippage in the programme timeline the Programme Board reviewed the budget and was able to return £86k to the centre to support delivery of the Trust's financial plan.

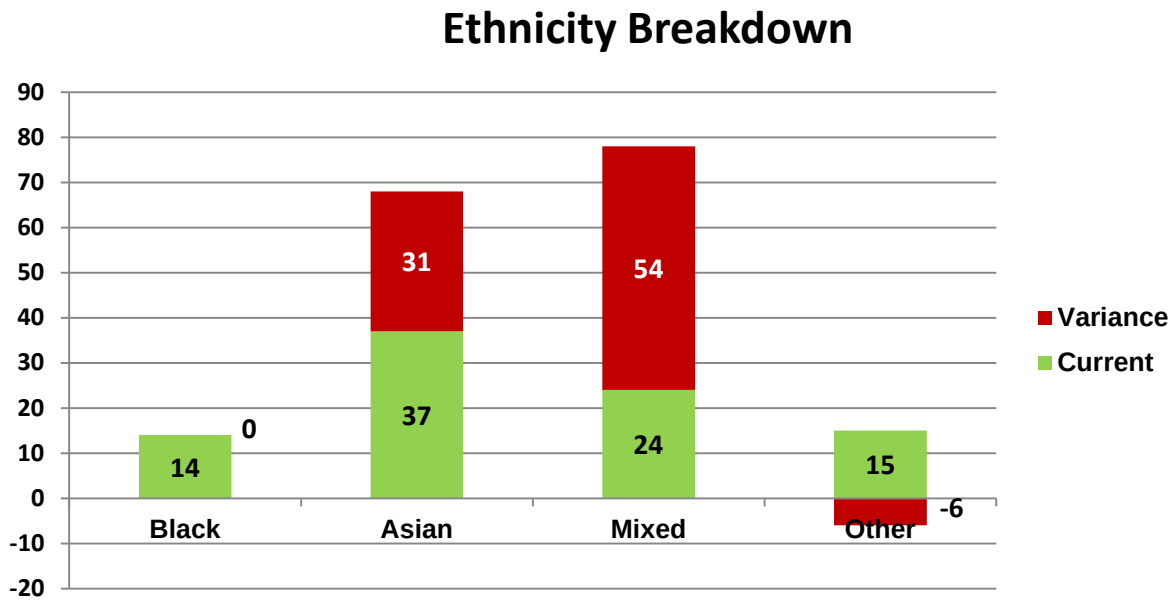
A programme review has been initiated to review the Foundation Trust Programme as part of effective governance practice to ensure that it remains fit for purpose in the Trust's current strategic context. It is also planned to reduce the FT Integrated Action Plan significantly in size. The outcome of this review will be communicated to the Board in due course.

4. Communications and Stakeholder Engagement

During the 'pause' period the focus of membership recruitment is being directed towards achieving a demographically representative membership. Figures 1 and 2 below identify where our efforts will be focused.

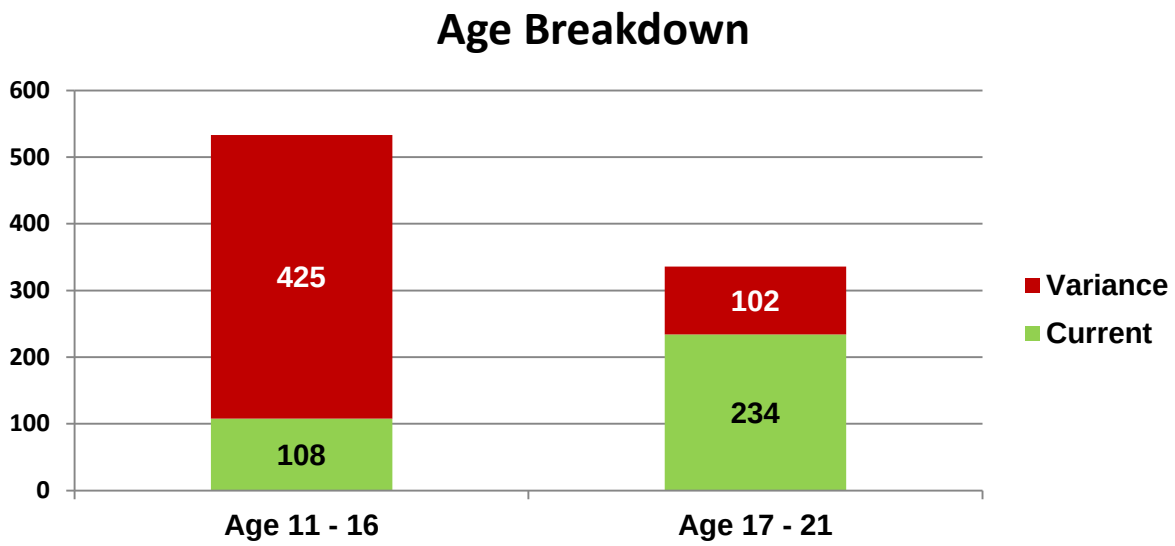
Note: the positive 'variance' figure relates to the number of additional members required to achieve a representative membership; the negative figure identifies where groups are over represented. These figures are based on our overall target of 6200 members.

Figure 1 – Public membership breakdown by BME group



Since the last report our BME members have increased by 9 mainly due to recruitment at the BME Friendship Group attended on 3 December.

Figure 2 – Public membership breakdown by Age group



Since the last report our members aged 17-21 have increased by 5 due torecruitment at a careers event.

The shortfall in representative membership relates to the Asian and Mixed communities and younger persons. Therefore, our focus is on boosting our BME and youth members aged 11-17.

Proposed activity includes presenting at local high schools, the Youth Council and to Health & Social Care students. For BME, engagement with Trust staff that fall outside of the staff membership eligibility criteria that will be boosted we hope, by the proposed BME Staff Network group. Junior Doctors have now been registered on the membership database because even though they are recorded on ESR with a rotating 3 month contract in reality they have a year's contract.

We are currently investigating how best to convert our 622 'Unknown' ethnicity members and our 492 age 'unknown' members.

As at 16 January 2015 our public membership totals 4777, and is detailed by constituency in the table below:

Constituency	**Members Recruited**
North & East Wight	1125
South Wight	1019
West & Central Wight	1559
Elsewhere	488
Volunteers	586
Total public membership	**4777**

As at 16 January 2015 a total of 2908 staff are shown as members. Only staff directly employed by Isle of Wight NHS Trust with permanent contracts longer than 12 months are eligible to become staff members. The staff constituencies are:

Staff employed by Isle of Wight NHS Trust	**Staff Members**
Medical and Dental staff	158
Qualified Registered Nursing, Midwifery & Health Visiting staff	892
Allied healthcare scientific, therapeutic, technical and ambulance staff registered with the Healthcare Professions Council.	419
Healthcare Assistants and Other Support staff	561
Administration and Estates staff	878
Total	**2908**

Planned recruitment and engagement activity includes:

Activity for 2015	**Date**
Medicine for Members' Meeting Orthopaedics & Joint Replacement presented by Jonathan Gardiner/Clare Sandell	Monday 9th February
Members' Magazine Spring Edition	Mid February
FT & NHS Careers Presentation to newly elected Youth Council Members	Late February
FT & NHS Careers Presentation to Health & Social Care students at IOW College	Friday March 6th
Medicine for Members' Meeting Infection Prevention & Control – Emily Macnaughton	Tuesday 28th April
Medicine for Members' Meeting MRI – Gary Lee	Monday 29th June
Members' Magazine Summer Edition	July
Medicine for Members' Meeting	Monday 14th September

Community Stroke Rehab - Susanna Ward -	
Members' Magazine Autumn Edition	October
Medicine for Members' Meeting Lung Cancer – Andrew Woolley/Anne Snow	Monday 16th November

To be arranged:

NHS/FT/Careers Presentation at Sandown & Cowes Academies, Free & Studio Schools.

5. Key Risks

The ability for the organisation to achieve FT status rests upon ensuring that quality, performance and financial targets are met consistently, indicating sustainability. Risks around the delivery of operational performance targets, appropriately meeting quality requirements and delivering the financial plan have matured and improvement plans will need to be delivered to achieve demonstrable ongoing sustainability. However, collectively these issues place additional strain on the organisation's capacity to deliver the rapid change required to meet these challenges, particularly with respect to the impact of financial constraints. Resource deployment will need particular attention to ensure resources are focused appropriately to yield the most beneficial outcomes in the longer term.

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

6. Recommendation

It is recommended that the Board:

(i) Note this update report

Mark Price
FT Programme Director/Company Secretary
19 January 2015

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28 JANUARY 2015

Title	Self-certification			
Sponsoring Executive Director	FT Programme Director / Company Secretary			
Author(s)	Programme Manager – Business Planning and Foundation Trust Application			
Purpose	To Approve			
Action required by the Board:	**Receive**		**Approve**	**√**

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	21-Jan-15
Finance, Investment, Information & Workforce Committee	21-Jan-15	Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Board Seminar			
Other (please state)			

Staff, stakeholder, patient and public engagement:

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

Executive Summary:

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

The key points covered include:

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

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	3					
Critical Success Factors *(see key)*	6 - Develop our quality governance and financial management systems and processes to deliver performance that exceeds the standards set down for Foundation Trusts.					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***						
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements	The Trust 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.*					

Date: 19 January 2015 **Completed by: Andrew Shorkey**

ISLE OF WIGHT NHS TRUST
SELF-CERTIFICATION

1. Purpose

To seek approval of the proposed self-certification return for the December 2014 reporting period, prior to submission to the Trust Development Authority (TDA) in January 2015.

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 and Clinical Performance Committee, Finance, Investment, Information and Workforce Committee and relevant senior officers and Executive Directors. Board Statements and Monitor Licence Conditions are considered with respect to the evidence to support a positive response, contra indicators and threats to current status together with action plans and activity to maintain or improve the current assessed position. The Trust Board may wish to amend the responses to Board Statements based on an holistic view of the complete self-certification return and feedback from Board sub-committee Chairs.

4. Performance Summary and Key Issues

Board Statements

Board Statements 1, 2, 6, 13 and 14 remain 'at risk' as a consequence of the CQC inspection undertaken in June 2014. It was agreed by the Trust Board that the target dates for compliance would be amended to reflect the Trust's trajectory towards declaring full CQC compliance.

Board Statement 10, relating to assurance that 'plans in place are sufficient to ensure ongoing compliance' with performance targets, also remains 'at risk'. The Governance Risk Rating (Monitor access and outcomes measures) score for December 2014 remains at 4.0 and therefore an improvement trajectory will not be demonstrable until February 2015 at the earliest. It is recommended that the target date is amended accordingly. This position is reflected within the draft return document (Appendix 1a).

Licence Conditions

All Licence Conditions remain marked as compliant. Condition G7 (Registration with the Care Quality Commission) could be put at risk if the CQC action plan is not delivered sufficiently to the satisfaction of the CQC. It is not presently recommended that this condition be put at risk. 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-committees 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

Andrew Shorkey
Programme Manager – Business Planning and Foundation Trust Application
19 January 2015

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

BB - TDA Accountability Framework - Board Statements

Appendix - 1(a)

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

	For CLINICAL QUALITY, that:	Response	Comment where non-compliant or at risk of non-compliance	Timescale for Compliance	Executive Lead
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's Oversight (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	At risk	The CQC Chief Inspector of Hospitals report identified gaps in assurance. An action plan has been developed and work to clarify gaps in assurance and test systems and processes is underway.	30-Apr-15	Alan Sheward Mark Pugh
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	At risk	The CQC Chief Inspector of Hospitals report identified gaps in assurance. An action plan has been developed and work to clarify gaps in assurance and test systems and processes is underway.	30-Apr-15	Mark Price
3	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.	Yes			Mark Pugh
	For FINANCE, that:	**Response**			
4	The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.	Yes			Chris Palmer
	For GOVERNANCE, that:	**Response**			
5	The board will ensure that the trust remains at all times compliant with has regard to the NHS Constitution.	Yes			Karen Baker Mark Price
6	All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner	At risk	The CQC Chief Inspector of Hospitals report identified gaps in assurance. An action plan has been developed and work to clarify gaps in assurance and test systems and processes is underway.	30-Apr-15	Mark Price
7	The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of occurrence and the plans for mitigation of these risks.	Yes			Mark Price
8	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Yes			Karen Baker
9	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes			Mark Price
10	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant GRR [Governance Risk Rating]; and a commitment to comply with all commissioned targets going forward.	At risk	The Trust's Governance Risk Rating (Monitor access and outcome measures) score declined significantly across quarters 1 & 2 2014/15. Indicator recovery plans are being implemented.	~~31-Jan-15~~ *28-Feb-15*	Alan Sheward Mark Pugh
11	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes			Mark Price

BB - TDA Accountability Framework - Board Statements

Appendix - 1(a)

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

12	The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies	Yes			Mark Price
13	The board is satisfied all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	At risk	The CQC Chief Inspector of Hospitals report identified gaps in assurance. An action plan has been developed and work to clarify gaps in assurance and test systems and processes is underway.	31-Mar-15	Karen Baker
14	The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.	At risk	The CQC Chief Inspector of Hospitals report identified gaps in assurance. An action plan has been developed and work to clarify gaps in assurance and test systems and processes is underway.	31-Mar-15	Karen Baker Alan Sheward

BB - TDA Accountability Framework - Licence Conditions

Appendix - 1(b)

	Licence condition Compliance	Compliance (Yes / No)	Comment where non-compliant or at risk of non-compliance	Timescale for compliance	Accountable
1	Condition G4 – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes			Mark Price
2	Condition G7 – Registration with the Care Quality Commission	Yes	*This indicator could be but at risk if the CQC action plan is not implemented as required by the CQC.*		Alan Sheward
3	Condition G8 – Patient eligibility and selection criteria	Yes			Alan Sheward
4	Condition P1 – Recording of information	Yes			Chris Palmer
5	Condition P2 – Provision of information	Yes			Chris Palmer
6	Condition P3 – Assurance report on submissions to Monitor	Yes			Chris Palmer
7	Condition P4 – Compliance with the National Tariff	Yes			Chris Palmer
8	Condition P5 – Constructive engagement concerning local tariff modifications	Yes			Chris Palmer
9	Condition C1 – The right of patients to make choices	Yes			Alan Sheward
10	Condition C2 – Competition oversight	Yes			Karen Baker
11	Condition IC1 – Provision of integrated care	Yes			Alan Sheward Mark Pugh

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28 JANUARY 2015

Title	Board Assurance Framework			
Sponsoring Executive Director	Company Secretary			
Author	Risk & Litigation Officer			
Purpose	To note the Summary Report, the risks and assurances rated as Red, and approve the December 2014 and January 2015 recommended changes to Assurance RAG ratings.			
Action required by the Board:	**Receive**		**Approve**	X

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		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)	None		

Staff, stakeholder, patient and public engagement:

None

Executive Summary:

The full 2014/15 BAF document was approved by Board in June 2014, including the high scoring local risks from the Corporate Risk Register, together with associated controls and action plans.

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

The dashboard summary includes summary details of the key changes in ratings, with 4 Principal Risks rated remaining as Red.

The exception report details THREE recommended changes to the Board Assurance RAG ratings of Principal Risks: two changes from Amber to Green for 7.16 and 8.2; and a change in responsibility for 10.23 to Executive Director of Transformation and Integration.

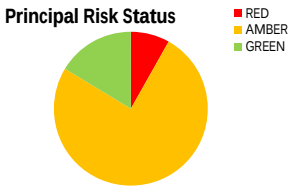
For following sections – please indicate as appropriate:

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

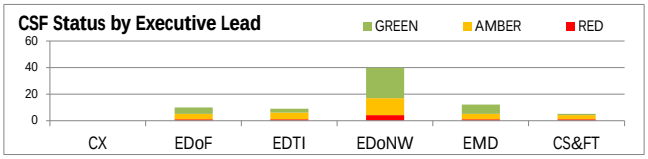
Date: 19 January 2015 **Completed by: Fiona Brothers**

BAF Status Report

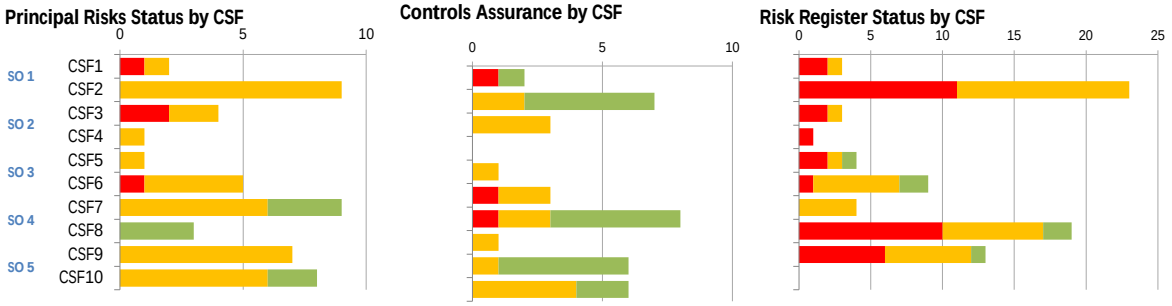
Isle of Wight NHS Trust



Principal Risks:	50	Aligned Risk Register Risks:	83



Strategic Objective & Critical Success Factor Status Overview



BAF
Increased Scores

0

Reduced Scores

2

Commentary

Principal Risks:
2 Principal Risks are recommended for changes from Amber to Green
1 Principal Risk is recommended for change in Executive Lead (10.23)

5 New Risks were added to the Risk Register since 24.11.2014:

Ref.	Directorate	Title
634	Comm Health	No Dental Compressor
635	Comm Health	Future Provision for Minor Oral Surgery Service after 31.03.2015
636	Hosp/Amb	St Helen's Ward
637	Corporate	Submission of Community Information Data Set
638	Corporate	Trust Archive Records storage

3 Changes to previously notified Risk scores since the last report:
380 Hosp/Amb Increased demand in Orthotics (increase to Red rating)
622 Comm Health Safeguarding Children Team capacity (change from Red to Amber)
632 Comm Health Seclusion Room and Doors out of action on Seagrove Ward (change from Red to Amber)

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

Ref.	Exec Lead	Title/Description	Assurance Rating Current	Assurance Rating Change to
CSF7.16	EDoF; EDoNW	7.16 (5.41) Financial awareness restricted to finance function and key members of the Trust Board (F27) Executive Director of Finance	Amber	Green
CSF8.2	EDTI	8.2 (6.3) Capital spend during the last financial year was > 20% variance from the initial plan (F16) Executive Director of Finance / Executive Director of Transformation and Integration	Amber	Green
CSF4 380 - 1	EMD	INCREASED DEMAND ON ORTHOTICS	16	20
CSF9 622 - 1	EMD	SAFEGUARDING CHILDREN TEAM CAPACITY	20	12
CSF2 632 - 1	EDONW	SECLUSION ROOM AND DOORS OUT OF ACTION ON SEAGROVE WARD	20	12
CSF2 634 - 1	EDONW	NO DENTAL COMPRESSOR	16	16
CSF9 635 - 1	EDONW	FUTURE PROVISION FOR MINOR ORAL SURGERY SERVICE AFTER 31.03.2015	16	16

CSF2 636 - 1	EDONW	ST HELENS WARD	15	15
CSF5 637 - 1	EDSCD	SUBMISSION OF CIDS (Community Information Data Set)	12	12
CSF3 638 - 1	CSFT	TRUST ARCHIVE RECORDS STORAGE	20	20

Principal Risks (What could prevent this objective being achieved?)	Initial RS	Mid year RS	End of Year RS	Controls in Place (What controls/systems do we have in place to assist in securing delivery of the objective?)	Assurances on Controls (Where can the board gain evidence that our controls/ systems on which we are placing reliance, are effective)	Positive Assurance to Board (Actual evidence that our controls/systems are effective and the objective is being achieved)	Assurance Level	Gaps in Control (Where we are failing to put controls/ systems in place)	Gaps in Assurance (Where we are failing to provide evidence that our controls/ systems are effective)	Action Plan to Address Gaps in Controls/Assurances Performance management and monitoring committees: Objective 1 - QUALITY - Quality & Clinical Performance Committee Objective 2 - CLINICAL STRATEGY - Quality & Clinical Performance Committee Objective 3 - RESILIENCE - Trust Executive Committee Objective 4 - PRODUCTIVITY - Finance, Investment & Workforce Committee Objective 5 - WORKFORCE - Finance, Investment & Workforce Committee
Principal Objective 4: PRODUCTIVITY - To improve the productivity and efficiency of the Trust, building greater financial sustainability **Exec Sponsor: Executive Director of Finance**										
<u>Critical success factor CSF7</u> **Leads: Executive Director of Finance, Executive Director of Nursing and Workforce** **<u>Improve value for money and generate our planned surplus whilst maintaining or improving quality</u>** Links to CQC Regulations: 24						MEASURES: **Achievement of revenue financial plan** **Achievement of capital financial plan** **Achievement of cash plan** **Achievement of surplus position** **Achievement of recurrent CIP plan** **Satisfactory Internal & External Audit Reports**			TARGETS: **£170m income 31/03/15** **£7.460m capital Resource Limit** **£5.407m 31/03/15** **Surplus of £1.7m 31/03//15** **Target of £8.998m 31/03/15** **Positive annual reports from Internal & External audit**	
7.16 *(5.41)* Financial awareness restricted to finance function and key members of the Trust Board (F27) Executive Director of Finance	**12**	**8**		All staff members are introduced to financial awareness through the induction process and regularly informed of progress through cascade briefings	Induction programme coverage. Training programmes run for budget holders. Monthly budget holder meetings Training sessions provided to staff on financial awareness	Induction programme coverage. Training programmes run for budget holders. Monthly budget holder meetings	**Green**			Finance training sessions to be developed and implemented by December 2012; FAST training sessions to be re-established; relaunch of HFMA certificate in NHS finance; Review of all budget holder levels and rationalisation of cost centres; Local induction to include basic financial training from finance managers **Kevin Curnow/Lauren Jones/John Cooper** Update June 2014: (KC) Budget holder have monthly meetings with finance team. In addition, the first formal training for budget holders is being held on 16 June. Update September 2014: (KC) Budget holder have monthly meetings with finance team. In addition, the first formal training for budget holders was held on 16 June & now run quarterly. Additionally, finance will be back on the Corporate Induction programme from 1 October. Update November 2014: (KC) Induction sessions began October 14 & run monthly in addition to other ongoing finance training as mentioned above. **Update December 2014:** CP noted **Action Complete** **Recommend change of assurance rating to Green**
<u>Critical success factor CSF8</u> **Lead: Executive Director of Transformation and Integration** **<u>Develop our support infrastructure, including driving our integrated information system (ISIS) forwards to improve the quality and value of the services we provide</u>** **Links to CQC Regulations: 9, 11, 17, 21, 23, 24**							MEASURES: **Delivery of IM&T Strategy** **Delivery of Estates Strategy** **Delivery of Backlog Maintenance Plan**		TARGETS: **Capital estate business cases approved by October 2014** **IT business cases approved by October 2014** **Capital programme 80% complete by December 2014**	
8.2 *(6.3)* Capital spend during the last financial year was > 20% variance from the initial plan (F16) Executive Director of Finance / Executive Director of Transformation and Integration	**6**	**6**		There is a clearly articulated process for approving the capital plan, with clear links of delegation and consideration of Monitor's Risk Evaluation for Investment Decisions (REID) guidance.	Trust Board Papers and Sub Committee Papers. Trust's Financial plan (revenue and capital). Capital schemes / plan risk assessment. Trust Business Plan	Achievement of CRL Risk Evaluation for Investment Decisions (REID) guidance applied	**Green**			Confirm that the REID guidance has been included within the Trust Capital process and documentation by August 2012 **Kevin Curnow** Update April 2014: (KC) Capital plan to meet CRL limited for 2013-14. Update June 2014: (KC) Capital spend in 2013-14 resulting in only a £4k undershoot. 2014-15 capital plan has the majority allocated at this stage. Update September 2014: (KC) Capital plan is projected to meet the CRL **Update December 2014:** CP noted **Action Complete** **Recommend change of assurance rating to Green**

Principal Risks (What could prevent this objective being achieved?)	Initial RS	Mid year RS	End of Year RS	Controls in Place (What controls/systems do we have in place to assist in securing delivery of the objective?)	Assurances on Controls (Where can the board gain evidence that our controls/ systems on which we are placing reliance, are effective)	Positive Assurance to Board (Actual evidence that our controls/systems are effective and the objective is being achieved)	Assurance Level	Gaps in Control (Where we are failing to put controls/ systems in place)	Gaps in Assurance (Where we are failing to provide evidence that our controls/ systems are effective)	Action Plan to Address Gaps in Controls/Assurances Performance management and monitoring committees: Objective 1 - QUALITY - Quality & Clinical Performance Committee Objective 2 - CLINICAL STRATEGY - Quality & Clinical Performance Committee Objective 3 - RESILIENCE - Trust Executive Committee Objective 4 - PRODUCTIVITY - Finance, Investment & Workforce Committee Objective 5 - WORKFORCE - Finance, Investment & Workforce Committee
Principal Objective 5: WORKFORCE - To develop our people, culture and workforce competencies to implement our vision and clinical strategy **Executive Sponsors: Executive Director of Nursing and Workforce, Executive Medical Director**										
<u>Critical success factor CSF10</u> **Lead: Executive Director of Nursing and Workforce** **<u>Develop our organisational culture, processes and capabilities to be a thriving FT</u>** Links to CQC Regulations: 9, 10 , 17						MEASURES: **Monitor ratings for governance, including quality and finance** **Board Development** **Stakeholder engagement** **Organisational Thermometer** **Staff survey results** **Staff raising concerns** **Staff friends and family test**			TARGETS: **Achieve top Monitor ratings for governance by March 2015** **Achieve 25% response rate in staff friends and family test results by March 2015** **Percentage of vacancies to be under 11.7% by 31/3/15** **Staff survey results for 14/15 show better outcomes than results for 13/14:** **- survey response rate over 60% in 2014/15** **- Over 60% of staff would recommend the Trust as a place to work** **- Over 93% of staff feel satisfied with the quality of patient care they deliver** **- Over 60% of staff would be happy for us to provide care to a relative or friend**	
10.23 *(10.72)* The Trust's latest staff survey results are poor (B35) Executive Director of Nursing and Workforce/ Executive Director of Transformation and Integration	**12**			A variety of methods are used by the Trust to enable the Board and senior management to listen to the views of staff, including 'hard to reach' groups like night staff and weekend workers. The Board has ensured that various processes are in place to effectively and efficiently respond to these views and can provide evidence of these processes operating in practice. The Board can evidence how staff have been engaged in the development of their 5 year strategy for the Trust and provide examples of where their views have been included and not included in the IBP. The Board ensures that staff understand the Trust's key priorities and how they contribute as individual staff members to delivering these priorities. The Trust uses various ways to celebrate services that have an excellent reputation and acknowledge staff who have made an outstanding contribution to patient care and the running of the Trust. Staff attitude survey annual report Individual Reports SAS Champions Group and Action Plan	Board Performance Report	Board performance Report	Green			**Alan Sheward/Katie Gray** **Update January 2015:** Recommendation to change Lead Director to Katie Gray **Review date: Febuary 2015**

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

<u>Principal Risks:</u> All risks which have the potential to threaten the achievement of the organisations principal objectives. Boards need to manage these principal risks rather than reacting to the consequences of risk exposure.
<u>RISK LEVEL</u> = S (Severity where 1 = insignificant; 2 = minor; 3=moderate; 4=major; 5=catastrophic) X L (Likelihood where 1=rare; =unlikely; 3=possible; 4=likely; 5=certain)= RS(Risk Score). Code score: 1-9 GREEN; 10-15 AMBER; 16+ RED

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

<u>Assurances on Controls:</u> Details of where the Board can find evidence that our controls/systems on which we are placing reliance, are effective. Assurances can be derived from independent sources/review e.g. CQC, NHSLA, internal and external audit; or non-independent sources e.g. clinical audit, internal management reports, performance reports, self assessment reports etc.
NB 1: All assurances to the board must be annotated to show whether they are POSITIVE (where the assurance evidences that we are reasonably managing our principal risks and the objectives are being delivered) or NEGATIVE (where the assurance suggests there are gaps in our controls and/or our assurances about our ability to achieve our principal objectives)
NB 2: Care should be taken about references to committee minutes as sources of assurance available to the board. In most cases it is the reports provided to those committees that should be cited as sources of assurance, together with the dates the reports were produced/ reviewed, rather than the minutes of the committee itself.

<u>Assurance Level RAG ratings:</u>
Effective controls in place and Board satisfied that appropriate positive assurances are available <u>OR Effective controls in place with positive assurance available to Board and action plans in place which the Executive Lead is confident will be delivered on time</u> = GREEN (+ add review date)
Effective controls mostly in place and some positive assurance available to the board . Action plans are in place to address any remaining controls/assurance gaps = AMBER
Effective controls may not be in place or may not be sufficient. Appropriate assurances are either not available to Board or the Exec Lead has ongoing concerns about the organisations ability to address the principal risks and/or achieve the objective = RED
(NB - Board will need to periodically review the GREEN controls/assurances to check that these remain current/satisfactory)

<u>Gaps in Control:</u> details of where we are failing to put controls/systems in place to manage the principal risks or where one or more of the key controls is proving to be ineffective.

<u>Gaps in Assurance:</u> details of where there is a lack of board assurance, either positive or negative, about the effectiveness of one or more of the controls in place. This may be as a result of lack of relevant reviews, concerns about the scope or depth of any reviews that have taken place or lack of appropriate information available to the board.

<u>Action Plans:</u> To include details of all plans in place, or being put in place, to manage/control the principal risks and/or to provide suitable assurances to the board. NB: All action plans to include review dates (to enable ongoing monitoring by the board or designated sub-committee) and expected completion dates (to ensure controls/assurances will be put in place and made available in a timely manner)

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

ID	DIR	Risk Subtype	Opened	Anticipated Target/ Completion date	Title	Resp	Description	Rating (initial)	Rating (current)	RAG	Status of Controls in Place	Adequacy of controls	Action summary	Description (Action Plan)	Exec Director
634	COMMH	PATSAF	26/11/14	31/03/15	NO DENTAL COMPRESSOR	NT	* Non compliant with HTM 01-05 /HTM2022 * Patient safety due to contamination of airline i.e. water and oil which has the potential to enter the patients mouth. Partials of debris from the compressor chamber could cause further damage the equipment to drill dental cart making it unusable. * Contract ends 31.3.15. There is a reluctance to spend money. Cost of a new compressor is £2,904.64 exclusive of VAT.	16	16	HIGH	Equipment maintained by the trust. Equipment on the rolling replacement list. Used on a daily basis and cannot be restricted as required. The compressor runs the air lines for 2 surgeries at Carisbrooke. Inadequate control measures are in place and there are unforeseen consequences for not replacing this equipment. This is a pressure vessel in close proximity to where the patient is being treated (Pressure Vessel Regulations).	I	26.11.14 Approved by RMC members via voting button on e-mail 17.11.14. 31.12.14 Negotiations still in progress. NT.	Agree ownership of the compressor ie the dental service or the estates department; Submitted Risk register entry form. Due for completion 31.03.2015	EDONW
635	COMMH	QCE	26/11/14	31/03/15	FUTURE PROVISION FOR MINOR ORAL SURGERY SERVICE AFTER 31.03.2015	NT	* Dental service is transferring to new mainland provider from 1st April. * MOSS is not part of the contract that went out to tender and won by the new provider. * Staff that work for the dental service support the MOSS for the Isle of Wight Trust and staff will transfer to the new provider	16	16	HIGH	The IOW dental service will continue to support the Moss service until the end of the dental service contract.	I	26.11.14 Approved by RMC members via voting buttons on e-mail 17.11.14. 31.12.14 Discussions ongoing with Commissioners. DC.	Submitted Risk register entry form to Corporate risk register. Dental service will continue to support Max Fac's in the provision until 31.3.15. Due for completion 31.01.2015	EDONW
636	HOSAMB	PATSAF	27/11/14	31/12/14	ST HELENS WARD	DCOLL	* St Helens has recently converted to a 15 elective, 12 emergency bedded ward and is staffed for the 27 beds, but the recent opening of additional beds has seen a high level of patient turnover * Increased pressure due to management of multiple specialties (Elective Surgery/Emergency Surgery/also medical patients due to bed pressures) * Bed availability for Elective patients compromising achievement of Trust RTT Access Standards * Low staff morale due to lack of leadership as the Sister has been off long term sick. Staff are not familiar with nursing medical patients * Infection control policies not adhered to as elective and emergency patients are on the same ward, not always able to segregate due to bed pressures * 2.66 WTE RN vacancies unfilled (1 failed round of recruitment July 2014) going out to advert again now * Increased number of concerns raised by Consultant colleagues re: elective activity not being ring fenced * Lack of Ward Leadership/Management due to long term sickness of ward sister (since 18th August) * Deputy ward sister needing to act down into nursing establishment due to long-term sick of 2 x Registered nurses.	15	15	MOD	* Sister moved from Whippingham and based in St Helens as temporary measure for one month whilst substantive Sister is on annual leave then on phased return (Sister is overseeing both wards but is a physical presence on St Helens) * Matron and General Manager support * Ongoing audits and standards monitoring * Action plan in place to address day to day issues * Relocation of Elective Surgical bed stock old Newchurch ward when refurbishment completed (2014), isolating elective activity * Standard Operating Procedure for St Helens on intranet available to all staff including Bed Managers, Senior Managers on Call and Executives on call * Elective admissions being reviewed and monitored in advance via daily patient flow meetings and weekly review of admissions by Nurse leads in PAAU, Surgery and Orthopaedics * Elective admissions and 'booked beds' tool being developed * PAAU are spreading inpatient elective bed stays into weekend lists to reduce in week peak pressures on wards * Scrutiny approved and going out to recruitment for additional Band 5 nurses to fill vacancies	A	27.11.14 Approved by RMC members via voting buttons on email on 17.11.14. 15/12/14 update - elective surgery relocated to vacant Newchurch ward 08/12/14 RB. 16.01.15 - recruited to vacancies but start date deferred to 1st Feb due to staff covering winter ward. Additional training has been put on.SOP has been done and circulated	8 items listed to date, with latest completion date of 28.02.2015	EDONW
637	CORPRI	GOVCOM	31/12/14	30/04/15	SUBMISSION OF CIDS (Community Information Data Set)	KGY	* The Trust have to start submitting CIDS from April 2015 (mandatory requirement) * Not all Community Services will be recording their data on PARIS in time * Some Community Services are still recording on paper * Risk that the deadline will not be met for submissions	12	12	MOD	PIDS are waiting for further updates from HSCIC around what the CIDS extract will include. Once established the Trust need to determine where this data is captured and how it can be collated ready for submission deadlines. Evaluating the services against the interim guidance from 2011 will help prepare for the updated ISN now overdue (as at 12/01/2015).	I	31.12.14 Approved at RMC on 17.12.14.	4 items listed to date, with latest completion date of 28.02.2015	EDTI

ID	DIR	Risk Subtype	Opened	Anticipated Target/ Completion date	Title	Resp	Description	Rating (initial)	Rating (current)	RAG	Status of Controls in Place	Adequacy of controls	Action summary	Description (Action Plan)	Exec Director
638	CORPRI	GOVCOM	31/12/14	31/03/15	TRUST ARCHIVE RECORDS STORAGE	MP	* Lack of adequate archive record storage capacity (health and corporate records) * Unsuitability of environment and health and safety issues owing to access/egress and general working conditions within several current archive storage areas/locations. * Further funding requirement to maintain / extend off-site storage at Somerton Store beyond 31st March 2015 * Lack of Proactive records management and inability to be able to plan long term.	20	20	HIGH	Short term funding agreed for Somerton Store rental until March 2015 OPARU basement provides additional space but without adequate provision for safe systems of work	I	31.12.14 Approved at RMC on 17.12.14.	6 items listed to date, with latest completion date of 31.07.2015	CSFT

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

ID	DIR	Risk Subtype	Opened	Anticipated Target/ Completion date	Title	Resp	Description	Rating (initial)	Rating (current)	RAG	Status of Controls in Place	Adequacy of controls	Action summary	Description (Action Plan)	Exec Director
380	COMMH	GOVCOM	07/12/09	31/05/15	INCREASED DEMAND ON ORTHOTICS	NT	* sustainability of service provision * 18 week pathway breaches * staff retention * Budget overspend due to demand * inadequate funding	16	20	HIGH	* Improved IT * Admin function centralised * Process improvement via Productives	A	31.07.13 Service remains under resourced for demand. Commissioning to look at alternative pathway through "Integrated AHP Working". CM. 30.08.13 No further update at this stage. CM. 30.09.13 No further update. CM. 28.02.14 Waiting List Initiative funding agreed by CCG until 31 March 2014. Will resubmit Business Case for additional staffing in the new financial year. Demand continues to increase. CM. 31.03.14 Business Case to be submitted during Quarter 1. CM. 15.05.14 Risk managed internally by Service Manager. Ongoing developments of new pathway expected from the CCG by April 2015. LA. 30.09.14 Funding gap has been agreed in principle by the CCG. Business Case for additional demand to be submitted to CCG in 2015-2016. CM. 31.12.14 Bid for Waiting List Initiative funding submitted 1 December 2014. CM.	8 items listed to date, with latest completion date of 30.06.2015	EMD
622	COMMH	PATSAF	28/08/14	31/03/15	SAFEGUARDING CHILDREN TEAM CAPACITY	NT	* All child protection activity is currently running high with a high levels of referrals and child protection conferences * The "new" HantsDirect Multi Agency Hub (MASH) has created additional daily work for the small safeguarding team as we now receive every IOW referral received by HantsDirect * The requirement for multi agency working has increased with extension of MARAC (Domestic Abuse Risk Assessment Conference) , Child Sexual Exploitation Operational meetings and regular multi agency LSCB audit * There is a clear need to increase capacity in order to review & deliver increased safeguarding children training across the organisation * There is a clear need to increase capacity to respond to the increased requirement of safeguarding supervision * At present the team is only able to ensure core function is maintained with no capacity for service development * Succession planning is required to ensure a safe service for the future * Ofsted Inspection of Safeguarding Children pending	20	12	MOD	We have no control over internal or external demand. The current 1.4 wte safeguarding children team are consistently working over their contracted hours to ensure service delivery. This is unsustainable.	U	28.08.14 Approved at RMC on 20.08.14. 26.11.14 Succession planning proposal approved in principle by TEC. Implementation Plan being worked up. Modern Apprentice secured to support administration function. Band 7 recruited. JJ. 31.12.14 Band 6 recruitment progressing to timescale. AS.	8 items listed to date, with latest completion date of 31.03.2015	EMD
632	COMMH	PATSAF	24/10/14	30/06/15	SECLUSION ROOM AND DOORS OUT OF ACTION ON SEAGROVE WARD	DSE	* Inadequate locking mechanisms for the Ward's seclusion room * Duration of time to get appropriate fixtures/replacements is taking much longer than necessary (currently taking three months plus to resolve) * Seclusion room now out of action, bedroom 4 is being used as a temporary but inadequate solution until this is resolved.	20	12	MOD	Bedroom 4 has been utilised as a temporary seclusion area, although is not designed for this purpose at all. Seclusion Door has been made more secure as a short term measure. Awaiting quote which should be received by end of February 2015.	I	24.10.14 Approved at RMC on 15.10.14. Ongoing discussions with Estates regarding plans for conversion of S136 room so it can be used as a second back up seclusion room along with electronic gates for S136 admissions. 31.12.14 Seclusion Door has been made more secure as a short term measure. Awaiting quote which should be received by end of February 2015. JH.	11 items listed to date, with latest completion date of 30.06.2015	EDONW

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

Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28th JANUARY 2015

Title	**Terms of Reference – Remuneration & Nominations Committee**			
Sponsoring Executive Director	**Mark Price, Company Secretary**			
Author(s)	**Company Secretary**			
Purpose	**To approve the updated Trust Board Terms of Reference**			
Action required by the Board:	**Receive**		**Approve**	**P**

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Remuneration & Nominations Committee	03/12/14
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:

N/A

Executive Summary:

The Remuneration & Nominations Committee's terms of reference have been updated in the following areas:

- Update Membership & Quorum
- Revised attendance at meetings
- Revised frequency of meetings

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

Date: 19 January 2015 **Completed by: Company Secretary**

Isle of Wight NHS Trust

Remuneration & Nominations Committee

Terms of Reference

Document Type:	Committee Terms of Reference
Date document valid from:	31st January 2015
Document review due date:	22nd November 2014

AUDIT TRAIL:

Dates reviewed:	3rd December 2014	**Version number:**	V4/2014
Details of most recent review: (*Outline main changes made to document*)		· Update Membership & Quorum · Revised attendance at meetings · Revised frequency of meetings	
Signature of Chairman of Committee: **Print Name:** Danny Fisher **Post Held:** Chairman of Committee **Date: 3rd December 2014**			

Trust Board Approval Authorised Signature	
Authorised by:	**Danny Fisher**
Job Title:	**Chairman of Trust**
Approved at:	**Trust Board**
Date Approved by Trust Board:	**28th January 2015**

REMUNERATION & NOMINATIONS COMMITTEE

TERMS OF REFERENCE

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1. MAIN PURPOSE

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

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

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

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2. MEMBERSHIP & QUORUM

2.1 Membership

2.1.1 The Committee will consist of 4 members

2.1.2 The following membership will be approved by the Board:

- Trust Chairman (Chairman of the Remuneration & Nominations Committee)
- Trust Vice Chairman
- Two other Non-Executive Directors

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

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

Additional Ad Hoc Support from:

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

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

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

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

2.2 Quorum

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

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

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

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

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

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3. ATTENDANCE AT MEETINGS

3.1 It is agreed that all members should endeavour to attend these meetings.

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4. FREQUENCY OF MEETINGS

4.1 The Committee will plan to meet bi-monthly but the Chairman will cancel meetings if there is no business to transact.

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

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5. DELEGATED AUTHORITY

5.1 The Remuneration & Nominations Committee is a formal sub-committee of, and directly accountable to, the Trust Board with delegated authority to decide the remuneration and terms of service of the Chief Executive and Executive Directors.

6. VOTING

6.1 The Remuneration & Nominations Committee will endeavour to make decisions by consensus. Where there is no consensus on a particular matter, that matter may be put to a vote of the members.

6.2 The Chief Executive and Executive Directors in attendance shall not vote.

6.3 In the event of a tied vote, the Chairman of the Remuneration & Nominations committee shall have the casting vote.

7. ROLES AND RESPONSIBILITIES

7.1 **Remuneration**:

7.1.1 To decide and review the terms and conditions of office of the Trust's Executive Directors in accordance with all relevant Trust policies, including:

- Salary, including any performance-related pay or bonus
- Provisions for other benefits, or allowances
- Arrangements for termination of employment and other contractual terms

7.1.2 To monitor and evaluate the performance of individual directors, including the receipt of an annual report on the appraisal of Executive Directors including the Chief Executive.

7.1.3 To adhere to all relevant laws, regulations and policy in all respects, including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate executive directors whilst remaining cost effective. This includes 'Managing Public Money' (HM Treasury), other Treasury, Department of Health and Trust Development Authority guidance.

7.1.4 To advise upon and oversee contractual arrangements for Executive Directors, including but not limited to termination payments.

7.1.5 To consider and seek external approval as required for redundancy payments for all staff above the threshold that requires approval external to the Trust. e.g. from the Trust Development Authority.

7.1.6 To receive a regular report from the Chief Executive on all redundancy payments.

7.1.7 To consider and seek external approval as required for any extra-contractual redundancy severance payments.

7.1.8 To approve the annual Clinical Excellence Awards.

7.2 Nominations:

7.2.1 To regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Board and make recommendations to the Board with regard to any changes.

7.2.2 To give full consideration to and make plans for succession planning for the Chief Executive and other Executive Board Directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed, in particular on the Board in future.

7.2.3 To be responsible for identifying and nominating for appointment candidates to fill posts within its remit as and when they arise.

7.2.4 To consider any matter relating to the continuation in office of any Board Executive Director at any time including the suspension or termination of service of an individual as an employee of the Trust.

7.2.5 To approve and monitor the delivery of the Board Development Programme plan.

7.2.6 To oversee any Board governance assessment of the Trust as part of the Foundation Trust development process.

7.2.7 To consider the engagement or involvement of any suitably qualified third party or advisers to assist with any aspects of the committee's responsibilities for remuneration or nominations.

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8. REPORTING

8.1 The Remuneration & Nominations Committee will record its decisions in formal minutes, a summary of which will be received by the Trust Board. Minutes of the committee will be circulated to members and, if appropriate, to attendees.

8.2 The Committee will prepare an annual report of its activity for consideration by the Audit & Corporate Risk Committee.

8.3 It is the duty of the Board to uphold the Code of Conduct for NHS Managers, which includes the seven principles of public life (The Nolan Committee), namely: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

8.4 The Remuneration & Nominations Committee will provide a 6 monthly summary report to Trust Board

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9. DUTIES AND ADMINISTRATION

9.1 It is the duty of the Committee to uphold the Code of Conduct for NHS Managers, which includes the seven principles of public life (The Nolan

Committee), namely, selflessness, integrity, objectivity, accountability, openness, honesty and leadership, and to maintain the Duty of Candour.

9.2 The Committee will endeavour to uphold the principles and values as set out in the NHS Constitution for England, March 2013.

9.3 The Committee shall be supported administratively by the Committee Administrator, whose duties in this respect will include:

a) Agreement of agenda with Chairman and collation of papers
b) Circulate agenda papers minimum of 5 working days in advance of the meeting
c) Take the minutes
d) In Line with Standing Orders 4.12.5 Electronic Communication, the meeting minutes must state whenever a member/director was in attendance via electronic communication. In order for the meeting to be quorate the member/director must have been able to communicate interactively and simultaneously with all parties attending the meeting for the whole duration of the meeting, so that all members/directors were able to hear each other throughout the meeting
e) Keeping a record of matters arising and issues to be carried forward
f) Maintaining an Action Tracking System for agreed Committee actions
g) In conjunction with the Chairman and Lead Executive Director, prepare an annual report on the effectiveness of the Committee for submission to the Audit & Corporate Risk Committee
h) Maintain an Attendance Register. The completed Register to be submitted to the Trust Chairman and attached to the Committee's annual report
i) Advising the Committee on pertinent areas.
j) To maintain agendas and minutes in line with the policy on retention of records

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10. MONITORING COMPLIANCE WITH TERMS OF REFERENCE

10.1 These Terms of Reference will be reviewed annually to ensure that the committee is carrying out its functions effectively.

10.2 This annual review will include a self-assessment of performance against the specific duties as listed above, together with a review of attendance at Committee meetings.

10.3 Attendance and frequency of meetings will be monitored by the Committee Administrator and reported back to the Committee on a 6 monthly basis.

10.4 Work of other related committees will be reviewed via their minutes on a monthly basis. This will be monitored by the Committee Administrator and reported back to the Committee on an annual basis

10.5 Concerns highlighted when monitoring compliance with the above will be discussed at the Remuneration & Nominations Committee and referred to the Board immediately.

Enc Q1

Isle of Wight NHS Trust

FOR PRESENTATION TO PUBLIC BOARD ON: 28 JANUARY 2015

QUALITY & CLINICAL PERFORMANCE COMMITTEE
Wednesday 17 December 2014

Present:	Sue Wadsworth	Non Executive Director (Chair)
	Nina Moorman	Non Executive Director (Deputy Chair)
	Jessamy Baird	Designate Non Executive Director (JB)
	Alan Sheward	Executive Director of Nursing and Workforce (EDNW)
	Mark Pugh	Executive Medical Director (EMD) (*up to item 14/408)*
	Lisa Reed	Head of Clinical Services for the Community & Mental Health Directorate (Deputising for Sarah Gladdish) (HOCSCMH)
	Sabeena Allahdin	Clinical Director, Hospital & Ambulance Directorate (CDHAD)
	Deborah Matthews	Lead for Patient Safety, Experience and Clinical Effectiveness (LSEE)
	Chris Orchin	Non-Executive Director (Governance and Compliance) Healthwatch IW (HIW) (*up to item 14/409)*
In Attendance:	Theresa Gallard	Safety, Experience & Effectiveness Business Manager (SEEBM)
	Brian Johnston	Head of Corporate Governance & Risk Management (HOCG)
	Cath Love	Quality Manager, Hospital and Ambulance Directorate (QMHAD)
	Sarah Sharp	Information Systems Manager (SS) *(for item 14/394)*
	Louise Laughton	Senior Systems Training and Support Technician (LL) *(for item 14/14/394)*
	Vanessa Flower	Patient Experience Lead (PEL) *(for items 14/408 and 14/409)*
	Jenny Johnston	Clinical Lead for Health Visiting & School Nursing (CLHV) *(for item 14/414)*
	Andy Shorkey	Business Planning and Foundation Trust Programme Management Officer (BPFTMO) *(for item 14/415)*
Minuted by:	Amanda Garner	Personal Assistant

Key Points from Minutes to be reported to the Trust Board

- Item 14/394 – The Committee were updated on the ISIS upgrade
- Item 14/399 – The Committee discussed the Quality Report
- Item 14/399 – The Committee discussed Patient Surveys and asked for an update for the February 2015 meeting.
- Item 14/400 – The Committee were updated on mortality rates.
- Item 14/404 – The Committee received positive assurance regarding the Quality Improvement Plan
- Item 14/405 – The Committee discussed SIRIs relating to pressure ulcers in the Community Directorate
- Item 14/415 – The Committee approved the Board Self-Certification

Minute No.	
14/391	**APOLOGIES FOR ABSENCE**
	Apologies were received from Sarah Gladdish, Clinical Director, Community & Mental Health Directorate (CDCMH) and Ian Bast, Patient Representative (PR). Introductions were made and the EMD and HIW notified the Chair that they would have to leave the meeting early.
14/392	**CONFIRMATION OF QUORACY**
	The Chair confirmed the meeting was quorate.
14/393	**DECLARATIONS OF INTEREST**
	There were no declarations of interest.
14/394	**ISIS UPGRADE**
	SS and LL attended the meeting and updated the Committee regarding the ISIS upgrade. SS advised that following feedback from clinicians, the team have been working with the software company (CGI) to incorporate and prioritise some of their wish list into ISIS. SS showed snap shots of the system to the Committee of the Configurable Home Page, Improved Navigation, Patient Timeline Enhancements and Tagging Patients. SS advised that eventually there will be a portal for GPs to see Trust information relating to their patients. SS advised that Paris is the system used by Community and ISIS is the system used by Acute and each system will be able to link into the other. The Deputy Chair asked if prescribing and pathology is on the Paris System. SS advised that these are on standalone systems but eventually will be integrated. HIW asked if the upgrade will avoid staff having to duplicate information onto two systems. SS advised that it will with information being shared between the two systems. JB advised that other Trusts are piloting a patient portal giving them access to information about their care. The EDNW queried if “Patient Tagging” was the most appropriate phrase and where this had come from. LL advised that this was likely from the software company and JB suggested using the phrase “favourites”. SS advised that she would feed this back. The Deputy Chair enquired regarding training. LL advised that the system had been demonstrated and clinicians had found it very intuitive and added that there will be supporting documents on the intranet. SS advised that there will be an open day on 8 January 2015 to demonstrate the system and one to one training will be available. LL added that clinicians who have never used the system before will be given training on an individual basis. The CDHAD suggested that this presentation be given at the Lead Clinician meeting which is held weekly. LL will contact SA after the meeting regarding this. JB asked what the risks of downtime of the system were and if an assessment of risks had been completed. SS advised that testing is being completed at the moment and risk assessments being done. She advised that there will be 3 to 4 hours of downtime. The Committee asked why this was not being done during the out of hours period. SS advised that she would look into this. The Deputy Chair asked if this will lead to some paper records stopping. SS advised that this was the overall aim. The EMD advised that the Rheumatology Department is paperless but the Department appears to be in the minority. The Deputy Chair suggested that there be a date set when this will be done. The CDHAD agreed that there needs to be a deadline. LL advised that the challenge is a change of culture however there is engagement from staff. The EMD and the CDHAD agreed that there needed to be a period of three months for staff to reduce and then stop using paper records and they gave their

	full support to this approach. JB enquired regarding the information governance side and a crisis situation should the system crash. LL advised that there are business continuity plans in place. She added that these were discussed at the IM&T Delivery Board and added that this group reports to the Trust Executive Committee (TEC). The Chair agreed that this was a critical point. LL advised that the Trust needs to be paperless by 2018. JB advised that an overview of the timeline would be helpful and that the Board need to see this. The Committee agreed that it needs to check that Trust Board are receiving the relevant strategies and also agreed that a further update in April 2015 would be helpful. ***Action Note**: The Committee to ensure that Trust Board is receiving relevant strategies* **Action by Chair** ***Action Note**: Further update to be scheduled for April 2015.* **Action by PA**
14/395	**MINUTES OF THE LAST MEETING – 19 November 2014**
	The Committee reviewed the minutes of the last meeting held on 19 November 2014. The Deputy Chair advised that the first bullet point in item 14/371 did not read clearly. The Committee reviewed this item and agreed that it should be amended to read "C.diff mortality – a patient died whilst awaiting transfer to a nursing home". The Committee approved the minutes of the meeting with the above amendment ***Action Note**: PA to amend the minutes of the meeting held on 19 November 2014.* **Action by PA**
14/396	**REVIEW OF ACTION TRACKER**
	The Committee reviewed the action tracker as follows: QCPC0203 – The lead for this action to be changed to LSEE and an update will be given to the Committee on 21 January 2015. QCPC0359 – The EDNW advised that this had not been sent as he was waiting for the 12 December 2014 deadline of sending the information to the CQC. It was agreed that the Quality Improvement Plan be a monthly agenda item. ***Action Note**: PA to add QIP on to the agenda to be discussed each month.* **Action by PA** QCPC0142 – The LSEE advised the Committee that this information is being received weekly and measuring is in place and this will be completed by February 2015. QCPC0281 – The SEEBM advised that the template had been completed and shared with the directorates. She advised that this action could be closed. QCPC0291 – The Deputy Chair advised that with regards to the Mortality and Morbidity meetings that an update should be presented to this Committee. The LSEE advised that she is meeting with the clinical leads and this will be in place for the February Committee meeting. QCPC0340 – The SEEBM advised that this is being provided on a monthly basis now and this action can be closed. QCPC0351 – The LSEE advised that a bid has been submitted but that the finance has been oversubscribed but expects an update for the January 2015 meeting. QCPC0356 – The EDNW advised that the meeting went ahead as scheduled on 15 December 2014 and that this action can be closed. ***Action Note**: PA to update action tracker.*

	Action by PA
14/397	**SELF ASSESSMENT**
	The Chair advised that a survey monkey will be sent to the Committee for them to complete a Committee Self Assessment. ***Action Note**: PA to send link to survey to Committee* **Action by PA**
QUALITY	
14/398	**QUALITY REPORT**
	The LSEE advised that the Quality Report is reviewed at the SEE Committee with the Directorates.
14/399	**HOSPITAL AND AMBULANCE DIRECTORATE**
	The LSEE advised that the items highlighted for the Hospital and Ambulance Directorate were emergency readmissions, cancelled appointments and falls management. <u>Emergency Readmissions</u> The CDHAD advised that she would bring further information to the Committee for their meeting in February 2015. The QMHAD advised that their system had recently been changed so that audits are completed on a monthly basis instead of twice a year and lessons are learned and shared more quickly. The Chair suggested that the anticipated outcome would be that these would reduce. The QMHAD advised that most had been unavoidable and the CDHAD added that nationally the Trust was below average. The Committee discussed the crisis response team and suggested that patients are added to a risk profile for their GP to note that they are a high risk patient. The CDHAD advised that within 10 days the first point of contact for surgical patients is the ward but added that this was different for medical patients. JB advised that some Trusts send a text to the Community Teams when a patient is discharged to add them to an at risk caseload. The CDHAD advised that she would review and feedback to the Committee. ***Action Note**: CDHAD to review and feedback to the Committee.* **Action by CDHAD** The LSEE advised that although there was an improvement in assurance that there was still **limited assurance** regarding this. <u>Cancelled Appointments</u> The CDHAD advised that a lot of work is being done to improve this and there is an action plan in place. The QMHAD advised that there has been a 10% reduction over the last 3 months. The CDHAD advised that there had been a workshop held recently and that there will be follow up meetings following this and will feedback to the Committee at the January 2015 meeting. ***Action Note**: CDHAD to feedback to the Committee at the January 2015 meeting.* **Action by CDHAD** The EDNW advised that the issues were part staff, part system and part process and that a standard was being produced that would ensure that patients are seen in the Pre Assessment Unit (PAU) within 3 weeks of their surgery. <u>Falls Management</u> The QMHAD advised that the number of falls with harm had reduced. She added that training, staffing levels and time of days of the falls had been reviewed. The CDHAD

advised that staffing was an issue. The HOCG advised that the Falls Group will be reinstated.

The QMHAD enquired regarding Dr Foster and the EMD confirmed that this was not now being utilised and that the Trust had linked with another Trust to get the SHMI data on a monthly basis. The EMD advised that Dr Foster can be used for deep dives and advised that there is a meeting in January 2015 to review this.

The CDHAD advised that the friends and family test is currently at 14% and this is being reviewed. She added that just for the Maternity Service there are 4 questionnaires to be completed. JB advised that it would be useful to have a table of all the paper based surveys being completed, when they are used and how many are completed. She added that she would like core questions to be included ie regarding dignity. The Deputy Chair suggested that the Business Units would be responsible for this. The CDHAD advised that it may be a year before the new structure is in place and in the meantime this needed to be picked up elsewhere. JB advised that there is no assurance that surveys are being completed and feedback received. The SEEBM advised that the Patient Experience Report had incorporated this information and it was progressing. The Committee asked that an audit be carried out and fed back to at the February 2015 meeting.

***Action Note**: LSEE to arrange for audit to be completed and fed back to the February 2015 meeting.*

Action by LSEE

Level of Assurance Gained – Limited

14/400 COMMUNITY AND MENTAL HEALTH DIRECTORATE

The LSEE advised that there are been an increase in the number of SIRIs reported by the Directorate. The HOCSCMH advised that some had not been attributable to the directorate however an investigation had to been completed for each to ascertain this. She added that there had been an increase in the reporting of Grade 1 and 2 pressure ulcers however there had been a slight decrease in Grade 3 and 4's. The HOCSCMH advised that there had been a number of closed SIRIs and that the Committee would see an increase in these coming through. She added that the Directorate is timelier with closing SIRIs with some recently being closed within 14 days. The Committee agreed that more time needs to be spent on learning lessons from SIRIs.

The LSEE advised that the second key issue was overdue SIRIs. The HOCSSMH advised that there is major work being done on this with 10 being closed within the last couple of days. She added that there is a weekly meeting with the District Nurses and action plans are in place.

The CDHAD asked how the Trust could improve communication regarding action planning and lessons learned. The LSEE advised that there was a good feedback mechanism within the team and would be happy to collate this and share across the directorates.

The LSEE advised that the Trust needs to move forward with governance structures. The EDNW added that engagement in the RCA process with the multi disciplinary teams is key ie with clinical groups and full engagement is required with the full team. The CDHAD agreed that this was a vital mechanism. The EDNW advised that this needs to happen nearer to the patient for rapid learning with the doctor, nurse and manager understanding the risks. He added that assurance is required by this Committee that this is happening. The Committee discussed the governance structure and the SEEBM advised that an action from the SEE Committee was for the Quality Managers to review how lessons are learned. The EDNW advised that there was a bigger picture which included revised job descriptions for the lead clinicians and ward sisters becoming supervisory from 1 April 2015. He added that the SEE is to facilitate a workshop in January 2015 to review this. The CDHAD asked that the clinicians be given 6 weeks notice of this. The Committee agreed that governance needs to be addressed.

The Chair referred to page 5 of the Quality Report and how there had been a mortality

	increase demonstrated for the month although this was consistent with previous year. The EMD advised that December had been similar to the previous year however November 2014 had been low. The EMD highlighted that performance had improved on last year and this was due to a lot of things that had improved ie the Critical Care Outreach Team, electronic prescribing, sepsis care and VTE. JB queried the number of discharges taking place after 10 pm and before 8 am. The Committee discussed this and agreed that many were due to patient choice. The EDNW advised that the Bed Manager receives monthly reports for investigation and that this was included following a Healthwatch report. He added that the vulnerability of groups would be helpful to see included on this report. ***Action Note**: SEEBM to feedback to PIDS regarding revising this slide.* **Action by SEEBM** The Deputy Chair highlighted the maternity dashboard and advised that this was a nice example of a quality matrix. The Committee discussed the level of assurance that they had received regarding the Quality Report. The EDNW asked if the report is providing assurance that the right things are being monitored and measured. The Committee agreed that there was **positive assurance**. JB advised that the information provided is good and useful. The Committee agreed that with regards to safety there was positive assurance however there was **limited assurance** regarding experience and effectiveness with more work required.
	Level of Assurance Gained - Limited
14/401	**REPORT FROM PATIENT SAFETY, EXPERIENCE AND EFFECTIVENESS (SEE) COMMITTEE**
	The LSEE highlighted the following issues discussed at the SEE Committee on 10 December 2014: 1. Quality Improvement Plan – will be added to the QCPC agenda 2. External visits – identified issues around nurses station 3. Intelligent monitoring – reviewing 4. CQC Log – whether St Helens ward would alter the registration 5. CQUINS progress and areas of concern 6. SIRIs – process management 7. Information Governance – junior doctors training 8. Lessons learned following a pressure ulcer review relating to patient moves 9. Counterfeit medicines – all risk assessed prior to ordering 10. Fall update from acute – new lead 11. Safeguarding cases 12. Risk Register – those not being progressed 13. Discharge planning 14. Complaints – those concerning attitude and approach to patients 15. Minutes from Directorate quality meetings 16. Lessons learning – how these are being shared cross directorate 17. OPARU - more work on cancellations including coding correctly 18. Clinical audit programme – still gaps in assurance 19. Audits including falls 20. Ward Manager audit – substantial assurance. Gill Honeywell meeting to put audit programme in place for next year. 21. NICE guidance The Deputy Chair suggested that a summary be issued with the agenda for the next meeting so that it can be reviewed and questions can be raised. The LSEE advised that she is looking into how this can be done and the changing of the Committee meeting dates

	will help giving extra time for this to be completed. The Chair advised that she felt assured that the process is working.
14/402	**INTEGRATED ACTION PLAN – QUARTERLY SUMMARY REPORT**
	The SEEBM advised that this was the usual summary report update on progress relating to the integrated action plan. She added that the plan is to combine this report with the Quality Improvement Plan (QIP). The SEEBM advised that the team are working through the actions for robust updates and those which are still in progress will be added to the QIP. JB highlighted the nutrition lead. The Committee discussed this with the SEEBM advising that this was still in progress and will be carried forward. The EDNW advised that the Nutritional Group currently reports to the Health & Safety Committee. He added that the Ward Accreditation Programme will set the standards. The EDNW suggested that the Nutritional Steering Group should regularly assess menus etc. JB suggested using volunteers in some capacity. The EDNW advised that a Trust plan for nutrition is required. JB asked that the Committee is updated on the programme. The Committee agreed that this will be part of the Quality Improvement Framework and will be updated in February 2015. ***Action Note**: PA to add to rolling programme* **Action by PA** The Committee discussed the Integrated Action Plan and the plan to integrate this into the QIA and agreed that they had received **positive assurance.**
	Level of Assurance Gained - Positive
14/403	**QUALITY GOVERNANCE FRAMEWORK – QUARTERLY SUMMARY REPORT**
	The SEEBM advised the Committee that this report relates to the actions in the Quality Governance Action Plan with two further actions being completed since last month and progress has been made on other actions. The SEEBM advised that since the publication of the Care Quality Commission inspection report and the delay in the organisation progressing on its FT journey, there now needs to be a full review of all actions within the Quality Governance Assurance Framework Action Plan, taking into account the pending introduction of the new 'Well Led Framework.' The Committee asked that the Company Secretary updates the Committee regarding the implementation of the Well Led Framework. ***Action Note**: Company Secretary to update the Committee.* **Action by Company Secretary** The Committee discussed the Quality Governance Framework and agreed that they had received **positive assurance**.
	Level of Assurance Gained - Positive
14/404	**QUALITY IMPROVEMENT PLAN (QIP)**
	The LSEE updated the Committee on the QIP and advised that there were currently three areas of non compliance – Actions 4, 5 and 20. The LSEE advised that there was concern at the CQC regarding the Trust's pace to respond. The EDNW updated the Committee on the plans in place for the Trust to be compliant in these areas. The LSEE advised that the CQC would be meeting today to discuss the information provided by the Trust and will feedback their findings within the next few weeks. The LSEE advised that the Trust would now be moving on to review the wider actions. The Committee discussed the information provided and agreed that they had received **positive assurance** regarding the process but limited assurance on the outcomes.
	Level of Assurance Gained (process) - Positive

	Level of Assurance Gained (outcomes) - Limited
PATIENT SAFETY	
14/405	**SERIOUS INCIDENTS REQUIRING INVESTIGATION (SIRIs) – TO BE SIGNED OFF**

The Committee discussed the following SIRIs:

Acute (old directorate cases)
2014/18865 – The Committee approved sign off.
2013/14210 – The Committee approved sign off.

Planned (old directorate cases)
2014/1502 – The Committee approved sign off.

The CDHAD advised that usually on the agenda there is an item for the Directorate to update the Committee on the top three issues. The Committee discussed this and agreed that this would come under the item where the Directorates discuss the Quality Report and asked for this to be made clearer on the agenda.

***Action Note**: PA to add to the agenda for the next meeting*

Action by PA

The CDHAD advised that the directorates top issues were

1. Beds – 6 extra beds have been opened on MAU however the configuration needs to be reviewed
2. Staffing of beds

It was agreed that the EDNW and the CDHAD will meet to discuss these issues. The EDNW added that the operational hub is now set up.

Community Directorate
The Committee approved sign off of all of the following Community Directorate SIRIs (10 No):

2013/16958
2013/15188
2013/20162
2013/31038
2014/14190
2014/13336
2014/14411
2014/23229
2014/15266
2014/23231

The Deputy Chair advised that recent progress was good and requested that an update on how all the actions and lessons learned are being put together. The HOCSCMH advised that the SIRI meetings now involve nursing homes. The EDNW advised that despite the actions and training in place patients were still coming to harm and was disappointed that a number of the SIRIs for close off today were 12 months out of date. The HOCSCMH explained some of the reasons for the delays.

The Committee agreed that they had received **limited assurance** and asked for a brief paper outlining the plans for improvement at the February 2015 meeting.

***Action Note**: HOCSCMH to provide report to February 2015 meeting.*

Action by HOCSCMH

	Level of Assurance Gained - Limited

14/406	**INFECTION PREVENTION AND CONTROL (IPC) – UPDATE ON IPC ISSUES**
	The LSEE gave a verbal update to the Committee on Infection Prevention and Control Issues including an update on the visit by Dr Mercia Spare. Dr Spare is the Head of Infection Prevention and Control for the NHS Trust Development Authority and she will feedback on her findings in January 2015. The LSEE also updated the Committee on the meetings into the seven catheter related incidents and advised that there needs to be more collaborative working as not all staff areas had attended to give their input. The Committee discussed the scheduling of RCA meetings and agreed that all staff groups involved should attend. The EMD and CDHAD advised that they fully supported the process. The Committee discussed and noted the update and agreed that they had received **limited assurance**.
	Level of Assurance Gained - Limited
14/407	**SURGICAL OUTCOME DATA**
	The EMD updated the Committee on the Consultant Outcomes Publication published by the Healthcare Quality Improvement Partnership (HQIP) in November 2014. The EMD updated the Committee on the specialities included in the publication and advised that the Trust was within limits. The EMD advised that there is currently a review taking place and this is due for completing during the beginning of the New Year. The Committee agreed that this report was very useful and agreed that they had received **positive assurance**.
	Level of Assurance Gained - Positive
	The EMD had to leave the meeting at this point and advised the Committee before he left that there had been two unannounced CQC Mental Health Act Visits to the Trust over the last two days and advised that there were no major issues. He added that a report will be presented to the SEE Committee.
PATIENT EXPERIENCE	
14/408	**PATIENT STORY**
	The Committee viewed a video of a patient giving positive feedback on the care they received whist an inpatient on the Stroke Unit. The patient was very complimentary about staff on the Unit including the Speech Therapists and Physiotherapists. The Committee asked that their thanks were given to all staff involved. The EDNW advised that he will draft a letter to the staff on behalf of the Committee. JB noted that the questioning of the patient was an improvement on previous patient stories. ***Action Note**: EDNW to draft letter to Stroke Unit.* **Action by EDNW** The Committee agreed that they had received **positive assurance**.
	Level of Assurance Gained - Positive
	HIW had to leave the meeting at this point and advised the Committee before he left that he had found the Visual Impairment Inspection Report very interesting and will be making this available within his organisation.
14/409	**PARLIAMENTARY & HEALTH SERVICE OMBUDSMAN (PHSO) REPORT INTO COMPLAINTS**
	The PEL updated the Committee regarding the PHSO report which was published on 26 November 2014 relating to complaints received by them regarding acute Trusts during 2013/14 and quarters 1 and 3 of 2014/15. The PEL updated the Committee on the Trust's performance and advised that our data does not tally with that of the PHSO. The PEL

	added that the Trust does advise complainants to contact the PHSO if they are not happy with our response and added that it was important that all complaint responses are full and thorough. The PEL advised that they are challenging the data. She added that the Trust is benchmarked against acute Trusts and highlighted that open Trusts will get more PHSO enquiries. The PEL advised that the number of upheld PHSO cases is very low and will update the Committee further when clarity is received from the PHSO. The Committee agreed that they had received **limited assurance.**
	Level of Assurance Gained - Limited
14/410	**VISUAL IMPAIRMENT INSPECTION – STROKE AND REHABILITATION WARDS**
	As the PR was not in attendance it was agreed to carry this item over to the meeting in January 2015. ***Action Note**: PA to advise the PR and agenda for January 2015 meeting.* **Action by PA**
CLINICAL AUDIT AND GOVERNANCE	
14/411	**BAF QUALITY OBJECTIVES – QUARTERLY UPDATE**
	The HOCG updated the Committee on the section of the BAF related to the Quality objective, showing all amber/red rated risks and their associated action plans, together with the archived green rated risks that are reviewed quarterly. He advised that there are 54 risks in total, 42 of which are green, 10 were amber and 2 were red. The HOCG added that the 2 red risks were CQC related. The HOCG advised that a lot of work has been done relating to the amber risks and expected a number to turn green over the next couple of months. The Committee agreed that they had received **limited assurance**.
	Level of Assurance Gained - Limited
14/412	**CQC INSPECTION ACTION PLAN – MENTAL HEALTH QUARTERLY REPORT**
	The HOCG advised the Committee that every time that Mental Health Services have an inspection visit from the CQC any recommendations made are added to this central log and actions are tracked. He added that any recommendations from the two visits this week will be added. The HOCG advised that this action plan gives a complete picture of actions and where progress is at. JB advised that a couple of the actions had also been picked up by her on previous visits to the Directorate. The Committee discussed the Trust Board Visits and agreed that these need to be re-established and a summary of the actions be presented to this Committee. ***Action Note**: The EDNW to arrange for Trust Board Visits to be re-established.* **Action by EDNW** The Committee agreed that it had received **positive assurance**.
	Level of Assurance Gained - Positive
14/413	**CLINICAL AUDIT POLICY**
	The LSEE advised that the Clinical Audit Policy was presented to the Committee for information. The Deputy Chair advised that she had reviewed this previously and that her comments had been incorporated. The LSEE advised that the Clinical Audit Programme is designed to start in January 2015.

14/414	**OFSTED INSPECTION REPORT (SERVICES FOR CHILDREN IN NEED OF HELP AND PROTECTION)**
	The CLHV presented her report to the Committee which summarised the outcome of the recent 2014 Ofsted Inspection of Children's Safeguarding on the Isle of Wight. The CLHV advised that the outcome was "requires improvement" and this was the best possible result in the circumstances. She added that there is still a lot of work to do and the momentum needs to continue. The Deputy Chair noted that Professor Ray Jones, Independent Chair of the Children's Improvement Board, had formally requested the discontinuation of the Children's Improvement Board and added that there had been impressive progress. JB noted that one of the actions related to Paris and asked the PA to ensure that the Executive Director of Transformation and Integration (EDTI) was aware of this. ***Action Note**: PA to forward report to the EDTI.* **Action by PA** The Committee agreed that they had received **positive assurance**. The Committee extended their thanks to the CLHV and wished her a happy retirement on 31 December 2014.
	Level of Assurance Gained - Positive
CLINICAL PERFORMANCE AND RISK	
14/415	**BOARD SELF CERTIFICATION**
	The BPFTMO advised the Committee that the assurance documents had been refreshed and there had been no compliance status changes. The Committee discussed the compliance dates for Board Statements 1, 2 and 6 and how there link directly to the CQC enforcement action. The BPFTMO will amend these dates to April 2015 as the Trust has not declared full compliance as required by the CQC. The Committee recommended that the Trust Board take a view on Board Statements 13 and 14. The BPFTMO advised that regarding Board Statement 10, GRR (Governance Risk Rating) that no data had been received yet and recommended that the delivery date be amended to January 2015. The Committee agreed. The Committee approved the Board Self Certification.
14/416	**ANY OTHER BUSINESS**
	<u>IV Fluid Management</u> The Deputy Chair highlighted the NICE Guidance on IV Fluid Management. The SEEBM confirmed that this data is captured. The Committee extended their thanks to the HOCG and wished him a happy retirement on 31 December 2014.
14/417	**<u>DATE OF NEXT MEETING</u>**
	Wednesday 21 January 2015 Time: 9 am to 12 Noon Venue: School of Health Sciences Building, St Mary's
	Signed: _____ Chair Date: _____

Enc Q2

Isle of Wight NHS Trust

FOR PRESENTATION TO PUBLIC BOARD ON: 28 JANUARY 2015

QUALITY & CLINICAL PERFORMANCE COMMITTEE
Wednesday 21 January 2015

Present:	Sue Wadsworth	Non Executive Director (Chair)
	Jessamy Baird	Designate Non Executive Director (JB)
	Alan Sheward	Executive Director of Nursing and Workforce (EDNW)
	Mark Pugh	Executive Medical Director (EMD)
	Sarah Gladdish	Clinical Director, Community & Mental Health Directorate (CDCMHD)
	Sabeena Allahdin	Clinical Director, Hospital & Ambulance Directorate (CDHAD)
	Deborah Matthews	Lead for Patient Safety, Experience and Clinical Effectiveness (LSEE)
	Ian Bast	Patient Representative (PR)
	Chris Orchin	Non-Executive Director (Governance and Compliance) Healthwatch IW (HIW)
In Attendance:	Theresa Gallard	Safety, Experience & Effectiveness Business Manager (SEEBM)
	Glenn Smith	Tissue Viability Nurse (TVN) *(for item 15/014)*
	Amy Rolf	Senior HR Manager (SHRM) *(for item 15/015)*
	Emily Macnaughton	Consultant Microbiologist (CM) *(for item 15/016)*
	Andy Shorkey	Business Planning and Foundation Trust Programme Management Officer (BPFTMO) *(for item 15/022)*
Observing	Penny Emerit	Portfolio Director, Trust Development Authority
	Sarah Hughes	Deputy Clinical Quality Director, Trust Development Authority
Minuted by:	Amanda Garner	Personal Assistant (PA)

Key Points from Minutes to be reported to the Trust Board

- Item 15/008 – The Committee discussed the Quality Report - cancelled appointments were highlighted as an issue. The Committee gained **limited assurance.**
- Item 15/008 - The Committee discussed the Quality Report and highlighted issues around the assurance process. The Committee gained **limited assurance.**
- Item 15/006 - The Committee were updated on Infection, Prevention and Control issues. The Committee gained **limited assurance.**
- Item 15/025 - The Committee discussed governance processes and were informed of a Quality Framework meeting to be held on 23 February 2015.
- Item 15/020 - The Committee discussed the Visual Impairment Inspection Report. The Committee gained **positive assurance** on the process but **limited assurance** regarding the outcomes.

Minute No.	
15/001	**APOLOGIES FOR ABSENCE**
	Apologies were received from Nina Moorman, Deputy Chair (DC) and Vanessa Flower, Patient Experience Lead (PEL).

	The Chair welcomed colleagues from the Trust Development Authority (TDA) to the meeting and introductions were made.
15/002	**CONFIRMATION OF QUORACY**
	The Chair confirmed the meeting was quorate.
15/003	**DECLARATIONS OF INTEREST**
	There were no declarations of interest.
15/004	**MINUTES OF THE MEETING HELD ON 17 DECEMBER 2014**
	The Chair advised that the levels of assurance received by the Committee at the meeting should have been included in the key points to be reported to Trust Board. She also advised that whilst the Committee was assured on the process of the Quality Improvement Plan it had received **limited assurance** on the outcomes. The Chair advised that she would clarify these points when she presented the minutes to Trust Board on 28 January 2015. JB asked that the last paragraph of item 14/399 be amended and "ie regarding dignity" be removed. The EMD asked that paragraph 5 of item 14/400 be amended and "VTE" removed and amended to "AKI (acute kidney injury) management". The minutes of the meeting held on 17 December 2014 were approved with the above amendments. ***Action Note**: PA to amend minutes of meeting held on 17 December 2014.* **Action by PA**
15/005	**REVIEW OF ACTION TRACKER AND ASSURANCE TRACKER**
	The Committee reviewed the Action tracker. QCPC0363 – The Committee discussed this item which related to ISIS and the system being upgraded recently resulting in it being out of use for half a day. JB advised that a clear timeline on the full roll out of ISIS needs to be presented to Trust Board by the Executive Director of Transformation and Integration (EDTI) ***Action Note**: Trust Board to be updated on the full ISIS roll out.* **Action by EDTI** HIW advised that there were a number of outstanding actions which relate to Emergency Readmissions and suggested that the Committee cover these in one session. The Committee discussed this. The CDHAD advised that there is an audit completed monthly on this and the Committee is updated on a quarterly basis. She advised that the most recent audit showed that only five re-admitted patients had been avoidable re-admissions, three of which related to the Hospital and Ambulance Directorate. The CDHAD added that this figure is currently below national average and is one of the areas that she is least concerned with. The SEEBM advised that she would review the actions relating to Emergency Admissions to see if they can be consolidated into one action. ***Action Note**: SEEBM to review actions relating to Emergency Admissions.* **Action by SEEBM** QCPC0361 – The EDNW advised that this action related to a co-ordinated review of oncology with colleagues from the Clinical Commissioning Group (CCG) and this is scheduled for 27 February 2015. JB advised that she had today flagged oncology pathways to the Trust's Chief Executive Officer. The EDNW advised that the visit is to gain

	assurance as part of the patient pathway. The Committee agreed that it would be useful to see the Acute Oncology Action Plan at the next meeting. The EMD advised that this would be presented by Diane Adams, Diagnostic Imaging Manager. ***Action Note**: Diane Adams to be invited to the Committee meeting on 25 February 2015.* **Action by PA** The Committee reviewed the Assurance Tracker and agreed on the due dates. The EDNW advised that he would review the tracker and decide which group ie this Committee or SEE will action these. ***Action Note**: EDNW to review Assurance Tracker* **Action by EDNW** The CDCMH suggested that when the Committee receives "limited assurance" that they consider what assurance will look like.
15/006	**SELF ASSESSMENT**
	The Chair advised that Self Assessment Results had made interesting reading and the comments were very helpful. She added that the Committee will take the comments on board and work on these. The EDNW agreed that it was encouraging and right for the Committee to continue to self evaluate. JB advised that she found the comment concerning KPI's to be interesting. The CDCMH advised that this was her comment and she was relating to what the Committee has achieved in terms of monitoring and she was not sure how this could be evidenced. The EMD agreed that the results were positive however thought that the questions were very generic and suggested that they relate to themes ie quality goals. He agreed that the Committee should be able to evidence that it has made a difference. The EDNW updated the Committee on how it will feed into the Quality Account and advised that there is a Quality Governance Meeting scheduled for the end of February 2015. The Committee agreed that the questions should be reviewed and amended for the next self assessment. The EMD advised that the Committee has evolved and agreed that a 6-monthly self assessment was appropriate. The SEEBM added that it is a requirement that these results are provided to the Audit and Corporate Risk Committee. ***Action Note**: The PA to send to the results of the self assessment to the Audit Committee and discuss the review of the self assessment with the Company Secretary.* **Action by PA**
QUALITY	
15/007	**QUALITY REPORT**
	The LSEE presented the Quality Report to the Committee and highlighted the following: 1. Clostridium difficile cases – there has been one additional case and the Trust is now over Trajectory. The recent case will be subject to review. 2. Clinical Incidents resulting in harm – 83 in December 2014, 7 of which resulted in major harm and 3 catastrophic incidents. The catastrophic incidents have been investigated and one of these may convert to a major. A significant number of incidents relate to pressure ulcers and falls. 3. Complaints – these have increased and are above the monthly target. 4. HAPPI Audit – this relates to prescribing protocol and will be discussed with the Chief Pharmacist as to whether it can be removed. The EMD advised that he would need to be reassured that clinicians are prescribing to protocol and clinical care is where it should be. JB suggested that there may be another way of checking. The EMD added

that the Trust may have to complete a random sample for assurance.

5. Friends and Family Test – significant increase in the Emergency Department's response rate in December 2014 of 28%. The year to date response rate is currently at 18% slightly below the year to date target of 20%.

The CDHAD advised that the Directorates do not get the Quality Report in time. The LSEE advised that the Quality Report was issued on Tuesday 13 January 2015 the day before the SEE Committee meeting however from February 2015 the Directorates will be issued with the Quality Report a week prior to the SEE meeting.

JB highlighted some possible discrepancies in the figures in the summary report and the figures in the detailed report. The Committee discussed this. The EDNW highlighted the graph on Slide 8 with a labelling error. The SEEBM advised that she would review these with the Performance, Information, Decision, Support Team (PIDS)

The Committee agreed that some of the figures were not in context and a percentage of harm overlaid with activity would be more meaningful. JB added that ratios would also be helpful. The EDNW advised that a lot of work has been done on reviewing major incidents and getting down into the detail. The EMD added that it was evident that there was more reporting of incidents and this was good.

***Action Note**: The SEEBM to review the Quality Report with the PIDS team.*

Action by SEEBM

15/008 **HOSPITAL AND AMBULANCE DIRECTORATE**

The CDHAD gave a verbal update to the Committee on aspects of the Quality Report relating to the Hospital and Ambulance Directorate (HAD) highlighting the following:

1. Re-admissions – the audit showed 65 re-admissions, 5 of which were avoidable with 3 relating to the HAD. These will be actioned and the findings will be reported back to this Committee.

2. Cancelled appointments – issues have been raised regarding the number of cancellations made by the Outpatient Appointments and Records Unit (OPARU) and the Pre Assessment Unit (PAU). The CDHAD advised that two focus meeting groups have been set up but assurance cannot be given that all of the issues have been addressed. The CDHAD updated the Committee on the work that is being done including letters being sent to patients reminding them of their appointments with the result that there has been 100% attendance at some clinics. Moving appointments shows as cancellations and this is being addressed. OPARU has had increased sickness resulting in understaffing which is affecting booking appointments however sickness is now reducing. Work is being done to improve staff morale, reduce sickness levels and reduce cancelled operations. Work is also being done to ensure that appointments that show as cancelled have actually been cancelled and not just moved. The process for patient outcomes is significantly better with all patients now having an outcome on the system. The Team have made significant progress however organisational change is required and job descriptions need to be redesigned. Staff are engaged in solving problems. The CDHAD advised that a Learning Collaborative had been started and was making good progress.

   The SEEBM advised that the SEE Committee are monitoring this and have asked for a detailed report to be presented at their next meeting. The CDHAD advised that she will be providing feedback on all aspects.

   The EMD advised that it would be helpful to see the number of patients versus

percentage of clinic slots and used the examples of chemical pathology which had 22 cancellations which may be a large percentage and orthopaedics which had 226 cancellations however this may be a small percentage. He suggested that this would make the figures more meaningful. The SEEBM advised that she would feed this back to PIDS. JB suggested that the report, once it has been fed back to SEE that it be presented to Board Seminar for further discussion. The CDCMH identified that there were two separate issues; one being that data is correct and the other how the Trust is managing to ensure that operations are not cancelled.

***Action Note**: The SEEBM to review the Quality Report with the PIDS team.*

Action by SEEBM

The EDNW updated the Committee on the role of the Learning Collaborative, how it was set up for six weeks in duration and is monitoring the resulting action plan. He added that there needs to be a decision on what happens at the end of the six weeks and for an agreement on where the actions will be picked up within the directorate. He added that it was important for the actions to be managed and owned locally. The Chair asked how assurance would be given to this Committee and Trust Board. The SEEBM advised that she would expect the output from the Learning Collaborative to be presented to the SEE Committee. The EDNW explained that the Learning Collaborative is new and involves clinical engagement. He added that when the process ends the action plan will be part of the Quality Improvement Framework with the directorate being responsible for oversight and governance, reporting to SEE, who will provide assurance to this Committee. The Committee agreed that a progress update to Trust Board Seminar would be helpful.

***Action Note**: Progress update to be provided to Trust Board Seminar.*

Action by EDNW

The EDNW advised that the Quality Governance Framework meeting is being arranged for 23 February 2015 by the LSEE and invites will be sent out in due course.

3. Maternity - the year to date trend for caesarean section rates is 20%. Small numbers influence the data significantly. Breast feeding is at 66% and the department will continue to strive to achieve the 80% target. The CDCMH noted that every three months the caesarean section rate increases. The CDHAD advised that this had been reviewed in detail.

4. Clostridium Difficile - now at 8 cases and this is being reviewed.

5. Pressure ulcers - limited assurance as targets are not being achieved.

6. Orthopaedics Report - The CDHAD updated the Committee on this National Report with two areas being noted as best practice but mortality and morbidity being slightly higher than the national average. She also updated the Committee on the recruitment of an Ortho-geriatrician explaining how this is currently being covered.

The Chair advised that there had been a National Hip Audit and the EDNW advised that this will be presented to the Committee at the meeting in February 2015. The EMD advised that the Trust is failing the target of getting patients to theatre within 36 hours.

***Action Note**: PA to add to rolling programme*

Action by PA

JB advised that End of Life was noted as "inadequate" by the Care Quality Commission (CQC) in their report and asked if the mortality includes community beds. The CDCMH confirmed that it does. JB was interested to know how many patients die in their place of choice and suggested that the two are tied together on the dashboard. The CDCMH advised that beds managed by the Community Directorate may include acute patients and they may have to be separated out. JB advised that this will affect mortality ratios. The EMD added that there was no reliable way of gathering data however the number was smaller than the national average and not a major concern. He added that there is better information received from GPs now with information reported to the Hub for putting on to the Valencia system which feeds into ISIS. The CDCMH advised that the End of Life Clinical Education Facilitator will provide an update to the Committee at the March 2015 meeting. The CDCMH advised that the Directorate wanted to get the strategy right for the directorate and then link in for the bigger picture. The Committee agreed that it would be helpful to tie the two together and present at the March 2015 meeting.

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

Action by PA

The Chair noted that the Quality Report contained a Ward Dashboard Summary and that none of the information contained in this had been covered. She asked that for next time both Directorates update the Committee on this especially the wards which have 6 or 7 reds. She added that the Directorates need to make use of this data or adapt it so that it is useful.

***Action Note**: The Directorates to include Ward Dashboard Summary in their report*

Action by CDHAD/CHCMH

The Committee agreed that they had gained **limited assurance**.

Level of Assurance Gained – Limited

15/009 **COMMUNITY AND MENTAL HEALTH DIRECTORATE**

The CDCMH gave a verbal update to the Committee on aspects of the Quality Report relating to the Community and Mental Health Directorate (CMH) highlighting the following:

1. Pressure ulcers continue to be a challenge and this was discussed at the SEE Committee last week.

The Committee discussed the duplication of information being presented to the SEE Committee and this Committee. The SEEBM advised that the SEE report will give highlights and lowlights and the Directorates need to provide assurance. The Committee agreed that the meeting would flow better if the SEE Report came before the Directorate Reports on the agenda.

***Action Note**: PA to review agenda*

Action by PA

The CDCMH advised that there was little in the Quality Report that related to the CMH directorate. The CDHAD advised that the team meet a week before and all the information provided by the Directorates is included in the SEE report. She added that the Directorates come to this Committee to highlight issues. The EDNW advised that it was fine for there to be duplication as there was a need to make sure that the Committee remains as an assurance Committee understanding the key risks following the SEE Committee meeting. He added that the Committee needs to be assured that the Directorates are monitoring and managing their risks together with providing assurance that actions are being taken. The CDHAD and CDCMH agreed that they do not have the detail. The EDNW advised that they needed to have oversight of the governance. The CDHAD advised that they should not be duplicating and should be reporting high level issues to the Committee. JB agreed that key issues should be reported. She advised that the information provided does not match that

	being reported to Trust Board which includes Mental Health and Ambulance. She added that the Committee need to know the big hitting concerns but do not need to know the detail. HIW noted that there has been a spike in pressure ulcers over the last couple of months and some context would help. The EMD agreed that something like the Trust Board Report would be helpful. The EDNW advised that he would work with SEEBM and PIDS to disaggregate the report. He added that service level quality dashboards are being developed. The Committee agreed that they had gained **limited assurance**. ***Action Note**: EDNW to review the Quality Report with SEEBM and PIDS* **Action by EDNW**
	Level of Assurance Gained - Limited
15/010	**REPORT FROM PATIENT SAFETY, EXPERIENCE AND EFFECTIVENESS (SEE) COMMITTEE**
	The LSEE presented the SEE Report following the meeting on 14 January 2015 to the Committee, highlighting the following: 1. Quality Improvement Plan - the CQC warning notice has been lifted. There remain 102 actions and these are being reviewed at weekly meetings with the Directorates to dig into the detail focussing on the top concerns. The HAD has a dedicated resource and Patients Council Representatives and the Quality Champions are assisting in testing a number of actions within the plan. The SEE Committee gained **limited assurance** from the directorates that all actions are progressing. 2. Commissioning for Quality & Innovation (CQUINs) Progress - The Trust achieved all quarter 3 required submissions. Increase in pressure ulcers in December - need five consecutive months of decrease - likely that only partial payment is achievable. Data is being validated to confirm and there had been IT issues. All other CQUINs on target. The SEE Committee gained **negative assurance** on the Pressure Ulcer CQUIN but **positive assurance** on all other CQUIN schemes. 3. CQC Intelligent Monitoring Action Plan - no risks highlighted. **Assurance provided**. 4. Long Term Quality Plan - the Directorates provided their updates. Cancelled appointments remain a concern and a full plan has been requested for the next meeting. Pressure Ulcers are still the main cause for concern. **Limited assurance**. 5. Serious Incidents Requiring Investigation (SIRIs) - to be covered later in the meeting as a separate agenda item. 6. Clinical Negligence Claims Quarterly Report - problems around Coroner's cases with a significant number and issues with time commitments. The Trust could benefit from a 10% cost reduction/payment as part of the "Sign up to Safety Campaign". Plan to go to the Trust Executive Committee (TEC) regarding this. Twelve organisations have submitted a bid. **Positive assurance.** 7. Safeguarding Vulnerable Adults overview - considerable risks associated with timeliness of appointing investigating officers and releasing staff to carry out investigations. Concerns regarding the type of incidents relating to areas of high pressure and low staffing. **Limited Assurance.**

8. Healthwatch Report - Hearing Loss - the report highlighted similar themes to those identified by the Trust. Work is progressing on the recommendations. **Positive assurance.**

9. End of Life Implementation Group update - a detailed update was given to the SEE Committee. An update will be provided to the Committee every other month. **Positive assurance.**

10. Complaint Timescales - still significant problems and a detailed report has been requested for the March 2015 SEE Committee meeting. **Limited assurance.**

11. Clinical Audit - Quarter 3 report - national audit status - one audit not submitted on time. **Negative assurance**. Local audit status - completed or progressing to time. Clinical Audits well monitored. **Positive assurance.**

    JB advised that there had been a report of Mental Health audits provided to the Mental Health Act Scrutiny Committee which were due to be completed in October 2013 from the Commissioner. The Committee discussed this and agreed that this audit may have been a direct request from the Commissioner and needed to be closed off. The EDNW advised that such requests should come through the Clinical Quality Review Meeting (CQRM) which there would be a clear audit trail. The SEEBM advised that she would review these with the Mental Health Act and Mental Capacity Act Lead.

***Action Note**: SEEBM to review Mental Health Audits with MHA & MCA Lead.*

Action by SEEBM

12. NICE Guidance Status Report - 12 items of guidance issued during November 2014, 5 of which are not applicable to the Trust, 3 of the 7 which are applicable have been completed. CMH highlighted a risk relating the Public Health. **Process - positive assurance.**

13. NICE Guidance - new Guidance - **assurance provided.**

14. NICE Guidance - New Pro-formas for final sign off - going to Quality meetings. **Assurance provided.**

15. Coroner's Inquests Outcomes - increase in Coroner's cases. The EMD updated the Committee and advised that there was a new Coroner and issues have been escalated to him. **Assurance provided.**

16. Sub Committees - Tissue Viability Steering Group - meeting needs to get back on track especially due to concerns around pressure ulcers highlighted at the meeting.

The LSEE advised that the top issues included pressure ulcers and local learning collaboratives will be instigated and the Operational Committee will be re-instigated. The Chair noted that length of stay correlates with pressure ulcers. The TVN advised that there is a correlation between case loads and complexity and the collaborative will be in place by the end of February 2015. The EDNW advised that it was useful to see which steering groups were reporting to SEE and would like to see the objectives of the group and receive assurance that they are on target.

***Action Note**: The LSEE to include objectives and assurance against these objectives in future reports.*

Action by LSEE

15/011	**QUALITY IMPROVEMENT PLAN (QIP)**
	The Committee agreed that this had been covered earlier in the meeting.
PATIENT SAFETY	
15/012	**SERIOUS INCIDENTS REQUIRING INVESTIGATION (SIRIs) – TO BE SIGNED OFF**
	The Committee discussed the following SIRIs: Planned (old directorate cases) 2014/26951 - The Committee approved sign off Community Directorate 2014/7519 - The Committee approved sign off 2014/15252 - The Committee approved sign off 2014/18079 - The Committee approved sign off 2014/26457 - The Committee approved sign off Other Corporate Areas 2014/32970 - The Committee approved sign off
15/013	**STATUS REPORT ON ALL SIRIS**
	The LSEE advised that the Trust's average is 55 open SIRIs, with just over 60 at the moment. She advised that SIRIs should be completed within 45 days with 22 currently being overdue. She added that the majority were with the Commissioner awaiting closure. The LSEE advised that there are weekly meeting with the Directorates regarding the SIRI process and they will be reviewing in detail those that are overdue. The LSEE advised that there are delays in getting Investigating Officers appointed and then getting reports submitted. She advised that there were also training issues but added that two 2-day courses have been arranged in March and May 2015 to address this. She added that the majority of SIRIs related to pressure ulcers. The EDNW suggested that the Community Directorate batch pressure ulcer SIRIs by locality. ***Action Note**: Community pressure ulcer SIRIs to be batched by locality.* **Action by CDCMH** JB noted that the total number of pages for papers for the meeting was below 150 this month. She suggested that instead of a table that a summary report is presented to the Committee on this item. ***Action Note**: Summary report to be presented to the Committee when this item is next on the agenda.* **Action by LSEE**
	Level of Assurance Gained - Limited
15/014	**THEATRES PROCEDURAL DOCUMENTATION**
	The TVN attended the meeting and gave a verbal update to the Committee on SIRI 2012/28929. The Committee reviewed this SIRI in April 2014 and had asked for an update. The TVN advised the Committee that he had been asked to audit Theatres procedural documentation. He advised he is writing key standards and researching into other organisations documentation. He advised that the documentation that Theatres are already using needs to articulate the standards and set up competencies. The TVN advised that this will be completed by March 2015. ***Action Note**: Standards paper to be monitored by SEE Committee and reported back to the Committee at the April 2015 meeting.* **Action by SEE**
	Level of Assurance Gained - Limited

15/015	**STAFF RAISING CONCERNS – 6 MONTHLY UPDATE**
	The SHRM attended the meeting and presented the 6-monthly update on concerns raised during the period 1 August 2014 to 31 December 2014. The SHRM advised that there had been two concerns raised relating to the Emergency Department and Paediatrics. She advised that these had been investigated and the outcomes communicated to the individuals who had raised the concerns. The Chair asked if the individuals were satisfied with the outcomes. The SHRM advised that the individuals had been formally written to and there had been no further correspondence from them. The SHRM added that the two concerns raised through the dedicated "concerns" email had been resolved. The CDCMH asked how the Trust compares with other organisations. The SHRM advised that there is currently no benchmarking information however she would raise this through the HR Directors Forum.
	Level of Assurance Gained - Positive
15/016	**INFECTION PREVENTION AND CONTROL QUARTERLY REPORT**
	The CM attended the meeting and presented her quarterly report on Infection Prevention and Control for the period October 2014 to December 2014. The CM highlighted the following: 1. Health Care Associated Infections Surveillance - Clostridium difficile - 2 Trust attributed cases since the last report, taking the Trust to 8 for the year and over its target. 2. Health Care Associated Infections Surveillance - MRSA Bacteraemia - 1 case in December 2014. Ongoing issues with catheter care. Catheter care plan being trialled on the Stoke Ward. 3. Surgical Site Surveillance - no concerns regarding Orthopaedics however further work needed in General Surgery. 4. Norovirus - outbreak in November 2014 was handled well. 5. Infection Control Audits - results are disappointing and some areas have not submitted returns. No inpatient area had achieved 90% and due to lack of resources there is no facility to re-audit. Work is being done on an audit development tool. 6. Infection Control Policies - the MRSA Policy, Aseptic Non Touch Technique (ANTT) Policy and Viral Haemorrhagic Fevers (VHF) Policy have been updated. 7. Other Infection Control Issues - waiting for decision on the bid submitted to the Nursing Technology Fund for capital funding. VHF Preparedness - training sessions attended by staff and roll out of this training will be undertaken. The Chair advised that this report was very helpful. The Committee agreed that it had received **limited assurance** due to the unacceptable audits. The EDNW advised that operational pressures and ward moves had had an effect and the Trust had started on the first phase of the ward accreditation programme which will be rolled out at the beginning of April 2015. The EDNW added that this will be discussed at the Ward Development Day on 29 January 2015. He advised that there are a number of actions in place relating to ward leadership. The EDNW advised the Committee that there will be a baseline assessment which is a big piece of work with 13 criteria. He added that by the end of April 2015 competency assessments will be complete and "red flag" wards identified. The EDNW advised that there had been external review by Dr Mercia Spare from the Trust Development Authority, and her feedback was awaited. He added that ward assurance visits will continue on the first Thursday of the month and February's will concentrate on infection control. The EMD advised that the review had been very helpful and asked the CM if there was anything that the Committee could do to support. The CM advised that help with support from PIDS would be very helpful in finalising the setting up of an infection control dashboard as this was taking a long time to move forward. The EDNW agreed that this should be a priority and the information formally added into the Quality Report.

***Action Note**: EDNW to liaise with PIDS on the development of the Quality Report.*
Action by EDNW

The Committee discussed catheterisation and the CM agreed that the Trust needs a Catheter Care Plan and could not say if patients were being over catheterised until this was in place. She added that this is currently being trialled on the Stroke Ward. The Committee asked for a further update on this in April 2015.

***Action Note**: PA to add to rolling programme*
Action by PA

The Chair advised that this was a disappointing report with self-audit poor in some areas and validation disappointing in many areas. Directorates were asked to emphasise the importance of compliance particularly in view of concerns re catheterisation, C Diff cases and Pressure Ulcers. The Committee agreed that it had received **limited assurance.**

Level of Assurance Gained - Limited

PATIENT EXPERIENCE

15/017 PATIENT STORY

The Committee viewed a recording of a patient giving their feedback whilst an inpatient on the Winter Ward.

The Chair advised that some feedback was required and noted that communications was an issue. The EDNW advised that it was reassuring to receive well balanced feedback. He noted the patient's expectation regarding their discharge date and the perception that they were being kept in for longer than they should. JB asked if this was because of issues with district nursing or care packages. The Committee discussed the discharge planning project and asked for an update at the February 2015 meeting.

***Action Note**: PA to add to rolling programme*
Action by PA

The Committee agreed that they had received **limited assurance** due to the lack of feedback.

Level of Assurance Gained - Limited

15/018 PATIENT EXPERIENCE FEEDBACK REPORT

As the PEL was not in attendance the Committee agreed to carry this item forward to the February 2015 meeting. JB asked that the report include feedback on the audit of the various forms of feedback received by the Trust.

***Action Note**: PEL to present report to the Committee at the February 2015 meeting.*
Action by PEL

15/019 HEALTHWATCH – SUMMARY OF HEALTHWATCH ACTIONS

HIW presented the Summary of Healthwatch Actions from December 2013 to date to the Committee. HIW advised that the one key theme from the reports was in relation to communication. He added that Healthwatch are working with the Communications Team regarding revisiting the process for receiving and responding to the reports. HIW accepted that response to formal reports takes time. The CDHAD advised that it would be helpful to send any reports direct to the Quality Teams.

The Committee agreed that it had received **positive assurance**.

Level of Assurance Gained - Positive

15/020	**VISUAL IMPAIRMENT INSPECTION – STROKE AND REHABILITATION WARDS**
	PR presented his report to the Committee and advised that he had revisited the ward with Estates and Healing Arts on Friday 16 January 2015. He advised that the Trust is trying to listen to and implement the needs of many groups and this is resulting in the colour concept being confusing. He advised that Estates and Healing Arts had agreed and changes will be made however there is currently a lack of funding. The Chair advised that she had emailed the Associate Director of Estates regarding this. The Committee discussed the various colour schemes. PR advised that with regards to signage across the Trust there was no continuity especially for patients wanting to use the bathroom in the night. The Committee agreed and noted that everything in the WC and shower rooms are white with no contrast especially for hand rails. The EDNW advised that he would invite the Associate Director of Estates to the Director of Nursing Team (DNT) Meeting to discuss. ***Action Note**: Associate Director of Estates to be invited to DNT* **Action by PA** The Committee agreed that they had received **positive assurance** around the process but **limited assurance** regarding the outcomes.
	Level of Assurance Gained - process - Positive
	Level of Assurance Gained - outcomes - Limited
CLINICAL EFFECTIVENESS	
15/021	**CLINICAL AUDIT – QUARTERLY REPORT**
	The Committee agreed that this had been covered in the SEE update. The SEEBM advised that the main issue is the National Audits. She advised that the key risk is the National Heart Failure Audit and the main concern is that this will not be delivered. The Committee agreed that it had gained **limited assurance**.
	Level of Assurance Gained - Limited
CLINICAL PERFORMANCE AND RISK	
15/022	**BOARD SELF CERTIFICATION**
	The BPFTMO advised the Committee that there was no proposed movement in terms of the rating of the Board Statements. The BPFTMO advised that the Governance Risk Rating remained at 4.0 and suggested that the target improvement date be amended to February and recommended that this remain at risk. The Committee approved the Board Self Certification.
MINUTES OF COMMITTEES AND WORKING GROUPS	
15/023	**INFECTION PREVENTION AND CONTROL COMMITTEE**
	The Committee received the minutes of the Infection Prevention and Control Committee meeting held on 11 December 2014. The EDNW advised that these reflected the information provided in the CM's report presented to the Committee earlier in the meeting.
	Level of Assurance Gained - Positive

15/024	**JOINT SAFEGUARDING STEERING GROUP**

The Committee received the minutes of the Joint Safeguarding Steering Group meeting held on 11 November 2014. The EDNW advised that this steering group reports to the Trust Executive Committee and that colleagues from the Clinical Commissioning Group and the Local Authority attend. He highlighted the following:

1. The volume of child safeguarding referrals and added that the application of the criteria will be reconsidered.
2. Adult Safeguarding - still a lot of work to be done
3. Serious Case Reviews - being monitored and managed and a business case is being developed.

The Chair advised that a report on the new safeguarding structure will be presented to the Committee at the February 2015 meeting.

The Committee agreed that they had received **positive assurance** on the systems and processes in place but **limited assurance** from the outcomes.

JB highlighted action QCPC0380 relating to Child Safeguarding and asked that PIDS confirm that the information has been provided by PIDS before the action is closed.

***Action Note**: SEEBM to contact PIDS*

Action by SEEBM

Level of Assurance Gained - process - Positive

Level of Assurance Gained - outcomes - Limited

15/025	**ANY OTHER BUSINESS**

Governance Review - The EDNW advised that the TDA are supporting integrated governance and following the report from Fiona Hoskins it had been noted that there were recurrent themes. The EDNW advised that the LSEE and the Teams will be meeting on 23 February 2015 to get front line staff to come and describe what this looks like and how it will work.

The Chair advised that she had been asked by the Chair of the Audit & Corporate Risk Committee for the Committee to provide assurance to the Audit Committee on the following topics to confirm that processes are robust:

1. Audits - Laundry Contract Monitoring Report – to review in detail quality and clinical related aspects of the Audit
2. Compliance with NICE Guidance

Laundry Audit - the Chair asked for the SEE Committee to review this and report back to the Committee at the February 2015 meeting.
***Action Note**: SEE Committee to review Laundry Contract Monitoring Report*

Action by SEEBM

Compliance with NICE Guidance - The Chair advised that she would feed back regarding this.
***Action Note**: The Chair to feedback to the Audit and Corporate Risk Committee.*

Action by Chair

JB advised that at the Mental Health Act Scrutiny Committee it was noted that there was no forum for counselling or other psychological therapy services to feed back from their services to Board via a sub-committee. The Chair and JB agreed to discuss this separately and report back to the Committee at the February 2015 meeting.
***Action Note**: The Chair and JB to discuss separately.*

Action by Chair

15/026	**DATE OF NEXT MEETING**
	Wednesday 25 February 2015 Time: 9 am to 12 Noon Venue: Large Meetings Room, South Block
	Signed: _____ Chair Date: _____

Isle of Wight NHS Trust

For Presentation to Trust Board on 28th January 2015

FINANCE, INVESTMENT, INFORMATION & WORKFORCE COMMITTEE MEETING

Minutes of the Isle of Wight NHS Trust Finance, Investment, Information & Workforce Committee (FIWC) meeting held on Thursday 18th December 2014 in the Large Meeting Room.

PRESENT:	Charles Rogers	Non-Executive Director (Chair) (CR)
	Jane Tabor	Non-Executive Director (JT) *via conference call*
	Chris Palmer	Executive Director of Finance (EDoF)
	Alan Sheward	Executive Director of Nursing and Workforce (EDNW) *(from 5pm) Item 14/222*
	Katie Gray	Executive Director of Transformation and Integration (EDTI)
	Kevin Curnow	Deputy Director of Finance (DDoF)
	Mark Elmore	Deputy Director of Workforce (DDW) *(deputising for EDNW until 5pm) Item 14/221*
In Attendance:	Stewart Churchward	Workforce Planning and Information Manager (WPIM) *(For items 14/216,14/218, 14/218,14/219 & 14/220)*
	Iain Hendey	Deputy Director of Informatics (DDoI) *(For items 14/215 & 14/224)*
	Kevin Bolan	Associate Director – Estates (ADE) *(For items 14/225)*
Minuted by:	Sarah Booker	PA to Executive Director of Finance

To be Received at the Trust Board meeting on Wednesday 28th January 2015 Key Points from Minutes to be reported to the Trust Board	
14/221	**CIPS –** The Committee discussed the remaining recurrent CIP gap of £4.2m and had discussions about the cost improvement process and the current levels achieved in year. In addition to the challenges faced this financial year it was noted that a carry over into 2015/16 of this size would be very difficult to manage successfully.
14/222	**Financial Position -** The Committee discussed the forecast out-turn position of the organisation if the current predicted spend pattern, prior to recovery actions, continued. The Committee noted the potential risk & both further risks & opportunities available to ensure the Trust meets its £1.7m surplus position.
14/225	**Carbon Energy Fund Update –** The Committee agreed to recommend the full business case to the Trust Board.
14/226	**Self Certification -** The Committee agreed to recommend the review subject to the recommended points.

14/208 APOLOGIES

No apologies for absence were received.

14/209 CONFIRMATION OF QUORACY

The Chairman confirmed that the meeting was quorate.

14/210 DECLARATIONS OF INTEREST

There were no declarations.

14/211 APPROVAL OF MINUTES

The minutes of the meeting held on the 19th November 2014 were agreed by the Committee and signed by the Chairman.

14/212 SCHEDULE OF ACTIONS

The Committee reviewed the schedule of actions taken from the previous meetings and following discussion on each action the following was agreed:

14/127c The new staff survey results need further refinement and will be available during mid-January. A different approach will be taken with a core group and a guiding group and the core group will be the assurance body. This should be a standing item on the FIIWC agenda for the Committee to receive assurance from the group. The action will be discharged once the staff survey action plan has been received in April.

14/165a Date due now January 2015. The sickness data for Medics work has started but has not been finalised.

14/165c Date due now January 2015.
14/165e Date due now January 2015.
14/166b Action complete.
14/167b Action complete.
14/167c Date due now January 2015.

14/168c PA-EDoF to ask PA to Non-Executive Directors and PA to Company Secretary to arrange meeting.

14/180 Board Administrator confirmed LTFM Downside Scenarios is included on the Board Seminar agenda in January. Action closed.

14/183 Reports have been or are in the process of being amended as requested. Actions closed.

14/189 On this agenda. Action closed.

14/197 Date due now January 2015. This audit is underway this week and the report should be available by 19th January.

LONG TERM STRATEGY AND PLANNING

14/213 LONG TERM FINANCIAL MODEL (LTFM) & 2 YEAR OPERATING PLAN UPDATE

The DDoF briefed the Committee on the current situation and discussed the high level timetable for the January submission. The planning guidance is due to be released on 24th December. Due to the date of the submission the paper will need to be reviewed at the Trust Executive Committee on the 12th January.

CONTRACTS AND ACTIVITY

14/214 CONTRACT STATUS REPORT SUMMARY

The Committee had no questions on this paper and were satisfied at the level of assurance it provided to the Committee.

14/215 OPERATIONAL PERFORMANCE INCLUDING SLA ACTIVITY

The DDoI presented the report and highlighted the following:

Planned Care:

- Day case spells were £70k above plan in month – Year-To-Date 56 spells above plan.
- Over performance in Ophthalmology 96 spells, Urology 60 spells and Trauma and Orthopaedics 43 spells.
- Elective activity has moved a further £15k below plan in month.

Unscheduled Care:

- Emergency spells are £25k above plan however activity remains significantly below baseline (365 spells).
- There was a reduction of £35k and 9 spells in month.
- Trauma and Orthopaedics, 44 spells & £143k above plan
- Surgery, 279 spells & £398k below plan
- Significant variances in General Medical specialties £80k above plan
- Urology 51 spells and £160k above plan

The DDoI explained the issues and the actions to address the Elective underperformance. CR questioned why the issue regarding fines and IT issues has not been resolved. The EDoF explained that directorates are being challenged to find out what needs to happen to move this forward. The EDTI said this is a connectivity issue. JT questioned what the timeline to resolve this issue is. The EDoF noted there is an urgent turnaround on this and is expecting a swift response from the directorates to give information on what is required to resolve the problem.

The DDoI reported Planned Care Contracts are still failing but no penalties have been incurred.

The EDoF requested that fines should be calculated between December and February to achieve the Referral to Treatment (RTT) targets.

The DDoI noted the Trust failed to meet the target for the Governance Risk Rating (GRR) for October.

JT questioned how fines were structured and where they were discussed. The EDoF explained discussions take place at Contract Monitoring and Service Review meetings and focus on the biggest issues which are currently RTT, and ambulance and cancer targets.

JT was concerned as the EDNW gave assurance that the RTT target would be met by November. The EDoF said in terms of the original plan to achieve the RTT activity the Trust has achieved. Validation work that has been carried out has uncovered a problem in the way clinical data has been recorded and therefore some patients now show they have not met the target and have breached. These patients are being tracked.

JT asked what the Committee should do to gain assurance on this. The DDoI confirmed he will be taking a paper detailing all of this information on the data to the Trust Board meeting in January.

WORKFORCE PERFORMANCE

14/216 WORKFORCE PERFORMANCE REPORT INCLUDING SBS PAYROLL REPORT

The DDW presented the report and highlighted the following:

- Total paybill exceeds budgeted expenditure in month by £75k in month and £542k year to date.
- In month sickness rate increased from 4.55% to 5.29% in Month and against a target of 3%.
- Anxiety/Stress/Depression related sickness absence increases significantly in month across the trust and is being investigated further.
- Unfilled budgeted positions reduced to 6.8% of total funded establishment from 7.2% prior month.

The EDoF requested the WPIM reviews how to report the variances on budget as it includes the budget not used and this could affect all of the reports. Action: WPIM, DDoF and HMA to discuss this further outside of this meeting to ensure correct figures are used when reporting.

14/217 SAFER STAFFING

The DDW reported the changes that were requested to be made after the last Trust Board meeting have been completed and updated the Committee on the current status of the recruitment timetable.

The EDoF discussed a letter which has been received from the Commissioners stating they are only supporting costs within the tariff. The Trust Board members will need to discuss this and decide how to take this forward as there is no additional funding to tariff. **Action: Company Secretary to schedule discussion at a Board meeting.**

14/218 WORKFORCE VACANCIES REPORT

The WPIM presented the report and highlighted the following:

- Unfilled funded positions at 206 FTE in October, reducing to 195.35FTE at the end of November.
- Unfilled positions reduced to 6.8% from 7.2% in November
- 41 Live Vacancies out to advert – represents 20% of unfilled budgeted establishment
- 61% of vacancies covered by bank staff 29% are covered by overtime and excess hours.
- Significant number of full time equivalent FTE showing as overtime and excess hours – to be investigated to ensure appropriate rates of payment.

The EDoF was concerned at the amount of overtime being used to fill vacancies. The DDW will push the message to the Trust to use Bank staff rather than overtime. Action: DDW.

The Trust has now signed up with Linked In which now gives the ability to enter the job market in a different way.

The WPIM will look into a way of making the graphs easier to read.

Action: WPIM.

JT commented the sickness level stands out in the report. The DDW said it was a month where a high number of staff had sickness and diarrhoea. The WPIM said the high number of staff being absent from work due to anxiety/stress could be due to that reason for absence being at the top of the selection list. More work is being undertaken to scrutinise this information.

14/219 ESR SYSTEM

The DDW briefed the Committee on the huge amount of work that is being carried out to create the Trust organogram. The EDoF noted how this will benefit validation and assurance around the Trust.

14/220 EXIT INTERVIEWS PILOT

The DDW reported this pilot has just gone live for the next 3 months and the results of this will be reported back to the Committee once they had been collated.

The EDoF requested the DDW looked into reducing and simplifying the amount of paperwork related to the Exit Interviews. Action: DDW.

PROGRAMME MANAGEMENT

14/221 PERFORMANCE OF DIRECTORATE SAVINGS SCHEMES - CIP

The EDTI presented the report on the savings schemes and noted there has been a slight movement and that directorates are now performing better. The Hospital and Ambulance and Nursing and Workforce directorates are showing big gaps. In the Nursing and Workforce directorate, the Hotel Services in particular are showing a big gap but are working towards resolving this. In discussions with the Hospital and Ambulance directorate there is belief that the gap can be met.

The EDoF noted the Community and Mental Health financial deep dive meetings have been heartening of late and the focus has been on encouraging the team to seek achievable tasks to improve their forecast. Within 24 hours of a meeting taking place emails were received by the EDoF detailing further opportunities that had been discovered.

The EDTI suggested using a positive message is the way to encourage teams to find ways to identify further opportunities and is looking into campaigns to increase positivity.

The EDTI said the graphs track performance and are now showing developments and a clear picture of what is being delivered.

JT asked where the Trust was this time last year. The EDoF said we were slightly better in carry forward last year. CR asked whether the EDoF is concerned at the amount of money banked. The EDoF stated that forward banked CIP would unwind for the rest of the year, therefore the focus needs to be on sorting this year and reducing the gap to carry forward next year.

FINANCIAL PERFORMANCE

14/222 FINANCIAL PERFORMANCE REPORT

The DDoF presented the financial performance report to the Committee and

highlighted the following:

- The Trust is reporting a £1.656m surplus in the year to November 2014, which is £180k less than the plan. The position includes forward banking of £1.3m & expected recovery of Referral To Treatment (RTT) costs of £422k.
- The Trust is forecasting a £1.7m surplus at 31 March 2015.
- CIP – there is a shortfall in plans this year and the risk of this needs to be addressed.
- Cash – no issues expected this financial year.
- Capital Programme – behind plan but there are no concerns regarding delivering the outturn position.

The DDoF presented and discussed the 2 additional papers detailing the forecast out-turn projection for 2014/15. The Committee discussed the forecast out-turn position of the organisation if the current predicted spend pattern, prior to recovery actions, continued. The Committee noted the potential risk and additionally discussed further risks to the position and opportunities available to ensure the Trust meets its £1.7m surplus position.

14/223 PROCUREMENT UPDATE

The Committee received the report and the EDOF asked for any questions on it. The DDW noted the issue with supporting the Day Nursery contract is being pursued. CR asked whether Sara White, Deputy Head of Procurement for NHS South of England Procurement Services could be invited to the next Committee meeting. **The EDOF suggested CR joins the quarterly Procurement meeting instead. Action: PA-EDoF to invite CR to the next meeting.**

The EDNW suggested these issues are discussed during directorate meetings to ensure any issues are picked up and acted upon. The risks and issues should be looked into and escalated accordingly. The DDoF noted that level of oversight and we need to scope where issues can be escalated to and how they can be factored into performance reviews.

JT asked whether the Trust Executive Committee (TEC) has sight of this report and whether it is appropriate for their attention and action. **Action: The EDoF will ensure this report is sighted by the TEC members.**

AUDIT AND GOVERNANCE

Nothing to report this month.

INFORMATION

14/224 DATA QUALITY

The DDoI briefed the Committee on the report which was similar to last month and highlighted the following:

The latest information is up to September 2014. Overall we have 3 red rated indicators 2 of which are in the Admitted Patient Care Dataset with the third in the A&E dataset. The Outpatient dataset indicators are all green. The 2 indicators in the APC dataset are the Primary Diagnosis and the HRG4 (Healthcare Resource Grouping) these are linked as the diagnosis is needed to generate the HRG. Investigation has shown that the issue relates to duplicate

records being created in Secondary Uses Service (SUS) when a record is updated. The DDoI reported that we are still working on identifying the cause of this error but are confident that the codes are applied on our system and in the CDS file we generate suggesting the problem is either with the translator process or SUS itself.

INVESTMENT / DISINVESTMENTS

14/225 CARBON ENERGY FUND UPDATE – ENERGY SERVICES PERFORMANCE CONTRACT FULL BUSINESS CASE

The EDTI and ADE briefed the Committee on the status of the Carbon Energy Fund. There were 2 questions which arose from the Trust Executive Committee meeting:

Q1. The Trust Development Authority (TDA) indicated they would not approve the scheme without the judicial review period being completed. The EDTI reported that there was a discussion today with Penny Emerit from the TDA who clarified that TDA will approve providing that planning permission and funding are in place.
Q2. How will the chance of domestic energy prices reducing affect the business plan? The EDTI reported that the Environmental, Waste and Sustainability Manager (EWSM) has completed a sensitivity analysis on this which still shows this as a good value for money option.

The ADE spoke to Cofely Workplace Ltd today to check the planning process is underway and they confirmed it has been submitted today. After the Christmas period the ADE will contact the Council Planning Department to ensure everything is on track for the 31 March date. CR noted the timetable is very tight but is pushing ahead as planned.

JT questioned who in the Finance department has scrutinised the financial assumptions. The DDOF noted that the Trust could have been more proactive initially with supporting the financials of the business case but the costings have now been scrutinised by the Carbon Energy Fund (CEF), an external Consultant from WT Partnership and himself and additionally have been validated through the TDA.

The DDOF noted that there are still some concerns regarding the treatment of the unitary payments within the business case. The finance team is working with the CEF and the Trusts auditors to ensure the correct treatment of the payment to determine whether the payment constitutes an operating or finance lease arrangement. It is a crucial element which underpins the business case as well as a requirement from the TDA which needs addressing urgently.

The ADE explained that Cofely Workplace Ltd are liaising with Southern Electric who initially said this could cost an additional amount as there will need to be a fibre optic connection put in place to East Cowes. The business case does not include this cost but there is a contingency fund which could cover additional costs.

The DDoF recommended the report to be shared with the Auditors to confirm it is off the balance sheet. Action: DDoF.

The Committee agreed to recommend the full business case to the Trust

Board to be approved at the January Board meeting.

14/226 BOARD SELF CERTIFICATION REVIEW

The Committee received the Self Certification review which highlighted the following:

Statements 1, 2 & 6 – FIIWC also agreed that compliance dates be pushed back to April 2015 as the Trust has not declared full compliance as required by CQC.

Statement 10 – Governance Risk Rating (GRR) has improved since last month from 5.0 to 4.0. FIIWC agreed that the compliance date is pushed back to January 2015 to provide time to establish a trend of improvement across 3 reporting periods.

Statements 13 & 14 –FIIWC agreed that compliance status remained 'at risk' and that the timeline for compliance be aligned to the work being undertaken by Jane Pound on management structures.

Statement 4 – The FIIWC considered this in the context of the current trajectory of cost improvement programme delivery. Agreed that status as an NHS Trust ensures that the organisation is underwritten by the Secretary of State and therefore the status should remain marked as compliant.

The Committee agreed to recommend the Self Certification subject to the above points.

14/227 COMMITTEES PROVIDING ASSURANCE

(a) Quality and Clinical Performance Minutes from Meeting 19/11/14

The Committee received the minutes of the Quality & Clinical Performance Committee held on 19th November 2014.

(b) CEF Programme Board Minutes

The Committee received the papers and had no further comments.

14/228 ANY OTHER BUSINESS

The EDoF and PA-EDoF are working on organising timetables to ensure papers for this Committee meeting can be received in a timely manner once the revised Committee timetable begins next year. This will ensure the Committee are given sufficient time to read the papers prior to each meeting.

14/229 DATE OF NEXT MEETING

The Chairman confirmed that next meeting of the Finance, Investment & Workforce committee to be held is on Wednesday 21st January 2015 from 1.00pm – 4.00pm in the Large Meeting Room.

The meeting closed at 5.45pm.

Isle of Wight NHS Trust

For Presentation to Trust Board on 28th January 2015

FINANCE, INVESTMENT, INFORMATION & WORKFORCE COMMITTEE MEETING

Minutes of the Isle of Wight NHS Trust Finance, Investment, Information & Workforce Committee (FIIWC) meeting held on Wednesday 21st January 2015 in the Large Meeting Room.

PRESENT:	Charles Rogers	Non-Executive Director (Chair) (CR)
	Jane Tabor	Non-Executive Director (JT)
	Chris Palmer	Executive Director of Finance (EDoF) *(not for items 15/027 & 15/028)*
	Katie Gray	Executive Director of Transformation and Integration (EDTI)
	Mark Elmore	Deputy Director of Workforce (DDW) *(deputising for EDNW)*
In Attendance:	Stewart Churchward	Workforce Planning and Information Manager (WPIM) *(For items 15/011,15014/, 15/015,15/016 & 15/017)*
	Iain Hendey	Deputy Director of Informatics (DDoI) *(For items 15/010 , 15/022 & 15/026)*
	Gary Edgson	Head of Management Accounts (HMA)
	Sarah Johnston	Deputy Director of Nursing (DDN) *(For items 15/012 & 15/013)*
	Richard Harvey	External Consultant (EC) *(For item 15/023)*
	Martin Robinson	Associate Director (AD) *(For item 15/024)*
	Mark Price	Company Secretary (CS) *(For item 15/027)*
	Tony Martin	Information Governance Manager (IGM) *(For item 15/027)*
	Andrew Heyes	Head of Commercial Development (HoCD) *(For item 15/029)*
	Danny King	Head of NHS Creative (HNHSC) *(For item 15/029)*
	Andrew Shorkey	Programme Manager - Business Planning & Foundation Trust Application (BP&FT) *(For item 15/030)*
Minuted by:	Sarah Booker	PA to Executive Director of Finance
Observed by:	Anne Dawson	NHS Trust Development Authority Business Consultant
	Jonathan Burwell	NHS Trust Development Authority Head of Delivery and Development South Central

To be Received at the Trust Board meeting on Wednesday 28th January 2015 Key Points from Minutes to be reported to the Trust Board	
15/018	**CIPS –** EDTI reported the gap to savings targeted in year as £2.0m and the likely carry forward of CIPs into 2015/16 of £4.2m. The Committee raised concern at the gap and requested sight of 2015/16 schemes at the February FIIWC meeting.
15/019	**Financial Position –** EDoF reported year to date position of £1.58m surplus, a variance of £174k to plan. EDoF highlighted the worsening position at year end and that revised forecasts required the Board to consider requesting a change from the planned surplus of £1.7m to just over breakeven. This position would still require achievement of stretched targets for directorates and especially the Hospital and Ambulance directorate who are forecasting a projected deficit of £6.3m.
15/013	**Safer Staffing -** It was agreed that the Safer Staffing business case should be presented to the Trust Board subject to the modifications and additions proposed by the Committee. The Committee notes that in considering the

	paper the Trust Board will need to balance the corporate and safety requirements to recruit the extra staff against the additional unbudgeted costs.
15/029	**NHS Creative –** The Committee received a paper reviewing the work of NHS Creative. The paper included a business case and strategy for growth. The Committee agreed that the Trust should continue to host NHS Creative and will continue to monitor quarterly updates.
15/030	**Self Certification -** Sufficient assurance had been provided for the Committee to recommend that Trust Board approve the self-certification returns as proposed.

15/001 APOLOGIES

Apologies for absence were received from Alan Sheward, Executive Director of Nursing and Workforce (EDNW), Kevin Curnow, Deputy Director of Finance (DDoF) and Lizzie Peers, Financial Advisor to the Trust Board (FATB).

The Chairman noted David King (Non-Executive Director) has left this committee and has been replaced by Lizzie Peers (FATB).

The Chairman welcomed Anne Dawson and Jonathan Burwell from the NHS Trust Development Authority (TDA) who were observing the meeting.

15/002 CONFIRMATION OF QUORACY

The Chairman confirmed that the meeting was quorate.

15/003 DECLARATIONS OF INTEREST

There were no declarations.

15/004 APPROVAL OF MINUTES

The minutes of the meeting held on the 18 December 2014 were agreed by the Committee and signed by the Chairman.

The Chairman noted this will be the last meeting before the next Audit and Corporate Risk Committee (ACRC) meeting on 10th February 2015. A draft quarterly report to the ACRC will be circulated to the Committee within the next 7-10 days for their response and approval. Action: CR/PA-EDoF

15/005 SCHEDULE OF ACTIONS

The Committee reviewed the schedule of actions taken from the previous meetings and following discussion on each action the following was agreed:

14/098 Mottistone update is on this agenda.
14/127c Change due date to April 2015.
14/197a Data Quality – Waiting List Audit report has not been received yet. This will be added to the February agenda.
14/197b Data Quality – Reference Costs are on the January agenda. Action closed.

LONG TERM STRATEGY AND PLANNING

15/006 LONG TERM FINANCIAL MODEL (LTFM) & 1 YEAR OPERATING PLAN UPDATE

The EDoF briefed the Committee on the 1 year Operating Plan initial draft which was submitted to the TDA on 13 January 2015. The full draft is due to be submitted on 27 February 2015 and the final submission is due on 10 April 2015. There is a lot of work to do before the February submission but there are regular capacity, workforce plan and finance plan discussions being held to co-ordinate plans.

The EDoF noted the slide on page 7 of the paper highlights the challenges and recognises mitigation. The draft plan did not include the safer staffing cost pressures which, if approved, would worsen the position, and the Trust is still to receive final version of the demand plans form Commissioners.

JT queried the loss of transitional support from the Clinical Commissioning Group (CCG). The EDoF said the CCG had withdrawn £2.9m non-recurrent transitional support this year and there has not been any indication of the money being returned.

CR asked whether the Committee would be able to review the final submission prior to the 10 April deadline. The EDoF confirmed this is possible.

Action: EDoF to ensure Committee has sight of the final draft prior to the final submission date of 10 April 2015.

15/007 SUMMARY OF OPERATING PLAN GUIDANCE

The EDoF noted this paper demonstrates the guidance notes for the Operating Plan.

JT questioned whether the Trust had all of the required resources to get through the process. The EDoF said there was a structure of designated staff within the team who held regular meetings to ensure the completion of the plan.

The Committee had no further questions on this paper.

15/008 DRAFT TARIFF GUIDANCE

The EDoF expected to have received the tariffs by now but the Trust is still awaiting the final tariff position from Monitor. Winter resilience funding will in future be available through the CCG who would receive this as part of their baseline allocation but we are unsure of the exact amount until the final allocation has been released.

CONTRACTS AND ACTIVITY

15/009 CONTRACT STATUS REPORT SUMMARY & CONTRACT STATUS FOR 2015/16

The EDoF briefed the Committee on the report. There has been £400k committed to the Computer Aided Dispatch (CAD) upgrade which should resolve the ambulance handover issue which incurs many fines. CR asked when this would happen as there has been a great deal of discussion about this. The EDoF said the CAD rollout must be completed by the end of March 2015 as it is financed by the 2014/15 Capital Programme.

JT asked whether the CCG would refund the fines that have been issued due to the ambulance handover problem. The EDoF explained the CCG would reinvest the fines provided they have the assurance that the CAD upgrade will

resolve the issue.

The EDoF briefed the Committee on the underperforming areas and the reason why they are underperforming.

Currently there are no major issues identified in terms of CCG or Public Health contracts; the Trust is on track against our own contracting timetable. However there have been some variations to the timescales and deadlines proposed by NHS England and Monitor for the agreement of contracts; the date for signature is now given as 11 March, after which negotiations will automatically be escalated to arbitration. This is not anticipated to affect the contract with CCG as a 3 year contract was signed for 2014/15, but will apply to NHS England negotiations if delays arise.

The EDoF made the Committee aware there will be contract variations to be agreed by the CCG.

15/010 OPERATIONAL PERFORMANCE INCLUDING SLA ACTIVITY

The DDoI presented the report and highlighted the following:

Planned Care:

- The current contract position is £145k below plan which is a £275k decrease from last month.
- The adjustments included for community services were £398k and Island premium services were £105k. Outpatient procedure coding is now up to date so this adjustment has been removed.

Unscheduled Care:

- The current contract position is £805k above plan which is a £295k increase from last month. This is due to a high case mix in activity.
- Emergency spells were £300k above plan in month relating to a significantly high case-mix as activity remains below baseline (374 spells).
- A&E activity, 180 attendances and £28k above plan in month

The DDoI explained the overperformance continues to grow in terms of inpatient activity and we expect it to be in excess of £1m in Month 9.

The DDoI briefed the Committee on the penalties and which operational standards had failed in November 2014. The Trust will not be penalised for 18 Weeks Referral to Treatment (RTT) failures between July and November. The EDTI queried what would happen from December onwards with these penalties. The DDoI will confirm with the CCG and inform the EDTI outside of this meeting.

Action: DDoI to find out what will happen to the RTT penalties from December onwards and will inform the EDTI as requested.

The DDoI said the A & E 95% target for November was again not achieved due to the increased pressure on community bed availability and highlighted the delay to discharging patients for residential placements. This issue has been raised with the CCG.

WORKFORCE PERFORMANCE

15/011 WORKFORCE PERFORMANCE REPORT INCLUDING SBS PAYROLL REPORT

The WPIM presented the report.

JT asked how there has been an increase in staff in post and an increase in bank and the number of agency staff has been maintained. The DDW said this was due to additional staff needed for winter resilience. The Committee discussed the staffing numbers and how the winter resilience funding will support them.

The DDW said a weekly report which will be sent to the Trust Executive Committee (TEC) will be included in the FIIWC papers from next month for information. Action: DDW.

JT asked the WPIM what has driven the decrease in ambulance staff in December. Action: The WPIM will find out and will report back to JT prior to the February FIIWC meeting.

The WPIM briefed the Committee on where the top 10 areas for bank and agency spend are which highlights where the pressures are around the Trust. The DDW said the report next month will show a very different picture due to agency costs. A clear record of what staff have been booked is sent to the directorates. The agency staff are not on rosters so they can be charged to the winter pressures budget.

JT was astonished at the number of students/trainees who are absent due to sickness. Action: The DDW will pass this information onto the Health and Wellbeing Group who will look into this further.

The WPIM noted the main reason for absence due to sickness is still due to stress but this has reduced in month.

The DDW commented the Total paybill exceeds true funded expenditure by £2.6m year to date which is an improvement of £141k in month.

The DDW explained the overpayment errors should be reduced now as there is now one person in the team inputting the data which should provide consistency.

15/012 SAFER STAFFING 6 MONTHLY REPORT

The DDN presented the Safer Staffing 6 monthly report which provides key information on the progress in relation to reporting robustly on Safer Nurse Staffing. The DDN is aware that some amendments will need to be made to the report and there has been a member of staff who has been released for 6 months to work on this to ensure clarity.

There was a discussion around the ward rota templates and the DDN said the setting on these templates will need to be investigated. Action: DDN.

CR asked why Safer Staffing is taking so long to implement. The DDW noted the additional workload Safer Staffing has created is immense. JT asked whether there is additional funding available from the Commissioners to assist with the workload. The EDoF said there is not.

The EDoF suggested a narrative is included on each of the data reports stating what the impact of indicators are. Action: DDN.

The DDN said there are now regular ward meetings where discussions are held to seek where improvements could be made.

The DDW said there have been daily safer staffing reports created to show sickness absence which are issued at 8.30am and 4pm on Fridays.

JT requested the same terminology is used when describing full time equivalent funded establishments. Action: DDN.

The DDN said this report will be discussed at the Trust Board meeting in January.

The Committee agreed to approve the report subject to the recommended amendments being made.

15/013 SAFER STAFFING BUSINESS CASE

The DDN presented the Safer Staffing business case to the Committee. The DDN is seeking recommendation for approval of Option 4 from the Committee. The previous business case recommended Option 2, still a phased approach but in two cohorts rather than 3. There is no funding available for additional staffing. There is still work to do to ensure robust reporting against key safety indicators, alongside new recommendations for identifying best staffing for ward areas. Recruiting over a 3 year cohort gives time to provide an uplift to nursing to ensure high risk areas are brought into line with an amber or green risk rating and also allows time to continue the work to implement the recommendations from NICE and NHS England.

JT questioned whether, from a finance perspective should we assume we will have 30 nurses to bring into the current establishment.

The EDoF said there will still be cost pressures but the figures for recruiting to current establishment are detailed in the Operating Plan which was submitted on the 13th January 2015. The EDoF reiterated there is no additional funding offered from the Commissioners for the increased cost of Option 4 and therefore this would worsen the forecast deficit position in 2015/16 if approved by the Board. The EDoF confirmed that the business case stated that £2.5m is the total cost.

JT requested the figures in Mental Health should be separated out and sub totalled. Action: DDN.

The EDoF said this paper needs to be amended prior to its submission to the Trust Board next week. The EDoF and the DDN will meet after this meeting to run through the changes that need to be made to the report. Give the financial impact, further clarity is required around the impact of not approving the required option and subsequent risks around that decision.

JT asked whether this paper had been scrutinised by the QCPC and the DDN said that it had just been sighted by this Committee.

The DDW said the recruitment team for the Philippines leaves on 23rd January and we will know whether all 30 vacancies can be filled on the 30th January.

It was agreed that the Safer Staffing business case should be presented to the Trust Board subject to the modifications and additions proposed by the Committee. The Committee notes that in considering the paper the Trust Board will need to balance the corporate and safety requirements to recruit the extra staff against the additional unbudgeted costs.

15/014 WORKFORCE VACANCIES REPORT

The WPIM presented the report and highlighted the following:

- Unfilled funded positions at 204.65 FTE in December, equating to 7.1% of funded FTE.
- Unfilled positions increased from 6.8% from 7.1% in December.
- 105.12 positions offered subject to checks
- 53 Live Vacancies out to advert

The EDoF reiterated overtime should not be worked and asked what the justifications are around this working pattern. The DDW said the MAPS reports should show which areas are still working this way.

The DDW said there has been a review around the rates of Bank staff pay and this is now a much more attractive option to potential staff. The DDW has requested NHS Shared Business Services (SBS) confirm the cost of more regular payrolls.

15/015 RECRUITMENT AND RETENTION PROCEDURE

The DDW briefed the Committee on the procedure. **The EDoF said the paper should have been reviewed by TEC and JT noted a cover sheet should have been provided for this paper so the Committee would have sight on which other groups have reviewed it. Action: DDW/TEC**

15/016 WORKFORCE STRATEGY INCLUDING KPIs FROM 2014/15

The DDW said there have not been any changes made to the strategy since it was submitted to the TDA with the Integrated Business Plan (IBP) on 20 June 2014. This will be reviewed once a decision has been received regarding safer staffing.

15/017 WORKFORCE STRATEGY INCLUDING KPIs FROM 2015/16 AND BEYOND

CR stated he is not comfortable with the Key Performance Indicators (KPIs) as they are and said the Committee require more information to look into this further. **Action: CR requested the DDW brings a draft report to the February FIIWC meeting and the KPIs will be discussed in more depth during the March FIIWC meeting.**

JT requested cover sheets are included with this paper to inform the Committee of what is expected from them. The EDoF said the paper should be received by TEC before it is reviewed by the FIIWC. Action: DDW.

PROGRAMME MANAGEMENT

15/018 PERFORMANCE OF DIRECTORATE SAVINGS SCHEMES

The EDTI presented the report on the savings schemes and highlighted the following:

- Hospital and Ambulance directorate is still a problem area although a good effort has been made this month. Their gap to savings target is £3,530,286 In Year (IY) / £4,512,917 Recurring Forecast Out-turn (RFO).
- Community and Mental Health are continuing to work hard to uncover further savings. Their gap to savings target is £3,705 (IY)/ £1,060,817 (RFO).
- Nursing and Workforce has remained static since last month. Their gap to savings target is £267,782 (IY) / £264,386 (RFO).

The EDTI said the team are looking into the specific teams and how they are delivering. The savings are not planned or part of CIP plans so further information is required to investigate how these savings are to be made.

The EDTI noted there is a new ideas process called 'Protect' where directorates are asked to think of ways in which to make savings either big or small. So far 46 ideas have come forward.

CR requested next year's plans are discussed and scrutinised during the February FIIWC meeting. Action: EDTI/PA-EDoF.

FINANCIAL PERFORMANCE

15/019 FINANCIAL PERFORMANCE REPORT

The EDoF presented the Financial Performance Report for Month 9 and highlighted the following:

- The Trust is reporting a £1.577m surplus in the year to December 2014, which is £174k less than the plan. The position includes forward banking of £1.0m, CIPS, expected recovery of Referral To Treatment (RTT) costs of £405k, and £962k in respect of additional non-recurrent transitional funding support.
- The Trust is seeking approval from the Board to amend its forecast to a £3k surplus at 31 March 2015, which is £1.699m less than plan.
- The worsening forecast position has been discussed with the Commissioners and funding assumptions clarified.
- Budget holders will be made aware of this situation and the Trust will only spend what is required to maintain services. Income needs to be maximised and received. There will be strict control over budgets and this is emphasised at the directorate deep dive meetings.
- Community and Mental Health directorate are confident they will achieve their stretch target which will improve their forecast further and they are consistently looking for ways to improve their position.
- Hospital and Ambulance directorate still have more work to do to deliver their required position but the additional resource to support is now in place.
- There are no issues to note with both the cash and capital positions.
- Trust Board should recognise that we may now need to formally go forward to request to change our forecast position for 2014/15.

15/020 CAPITAL PLANNING UPDATE

The EDoF noted the Capital Plan is on track and there are no foreseen issues to achieving the Capital Resource Limit at year-end.

15/021 PROCUREMENT QUARTERLY UPDATE

CR reported to the Committee that he had requested attending the Quarterly Procurement Meetings and was very impressed with the enthusiasm and energy of the group. JT questioned whether enough is being done to challenge around innovation and whether things could be done differently. Do we push to look into savings at every opportunity? CR will take these comments back to the Procurement group. **Action: CR.**

The EDoF noted in November 2014 there was a paper which was sent to the Committee requesting an extension to the Procurement Service. In November the Committee agreed an extension to September 2015 and we are now being asked to extend again for a further 6 months. **The Committee agreed to receive a paper detailing all of the information for formal consideration at next month's FIIWC meeting. This paper could be sent out electronically prior to the meeting to enable the Committee to have time to review it. HOCD to action.**

15/022 REFERENCE COSTS REPORT 2013/14

The DDoI presented the paper and highlighted the following:

- The IW NHS Trust had an index score of 103.87 which indicates a year on year decrease of 8.72 and the costs are moving towards the national average which is 100.
- Outpatient activity has increased in 2013-14 compared with 2012-13 this was mainly due to the increase in Outpatient procedures carried out. The outpatient Reference Cost Index (RCI) has decreased by 30 giving an RCI 117, the actual costs in 2012-13 were 9m more than expected for the activity in that year. In 2013-14 the actual costs were 4m higher than the actual costs for the activity taken place. We are capturing data in a more accurate way and procedures are being recorded better than previously.
- Other acute services mostly relates to Direct Access (DA) pathology. The RCI has decreased by 47 giving an RCI of 98 down from 145. The reduction of costs allocated to DA Pathology is largely because of better Pathology matching to inpatients: This meant more pathology costs were identified as part of inpatient care and as a result drew more costs away from Direct Access patients.
- Last year the RCI recorded for Mental Health was 114 in 13/14 there has been an increase to 119. However, it should be noted that 2012/13 was the first year of reference costs that reflected a complete change of activity currency making comparisons with previous years meaningless. Activity has decreased and costs have increased thus the higher RCI score for this service.
- The Trust's published RCI for A&E was 253 points in 2012-13 significantly higher than average. However as stated above an error was identified post submission of the 2012/13 reference costs. As a result the A&E activity was incorrectly distributed across HRGs, with a significantly higher proportion being assigned to a lower cost HRG. Now this has been rectified you can see above the increase in the

expected cost for 13-14 has risen to 2.4m. Also there has been an improved cost allocation for staffing and medics costs the RCI has decreased by 117 points to a new RCI for A&E of 135. This has had a significant impact on the overall RCI of the Trust.

- Ambulance RCI has decreased by 8 down to 124 from 132 in 2012-13. Even though the activity has dropped by 5.5k the improved costs and activity across the categories has meant a reduction in the RCI score as we have come more in line with National average.

15/023 COST BASE REVIEW PROGRAMME

The External Consultant (EC) attended the meeting to brief the Committee on the Cost Base Review report being undertaken with the Finance costing team.

JT noted this is a very thorough piece of work and provided the Committee with a good level of assurance.

The EDTI was also impressed with the report and the presentation to the Committee. The EDTI asked what phase the programme is currently in. The EC said there are 100 services currently going through phase 1 which is the validation phase and these should all be completed by 31st January 2015. Phase 2 will be completed by 31st March 2015.

The Ambulance Service assurance pack was included with this paper for information. **The EDoF requested the EC brings an update on the programme to the FIIWC next month. Action: EC. The EC will bring the Community and Mental Health assurance pack to the next FIIWC meeting. Action: EC.**

15/024 MOTTISTONE STRATEGIC UPDATE

The AD briefed the Committee on the Mottistone Report and highlighted the following:

- The Mottistone is the Trusts private provider. It turns over between £1.2m and £1.3m per year and provides significant bed capacity for NHS use.
- Based simply on the Trading account, it makes a small profit but if true costs were applied along with NHS income it makes a small loss.
- The business has struggled recently, in part as a result of NHS demand which has resulted in private work being cancelled. It sits uncomfortably between being a commercial arm of the Trust yet within the systems and processes designed for the NHS.
- It is now time to consider its long term future, including considering a partnership with another provider.
- Mottistone income is based mainly on activity for inpatient or day patient activity.
- The position for the Mottistone showed a Trading account with a profit of £132k at the end of November with a forecast of £67k for year end. The Trading account gives a value to NHS work and includes a low 10% charge for Trust overheads. The budget showed an over-spend of £38k at the end of November. The budget shows only private income but no income for the use of NHS beds. The over-spend is down to a drop in income.

The AD discussed the next steps for Mottistone and the potential options

including stopping private work altogether; keeping the existing model; shrinking the existing model; entering into a partnership with another party and sell out.

The EDTI asked why this report had been requested to come to this meeting. The EDoF said there was an action taken from the June 2014 FIIWC meeting for an update to be presented to the Committee in January 2015. The EDoF commented how succinct the report was and noted it gives the Committee a lot of information to consider.

The Committee noted that the work is ongoing and a further presentation is already scheduled for later in the year.

AUDIT AND GOVERNANCE

15/025 AUDIT OUTSTANDING ACTIONS TO BE TAKEN FORWARD

The EDoF briefed the Committee on this report but noted the layout was not correct. The outstanding recommendations are being picked up through directorate meetings but these need to be looked into in more depth. **Action: PA-EDoF to add to the February FIIWC agenda.**

INFORMATION

15/026 DATA QUALITY

The DDoI briefed the Committee on the Data Quality report and highlighted the following:

- The latest information is up to October 2014. Overall we have 4 red rated indicators 3 of which are in the Admitted Patient Care (APC) Dataset with the fourth in the A&E dataset. The Outpatient dataset indicators are all green. 2 of the 3 indicators in the APC dataset are the Primary Diagnosis and the HRG4 (Healthcare Resource Grouping) these are linked as you need the diagnosis to generate the HRG. Investigation has shown that the issue relates to duplicate records being created in Secondary Uses Service (SUS) when a record is updated, we are still working with Portsmouth Hospitals to identify the cause of this error but are confident that the codes are applied on our system and in the Commissioning Data Set (CDS) file we generate suggesting the problem is either with the translator process or SUS itself.
- Recording of a valid NHS number in the Admitted Patient Care dataset has changed this month from Amber to Red we currently record 98.5% of valid NHS numbers compared to a 99.1% national average. The majority of gaps we have relate to prisoners whose NHS number is often difficult to trace. **The Committee asked the DDoI to find out how many of these are prisoners. Action: DDoI.**

15/027 INFORMATION GOVERNANCE UPDATE INCLUDING QUARTERLY GOVERNANCE & ASSURANCE REPORT

The IGM and the CS attended the meeting to gain feedback on the reports which the IGM has provided to the Committee. CR said the report was extremely concise and very clear and the Committee would like to invite the IGM back to the FIIWC meetings on a quarterly basis. **JT requested an executive summary is included with this paper. Action: IGM.**

The Committee agreed that some of the Information Governance (IG) information should also be reported at the Quality and Clinical Performance Committee meetings.

Action: PA-EDoF to invite the IGM to the FIIWC meetings on a quarterly basis.

INVESTMENT / DISINVESTMENTS

15/028 CARBON ENERGY FUND UPDATE

The EDTI gave a brief update on the Carbon Energy Fund and noted the full business case was sent one day ahead of schedule to the TDA. The Planning application has been submitted. Consultation period expires on 6th February. IoW Council indicated they could be able to provide planning consent as early as 9th February. This would mean the Judicial Review period expiring on 24th March which in itself would address a major project risk.

The EDTI noted KPMG should send their review of the accounting treatment to the Trust within the next few days.

The District Network Operator (DNO) approval is required for both the Trust and Cofely to reach a contract close.

15/029 NHS CREATIVE STRATEGIC REVIEW

The HoCD and HNHSC provided an update to the Committee and highlighted the following:

- The Committee sought assurance that the Hosting of NHS was viable, has strategic benefit and had plans to mitigate financial risk. This also followed a Limited assurance audit report from Mazars Auditors carried out in July 2014.
- In September 2014 it was recommended and agreed that a series of actions were put in place so that plans could be presented in Jan 2015. These included:
  - § Providing a 2 year business plan and to include a clear a set of Targets and Performance measures that can be monitored and reported on effectively.
  - § Ensure that NHS Creative have access to and are utilising the Trust Intranet, its tools, policies and governance functions. This will also enhance inclusion to the Trust.
  - § Ensure financial processes and reporting is accurate and consistent with Trust finance. Agree an appropriate overhead management charge and the impact regarding VAT reclaims.
  - § Identify contingency options should IOW hosting prove onerous, inhibiting or unsuccessful.

Outcome

- A 2 year business plan is created and highlighted in the enclosed Slides
- The Audit actions have been implemented successfully and will be monitored through 2015.
- Finance and Creative have fully engaged in reviewing financial processing and reporting and both parties are happy with current arrangements.
- Potential alternative hosting options could include our Strategic Estates Partner, an FT Status NHS Trust or a Social Enterprise. Any transfer

would take up to 6 months.

The EDoF commended the HoCD and HNHSC for taking on board the governance issues which related to NHS Creative and suggested the investment for next year looks like it will increase turnover. The HoCD said it will take time to develop although he has been prudent in the report.

The EDTI noted this is a superb success story.

The Committee agreed that the Trust continue to host NHS Creative as detailed in the report.

The HoCD proposed an update should return to this Committee every quarter. Action: PA-EDoF to add to agenda every quarter.

15/030 BOARD SELF CERTIFICATION REVIEW

The Committee received the Self Certification review from the BP&FT which highlighted the following:

Board Statements

1. Board Statements 1, 2, 6, 13 and 14 remain 'at risk' as a consequence of the CQC inspection undertaken in June 2014. It was agreed by the Trust Board that the target dates for compliance would be amended to reflect the Trust's trajectory towards declaring full CQC compliance.

   Board Statement 10, relating to assurance that 'plans in place are sufficient to ensure ongoing compliance' with performance targets, also remains 'at risk'. It was agreed by Trust Board that the target date for compliance would be amended to 31 January 2015. At the point of writing the data is not yet available to confirm that performance improvement remains on trajectory and a verbal update will be provided at the meeting. This position is reflected within the draft return document and the Board Statement Assurance Documents.

Licence Conditions

All Licence Conditions remain marked as compliant. Condition G7 (Registration with the Care Quality Commission) could be put at risk if the CQC action plan is not delivered sufficiently to the satisfaction of the CQC. It is not presently recommended that this condition be put at risk. This position is reflected within the draft return document and the Licence Condition Assurance Documents.

The EDoF said more work needs to be carried out on the Licence Conditions as they require better evidence and validation. Action: BP&FT to escalate.

It was agreed to that the Committee would recommend to the Board that the self-certification return be submitted to the Trust Development Authority as set out in the report.

15/031 COMMITTEES PROVIDING ASSURANCE

(a) Quality and Clinical Performance Minutes from Meeting 17/12/14

The Committee received the minutes of the Quality & Clinical Performance Committee held on 17th December 2014.

(b) CEF Programme Board Minutes from Meeting 29/12/14

The Committee received the papers and had no further comments.

15/032 ANY OTHER BUSINESS

Nothing to report.

15/033 DATE OF NEXT MEETING

The Chairman confirmed that next meeting of the Finance, Investment, Information & Workforce committee to be held is on Tuesday 24th February 2015 from 1.00pm – 4.00pm in the Large Meeting Room.

The meeting closed at 4.15pm.

Enc S

ISLE OF WIGHT NHS TRUST

FOUNDATION TRUST PROGRAMME BOARD

TUESDAY 25 NOVEMBER 2014 BETWEEN 11:00 – 12:30
LARGE MEETINGS ROOM, TRUST HQ, SOUTH BLOCK

NOTES

PRESENT

Karen Baker (Chair) Mark Price Katie Gray Chris Palmer
Danny Fisher

1. APOLOGIES

Sue Wadsworth Mark Pugh Alan Sheward David King

IN ATTENDANCE

Andrew Shorkey Andy Hollebon

Top Key Issues	Subject
109/14	The timeline would be amended to reflect the Trust's projected delivery of CQC compliance requirements.
111/14	£86K would be released from the 2014/15 FT budget as a non-recurrent cost improvement contribution.
115/14	Monitor's Well Led Framework would replace the Quality Governance and Board Governance Assurance Frameworks.

ACTION

Notes and matters arising from 17 June 2014

107/14 The notes of the meeting were received and accepted as a correct record.

Action Tracker

108/14 Forecast delivery dates would be amended once a revised programme timeline had been agreed. **AS**

FT Timeline

109/14 Following the 'pause' to the Trust's FT application resulting from the outcome of the Chief Inspector of Hospitals Inspection it was agreed that the Trust would not likely be able to declare full compliance and be ready for a further inspection by the CQC until September 2015 and FT status would not likely be achievable until late 2016. The timeline would be amended accordingly. **AS**

110/14 It was noted that there were no indications at this stage that the FT statutory organisational model would be dropped if there were a change of government following the 2015 General Election.

Programme Management

111/14 AS presented the programme report to initiate a review of FT Programme governance. It was agreed that:

(i) a meeting would be scheduled to take place in late February 2015 to determine the future governance arrangements for the programme. **AS**

(ii) FT workstream leads would review assigned deliverables and confirm whether the deliverables should be delivered or closed, ensuring that leads and forecast delivery dates would be assigned to open activities and deliverables. **Workstream Leads**

(iii) The FT Integrated Action Plan would be significantly reduced in size. **AS**

(iv) £86K would be released from the 2014/15 FT budget as a non-recurrent cost improvement contribution. **AS**

(v) The recommendations within the risk report at annex 1 were approved and the risk log could be updated accordingly. **AS**

Communications and Engagement

112/14 Membership update

AH presented the membership update. Membership numbers were on target and general membership recruitment activity had been reduced in light of the 'pause'. The membership was currently low with respect to Asian and mixed BME representation and the 11 to 16 age group category. A focus would be maintained on achieving a representative demographic within the membership.

113/14 Medicine for members sessions were being well received and there were opportunities to access expertise within the membership, particularly with respect to commercial matters.

114/14 It was noted that the Patients Council was performing very well. The competitive process used to recruit members had proved to be very successful.

Well Led Framework

115/14 MP updated the Programme Board with respect to the requirements of Monitor's Well Led Framework. MP advised that the Well Led Framework would replace the Quality Governance and Board Governance Assurance Frameworks. It was proposed that expertise should be brought in to support Board Development in February / March 2015 and that there was funding in place from Thames Valley/Wessex Leadership Academy to support this. CP advised that this would need to link into the BAF refresh. The implementation of the Well Led Framework would be discussed in greater detail outside of the meeting. AS advised that part of the Well Led framework referred to requirements with respect to strategic planning and that the recent toolkit released by Monitor provided a useful framework to test our current arrangements against. MP suggested that given the current pause there was an opportunity to revisit the strategy underpinning the Integrated Business Plan. KG advised that we needed to be focussing on delivering against the IBP and refreshing our strategy accordingly. **MP**

Feedback from FTN Events and FT Visits

116/14 Notes from the recent visit to the FTN conference were received from MP and MTP. The FTN would be changing its name to 'NHS Providers' to reflect the changing organisational landscape and membership. The Dalton review emphasised local Boards and integration with social care and primary care. There was a need to bring training up the agenda with respect to the Duty of Candour. On 9 December Bevan Brittan would be leading a briefing which will include the new Fit and Proper Person requirements. **MP**

Any other Business

117/14 None.

Future Meetings

The next meeting would be scheduled to take place in late February 2015. **AS**

Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28 January 2015

Title	Annual Accounts & Report of the Isle of Wight NHS Trust Charitable Funds 2013/14			
Sponsoring Executive Director	Chris Palmer, Executive Director of Finance			
Author(s)	Katie Parrott, Senior Financial Accountant			
Purpose	As Corporate Trustee, to approve and adopt the Annual Report and Accounts for 2013/14			
Action required by the Board:	**Receive**		**Approve**	**P**

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Remuneration & Nominations Committee	
Charitable Funds Committee	28 January 2015	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:

A representative from the Patient Council was present

Executive Summary:

The Annual Accounts & Report of the Isle of Wight NHS Trust Charitable Funds were agreed and recommended for adoption to the Corporate Trustee by the Charitable Funds Committee at its meeting on the 28 January 2015.

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 December 2014. 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.

The Annual Accounts and Report are required to be submitted to the Charity Commission by 31 January 2015.

The Corporate Trustee is asked to:

- Sign the Letter of Representation **(See Enc V)**
- Approve, adopt and sign the Annual Report and Accounts for the Isle of Wight NHS Trust Charitable Funds for 2013/14. **(See Enc U)**

For following sections – please indicate as appropriate:						
Trust Goal *(see key)*	Productivity					
Critical Success Factors *(see key)*	CSF 7					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***						
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements	To be in accordance with Charity Commission regulations					
Date: 15/01/15	**Completed by: Katie Parrott, Senior Financial Accountant**					

Isle of Wight NHS Trust

ISLE OF WIGHT NHS TRUST

Isle of Wight NHS Trust Charitable Funds
Annual Report & Accounts

Year Ended: 31st March 2014

Registered Charity No. 1049606

CORPORATE TRUSTEE'S REPORT FOR
THE ISLE OF WIGHT NHS TRUST CHARITABLE FUND
AS AT 31 MARCH 2014

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 2014, 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
Felicity Greene	Executive Director of Strategic Planning and Commercial Development (until 8 Nov 2013)
Andrew Heyes	Interim Director of Planning, ICT & Integration (from 23 Dec 2013)
Peter Taylor	Non Executive Director
Susan Wadsworth	Non Executive Director
Nick Wakefield	Non Executive Director (until 4 Jul 2013)
John Matthews	Non Executive Director (until 31 Jan 2014)
Dr Nina Moorman	Non Executive Director (from 1 May 2013)
Charles Rogers	Non Executive Director (from 8 Jul 2013)
David King	Non Executive Director Designate (from 8 Jan 2014)
Jessamy Baird	Non Executive Director Designate (from 8 Jan 2014)
Jane Tabor	Non Executive Director Designate (from 8 Jan 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, Assistant Financial Accountant, undertook the day to day duties.

CORPORATE TRUSTEE'S REPORT FOR
THE ISLE OF WIGHT NHS TRUST CHARITABLE FUND
AS AT 31 MARCH 2014

Structure, Governance and Management

The charity's unrestricted fund was established using the model Declaration of Trust and all funds held on trust as at the date of registration were either part of this unrestricted fund or registered as separate restricted funds under the main charity. Subsequent donations and gifts received by the charity that are attributable to the original funds are added to those fund balances within the existing charity.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund and by designating funds the Corporate Trustee respects the wishes of our generous donors to benefit patient care and advance the good health and welfare of patients, carers and staff. The Corporate Trustee has given due consideration to Charity Commission published guidance on the operation of the public benefit requirement.

The charitable funds available for spending are allocated to specialties within the Trust's management structure. Each allocation is managed by use of a designated fund within the general unrestricted fund. For example, there are charitable funds for Intensive Care Unit, Coronary Care Unit, Chemotherapy etc., plus funds for numerous wards. This maintains a clear focus on different patients and patient conditions treated at the hospital sites and enables donor wishes to be more easily respected.

Non-Executive Members of the Trust Board are appointed by the 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 Purpose and Objectives of the Charitable Fund as follows:-

Objectives and Activities during the year

Purpose

To ensure that legacies and donations are maximised and that they are applied in accordance with the donors' wishes and in a way which makes the maximum contribution to enhancing both patient and staff welfare and amenities.

CORPORATE TRUSTEE'S REPORT FOR
THE ISLE OF WIGHT NHS TRUST CHARITABLE FUND
AS AT 31 MARCH 2014

Objectives

- To attract new funds and encourage fund raising
- To have efficient processes for approval of and requesting applications for funds
- To have clear and simple policies to enable staff to use the charitable funds for all criteria rather than setting up other charities
- To ensure that investment policies and procedures maximise income and capital growth while complying with requirements of Acts of Parliament and Corporate Trustee responsibility to minimise risk

The accounting records and the day-to-day administration of the funds are dealt with by the Finance Department located on the St Mary's Hospital site.

Activities

The Charity's main fund has NHS wide objectives as follows:
"To ensure that legacies and donations are applied in accordance with the donor's wishes, whilst making the maximum contribution to enhancing both patient and staff welfare and amenities."

The Corporate Trustee takes account of the Charity Commission's guidance on public benefit in reviewing the spending plans for each year and in setting or reviewing the guidelines for fund managers who are authorised to spend charitable funds.

Annual Review:

During the year, the funds continued to support a wide range of charitable and health related activities benefiting both patients and staff. In general they are used to purchase the very varied additional goods and services that the NHS is unable to provide. Every effort is made to utilise funds for the charity's purpose.

The ward charitable funds receive many donations specifically given to thank the staff and these are used for training, morale boosting facilities or amenities which strengthen the Trust staff's capacity to serve their patients well.

The charitable funds also enable staff to attend courses, not funded by the NHS, which will update them on the new ideas and modern techniques in their specialties.

The General Fund receives donations and legacies that can be used for any charitable purpose relating to the NHS. This flexibility has been used to contribute towards other departments/wards purchase additional equipment when their own ward funds are insufficient.

Healing Arts: Isle of Wight

Healing Arts, working as a department of the Trust, provides a comprehensive range of high quality programmes linking the arts with healthcare to bring about recovery from illness, improvements in health, and promoting the well-being of the Trust's patients, staff and the Island community.

Healing Arts is held as a restricted fund within the Isle of Wight NHS Trust's Charitable Funds.

Risk Management

The major risks to which the charity is exposed have been identified and considered. They have been reviewed and systems established to mitigate those risks. The most significant risks identified were possible losses from a fall in the value of the investments and the level of reserves available to mitigate the impact of such losses. These have been carefully considered and there are procedures in place to review the Investment Policy and to ensure that both spending and firm financial commitments remain in line with income.

Partnership Working and Networks

The Isle of Wight NHS Trust is the main beneficiary of the charity and is a related party by virtue of being Corporate Trustee of the charity. By working in partnership with the Trust, the charitable funds are used to best effect. When deciding upon the most beneficial way to use charitable funds, the Corporate Trustee has regard to the main activities, objectives, strategies and plans of the Trust.

We remain indebted to the work of the volunteers of the Isle of Wight Friends of St Mary's, who raise thousands of pounds each year for St Mary's Hospital and also to the many members of staff who give up much of their spare time to fund raise.

Reserves Policy

The fund balance represents the amounts awaiting application for the benefit of patients and staff, to be utilised as soon as practically possible and are considered by the Corporate Trustee's to be adequate for its current level of operation.

CORPORATE TRUSTEE'S REPORT FOR
THE ISLE OF WIGHT NHS TRUST CHARITABLE FUND
AS AT 31 MARCH 2014

Review of Finances, Achievements and Performance

Performance

The net assets of the charitable funds as at 31st March 2014 were £761k, an increase of £39k from 2013.

The charity continues to rely on donations, legacies and investment income as the main sources of income. Total incoming resources decreased by £28k overall compared to 2013. There was a decrease in general donations received but an increase of £57k in legacy income.

Included in the £288k income received during the year, the charity accepted a total of £144k from legacies which were for unrestricted use.

Of the total expenditure, £234k was spent on direct charitable activity across a range of programmes, compared to £279k last year.

Patient Welfare & Amenities

The total spend of £188k 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:-

- Thorascopy equipment for Respiratory department
- Respiratory monitors for NICU
- Gym equipment for outdoor facility
- Equipment for Hospital Radio
- 'Magic Carpet' sensory projector for Children's Ward
- 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 £27k funding from the Friends of St Mary's for numerous items including:-

- Stryker prime trollies for the Emergency Department to assist with transfers from the Helipad
- Therapy Chairs for Outpatient & Home Parental Infusion Therapy
- Ultrasound machine for Diagnostic Imaging
- Plasma display screens for Community Health to assist with patient care decisions
- Warming cabinet for Diagnostic Imaging/CT scanning
- Various smaller items for departments including Occupational Therapy, Estates, Community Rehabilitation, Shackleton Ward, Sexual Health.

Staff Welfare & Amenities

A total of £7k 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 £20k was spent on numerous courses and £19k on resources such as educational and training materials, all helping to further the knowledge and experience of a wide range of clinical staff.

Investments

Cash is now held within the Charities Official Investment Fund (COIF) specifically designed for charities which obtains a competitive investment income return during the year. The interest rate for the period ended 31 March 2014 was 0.671% p.a.

Plans for Future Periods

Mindful of the many changes in the NHS, including efficiency reviews, Payment by Results and new employment contracts, the future direction of the charity will be shaped by changes in the NHS. The reconfiguration of services and the plans for redesigning patient care to meet the needs of the future will influence the priorities for spending charitable funds.

The Corporate Trustee reviews the spending priorities for the charity annually and aligns them with the Trust's corporate objectives and the charity's purpose. The focus for the coming year will cover:–

- improvements to the patient experience
- provide support to staff through Further Education and the 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 2014

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's Responsibilities

The Corporate Trustee is responsible for:

- keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the funds held on trust and to enable them to ensure that the accounts comply with requirements in the Charities Act 2011 and those outlined

- establishing and monitoring a system of internal control; and

- establishing arrangements for the prevention and detection of fraud and corruption.

The Corporate Trustee is required under the Charities Act 2011 and the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the financial position of the funds held on trust, in accordance with the Charities Act 2011. In preparing those accounts, the trustees are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;

- make judgements and estimates which are reasonable and prudent;

- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts;

- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps or the prevention or detection of fraud and other irregularities

The Corporate Trustee confirms that they have met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages IV to XII attached have been compiled from and are in accordance with the financial records maintained by the trustees.

By Order of the Corporate Trustee

Signed:

Chairman

Date:

Independent Examiners report to be inserted here

Independent Examiners report to be inserted here

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2013-2014

Statement of Financial Activities for the year ended 31 March 2014

	Note	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**Total Funds £000**	2012-13 Total Funds £000
Incoming resources						
Incoming resources from generated funds:-						
Voluntary income:						
Donations		131	8	0	**139**	210
Legacies		144	0	0	**144**	87
Gift Aid		2	0	0	**2**	1
Activities for generating funds		0	0	0	**0**	0
Investment income	6.2	2	0	0	**2**	3
Incoming resources from charitable activities		0	0	0	**0**	0
Other incoming resources		1	0	0	**1**	15
Total incoming resources		**280**	**8**	**0**	**288**	**316**
Resources expended						
Costs of generating funds:-						
Costs of generating voluntary income		0	0	0	**0**	3
Fundraising trading: cost of goods sold & other costs		0	0	0	**0**	0
Investment management costs		0	0	0	**0**	0
Charitable activities	3	172	62	0	**234**	279
Governance Costs	2	15	0	0	**15**	15
Other resources expended		0	0	0	**0**	0
Total resources expended		**187**	**62**	**0**	**249**	**297**
Net (outgoing)/incoming resources before transfers		**93**	**(54)**	**0**	**39**	**19**
Transfers	4					
Gross transfers between funds		(66)	66	0	**0**	0
Net (outgoing)/incoming resources before other recognised gains and losses		**27**	**12**	**0**	**39**	**19**
Other recognised gains and losses						
Gains on revaluation of fixed assets for charity's own use		0	0	0	**0**	0
Gains/losses on investment assets		0	0	0	**0**	0
Acturial gains/losses on defined benefit pension schemes		0	0	0	**0**	0
Net Movement in Funds		27	12	0	**39**	19
Reconciliation of Funds						
Total Funds brought forward		472	250	0	**722**	703
Total Funds carried forward		**499**	**262**	**0**	**761**	**722**

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2013-2014

Balance Sheet as at 31 March 2014

	Notes	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**Total at 31 March 2014 £000**	Total at 31 March 2013 £000
Fixed Assets						
Investments	6.1	385	0	0	385	385
Total Fixed Assets		**385**	**0**	**0**	**385**	**385**
Current Assets						
Debtors	7	126	0	0	126	140
Short term investments and deposits		0	0	0	0	0
Cash at bank and in hand		49	262	0	311	271
Total Current Assets		**175**	**262**	**0**	**437**	**411**
Liabilities						
Creditors: Amounts falling due within one year	8	61	0	0	61	74
Net Current Assets		**114**	**262**	**0**	**376**	**337**
Total Assets less Current Liabilities		**499**	**262**	**0**	**761**	**722**
Creditors: Amounts falling due after more than one year		0	0	0	0	0
Total Net Assets		**499**	**262**	**0**	**761**	**722**
Funds of the Charity						
Expendable Endowment Funds		0	0	0	**0**	0
Restricted Income Funds	9.1	0	262	0	**262**	250
Unrestricted Income Funds	9.3	499	0	0	**499**	472
Total Funds		**499**	**262**	**0**	**761**	722

The notes at pages 6 to 12 form part of these accounts.

Signed: Date

Designation:

Signed: Date

Designation:

Notes to the Accounts

1 Accounting Policies

1.1 Accounting Convention

The financial statements have been prepared under the historic cost convention, as modified for the revaluation of certain investments, and in accordance with applicable United Kingdom accounting standards and policies for the NHS approved by the Secretary of State and the Statement of Recommended Practice "Accounting and Reporting by Charities" issued by the Charities Commissioners in 2005.

1.2 Incoming Resources

a) All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:

i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;

ii) certainty - when there is reasonable certainty that the incoming resource will be received;

iii) measurement - when the monetary value of the incoming resources can be measured with sufficient reliability.

b) Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes reasonably certain. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

1.3 Resources expended

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

a) Cost of generating funds
The cost of generating funds are the costs associated with generating income for the funds held on trust.

b) Grants payable
Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the funds held on trust's charitable objectives to relieve those who are sick. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant. This includes grants paid to NHS bodies.

c) Support Costs
These are accounted for on an accruals basis and are recharges of appropriate proportions of the costs from the Isle of Wight NHS Trust, apart from the audit fee.

1.4 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be put, the fund is designated in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds. Funds which are not legally restricted but which the Trustees have chosen to earmark for set purposes are designated funds. The major funds held within these categories are disclosed on notes 9.1, 9.2 and 9.3.

1.5 Fixed Assets

The only fixed assets that the Fund has are investment assets.

1.6 Investment Fixed Assets

Investment fixed assets are shown at market value.

i) Other investment fixed assets are included at trustees' best estimate of market value.

1.7 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

1.8 Value Added Tax (VAT)

No income is generated by the charity which includes VAT. Purchases made by the charity are subject to VAT. Purchases of a medical nature are liable to VAT exemption when purchased by the charity and VAT exempt certificates are sent when ordering these goods.

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2013-2014

2 Allocation of Governance Costs

Governance Costs	2014 Total £000	Allocated to Governance £000	Basis of Apportionment	2013 Total
Finance	8	0	see note below	7
Information Technology	2	0	see note below	2
Audit - Internal	0	0		2
Audit - External	4	0		3
Indemnity insurance	1	0	see note below	1
Total	**15**	**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

	Activities Undertaken Directly £000	Grant Funded Activity £000	Support Costs £000	2014 Total £000	2013 Total £000
Patient Welfare & Amenities (inc equip)	188	0	0	188	221
Staff Welfare & Amenities	7	0	0	7	5
Staff Education & Resources	19	0	0	19	2
Staff Education - Courses	20	0	0	20	51
Total	**234**	**0**	**0**	**234**	**279**

4 Details of transfers between funds

Transfer		Reason	Amount	Fund Type
From fund	To fund		£000	
Leukaemia	Cancer Research	To close Leukaemia fund	2	Unrestricted
Leukaemia	Chemotherapy	To close Leukaemia fund	2	Unrestricted
Barely Born (new NICU unit)	NICU (inc. Barely Born)	To combine funds	29	Unrestricted
NICU (inc. Barely Born)	NICU (inc. Barely Born)	Re-allocate fund as Restricted	66	Unrestricted to Restricted

5 Analysis of Staff Costs

	2014 Total £000	2013 Total £000
Salaries & wages	6.0	6.0
Social security costs	1.0	0.5
Other pension costs	1.0	0.5
Total	**8.0**	**7.0**

Average monthly number of employees in the year:	**2**	**2**

Employees: Senior Financial Accountant and Asst Financial Accountant - both full time members of staff with IOW NHS Trust. A proportion of their time is recharged to the Isle of Wight NHS Trust Charitable Fund. They are both members of the IOW NHS Trust pension scheme. Neither employees had emoluments in excess of £60,000.

6 Analysis of Fixed Asset Investments

6.1 Fixed Asset Investments:	2014 £000	2013 £000
Market value at 31 March	**385**	385
Less: Disposals at carrying value	**0**	0
Add: Acquisitions at cost	**0**	0
Net gain on revaluation	**0**	0
Market value at 31 March	**385**	**385**
Historic cost at 31 March	**385**	**385**

Note: These investments are all held with CCLA Investments in a Charities Official Investment Fund (COIF).

6.2 Total gross Income from investments

	2014 Held in UK Total £000	2013 Held in UK Total £000
COIF Interest	**2**	3
	2	**3**

7 Analysis of Current Assets	2014 £000	2013 £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	**97**	93
Other debtors	**29**	47
Total debtors falling due within one year	**126**	**140**

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2013-2014

8 Analysis of Current Liabilities

	2014	2013
Amounts falling due within one year:	**£000**	£000
Loans and overdrafts	**0**	0
Trade creditors	**0**	0
Amounts due to subsidiary and associated undertakings	**0**	0
Other creditors	**61**	74
Accruals	**0**	0
Deferred income	**0**	0
Total creditors falling due within one year	**61**	74

9 Analysis of Funds

9.1 Restricted Funds

	Balance 31 March 2013	Incoming Resources	Resources Expended *see note*	Transfers	Gains and Losses	**Balance 31 March 2014**
	£000	£000	£000	£000	£000	**£000**
Material funds						
A Healing Arts	24	0	(12)	0	0	**12**
B Legacy	9	0	0	0	0	**9**
C Legacy	40	0	(4)	0	0	**36**
D Legacy	177	0	(17)	0	0	**160**
E NICU - Barely Born	66	8	(29)	0	0	**45**
Total	316	8	(62)	0	0	**262**

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 2013-2014

9.3 Unrestricted Funds

	Balance 31 March 2013	Incoming Resources	Resources Expended	Transfers	Gains and Losses	**Balance 31 March 2014**	
	£000	£000	£000	£000	£000	**£000**	
General Fund	170	119	(65)	0	0	**224**	
Designated Funds							
Breast Care	74	11	(10)	0	0	**75**	
Cancer Research	23	0	(3)	2	0	**22**	
Chemotherapy	21	39	(2)	2	0	**60**	
Childrens Ward	10	4	(8)	0	0	**6**	
Coronary Care Unit	6	3	(2)	0	0	**7**	
Dr Harms Research Fund	0	3	1	0	0	**4**	
Intensive Therapy Unit	4	4	(4)	0	0	**4**	
Leukaemia	5	0	0	(5)	0	**0**	
Orthopaedic Department	6	0	0	0	0	**6**	
Post Grad Med Centre	6	0	0	0	0	**6**	
Respiratory Department	12	3	(4)	0	0	**11**	
Rheumatology Fund	20	2	(2)	0	0	**20**	
Stroke Services	12	5	(8)	0	0	**9**	
Other funds with movements less than £1000 or balances less than £4000	37	17	(10)	0	0	**44**	** See Page 12
Friends of St Marys	0	69	(69)	0	0	**0**	
Roundings		1	(1)	1	0	**1**	
Sub Total	**406**	**280**	**(187)**	**0**	**0**	**499**	

The purpose of all Unrestricted funds is to benefit patient and staff welfare including education and training where appropriate.

9.3 Unrestricted Funds (Continued)

**** Breakdown of other funds with movements less than £1000 or balances less than £4000**

	Balance 31 March 2013	Incoming Resources	Resources Expended	Transfers	Gains and Losses	**Balance 31 March 2014**
	£	£	£	£	£	£
Accident & Emergency	670	155	(57)	0	0	**768**
Afton Ward	1,037	540	(394)	0	0	**1,183**
Allergy Research	438	0	(312)	0	0	**126**
Alverstone Ward	1,649	600	(1,070)	0	0	**1,179**
Ambulance General	2,274	210	(896)	0	0	**1,588**
Appley Ward	2,168	1,450	(434)	0	0	**3,183**
Breast Screening Unit	1,429	111	(1,284)	0	0	**255**
Cancer CNS	109	650	(33)	0	0	**726**
Cardiac Investigations	410	25	(274)	0	0	**161**
Chapel	2,493	2,255	(2,478)	0	0	**2,270**
Childrens Community Fund	799	1,450	(595)	0	0	**1,655**
Colwell Ward	3,120	483	(164)	0	0	**3,439**
Community Fund	90	0	0	0	0	**90**
Community Heart Failure	2,560	1,350	(1,102)	0	0	**2,808**
Community Stroke (CSRT)	0	1,700	(530)	0	0	**1,170**
Diabetic Centre	0	850	1,714	0	0	**2,564**
Diagnostic Imaging	398	0	0	0	0	**398**
District Nurses	2,438	0	(88)	0	0	**2,350**
Dr Al-bahrani Research fund	0	631	(32)	0	0	**599**
Dr Magier Research Fund	2,247	0	110	0	0	**2,357**
Endoscopy Unit	1,181	0	0	0	0	**1,181**
England Fund Sevenacres	467	0	(90)	0	0	**377**
Helipads	0	920	(21)	0	0	**899**
LEARNING DISABILITY FUND	437	0	0	0	0	**437**
Luccombe Ward	318	25	(1)	0	0	**342**
Maternity	938	150	(307)	0	0	**781**
Medical Assesment Unit	934	0	0	0	0	**934**
Newchurch Ward	0	0	0	0	0	**0**
Nurses Fund	533	0	(240)	0	0	**293**
Ophthalmic Department	1,791	131	(7)	0	0	**1,916**
Paediatric Diabetes	705	411	(794)	0	0	**322**
Rehabilitation Unit	591	3,141	(968)	0	0	**2,764**
Sevenacres Staff Fund	691	0	0	0	0	**691**
Speech & Language Therapy	100	0	0	0	0	**100**
St Helens Ward	1,013	0	(75)	0	0	**938**
Stoma Care	594	0	(404)	0	0	**189**
Urology Unit	1,142	40	(2)	0	0	**1,180**
Whippingham Ward	1,618	0	(105)	0	0	**1,513**
	37,382	**17,277**	**(10,932)**	**0**	**0**	**43,728**
Rounded to £000's	**37**	**17**	**(11)**	**0**	**0**	**44**

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 £8,250 were recharged to the charity; at the year end there was a balance due to the Trust in respect of this of £8,250.

11 Trustees Expenses

The Trustees have received no expenses in 2013/14.

Enc U

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28 January 2015

Title	Charitable Funds Annual Accounts 13/14 - Letter of Representation			
Sponsoring Executive Director	Chris Palmer, Executive Director of Finance			
Author(s)	Katie Parrott, Senior Financial Accountant			
Purpose	As Corporate Trustee, to sign the Letter of Representation as part of the Annual Accounts process for 2013/14			
Action required by the Board:	**Receive**		**Approve**	**P**

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Remuneration & Nominations Committee	
Charitable Funds Committee	28 January 2015	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:

Executive Summary:

As part of the annual accounts process, Audit require a Letter of Representation to be signed by the Corporate Trustee before they can sign the Independent Examination report

The Corporate Trustee is asked to:

- Sign the Letter of Representation **(See Enc V)**

For following sections – please indicate as appropriate:						
Trust Goal *(see key)*	Productivity					
Critical Success Factors *(see key)*	CSF 7					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***						
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements	To be in accordance with Charity Commission regulations					

Date: 15/01/15 **Completed by: Katie Parrott, Senior Financial Accountant**

Isle of Wight NHS
NHS Trust

St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

Tel: (01983) 822099

Ernst & Young LLP
Apex Plaza
Forbury Road
Reading
RG1 1YE

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 2014. 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: 9 December 2014.

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

Enc V

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28 January 2015

Title	Non Consolidation of Charitable Fund 2014/15 Accounts			
Sponsoring Executive Director	Chris Palmer, Executive Director of Finance			
Author(s)	Katie Parrott, Senior Financial Accountant			
Purpose	As Corporate Trustee, to approve.			
Action required by the Board:	**Receive**		**Approve**	✓

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Remuneration & Nominations Committee	
Charitable Funds Committee	28 January 2015	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:

Executive Summary:

Consolidation of charitable funds was required for the first time in the 2013/14 accounts. The decision whether to consolidate or not is based on materiality and on this basis, it was agreed last year not to consolidate Charitable Funds within the 2013-14 IOW NHS Trust Annual Accounts.

Materiality is assessed annually and will vary depending on the NHS organisation's accounts as well as the NHS Charity's accounts. It will encompass both qualitative and quantitative aspects. This will often be a percentage (1 or 2%) of income, expenditure, assets or liabilities. Materiality will need to be considered on an ongoing basis, for example recognising that a successful campaign or legacy could change the financial position of the charity significantly from one year to the next.

At 31 March 2014 IOW NHS Trust Charitable Funds had income of £288k, expenditure of £249k with a closing balance of £761k. Year to date figures for 2014-15 consist of income of £141k, expenditure of £258k with a closing balance of £662k and this is not expected to change significantly between now and the year end.

Based on 1% of the Trust's annual income of c£170m this does not result in a material figure. Although legacies are received on a reasonably regular basis, the maximum received to date is in the region of £200-300k which would still not affect materiality. Should much larger legacies be received in future years, the resulting position would be discussed with External Audit to agree if consolidation is required at that point.

Recommendation:
Based on this information and following discussions with Ernst & Young, Finance are recommending that Charitable Funds are not consolidated within the 2014-15 IOW NHS Trust Annual Accounts.

The Corporate Trustee are asked to approve this recommendation which will then be presented to the Audit & Corporate Risk Committee on 10 February 2015 for their approval before being presented to the Board at the next available Board Meeting.

For following sections – please indicate as appropriate:						
Trust Goal *(see key)*	Productivity					
Critical Success Factors *(see key)*	CSF 7					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***						
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements						
Date: 19/01/15	**Completed by: Katie Parrott, Senior Financial Accountant**					

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Isle of Wight NHS
NHS Trust

FOR PRESENTATION TO CORPORATE TRUSTEE ON 28 JANUARY 2015

CHARITABLE FUNDS COMMITTEE

DRAFT

Minutes of the meeting of the Charitable Funds Committee held on the 9th December 2014 at 8.30 a.m. in Seminar Room 4, Education Centre, St. Mary's Hospital, Newport.

PRESENT	Nina Moorman	Non Executive Director (Chair)
	Dennis Ford	Patient Council Representative
	Katie Gray	Executive Director for Transformation & Integration
	Sarah Johnston	Deputy Director of Nursing
	David King	Non Executive Director
	Chris Palmer	Executive Director of Finance
	Lizzie Peers	NED Financial Advisor to Trust Board
	Vincent Thompson	Friends of St. Mary's
	Sue Wadsworth	Non Executive Director (Vice Chair)
In Attendance	Mark Price	Company Secretary
	Richard Dent	Volunteer Co-ordinator
	Andy Hollebon	Head of Communications & Engagement
	Katie Parrott	Senior Financial Accountant
Observers	Christine Barringer	Deputy Patient Council Representative
	Tracey Thompson	Financial Accountant
Minuted by	Linda Mowle	Corporate Governance Officer

Min. No.	Top Key Issues
14/067	**Terms of Reference:** Updated TOR to be approved by Corporate Trustee
14/068	**Draft Annual Report & Accounts 2013/14:** As the Independent Examination Report was not available, a CFC meeting will be held prior to the Trust Board meeting on the 28th January 2015 to agree and recommend the Annual Report and Accounts to the Corporate Trustee for approval and sign off.
14/070	**Charity Independence:** Now possible to register as a charity independent to the related NHS organisation. Agreed that this option would not benefit the IOW NHS Trust Charitable Funds as only really viable for larger organisations.
14/071	**Friends of St. Mary's Hospital Charity Lottery:** Agreed to recommend to the Corporate Trustee to enter into an 'arrangement' with Friends for staff to join the Unity Lottery. A proposal will be presented to a future meeting of the Corporate Trustee outlining Unity's proposal.
14/073	**Approval of items over £15k:** Friends of St. Mary's (Agreed purchases) - £56,229.58

14/061	**APOLOGIES** There were no apologies.
14/062	**QUORACY** The Chair confirmed that the meeting was quorate.
14/063	**WELCOME** The Chair, on behalf of the Committee, welcomed Dennis Ford and Christine Barringer, Patient Council Representatives, to their first meeting of the Committee.

14/064	**DECLARATIONS OF INTEREST** Vincent Thompson declared an interest in the Fundraising Friends of St. Mary's Lottery
14/065	**MINUTES** The minutes of the meeting held on the 9th September 204 were agreed and signed by the Chair as a true record.
14/066	**MATTERS ARISING FROM PREVIOUS MEETINGS** The Committee reviewed the schedule of actions as follows: **Min. No. 14/045 Charitable Funds Leaflet and Posters:** The Head of Communications & Engagement tabled the finalised Leaflet and Poster advising that the collage of pictures all have an association with fundraising for the Trust and that the Poster will be A3 size. The Committee agreed the following amendments to the Leaflet: • The heading on the front of the Leaflet to include ……leaving a legacy to *your local* NHS and deleting the question mark • Commerce, Industry and Tourism: delete 2014. No date to be included. The Company Secretary requested that any further comments or amendments on the Leaflet be forwarded direct to HOC in order that the Leaflet and Poster can be printed and distributed early in the new year. **Action: HOC** With regard to the displaying of the leaflets within the Trust's premises and particularly within the hospital, Sue Wadsworth asked whether it would be possible to have the Trust's logo sticker on the front of the holders. HOC said that he would investigate this together with the possibility of new cardboard holders which would have the logo already printed. **Action: HOC** The Volunteer Co-ordinator suggested that, for the main entrance of the hospital, a separate stand especially for the Trust's Charitable Funds Leaflet be on the main reception desk. **Min. No. 14/030 Healing Arts Management Committee:** The terms of reference are being reviewed by the Chair. **Min. No. 14/010 Four Seasons Garden:** Agreed Status Closed. **Min. Nos. 14/010 & 14/030 (CFC/035 & 039) The Koan:** To be merged. **Min. No. 14/048 Internal Audit Report – Charitable Funds 20124/15:** SFA confirmed that all the recommendations have been completed by the target date and closed. The Committee requested that a target date for completion of the action be included in the schedule. **Action: CA**
14/067	**REVIEW OF TERMS OF REFERENCE** The Committee received the updated terms of reference which take account of amendments to membership, the alignment of the terms of reference with the Trust format and the addition of the Duties and Administration Section. The EDT&I felt that consideration should be given to the size of the Committee membership as, in its present format, it would appear to be too big and not cost effective, and that a smaller group would work slicker and with faster moving outcomes. Lizzie Peers expressed the view that although it

	was a big group, this was because it was a sensitive area and for the wider public benefit, emphasising that there needed to be a balance between staff, patient and finance representatives in order to provide the requisite challenge as there are times, as Corporate Trustee, when charitable fund decisions align to the Charity objectives but not the Trust's objectives. With regard to expenditure levels in paragraph 7.1.7 Scheme of Delegation and Appendix 1b Standing Financial Instructions, Lizzie Peers asked that these be checked and aligned before submission to the Corporate Trustee. The SFA confirmed that Appendix 1b required updating in line with SFIs and paragraph 7.1.7 would be reviewed. **Action: SFA** Vincent Thompson requested clarity on the independence of the Committee. In response, the Company Secretary outlined that the Committee was a sub-committee of the Corporate Trustee with delegated powers and that the Corporate Trustee, i.e. the Trust Board, retains overall responsibility under the Charity Commission. The Chair asked that Vincent put his specific concerns in an email to the Committee Administrator who will email the Executive Director's response to Committee members. **Action: VT/CA** Having taken the above comments into consideration, and that the terms of reference are reviewed annually, the Committee agreed the amended terms of reference, subject to the incorporation of the updated expenditure levels, for presentation to the Corporate Trustee for approval. **Action: CS/CA/SFA**
14/068	**REVIEW OF CHARITABLE FUNDS STRATEGY 2014 – 2017/18** The revised Strategy prepared by the Chair has been amended in line with the recommendations from the CFC meeting on the 9th September 2014 and with the Executive Director of Finance's comments annotated. Lizzie Peers and Sue Wadsworth concurred with the EDOF's comments for inclusion in the Strategy. However, the Company Secretary queried the wording of 'entity' within the Objectives, last bullet point, and the Chair agreed that the whole paragraph should be omitted. The EDOF considered that the Strategy should have critical success factors to deliver the Objectives and ensuring that there is clarity around the Objectives that they are SMART and measurable to demonstrate achievement. The Company Secretary suggested an Annual Plan with milestones to progress the Strategy at the beginning of each year. The Chair agreed to amend the Strategy in line with the EDOF's and the Committee's comments for presentation to the Corporate Trustee for approval. **Action: NM**
14/069	**DRAFT ANNUAL REPORT AND ACCOUNTS 2013/14** The SFA presented the amended set of Accounts and Annual Report which incorporate the latest amendments. The Chair asked that the following amendments be made to the Annual Report on page 3 Annual Review as funding is for all staff: • 2nd paragraph 2nd line: delete 'nursing' at the beginning of the line • 3rd paragraph 1st line: delete 'consultants and other medical'. **Action: SFA** HOC proffered photographs for inclusion in the Annual Report. **Action: HOC**

	With regard to the Independent Examination by the External Auditors, the SFA advised that although the Examination had commenced by Ernst & Young, it had not yet been completed due to EY being re-deployed. EY have now re-commenced the Examination and once the outcome is known this will be circulated to members. The Executive Director of Finance pointed out that as the deadline for the submission of the Annual Report and Accounts is the 31st January 2015 an extraordinary meeting of the CFC would be required in order to recommend the Annual Report and Accounts to the Corporate Trustee for approval and sign off. The Company Secretary proposed that the CFC meet before the Trust Board meeting on the 29th January 2015 in order to agree the Annual Report and Accounts. Sue Wadsworth raised the concern that as this was the meeting to review and recommend the Annual Report and Accounts to the Corporate Trustee at the January Board meeting, feedback should be given to the auditors that the Independent Examination is a crucial part of the Committee's work in providing assurance to the Corporate Trustee and that it had been expected that the CFC would have received the report in time for this meeting. The EDOF, in conjunction with CS, agreed to feed the concerns back to EY. **Action: EDOF/CS**
14/070	**HFMA CONFERENCE AND SORP 2015 CHANGES** The Committee received the summary of issues covered at the HFMA Conference held on 24 September 2014 prepared by the SFA. The Conference was attended by Nina Moorman, CFC Chair, Katie Parrott SFA and Tracey Thompson Financial Accountant. The Committee noted that the Conference provided a good overview of current topics and future requirements, particularly the new SORP changes which take effect for the financial years beginning on or after 1 January 2015. In addition, changes are required to the Annual Report. In order to implement the changes and the challenges of complying with the new requirements, joint working and collaboration with the auditor will be mutually beneficial. **Charity Independence:** Following the lengthy DOH/Charity Commission consultation, it is now possible to register as a charity independent to the related NHS organisation. However, considering the work involved in achieving this and the cost implications, the Conference attendees felt that this option was really only viable for much larger charities and would not benefit IOW NHS Trust Charitable Funds. The Committee concurred with this view.
14/071	**FRIENDS OF ST. MARY'S HOSPITAL CHARITY LOTTERY** The reports prepared by Andrew Heyes, Commercial Manager, and Vincent Thompson, Friends of St. Mary's General Manager outlining the proposal, benefits and options for entering into an arrangement with the Friends to encourage staff to join in with the Unity Lottery was received and noted. The Chair sought clarity on the impact of the Friends retaining the discretion to allocate the funds. The EDOF explained that the allocation of funds would take the same format and mechanism as the Bids Process which has been established with the Friends over many years, whereby input into the selection of bids is part of the Trust's internal governance arrangements to make sure that items meet the required standards and that there are no additional revenue costs involved.

	HOC enquired whether, for staff to participate in the Lottery, there might be the opportunity for a deduction from salary to be made available. Vincent Thompson responded that Unity would advise on the next course of action. The Committee unanimously agreed to recommend to the Corporate Trustee to enter into an 'arrangement' with the Friends for staff to join the Unity Lottery. **Action: NM** Vincent Thompson to provide an update at the next meeting on Unity's proposal for the Lottery and to include the various options for staff to participate. **Action: VT** The Committee agreed not to pursue the running of a Raffle at the present time due to staffing and time constraints.
14/072	**FUND MANAGERS EXPENDITURE PLANS 2014/15** In presenting the Fund Managers' Expenditure Plans for 2014/15, the SFA highlighted the plans which have been annotated with the items that have been purchased to date and pointing out that reminders are to be sent to the Fund Managers in respect of outstanding items and inviting bids to the General Fund should a 'top up' be required. HOC gave feedback from the Annual Report on the criticism received on the level of money remaining in Charitable Funds, which reflects on the Committee when funds are spent slowly. The Company Secretary felt that when there appears to be no movement/spending on a Fund, then a timescale for spending could be introduced. The EDOF explained that there is no time allocation at the moment, but that every endeavour is made to keep to the donors' wishes and ensuring that the money is spent wisely on items that are of benefit to staff and patients alike. The EDOF suggested that the focus for the Committee to encourage spending should be on those Funds that have over £500 in their Fund. However, the DDON believed that some Fund Managers wanted to retain money in their Funds for continuing training requirements. The DDON suggested that the Fund Managers' Plans be reviewed at the Directorates' meetings and the EDOF said that the Plans could also be picked up as part of the Finance meetings. The Committee agreed that the EDOF and DDON take forward the Fund Managers' Spending Plans to enable all Funds to have specific plans in place for items to enhance their services. An update to be presented to the next meeting of the Committee. **Action: EDOF/DDON/SFA**
14/073	**BALANCES, INCOME AND EXPENDITURE** The SFA reported on the current income, balances and expenditure for the period August – October 2014 advising that there was only one item over £15k which required the approval of the Corporate Trustee, namely: • Friends of St. Mary's (agreed purchases) - £56,229.58 The Committee acknowledged that regular spending was taking place but that restricted legacies sometimes impacted on how quickly money was spent.
14/074	**REQUESTS FOR CONSIDERATION** The Chair advised that the Bid Review Group had met on the 19th November

	2014 to review the 3 bids received. The Bid Review Group consisted of Nina Moorman, Chris Palmer and Katie Parrott who met with the bid sponsors. The aim of the Group was to provide the Committee with: • challenge and clarity that the bid was an enhancement to the service • agree from which fund the item was to be purchased, and also • assist the sponsors with the completion of the bid, as it was recognised that the CFC meeting did not allow the time necessary to cover these aspects. Any item that was rejected by the Group would also be presented to the Committee for consideration. All bids would be presented to the Committee for final decision. The DDON felt that a clinical representative should be included in the Group and the Company Secretary considered that a patient representative should also be included and that the work of the Group needed to be transparent. David King considered that the Group should reflect finance and governance as well as an independent representative to provide support and challenge. However, the Chair felt that as the Group was looking at the technicality aspects of the bids, it should not duplicate the work of the CFC by having a large sized Group which was only reviewing bids over £5k for recommendation to the Charitable Funds Committee. The DDON was concerned that bids were not meeting clinical criteria, e.g. medical devices The EDOF offered to go through the bid process with the DDON to see where it might not be meeting the clinical criteria. Lizzie Peers stated that if the process was not working very well, then the Committee would want to understand the reasons why. The Group recommended that the following 3 bids were fit for purpose: • Orthotics & Prosthetics – fund of wig charges - £5,000 to be equally funded Chemotherapy and Breast Care Funds • Patient Garden Maintenance 2015/16 - £4,750 funded from General Fund • Artwork for Community Clinics - £5,000 funded from General Fund The Committee agreed the 3 bids be funded as recommended by the Bid Review Group and that the Group continue in its present format for the next 6 months, when a re-evaluation of the working and membership will be undertaken. **Action: NM** **Funding Feedback:** The Committee received and noted the email from Rebecca Hepworth, Community Children's Nurse Team Lead, outlining the staff's appreciation for funding attendance at the Nursing Times Award Ceremony. They felt that It was a really inspiring event with the very best of nursing being honoured and recognised, and that having the opportunity to be part of that was a great privilege.
14/075	**STRATEGIES REVIEW** The following draft Strategies prepared by SFA and Interim Head of Financial Accounting, were received for review: • **Investment & Reserves Strategy – Reserves**: David King and Lizzie Peers questioned the length of time of one year expressing the view that one year was very prudent and suggesting that 6/9 months should be considered instead. The SFA agreed to review the wording, as follows: 'The Corporate Trustee can revise this amount at any time according

	to relevant circumstances.' The Committee agreed the draft Investment & Reserves Strategy subject to the above amendment, for presentation to the Corporate Trustee for approval and adoption. **Action: SFA/CS** • **Fundraising Strategy**: The Committee reviewed the draft Strategy and noted that Charitable Funds has no dedicated resource to facilitate the Strategy's objectives in full. The Committee therefore concurred that a more realistic Strategy needed to be prepared which identified and outlined: • projects and items which could be undertaken within the current resources from Finance and Communications • Projects that could be undertaken when additional resources were available. Lizzie Peers asked that an action plan with timescales be prepared in order to monitor achievement of the Strategy. The EDOF suggested that the Strategy could be strengthened by including an internet website. The Chair requested that the Strategy be revised to make it more realistically achievable but to retain an aspirational section. The revised Strategy to be presented to the next meeting of the Committee for agreement. **Action: SFA**
14/076	**LEGACIES UPDATE** The SFA presented the update on restricted and unrestricted legacies for the period August – October 2014. The DDON queried whether long standing legacy funds could be used for a different purpose, giving ITU as an example where there is a large balance to be spent. The EDOF explained that although there were options available to utilise the funds, Charitable Funds makes every effort to support the donors' wishes on how the legacy is spent.
14/077	**E-BULLETIN ITEMS** The Committee agreed the following items be included in e-Bulletin in order to promote the work of Charitable Funds: • Publicity for Leaflet and Posters for Donating money or leaving a legacy to your local NHS • Funding for wigs for patients suffering hair loss due to chemotherapy treatment • Funding for maintenance of 8 Patient Gardens at St. Mary's Hospital • Funding for artwork for Community Clinics **Action: SFA/HOC**
	DATES OF 2015 MEETINGS Meetings to be held at 2.00 – 4.30 p.m. 10 March 09 June 08 September 02 December 08 March 2016

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Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28 JANUARY 2015

Title	Charitable Funds Terms of Reference			
Sponsoring Executive Director	Chris Palmer, Executive Director of Finance Mark Price, Company Secretary			
Author(s)	Corporate Governance Officer			
Purpose	To approve the CFC's updated terms of reference			
Action required by the Board:	**Receive**		**Approve**	**X**

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Remuneration & Nominations Committee	
Charitable Funds Committee	09/12/14	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:

Patient Council Representatives at CFC meeting

Executive Summary:

The attached updated terms of reference were agreed by the Charitable Funds Committee on the 9th December 2014 for presentation to the Corporate Trustee for approval. Amendments are:

- Updated membership
- Updated Appendix 1b
- Changes to bring in line with Trust format
- Addition of Duties and Administration Section

For following sections – please indicate as appropriate:						
Trust Goal *(see key)*	ALL					
Critical Success Factors *(see key)*						
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***						
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements	Compliance with Charity Commission and DOH Charities Guidance.					

Date: 19 January 2015 Completed by: Corporate Governance Officer

Isle of Wight NHS Trust

CHARITABLE FUNDS COMMITTEE
Terms of Reference

Document Type:	Committee Terms of Reference
Date document valid from:	28 January 2015
Document review due date:	6th October 2014

AUDIT TRAIL:

Date(s) reviewed:	December 2014	**Version number:**	V1/2012
Date(s) agreed:	December 2014	**Version number:**	V3
Details of most recent review: (*Outline main changes made to document*)		· Updated members list. · Updated Appendix 1b · Changes to bring in line with Trust format · Addition of Duties and Administration section.	
Signature of Chair of Committee: **Print Name:** Nina Moorman **Post Held:** Non Executive Director **Date: 09/12/14**			

Trust Board Approval Authorised Signature	
Authorised by:	**Danny Fisher**
Signed: ***Date:***	
Job Title:	**Chairman of Trust**
Approved at:	**Trust Board**
Date Approved by Trust Board:	**28/01/15**

Isle of Wight NHS Trust

CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE

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1. CONSTITUTION

1.1 The Isle of Wight NHS Trust was appointed as Corporate Trustee of the Charitable Funds by virtue of SI 2012 No. 786 and its Board serves as its agent in the administration of the charitable funds held by the Trust.

1.2 The Corporate Trustee (i.e. Trust Board) resolves to establish an independent Committee to be known as the Charitable Funds Committee.

1.3 The Charitable Funds Committee has been formally constituted by the Corporate Trustee in accordance with the Trust's Standing Orders, delegated responsibility to make and monitor arrangements for the control and management of the Trust's charitable funds and will report through to the Corporate Trustee.

1.4 For a body to be a Charity, it must be Independent:
"It must exist in order to carry out its charitable purposes, and not for the purpose of implementing the policies of a governmental authority or carrying out the directions of a governmental authority".
(Paragraph 5, RR7 *The Independence of Charities from the State*)

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2. ROLE OF THE COMMITTEE

2.1 The purpose of the Committee is to make the most effective use of all available charitable funds, ensuring that the funds are spent appropriately as a financially sustainable organisation.

2.2 The Charitable Funds Committee's strategic intent is to actively raise funds and to develop and maintain effective partnerships by working with Trustees and supporters of the charitable funds to ensure that the requirements of the Charities Acts are upheld and maintained at all times.

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3. MEMBERSHIP AND QUORUM

3.1 Membership

3.1.1 The Committee will consist of 9 members excluding co-opted members.

3.1.2 The Committee shall be appointed by the Corporate Trustee to ensure representation by non-executive and executive directors and shall consist of the following:

- Non Executive Director - Chair
- Non Executive Director – Vice Chair
- Non Executive Director
- Non Executive Financial Advisor to Trust Board
- Executive Director of Finance
- Deputy Director of Nursing
- Executive Director of Transformation & Integration
- Staff Representative (Fund Manager)
- Patient Representative/Patient Council

3.1.2 Co-Opted Members (non voting):

The following have been Co-opted to the Committee:

- Friends of St. Mary's Representative

Other members may be co-opted on to the Committee for their expertise for the duration of a specific project

3.1.3 The following will be in attendance:

- Company Secretary
- Deputy Director of Finance
- Senior Financial Accountant
- Head of Communications
- Volunteers' Co-ordinator

3.1.4 Deputies:

Executive Directors may nominate deputies to attend on their behalf with full voting rights

3.1.5 The Chair and Vice Chair to be appointed by the Corporate Trustee.

3.1.6 Any voting member of the Corporate Trustee can attend meetings.

3.2 Quorum

3.2.1 A quorum shall be no less than five members including:
2 x Non-executive directors
2 x Executive directors (one of whom must be the Executive Director of Finance or their designated deputies).

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

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4. ATTENDANCE AT MEETINGS

4.1 *It is agreed that all members should attend a minimum of 3 out of the 4 meetings per year – delete and insert:*

It is expected that all members will endeavour to attend every meeting. Apologies for absence, stating the reason for absence, should be given in advance of the meeting to the Committee Administrator.

4.2 The Chairman of the Committee may require attendance of other personnel in support of specific applications for funds or to provide advice, support and information.

4.3 The Committee has the right to invite external representatives for specific advice, or representatives of the Trust's internal or external auditors, if it considers this necessary.

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5. FREQUENCY OF MEETINGS

5.1 Meetings shall be held not less than quarterly.

6. DELEGATED AUTHORITY

6.1 The Committee:

6.1.1 The Committee is authorised to approve expenditure of Charitable Funds in accordance with delegated limits as set out in the Standing Financial Instructions - Appendix 1 and funding criteria as summarised in Appendix 3.

6.1.2 The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if they consider this necessary.

6.1.3 The Committee is empowered with the responsibility for:

6.1.4 Day to day management of the investments of the charitable funds in accordance with the approved Investment Strategy (Appendix 3) ensuring that:

a) The scope of the investments is clearly set out in writing and communicated to the Executive Director of Finance.
b) That there are adequate internal controls and procedures in place which will ensure that the investments are being exercised properly and prudently
c) That they review regularly the performance of the investments
d) That acquisitions or disposal of a material nature must always have written authority of the Charitable Funds Committee, or the Chairman of the Committee in conjunction with the Executive Director of Finance.

6.1.5 The banking arrangements for the charitable funds should be kept entirely distinct from the Trust's NHS fund.

6.1.6 Separate current and deposit accounts should be minimised consistent with meeting expenditure obligations

6.1.7 The amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments.

6.1.8 The Committee will establish and maintain an approved list of counter parties for investment activities.

6.1.9 The Committee will operate an investment pool when this is considered appropriate to the charity in accordance with the charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the Trust Board for applying accrued income to individual funds in line with charity law and Charity Commissioner guidance.

6.1.10 The Committee will obtain appropriate professional advice to support its investment activities.

6.1.11 The Committee shall regularly review investments to see if other opportunities or investment managers offer a better return

6.2 Delegated Powers & Duties of the Executive Director Of Finance

6.2.1 The Executive Director of Finance has prime responsibility for the Trust's charitable funds as defined in the SFIs.

6.2.2 The specific powers, duties and responsibilities delegated to the Executive Director of Finance are:

a) Administration of all existing charitable funds
b) To identify any new charitable funds that may be created (of which the Trust is Trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charitable funds.

c) Provide advice and guidelines with respect to donations, legacies and bequests, fundraising and trading income in line with Charity Commission guidance.
d) Responsibility for the management of investment of funds held on trust
e) Ensure appropriate banking services are available to the Trust
f) Prepare reports to the Corporate Trustee including the annual accounts.

7. ROLES & RESPONSIBILITIES

7.1 The responsibilities of the Committee shall be:

7.1.1 To apply the charitable funds in accordance with their respective governing documents consistent with the requirements of the Charities Act 1993, Charities Act 2006 or any modification to these Acts (as summarised in Appendix 2).

7.1.2 To ensure that the Trust's policies and procedures for charitable funds investments are followed. To make decisions involving the sound investment of charitable funds in a way that both preserves their capital value and produces a proper return consistent with prudent investment and ensuring compliance with:

- Trustee Act 2000
- The Charities Act 1993
- The Charities Act 2006
- Terms of the fund's governing documents.

7.1.3 To receive at least twice a year reports for ratification from the Executive Director of Finance for investment decisions and action taken through delegated powers upon the advice of the Trust's investment advisor.

7.1.4 To oversee and monitor the functions performed by the Executive Director of Finance as defined in the SFIs.

7.1.5 To appoint and review Auditors for statutory audit/independent examination of annual accounts as per guidance from the Charity Commission.

7.1.6 To monitor progress of any Trust's charitable appeal funds and to receive reports from the Appeal Fundraising Groups.

7.1.7 To monitor the Trust's scheme of delegation for expenditure for the levels:

- Up to £1,000 – Fund Manager
- Between £1,000 and £5,000 – Associate Director
- Between £5,000 and £15,000 – Charitable Fund Committee
- Expenditure over £15,000 must have Corporate Trustee approval

7.1.8 To oversee the development of the Charitable Funds Strategy and recommend to the Corporate Trustee for approval and consider the approach to fundraising, the investment of funds, the approach to expenditure and the approval of procedures associated with the use of charitable funds within the regulations provided by the Charitable Funds Commission and to ensure compliance with the laws governing charitable funds.

7.1.9 To administer the Isle of Wight NHS Trust Charitable Fund in pursuance of its objects as stated in its Declaration of Trust and in accordance with the Charitable Funds Strategy.

7.1.10 To ensure the Trust complies with all legal, Charity Commissioners and Department of Health guidelines as they relate to the administration of Charities.

7.1.11 To advise, where appropriate, on raising funds for the Isle of Wight NHS Trust Charitable Fund.

7.1.12 To ensure proper books of account are kept and to review and approve the annual return and annual accounts in line with the requirements of the Charities Commission and laws governing charitable funds.

7.1.13 To review all income and expenditure transactions for all funds.

7.1.14 To review legacies received and ensure that the Trust complies with the terms of the legacy.

7.1.15 To authorise the establishment of new funds and new charities.

7.1.16 To authorise donations when an individual item has a value of more than £5,000 in line with the Trust's SFIs and Scheme of Delegation.

7.1.17 To consider the use of professional fundraisers and links with other organisations for major fundraising projects.

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8. ACCOUNTABILITY AND REPORTING PROCEDURES

8.1 The Committee will be accountable to the Corporate Trustee. Minutes of meetings will be submitted and presented to the Corporate Trustee by the Chair, who shall draw to the attention of the Corporate Trustee issues that require disclosure or approval to the full Board as the Corporate Trustee, or require executive action.

8.2 Minutes of the Committee meetings shall be submitted to and received by the Trust Executive Committee and the Audit & Corporate Risk Committee.

8.3 Healing Arts

8.3.1 Healing Arts has a dual role within the Trust with the majority of its work undertaken as a result of grant funding. The reporting structure for operational management is through the line management within Estates & Facilities Department.

8.3.2 The role of the Charitable Funds Committee is to oversee the management of the charitable funds element and monitoring the effectiveness of the Healing Arts Management Committee in order to advise the Corporate Trustee on the robustness and management of the Healing Arts programme and insurance of the artworks.

8.3.3 In order to monitor the robustness of the Healing Arts programme and advise the Corporate Trustee accordingly, the minutes of the Healing Arts Management Committee, as a sub-committee to the Charitable Funds Committee, shall be submitted to and received by the Charitable Funds Committee.

8.3.4 In addition, the Charitable Funds Committee will review and agree the terms of reference of the Healing Arts Management Committee.

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9. DUTIES AND ADMINISTRATION

9.1 It is the duty of the Committee to uphold the Code of Conduct for NHS Managers, which includes the seven principles of public life (The Nolan Committee), namely: selflessness, integrity, objectivity, accountability, openness, honesty and leadership and to maintain the Duty of Candour.

9.2 The Committee will endeavour to uphold the principles and values as set out in the NHS Constitution for England, March 2013.

9.3 The Governance Officer (Corporate Directorate) shall be the appointed Committee Administrator.

9.4 The Committee shall be supported administratively by the Committee Administrator, whose duties in this respect will include:

a) Agreement of agenda with Chairman and Executive Director of Finance, and collation of papers
b) Circulate agenda papers at least 5 working days in advance of the meeting
c) Taking the minutes
d) In line with Standing Order Orders 4.12.5 Electronic Communication, the meeting minutes must state whenever a member/director was in attendance via electronic communication. In order for the meeting to be quorate the member/director must have been able to communicate interactively and simultaneously with all parties attending the meeting for the whole duration of the meeting, so that all members/directors were able to hear each other throughout the meeting.
e) Keeping a record of matters arising and issues to be carried forward
f) Maintaining an Action Tracking System for agreed Committee actions
g) In conjunction with the Chairman and Lead Executive Director, prepare an annual report on the effectiveness of the Committee for submission to the Audit & Corporate Risk Committee
h) Maintain an Attendance Register. The completed Register to be submitted to the Trust Chairman and attached to the Committee's annual report
i) Advising the Committee on pertinent areas
j) To maintain agendas and minutes in line with the policy on retention of records.

9. MONITORING COMPLIANCE WITH TERMS OF REFERENCE

9.1 These Terms of Reference will be reviewed annually to ensure that the committee is carrying out its functions effectively.

9.2 The annual report to be submitted to the Audit & Corporate Risk Committee which will include a self-assessment of performance against the specific duties as listed above, together with a review of attendance at Committee meetings.

9.3 Attendance and frequency of meetings will be monitored by the Committee Administrator and reported back to the Committee on a 6 monthly basis.

9.4 Work of other related committees will be reviewed via their minutes on a monthly basis. This will be monitored by the Committee Administrator and reported back to the Committee on an annual basis

6.5 Concerns highlighted when monitoring compliance with the above will be discussed at Charitable Funds Committee and referred to the Board immediately.

9.6 Amendments to the Terms of Reference to be approved by the Corporate Trustee.

APPENDIX 1a

Extract from Standing Financial Instructions

18 FUNDS HELD ON TRUST

18.1 Corporate trustee

18.1.1 SO 3.8.2 outlines the Trust's responsibilities as a corporate trustee for the management of funds it holds on trust, along with SFI 18.2 below, which defines the need for compliance with Charities Commission latest guidance and best practice.

18.1.2 The discharge of the Trust's corporate trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.

18.1.3 The Executive Director of Finance shall ensure that each trust fund which the Trust is responsible for managing is managed appropriately with regards to its purpose and to its requirements.

18.2 Accountability to Charity Commission and Secretary of State

18.2.1 The Trust's trustee responsibilities must be discharged separately and full recognition given to the Trust's dual accountabilities to the Charity Commission for charitable funds held on trust and to the Secretary of State for all funds held on trust.

18.2.2 The SD makes clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Executive Directors and Officers must take account of that guidance before taking action.

18.3 Applicability of SFIs to funds held on trust

18.3.1 In so far as it is possible to do so, most of the sections of these SFIs will apply to the management of funds held on trust.

18.3.2 The overriding principle is that the integrity of each fund must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

APPENDIX 1b

Extract from Appendix 1 of Standing Financial Instructions – delegated Limits

5. CHARITABLE FUNDS

Acceptance of Gifts	
Charitable Funds Committee	£100,000
Corporate Trustee	over £100,000
Expenditure	
Expenditure of any Charitable Funds, whether following the acceptance of a gift or not, shall be conditional upon:-	
a) the approval of the Corporate Trustee for items:	over £1,000,000
b) the approval of the Charitable Funds Committee:	between £5,000 and £15,000
c) authorisation must be obtained from the Associate/ Assistant Director and Executive Director of the Fund Manager in respect of any requisition for expenditure for sums ranging:	between £1,000 and £5,000
d) authorisation must be obtained from the Associate/ Assistant Director and individual fund manager in respect of any requisition for expenditure for sums:	up to and including £1,000

APPENDIX 2a

EXPENDITURE CRITERIA SUMMARISED USING DOCUMENTS:

SUMMARY

Ensure that the Charity complies with charity law and with the requirements of the Charity Commission as regulator and is run efficiently.

Use charitable funds and assets reasonably and only in furtherance of the charity's objectives. Ensure that all donations are maximised and applied in accordance with the donors' wishes, which makes the maximum contribution to enhancing both patient and staff welfare and amenities.

Patient Welfare & Amenities
Expenditure should be on items that are not part of normal day-to-day expenditure and above the standard/level required for operational purposes,

Staff Welfare and Amenities
Expenditure should be on items that are above the standard/level required for operational purposes and can include education and equipment. All expenditure must be able to be linked back to our charity objective, i.e. relief of those who are ill. Staff benefits must not go beyond what a good employer would consider reasonable to provide.

Research
The useful results of the research must be published in such a way that the public will benefit from the advancement of medical science to which the research has contributed. Research cannot be for the benefit of a private individual or organisation.

APPENDIX 2b

Extract From Charity Commission Trustee Guidance

Compliance – Trustees must:

(2) Ensure that the charity complies with charity law, and with the requirements of the Charity Commission as regulator; in particular ensure that the charity prepares reports on what it has achieved and Annual Returns and accounts as required by law.

(3) Ensure that the charity does not breach any of the requirements or rules set out in its governing document and that it remains true to the charitable purpose and objects set out there.

(4) Comply with the requirements of other legislation and other regulators (if any) which govern the activities of the charity.

(5) Act with integrity, and avoid any personal conflicts of interest or misuse of charity funds or assets.

Duty of prudence – Trustees must:

(6) Ensure that the charity is and will remain solvent.

(7) Use charitable funds and assets reasonably, and only in furtherance of the charity's objects.

(8) Avoid undertaking activities that might place the charity's endowment, funds, assets or reputation at undue risk.

(9) Take special care when investing the funds of the charity, or borrowing funds for the charity to use.

Duty of care – Trustees must:

(10) Use reasonable care and skill in their work as trustees, using their personal skills and experience as needed to ensure that the charity is well-run and efficient.

APPENDIX 3a

EXTRACT FROM IOW NHS TRUST CHARITABLE FUNDS STRATEGY

The Charitable Funds Strategy will focus on implementing its vision and purpose through maximising income potential via a range of fundraising, gift aid and legacies.

The Charitable Funds can only achieve its strategic priorities by working in partnership with staff, patients and the third sector. This commitment will underpin all the key strategic priorities.

The strategic priorities of the Charitable Funds are aligned to the IOW NHS Trust's Corporate Objectives in order to support the Trust's aims and objectives, whilst avoiding those areas where disinvestment is planned.

The key priorities for the next three years are:

- To ensure that legacies and donations are maximised and that they are applied in accordance with the donors' wishes and in a way which makes the maximum contribution to enhancing both patient and staff healthcare, welfare and amenities
- To support the healthcare and welfare of patients through improvements to the patient environment, supporting staff training to improve patient care and the purchase of additional equipment to enhance patients and staff areas
- To attract new funds and encourage fundraising through the development of a Fundraising Strategy and programmes which raise the profile of Charitable Funds
- To promote, develop and implement specific projects via 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 the Investment/Reserve Policy maximises income and capital growth while complying with the requirements of Acts of Parliament and Trustee responsibility to minimise risk
- To create a Charitable Funds entity that has the drive and capacity to deliver its strategic priorities.

In order to achieve these priorities, an assessment will be made regarding the requirement for a Charitable Funds Administrator/Fund Raiser with a business case being completed should this be determined to be the direction of travel.

APPENDIX 3b

Extract from Charitable Funds Strategy

INVESTMENT POLICY

The scope of the Corporate Trustee investment powers is limited by the provisions of the umbrella charity's governing document (trust deed) dated 7th September 1995, and the future provisions within the Trustee Act 2000.

To continue the Investment Policy, which is committed to maintaining Charitable Funds in real terms, the Committee will:

- Maintain an Investment Policy that maximises both short and long terms returns to the Funds whilst balancing risks and the requirement for income;
- Ensure that the Charitable Funds maximises any advantages to enhance returns on investment;
- Agree an appropriate level of disinvestment from the investment funds to provide resources for disbursement;
- Achieve a balance between protecting the capital value of the Investment Fund and generating further income that is paid to charitable funds at regular intervals, thereby enabling charitable funds to meet their objectives.

However, expenditure of funds will always be preferred to investment.

Ethical Policy:
The Trustee Act 2000 requires Trustees to make sure investments are suitable, not just financially, but also with regard to the charity's own stated aims. The Trustees have determined that no investments should be made in companies whose main business is related to the production or sale of tobacco products, armaments, alcohol or non prescription drugs, or companies based in oppressive regimes.

Risk:
The Trustees have adopted a cautious approach to risk, based on the overall investment aim to at least maintain the real value of funds held, given the overall objective of expediting the beneficial expenditure of funds.

The Trustees'

7.4 ETHICAL POLICY

7.4.1 The Trustees have determined that no investments should be made in companies whose main business is related to the production or sale of tobacco products.

APPENDIX 4

EXTRACT FROM FUND MANAGERS CODE OF PROCEDURES

3.7 Patient welfare and amenities

Expenditure must be a development over and above the operational level of the IWNHST. Such purchases not deemed part of normal day-to-day expenditure such as medical equipment, furniture and fittings, patient comforts and benefits **above the standard/level required for operational purposes**, are allowable with the prior approval of the relevant Financial Accountant.

3.8 Staff welfare and amenities

Staff benefits must not go beyond what a good employer would consider reasonable to provide.

Expenditure must be a development over and above the operational level of the IOW NHS Trust and may include:

Education:
Help and support with training, i.e. course fees, travel and subsistence, materials and aids, i.e. books, newspapers, magazines, overhead projector and screen, videos, help and support with teambuilding i.e. events such as away days.

Equipment to benefit staff:
Lifting equipment, special beds, other aids

Payments direct to staff must only be made for non-taxable reimbursements on receipt of supporting documentation.

Examples of staff benefits which are not allowed because they are non-charitable consist of
Individual gifts to staff such as:-

- birthday, wedding or leaving gifts (these would be deemed taxable benefits by the Inland Revenue)
- enhancements or supplements to members of staff including 'hardship cases'
- remuneration in any form

N.B. Please remember that expenditure on staff must be able to be linked back to improvement in patient care, thereby meeting the objectives of our charitable funds, that being the relief of those who are ill.

3.9 Research

If medical research is being financed by a charitable fund, the intention must be at the outset that the results will be published, i.e. an article in a professional journal. Research is not always successful, and therefore there would be no point in publishing the results unless it is likely to assist future research. The Trustees will monitor the progress of the research and its planned programme of payments, and regularly review them.

The support by a charity of private commercial research is not permitted.

A research fund must be for the public benefit and not for the benefit of a private individual or organisation (i.e. where the results only go back to the sponsoring drug company).

Details of any proposed research must be forwarded by Fund Managers to the lead R & D Officer and Clinical Governance for approval by the Trustees.

APPENDIX 5

LEGAL GUIDANCE

- Charities Act 2006
- The Charities' Statement of Recommended Practice (Charities SORP 2005)
- Standing Financial Instructions (SFIs) section 19
- Standing Orders (SOs) section 1.1.3
- Scheme of Delegation
- Schedule of Matters Reserved to the Board
- HSG(93)5 Standards of Business Conduct for NHS Staff
- NHS Act 2006
- Data Protection Act 1998
- Code of Conduct for NHS Managers 2002
- ABPI Code of Professional Conduct relating to hospitality/gifts
- Managing Public Money

Enc Y

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28 January 2015

Title	Charitable Funds Investments & Reserves Strategy			
Sponsoring Executive Director	Chris Palmer, Executive Director of Finance			
Author(s)	Katie Parrott, Senior Financial Accountant			
Purpose	As Corporate Trustee, to approve and adopt.			
Action required by the Board:	**Receive**		**Approve**	**P**

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Remuneration & Nominations Committee	
Charitable Funds Committee	9 December 2014	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:

Executive Summary:

The attached Investments & Reserves Strategy was recommended for approval at the Charitable Funds Committee on 9 December 2014, minute ref 14/075.

The Corporate Trustee is asked to approve and adopt the Strategy.

For following sections – please indicate as appropriate:						
Trust Goal *(see key)*	Productivity					
Critical Success Factors *(see key)*	CSF 7					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***						
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements						

Date: 19/01/15 **Completed by: Katie Parrott, Senior Financial Accountant**

Isle of Wight NHS
NHS Trust

CORPORATE TRUSTEE

CHARITABLE FUNDS

Investment & Reserves Strategy

Investment

The scope of the Corporate Trustee investment powers is limited by the provisions of the umbrella charity's governing document (trust deed) dated 7th September 1995, and the future provisions within the Trustee Act 2000.

To continue the Investment Strategy, which is committed to maintaining Charitable Funds in real terms, the Charitable Funds Committee will:

- Maintain an Investment Strategy that maximises both short and long term returns to the Funds whilst balancing risks and the requirement for income;
- Ensure that IOW NHS Trust Charitable Funds maximises any advantages to enhance returns on investment;
- Maintain a disinvestment level of between £200,000 and £250,000 from the investment Funds to provide resources for disbursement;
- Achieve a balance between protecting the capital value of the Investment Fund and generating further income that is paid to charitable funds at regular intervals, thereby enabling IOW NHS Trust Charitable funds to meet their charity objects.

However, expenditure of funds will always be preferred to investment.

Risk: Based on the total value of the Funds, the Trustees have adopted a cautious approach to risk. The overall investment aims to at least maintain the real value of funds held, given the overall objective of expediting the beneficial expenditure of funds.

Ethical Policy: The Trustee Act 2000 requires Trustees to make sure investments are suitable, not just financially, but also with regard to the charity's own stated aims. The Trustees have determined that no investments should be made in companies whose main business is related to the production or sale of tobacco products, armaments, alcohol or non-prescription drugs, or companies based in oppressive regimes.

Reserves

The Corporate Trustee has considered that in order to manage uncertainty and to fund future purchases or activities, some level of reserves will be necessary.

The Charities SORP defines reserves as that part of a charity's income funds that is freely available to spend. Reserves therefore exclude endowment or restricted income funds which have particular restrictions on how the funds may be used.

This aims to provide assurance that the finances of the charity are actively managed and its activities are sustainable.

The need to retain reserves is intended to cover circumstances such as;-

a) The risk of unforeseen emergency or other unexpected need for funds, e.g. finding 'seed-funding' for an urgent project.

b) Covering unforeseen day-to-day operational costs

c) A source of income not being received. Funds might be needed to give the trustees time to take action if income falls below expectations.

d) Planned commitments, or designations, that cannot be met by future income alone, eg plans for a major asset purchase or to a significant project that requires the charity to provide 'matched funding'.

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.

Review

The Investment & Reserve Strategy is to be reviewed annually by the Charitable Funds Committee, giving adequate notice to apply any proposed changes.

Christine Palmer
Executive Director of Finance
December 2014

Corporate Trustee Approval:

Strategy Review Date: December 2015