



Trust Board Papers

Isle of Wight NHS Trust

Board Meeting in Public (Part 1)

to be held on

Wednesday 4th November 2015

at

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

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

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





Quality care for everyone, every time

Goals

Excellent patient care

Work with others to keep improving our services

A positive experience for patients, service users and staff

Skilled and capable staff

Cost effective, sustainable services

Priorities

- Improve mortality rate
- Prevent avoidable harm

QI Reduce Incidence of Patient Harm

- Create and maintain partnerships with other organisations so that we can deliver excellent care
- Make every service the best it can be

QI Improve End of Life Care

- Improve what people think of their care
- Improve how staff feel about work

QI Improve the Discharging Planning Process

- All staff continue to develop
- All staff understand how their contribution helps to achieve our Vision

- Design services to deliver best practice within our resources
- Ensure value for money for each service

Our Organisation's values are.....



We care ...



We are a team ...

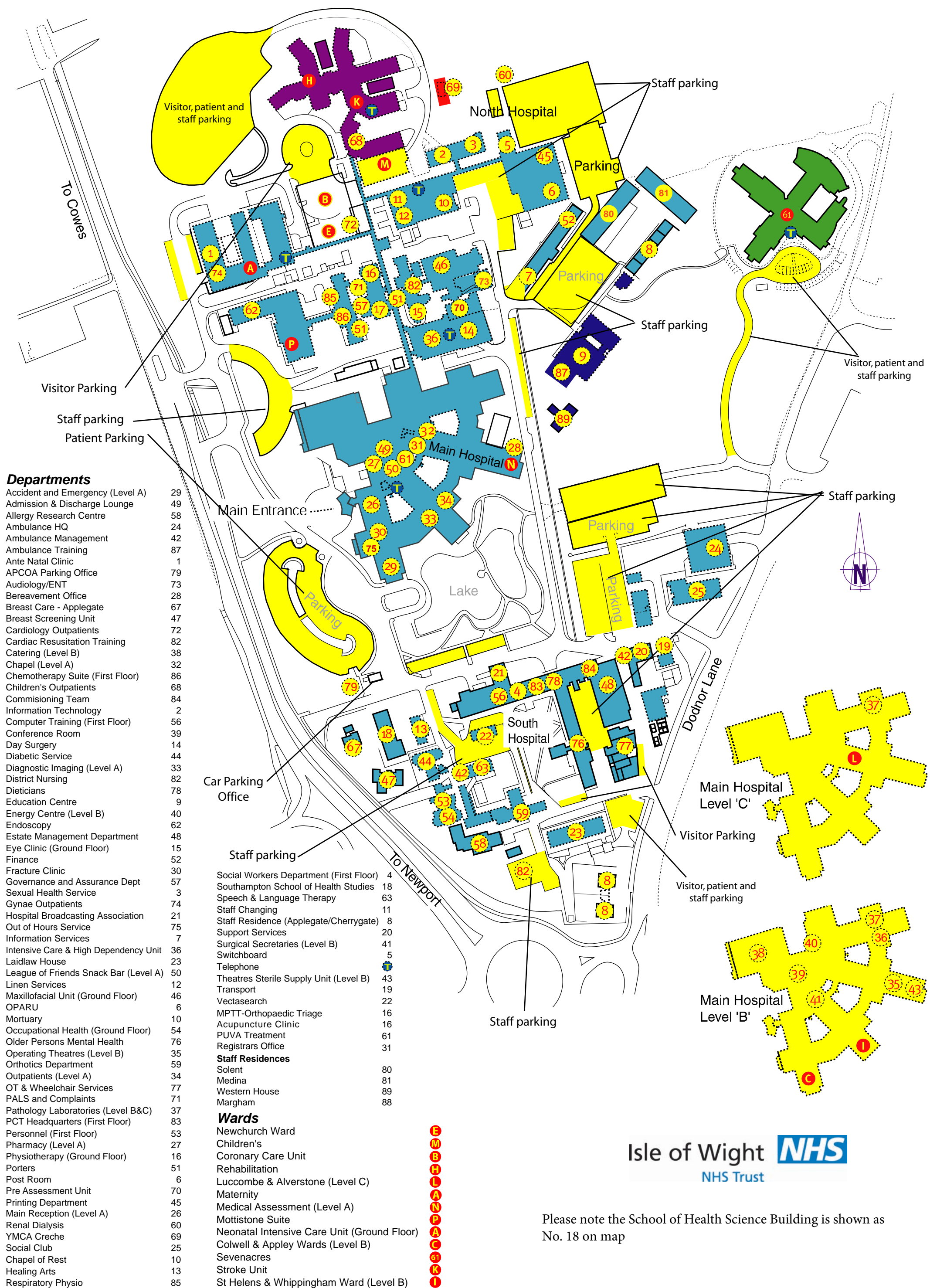


We innovate & improve ...

Our Values

Our vision and goals guide us; our values underpin everything we do

St Mary's Hospital



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

The next meeting in public of the Isle of Wight NHS Trust Board will be held on **Wednesday 7th October 2015** commencing at 9.30am in the Conference Room – School of Health Science Building (South Hospital), St. Mary's Hospital, Parkhurst Road, Newport, Isle of Wight, PO30 5TG. Staff and members of the public are welcome to attend the meeting. Staff and members of the public are asked to send their questions in advance to board@iow.nhs.uk to ensure that as comprehensive a reply as possible can be given.

AGENDA

Indicative Timing	No.	Item	Who	Purpose	Enc, Pres or Verbal
09:30	1	Apologies for Absence, Declarations of Interest and Confirmation that meeting is Quorate			
	1.1	Apologies for Absence: Lizzie Peers, Non Executive Financial Advisor	Chair	Receive	Verbal
	1.2	Confirmation that meeting is Quorate <i>No business shall be transacted at a meeting of the Board of Directors unless one-third of the whole number is present including: The Chairman; one Executive Director; and two Non-Executive Directors.</i>	Chair	Receive	Verbal
	1.3	Declarations of Interest	Chair	Receive	Verbal
09:35	2	Minutes of Previous Meetings			
	2.1	To approve the minutes from the meeting of the Isle of Wight NHS Trust Board held on 7 th October 2015 and the Schedule of Actions.	Chair	Approve	Enc A
	2.2	Chairman to sign minutes as true and accurate record			
	2.3	Review Schedule of Actions	Chair	Receive	Enc B
09:45	3	Chairman's Update			
	3.1	The Chairman will make a statement about recent activity	Chair	Receive	Verbal
09:50	4	Chief Executive's Update			
	4.1	The Chief Executive will make a statement on recent local, regional and national activity.	CEO	Receive	Enc C
10:00	5	Patient Experience			
	5.1	Presentation of this month's Patient Story	CEO	Receive	Pres
	5.2	Employee Recognition of Achievement Awards	CEO	Receive	Pres
	5.3	Employee of the Month	CEO	Receive	Pres
	5.4	Quality & Clinical Performance Committee Chair Report	QCPC Chair	Receive	Enc D
	5.5	Quality Improvement Plan Monthly Update	EDN	Approve	Enc E
	5.6	Reports from Serious Incidents Requiring Investigation (SIRIs)	EDN	Receive	Enc F
	5.7	Mortality Report	EMD	Receive	Pres
	6	Workforce			
	6.1	Staff Story	CEO	Receive	Pres
	6.2	Agency Nursing Rules	EDN	Approve	Enc G
	6.3	Quality Assurance Framework for Medical Revalidation	EMD	Receive	Enc H
	7	Strategic			
	7.1	Strategy Update	CEO	Receive	Pres
	8	Operational			
	8.1	Performance Report	EDFHR	Receive	Enc I
	8.2	Emergency Preparedness Annual Report & Core Standards 2015	EDN	Approve	Enc J
	9	Governance			
	9.1	Board Self Certification	CS	Approve	Enc K

	9.2	Board Assurance Framework (BAF)	CS	Receive	Enc L
	9.3	Amendment to Scheme of Reservation & Delegation	CS	Approve	Enc M
	9.4	Top Key Issues & Risks arising from Sub Committees for raising at Trust Board. Minutes Included: Minutes of the Quality & Clinical Performance Committee held on 28th October 2015 Minutes of the Mental Health Act Scrutiny Committee held on 13th October 2015 Summary of Notes from the Turnaround Board (11th Aug to date)	CS	Receive	Enc N
	9.5	Board & Seminar Dates for 2016/17	CS	Approve	Enc O
	10	Any Other Business	Chair		
	11	Questions from the Public	Chair		
		<i>1. What steps the Board has taken, or intends to take, to address the culture of denial within the Ambulance Service that was exposed as part of the HCPC Committee Hearing, in order to ensure that similar incidents are addressed far more quickly in the future? How will the Board, and the public, be assured that the steps that are be taken, or have been taken, have been effective at bringing about change?</i>	EDN	Receive	Enc P
	12	Issues to be covered in private.			
		The meeting may need to move into private session to discuss issues which are considered to be 'commercial in confidence' or business relating to issues concerning individual people (staff or patients). On this occasion the Chairman will ask the Board to resolve: <i>'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.</i> The items which will be discussed and considered for approval in private due to their confidential nature are: <ul style="list-style-type: none"> • Carbon Energy Fund Update • Chief Executive's Update on Hot Topics • TDA Letter • Tenders Update • Employee Relations Issues • Medical Staffing Update by NED lead. 	Chair	Receive	Verbal
12:00	13	Date of Next Meeting:			
		The next meeting of the Isle of Wight NHS Trust Board to be held in public is on Tuesday 15th December 2015 in the Conference Room - School of Health Science Building, St Mary's Hospital, Newport, IW PO30 5TG			

**Minutes of the meeting in Public of the Isle of Wight NHS Trust Board
held on Wednesday 7th October 2015
Conference Room – School of Health Sciences, St Mary's Hospital,
Newport, Isle of Wight**

PRESENT:	Eve Richardson Jessamy Baird David King Nina Moorman Charles Rogers Jane Tabor Karen Baker Chris Palmer Alan Sheward Shaun Stacey	Trust Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director (SID) Non-Executive Director Chief Executive Executive Director of Financial & Human Resources Executive Director of Nursing Chief Operating Officer
In Attendance:	Katie Gray Mark Price Lizzie Peers Andy Hollebon	Executive Director of Transformation & Integration FT Programme Director & Company Secretary Non-Executive Financial Advisor Head of Communications & Engagement
<i>For item 15/T/194</i>	Stuart Elliott	Deputy Charge Nurse
<i>For item 15/T/194</i>	Charlise Cuthbert,	Assistant General Manager
<i>For item 15/T/194</i>	Natalie Mew,	Matron
<i>For item 15/T/194</i>	Ben Massey	Patient Experience Apprentice
<i>For item 15/T/194</i>	Mandy Blackler	Lead for Clinical Effectiveness and CQUINS
<i>For item 15/T/194</i>	Catherine Noakes	Health Care Support Worker
<i>For item 15/T/194</i>	Irena Wilks,	Health Care Support Worker
<i>For item 15/T/194</i>	Carey McShane	Interim Sister - Rehabilitation
<i>For item 15/T/194</i>	Stacey France	Health Care Support Worker - Rehabilitation
<i>For item 15/T/194</i>	S Cox	Housekeeper - Rehabilitation
<i>For item 15/T/194</i>	S Harper	Clinical Practice Educator
<i>For item 15/T/194</i>	J O'Neill	Clinical Education
<i>For item 15/T/194</i>	Lucy Abel	Community Service Lead
<i>For item 15/T/195</i>	Dionne Davies	Play Therapist
<i>For item 15/T/198</i>	Catherine Budden	Projects and Planning Manager – IW Clinical Commissioning Group (CCG)
<i>For item 15/T/202</i>	Alex Punter	Research Manager
<i>For item 15/T/202</i>	Elinor Jenkins	Clinical Lead for Research.
Observers:	Linda Fair Mike Carr Chris Orchin	Patient Council Patient Council Health Watch
Minuted by:	Lynn Cave	Board Governance Officer

Members of the Public in attendance: There was 1 member of the public present

Minute No.

15/T/187 APOLOGIES FOR ABSENCE, DECLARATIONS OF INTEREST AND CONFIRMATION THAT THE MEETING IS QUORATE

The Chair welcomed the representatives from Healthwatch and the Patient Council. She also welcomed Shaun Stacey in his first Board meeting as substantive Chief Operating Officer. She advised that he would be a voting member of the Board with the Executive Director of Transformation & Integration becoming a non-voting member. In addition, she advised that the Executive Director of Finance would now be known as the Executive Director of Financial & Human Resources reflecting an

extension to her portfolio.

Apologies for absence were received from Mark Pugh - Executive Medical Director.

The Chairman announced that the meeting was quorate.

Jessamy Baird declared an interest in the Research and Development item due to the nature of her professional role which had involvement in commercial research.

15/T/188 MINUTES OF PREVIOUS MEETING

Minutes of the meeting of the Isle of Wight NHS Trust Board held on 2nd September 2015 were approved.

15/T/189 REVIEW OF SCHEDULE OF ACTIONS

The Board received the schedule of actions and noted that all actions had been updated or closed.

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

15/T/190 CHAIR'S UPDATE

The Chair advised the meeting that as part of her induction process she had attended a range of meetings both on the Island and nationally and had visited a range of services. She also stated that the Trust was currently facing challenges in the coming months and that actions to address this would be discussed later in the meeting.

She chaired a successful Medicine for Members event on a better understanding of strokes and a further event was planned in November which includes a focus on the My Life a Full Life/Vanguard programme.

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

15/T/191 RATIFY CHANGES TO NED RESPONSIBILITIES FROM 4TH SEPTEMBER 2015

The Chair advised that meeting that formal ratification of the NED Responsibilities from 4th September 2015 was required but that these would be reviewed as part of the Governance Review implementation and may change in the coming months.

The Isle of Wight NHS Trust Board approved the Changes to NED Responsibilities with effect from 4th September 2015

15/T/192 CHIEF EXECUTIVE'S UPDATE

The Chief Executive presented the report and highlighted the following:

National:

- **My Life a Full Life programme** – An update on the national New Models of Care/Vanguard programme.
- **Cancer Review** - A comprehensive review of our Cancer services has started. The review will cover what we receive from both University Hospital Southampton FT and Portsmouth Hospitals Trust and will report in December.
- **Shortlisted for Health Service Journal Awards** - The Trust, in partnership with Island based Pinnacle Health Partnership LLP, has been shortlisted for the prestigious Health Service Journal (HSJ) Awards 2015 in the Primary Care Innovation category.
- **Health and Care Professions Council (HCPC)** – A former Isle of Wight paramedic has been struck off the professional register. There is no evidence to suggest that despite the inappropriate actions, that patients were harmed or received treatment which led to harm.

Local:

- **Financial Position** - In line with other service providers across England and in the face of a deteriorating national picture for NHS finances, we have been

asked by the Trust Development Authority whether we are able to make additional savings over and above the £8.5m we are already signed up to.

- **Directorate Restructure** – Nikki Turner has been appointed as Deputy Chief Operating Officer and Oliver Cramer as Deputy Medical Director. The Chief Operating Officer is now working with the team to appoint the remaining posts over the coming weeks and the new Business Units will commence on 1st November.
- **Health and Care System Pressures** – Summer pressures and plans for the winter have been discussed with the CCG.
- **Healthwatch IW report on Complaints Management** – Thanks to Healthwatch for their report and discussions will continue with Healthwatch and the Patient Council. The Quality & Clinical Performance Committee have received and will monitor this work.
- **Quality Improvement Framework** – now published.

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

CUTURE & WORKFORCE

15/T/193

PATIENT STORY

The Chief Executive introduced the patient story which this month was an audio only item and featured a patient on the Mottistone Suite.

The Executive Director of Nursing confirmed that the story was shared with staff immediately on receipt and also with the Quality and Clinical Performance Committee in September 2015. There was overall positive feedback about staff and a number of issues were raised and the actions taken were outlined.

The Isle of Wight NHS Trust Board received the Patient Story

15/T/194

EMPLOYEE RECOGNITION OF ACHIEVEMENT AWARDS

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

Category 1 – Quality Care & Innovation

- Stuart Elliott, Acting Charge Nurse/Deputy Charge Nurse, Poppy Unit Management Team
- Charlise Cuthbert, Assistant General Manager – Poppy Unit Management Team

Category 2 - Employee Role Model:

- Natalie Mew, Acting Matron – Poppy Unit Management Team

Category 3 – Going the Extra Mile

- Ben Massey, Apprentice, Patient Safety, Experience & Clinical Effectiveness Team

NHS England Care Certificate for NHS Healthcare Support Workers

- Catherine Noakes & Irena Wilks, Health Care Support Workers - Rehabilitation Unit

The Chief Executive congratulated all recipients on their achievements.

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

15/T/195

EMPLOYEE OF THE MONTH

The Chief Executive presented the Employee of the Month Award:

Employee of the Month - September 2015

- Dionne Davies, Play Therapist – Children's Ward

The Chief Executive congratulated Dionne Davies on her achievement.

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

STRATEGIC

15/T/196

STRATEGY UPDATE

The Executive Director of Transformation & Integration presented an overview of the current position showing a 'roadmap' on the way forward. She advised that the process had commenced and was working to ensure alignment across the Island. She confirmed that the Board would have dedicated focus sessions at Board Seminars and that a full draft strategic plan would be available at the end of November. She confirmed that representatives from the Isle of Wight Council were attending the strategy session at the Seminar on 13th October.

The Isle of Wight NHS Trust Board received the Strategy Update

15/T/197

RISK MANAGEMENT STRATEGY

The Company Secretary presented the report and outlined the governance process which had been followed. He confirmed that the Audit & Corporate Risk Committee (ACRC) had discussed the strategy in detail and their suggested amendments had been made.

Jane Tabor complimented the strategy but asked whether there had been engagement in its development with risk leads in the directorates. The Company Secretary confirmed that this was the case and the strategy had been approved by the Risk Management Committee. Jane Tabor proposed an additional objective for the strategy to seek full engagement with staff from Ward to Board in the risk process. The Company Secretary agreed to add this to the strategy.

***Action Note:** The Company Secretary to add the additional objective to the strategy requested by Jane Tabor*

Action by: CS

The Company Secretary requested that the Risk Management Strategy be approved with the agreed amendment.

The Isle of Wight NHS Trust Board approved the Risk Management Strategy

15/T/198

ISLE OF WIGHT END OF LIFE CARE STRATEGY 2015-2020

The Chief Executive welcomed Catherine Budden, Projects and Planning Manager – IW CCG who was the lead for the strategy. She commended the strategy and stressed the need to ensure implementation was carried forward.

Catherine Budden outlined the process which would now take place and confirmed that a stakeholder group meeting had been arranged to set out the KPIs' which will be built into all areas of the strategy. She confirmed that delivery would be monitored by the stakeholder group and quarterly reports would be submitted to the Trust via the QCPC¹ with reports going to other organisations also.

The Chief Executive asked what more the Trust could do to help. Catherine Budden advised that it was important that any actions required were actioned and that high level engagement continued.

Nina Moorman commended the strategy and stated that all the key pieces were in place but it was important to listen to patients and their families to ensure that it is working.

¹ Quality & Clinical Performance Committee

The Chair stressed that patients come with a wide range of conditions and needs and that it was important to get 'joined up' care across all organisations on the Island to ensure truly integrated care and support, and to also focus on helping people to make their plans and wishes known.

The Isle of Wight NHS Trust Board received the Isle of Wight End of Life Care Strategy 2015-2020

OPERATIONAL

15/T/199

PERFORMANCE REPORT

The Executive Director of Financial & Human Resources presented the performance report giving an overview of the key points.

Highlights:

- High Risk TIA² fully investigated & treated within 24 hours above target both in month and year to date
- Referral To Treatment Time for Non-Admitted and Incompletes above target in August
- Mental Health Care Programme Approach (CPA) patient 7 day target achieved
- All Cancer Targets achieved in August

Lowlights - Improvement Needed:

- Clostridium Difficile (C.Diff) - we have now had 14 cases year to date
- Referral To Treatment Time for Admitted remains below target for CCG³ & NHSE⁴
- Staff sickness remains above plan
- Emergency care 4 hour standard below target
- Mental Health Admissions access to Crisis Resolution Home Treatment Team (CRHTT) below target

A discussion took place and the following points were raised:

- i. **Finance & Cost Improvement Programme (CIPs):** Lizzie Peers queried why the financial position was not included within the Lowlights which the Executive Director of Financial & Human Resources acknowledged was an oversight. Lizzie Peers requested that she would like to see demonstrated the CIP percentile achieved in month/year to date for each area to give clear sense of progress. The Executive Director of Financial & Human Resources advised that this data was being prepared by the Programme Governance Office and would be available shortly.
- ii. **C.Diff Targets:** Charles Rogers acknowledged that the deep clean process was being undertaken on the wards but felt that the Board should understand what efforts were being made to get the situation under control. Nina Moorman confirmed that QCPC will be undertaking a deep dive into the CiDiff performance at their October meeting and would report back to the Board.
- iii. **Ambulance Response Times:** Charles Rogers was concerned that to date the Trust had always achieved these targets and asked what measures were in place to bring this back to target. The Chief Operating Officer advised that

² Transient Ischaemic Attack (also known as 'mini-stroke')

³ Clinical Commissioning Group

⁴ NHS England

the national research was underway to benchmark Trusts response data. He also confirmed that locally the team were working on improvements to the See-Treat-Move process to ensure that the response times will improve. He confirmed that these were being monitored closely.

- iv. **Cancelled Operations:** Jessamy Baird queried the data provided for these and asked which were as a result of bed pressures and which were caused by other reasons. The Executive Director of Financial & Human Resources advised that the PIDS⁵ team were reviewing the data and would be revising the report.

The Executive Director of Financial & Human Resources advised that the Performance Report review would take place at the Board Seminar on 13th October where any amendments or changes could be fully discussed and agreed.

The Isle of Wight NHS Trust Board received the Performance Report

15/T/200

WINTER RESILIENCE OPTIONS APPRAISAL

The Chief Operating Officer presented the report. He advised that the report focusses on the functioning of our acute services for winter, and seeks approval to proceed with the proposed preferred option to ensure that we can deliver our performance standards, accommodate the existing demands placed upon the service, which has resulted in our current poor performance against the emergency and elective care standards.

The Preferred Option comprises;

- Open Appley ward as 21 Acute Medical beds
- Return Whippingham to a 16 bed non-elective surgical ward
- Ring fence Alverstone and St Helens 31 beds in order to manage our inpatient elective activity, removing them from the emergency capacity available
- Open Poppy Ward providing 30 step down medical beds with 6 'safe haven' beds
- Provide additional flexible capacity within the above and existing footprint to enable unexpected events to be managed with no impact of the elective plan described

The Chief Operating Officer confirmed that the preferred option, if supported, will deliver the best access to our services, improve our emergency care standard performance by November 2015, improve our elective performance on the non-admitted pathway by November 2015 and deliver the admitted performance by March 2016. It is recognised that this option has a significant impact on the Trust outturn financial position, potentially increasing this to £6.1m. The Executive Director of Financial & Human Resources added that the deficit will increase to £6.4m due to the impact of fines expected to be imposed by the commissioners. It is recognised that this is a difficult challenge for the Trust Board but not to act will result in continued poor patient experience.

A full and detailed discussion took place surrounding the preferred option and the various risks and actions which would be necessary to achieve the plan. It was noted that co-operation and commitment to work together between the Trust, CCG, Local Authority and other stakeholders was key to success, and that the My Life a Full Life/Vanguard programme would play an integral part in the future.

The Board agreed that further detailed work was required on the risks to the plan but this should not delay its approval.

⁵ Performance Information & Decision Support

Action Note: The Company Secretary to include a summary risk analysis on the Winter Resilience Options Appraisal on the agenda for 13th October Board Seminar.

Action by: CS

The Isle of Wight NHS Trust Board approved the Winter Resilience Options Appraisal

15/T/201

INTERIM REVOLVING WORKING CAPITAL FACILITY APPLICATION

The Executive Director of Financial & Human Resources presented the background to the application, explaining the reasons and risks involved. She assured the Board that the value stated in the application was not fixed and did allow the Trust to go back for more cash should the need arise. She advised that the application had been fully discussed and agreed at FIWVC⁶ on 29th September 2015.

Jane Tabor asked how the interest payments would be applied. The Executive Director of Financial & Human Resources advised that it was on a daily basis only payable on the days the facility was used.

The Board agreed to approve the application.

The Isle of Wight NHS Trust Board approved the Interim Revolving Working Capital Facility Application

QUALITY

15/T/202

RESEARCH & DEVELOPMENT ANNUAL REPORT 2014-15

The Chief Executive welcomed Alex Punter, Research Manager and Elinor Jenkins, Clinical Lead for Research. She outlined the key elements of the report including the approval of 34 new studies. She confirmed that 1,010 patients had been recruited to 31 portfolio studies (501 from the David Hide Asthma & Allergy Research Centre) and that recruitment had increased by 31.8% compared to last year, in spite of 8% reduction in core funding from CRN Wessex⁷. In addition 32 clinical staff were funded to participate in research; 2 dementia studies opened during the year with 25 patients recruited across both studies and 2 new specialties (ENT & Anaesthetics) became research active.

A discussion took place surrounding the risk to research projects in the event of the retirement/departure of the lead doctor. The Research Manager advised that in this event recruitment is suspended and the research nurse is moved to another project. In some cases the study is taken over by another doctor but if this is not possible then the study would be closed. Jessamy Baird acknowledged that the Trust was linking with outside networks but questioned why income had fallen. The Research Manager advised that the finance model was a national one and certain research attracts higher funding. She advised that more funding had been achieved this year and this would be reported in the half year report.

Charles Rogers asked if there was anything the team required from the Board. The Research Manager asked for an opportunity to discuss this with the team and return to a Seminar later in the year. This was agreed.

Action Note: The Company Secretary to arrange for a discussion at a future Seminar on Research and Development.

Action by: CS

The Isle of Wight NHS Trust Board received the Research & Development Annual report 2014-15

⁶ Finance, Investment, Information & Workforce Committee

⁷ Clinical Research Network: Wessex

15/T/203

QUALITY IMPROVEMENT PLAN UPDATE

The Executive Director of Nursing presented the report and gave an overview of the current position. He advised that all enforcement actions are now complete; there are 6 outstanding compliance actions, 5 of which the Trust is proposing compliance at 30th September 2015 (1 action has an element relating to safer staffing – completion by 31st March 2016). There are also 3 outstanding 'must do' actions – the Trust is proposing compliance at 30th September 2015. The 14 outstanding 'should do' actions have a deadline for completion of 31st March 2016.

There have been 3 should do actions signed off since the last update and one previously completed action has been re-opened due to a decline in performance and lack of sustainability. This relates to consistent completion of patient risk assessments in the in-patient wards.

The Chief Executive asked for assurance that the Trust was now compliant with the exception of the Paediatric Nurse action. The Executive Director of Nursing confirmed that this was the case, and outlined the assumptions to underpin the compliance and the reasons why the Trust was not likely to be able to comply with the Paediatric action. He advised that he discussed this with the CQC outlining the position and asked for this action to be reworded. He confirmed that data and evidence was being submitted to the CQC to support the Trust's case.

Jane Tabor asked how the Trust was dealing with the lack of consistent nursing leadership. The Executive Director of Nursing advised that senior nurse leadership was being incorporated into the directorate restructure and that appropriate training would be provided and assured the Board that interim measures were already in place.

The Chief Executive advised that the Trust needs to be ready for another CQC inspection at any time.

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

15/T/204

CQC INSPECTION FINAL REPORT ON BEACON HEALTH CARE & ISLE OF WIGHT AMBULANCE SERVICE 111 SERVICE

The Executive Director of Nursing advised that the Care Quality Commission (CQC) carried out 2 announced inspections on 17th & 18th March 2015. The inspections covered the NHS 111 service and the Beacon Out of Hours Service. Two separate reports were received following the inspections which describe the CQC's judgement of the quality of care of both of these services. Their view is based on a combination of what they found when they inspected, information from their ongoing monitoring of data about our services and information given to them from the Trust, patients, the public and other organisations. The inspection into NHS 111 was undertaken as part of a pilot and, therefore, no formal rating is provided for the Trust. The Beacon Out of Hours Service received an overall rating of 'GOOD.' There were no enforcement or compliance actions highlighted in either of the reports.

David King queried how the Trust manages outsourced services. The Executive Director of Nursing emphasised that clear guidance needs to be in place with partners. The Company Secretary stated that one of the recommendations of the External Governance Review was for the Trust to review such arrangements and this is being actioned.

Jane Tabor asked if the outcome of these reports had been publicised. The Executive Director of Nursing confirmed that they had been publicised in the local media.

The Isle of Wight NHS Trust Board received the CQC Inspection final report on Beacon Health Care and Isle of Wight Ambulance Service 111 Service

15/T/205

REPORT FROM SERIOUS INCIDENTS REQUIRING INVESTIGATION (SIRIs)

The Executive Director of Nursing presented the SIRI report and confirmed that three SIRIs were reported to the Isle of Wight Clinical Commissioning Group during August 2015 but that following discussion with the CCG it was anticipated that two would be downgraded. He also advised that there were 18 open SIRIs - 3 of which were overdue and still to be concluded by our Directorates (this number continues to decrease), and the IW CCG had closed 3 SIRI cases with a further 5 awaiting their decision regarding closure.

He stressed that it was important that the lessons learnt from these cases are acted upon, and confirmed that a deep dive into the mental health cases was planned. He confirmed that Jessamy Baird would be chairing the quality summit into the mental health SIRIs.

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

GOVERNANCE

15/T/206

BOARD SELF CERTIFICATION

The Company Secretary presented the monthly update. He confirmed that the Finance, Investment, Information & Workforce Committee (FIWIC) and the Quality & Clinical Performance Committee (QCPC) had considered and agreed the self-certification return. He confirmed that Board Statement 13 was now compliant.

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

15/T/207

BOARD ASSURANCE FRAMEWORK (PRINCIPAL RISK REGISTER)

The Company Secretary presented the proposed BAF. He outlined that this had been developed following the Governance Review taking into account the steer from Capsticks and now comprised of 6 principal risks. These were all linked to the Trusts Strategic Goals, and acknowledged that there was still work to be done on the controls, assurances and actions required.

Nina Moorman advised that QCPC would be discussing strategic risks at their meetings and the Chair confirmed that she supported approval of the revised BAF as work in progress and requested that there was further discussion on the Principal Risks at the Seminar on 13th October.

Action Note: *The Company Secretary to arrange for Principal Risks to be discussed at the Seminar on 13th October.*

Action by: CS

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

15/T/208

EXTERNAL AUDITORS ANNUAL AUDIT LETTER

The Executive Director of Financial & Human Resources presented the External Auditors Annual Audit letter and advised that this had been presented by the Director of Ernst & Young, to the ACRC⁸ on 4th September 2015, and we being brought to Board for information.

The Isle of Wight NHS Trust Board received the External Auditors Annual Audit Letter

15/T/209

**CORPORATE GOVERNANCE FRAMEWORK:
Standards of Business Conduct Policy including Registering Interests, Gifts and Hospitality in compliance with the Bribery Act 2010**

⁸ Audit & Corporate Risk Committee

The Company Secretary presented the revised Standards of Business Conduct Policy which includes the Registering of Interests, Gifts and Hospitality in compliance with the Bribery Act 2010. He asked that this be approved for immediate implementation.

The Isle of Wight NHS Trust Board approved the Standards of Business Conduct Policy

15/T/210 STANDING FINANCIAL INSTRUCTIONS - AMENDMENTS

The Executive Director of Financial & Human Resources advised that two amendments were required to the Standing Financial Instructions. These related to the threshold at which formal competitive tenders are required (item 7.5.4 in current Standing Financial Instructions), and the second to Appendix 1 Section 3,3 and the revised limits of approval for TEC⁹ and TDA¹⁰ in relation to Capital Investments.

She confirmed that both amendments had been agreed by the FIWC.

The Isle of Wight NHS Trust Board approved the amendments to the Standing Financial Instructions

15/T/211 TOP KEY ISSUES AND RISKS ARISING FROM SUB COMMITTEES FOR RAISING AT TRUST BOARD

The Company Secretary advised the Board this was a new format for reporting the minutes of the Sub Committees. A discussion on the format took place and it was suggested that this item should be moved to earlier in the agenda for future meetings. Jessamy Baird also requested that there was greater differentiation between the top items, risks and documents approved.

Action Note: The Company Secretary to continue to develop this report and to consider with the Chair moving the agenda item to earlier in the next agenda.

Action by: CS

Charles Rogers highlighted that the FIWC was concerned that the cash position would remain at risk until such time as the Trust reaches a breakeven point and that any borrowing incurred costs. He also advised that the Committee was concerned that the CIP position for future years had not yet been seen by the Committee. The Executive Director of Financial & Human Resources advised that work was ongoing in this area and agreed that a clear pathway for CIPs for the future was needed.

The Chair advised that it was important that the Trust work with the Patient Council and Healthwatch in areas such as complaints and complements, and to share the learning across the Trust. Chris Orchin, Healthwatch, advised that a meeting was arranged by the Executive Director of Nursing to promote these discussions.

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

15/T/212 AUDIT & CORPORATE RISK COMMITTEE (ACRC) ANNUAL REPORT 2014-15

David King presented the report and advised that it had been delayed due to the timings of the ACRC meetings. The Chair complemented the report.

The Isle of Wight NHS Trust Board received the Audit & Corporate Risk Committee Annual Report 2014-15

15/T/184 ANY OTHER BUSINESS

There was none.

⁹ Trust Executive Committee

¹⁰ Trust Development Authority

15/T/185 QUESTIONS FROM THE PUBLIC

There were no questions received from the public.

15/T/186 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 4th November 2015** in the Conference Room – School of Health Science Building, St Mary's Hospital, Newport, Isle of Wight.

Following the conclusion of the agenda items in Part 1 of the Trust Board, the Board convened as Corporate Trustee.

15/CT/011 MINUTES OF THE CHARITABLE FUNDS COMMITTEE

Nina Moorman reported that the Committee were pressing the Fund Managers to work on ideas to spend the available monies. She also advised that approval had been granted for the Further Education Awards to the value of £49,275. She confirmed that discussions were taking place with the Education team to support apprentices and possible bursaries.

Nina Moorman also advised the approval for funding of a Staff Activity Co-ordinator had been confirmed and the post was now out to advert.

Jessamy Baird queried why the Wave project had not been approved. Nina Moorman advised that there had been issues with the detail of the bid and the Committee had requested further information and that it be resubmitted.

The Corporate Trustees received the Minutes of the Charitable Fund Committee

The meeting closed at 12.55pm

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

Enc B

ISLE OF WIGHT TRUST BOARD Pt 1 (Public) - April 15 - March 16 ROLLING SCHEDULE OF ACTIONS TAKEN FROM THE MINUTES

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

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

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

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

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

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

Non Executive Financial Advisor: Lizzie Peers (LP)

Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Report Author	Further Action by Other Committee	Due Date	Forecast Date	Progress RAG	Date Closed
28-Jan-15	15/T/016	TB/141	Safer Staffing Funding for Option 4: The Executive Team would draw up plans and a timeline to identify funding for Option 4.	EDFHR EDN	A progress update will be given in the private part of the 4th March Board meeting. 20/03/15 - 2015/16 cost estimate to be incorporated into budget proposal for 1st April Board meeting. 01/04/15 - The Executive Director of Finance advised that work was underway to finalise the cost for 2015/16 but acuity and dependency reviews were not yet concluded. 03/06/15 - The Executive Director of Nursing confirmed that work continues to progress this. 26/08/15 - Verbal update to be presented at Board 02/09/15 - It was confirmed that this would be discussed later in the agenda. 29/09/15 - This was discussed in Private Board session as part of the wider financial discussions and the Board agreed to mitigated costs for this year. The action remains open for EDN and DDN to review nursing staffing to look at how we can achieve safer staffing alongside skill mix etc. and how we mitigate the additional cost going forward.	DDN		01-Apr-15	02-Dec-15	Progressing	
04-Mar-15	15/T/037iv)	TB/146	Friends & Family Test - Mental Health: Jessamy Baird stated that Mental Health areas benchmark lower in many reporting areas and asked whether the targets should be adjusted in line with other Mental Health Trusts.	EMD/JB	Executive Medical Director to consider whether targets should be adjusted in line with other Mental Health Trusts. 25/03/15 - Head of Mental Health has discussed with colleagues is awaiting feedback. 03/06/15 - The Executive Medical Director reported that national data was similar and that the Trust is shown as a low percentile response but our actual numbers mean we are within the top areas. He confirmed that benchmark data was being collated to further expand this exercise. 01/07/15 - The Executive Medical Director confirmed that although response numbers were small in this area the Trust did compare favourably against other Trusts. He confirmed that this data would be incorporated into future performance review reports. 02/09/15 - It was confirmed that this data was not shown in this month's performance report. Jessamy Baird suggested that the target level for mental health should be adjusted to reflect the nature of the service and advised that whilst data was being collected, she would be meeting with the Executive Medical Director to discuss more specific targets.			03-Jun-15	04-Nov-15	Progressing	

Enc B

Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Report Author	Further Action by Other Committee	Due Date	Forecast Date	Progress RAG	Date Closed
04-Mar-15	15/T/037vii)	TB/148	Provision of Care in Community: Jessamy Baird asked if a matrix for community and mental health could be developed with clear links to provision of services and outcomes. David King agreed that this would provide an holistic approach.	EMD	Jessamy Baird and Executive Medical Director to develop a matrix for community and mental health. 25/03/15 - Jessamy and David understandably want to raise the profile for Mental Health and Community services by seeing more performance information on the services. This would be based on what are the services, and what are they achieving for patients in terms of outcome. There was a view that we do not "see" all the services and what we looked at did not necessarily tell us whether they are any good. Discussed issue and agreed timeline of 3 months for delivery. 01/07/15 - The report is in final stages of development and would feature in future reports. Final format will be confirmed with Jessamy Baird prior to release. 26/08/15 - Verbal update to be presented at Board 02/09/15 - The Chief Executive reported that safer staffing would be introduced and discussions between Jessamy Baird, Chief Operating Officer and Executive Medical Director were taking place to ensure that appropriate levels were set. This would be included within the wider Trust review but that it was a much bigger project than first anticipated.			01-Jul-15	04-Nov-15	Progressing	
01-Jul-15	15/T/135 v)	TB/166	Performance Report: A discussion took place on how the report could be changed and it was agreed that there would be a review of the performance report after the conclusion of the Governance Review.	CS	Company Secretary to schedule the review of the performance report. 29/09/15 - This is scheduled for 13/10/15 Board Seminar 26/10/15 - Only part completed on 13/10.15, so further discussion planned for 10/11/15 Seminar		Seminar	13-Oct-15	10-Nov-15	Progressing	
01-Jul-15	15/T/150	TB/171	Organisation Business & Financial Sustainability: David King stressed that the Committee was concerned that progress towards demonstrating sustainability was as yet not achieved. The Chief Executive stated that the Executive team were working to ensure that assurance would be provided at the earliest date. The Chairman suggested that a seminar be arranged to include the NEDs as well as leading Clinicians as soon as possible to review the Trust Strategy and seek to address the sustainability of the organisation as the earliest available date. This was agreed.	CEO	The Chief Executive to arrange a seminar including the Board and Lead Clinicians to develop Trust Strategy and Business Plan. 11/08/15 - Strategy Seminar undertaken. This action is now closed 02/09/15 - Jane Tabor advised that the FIWIC had yet to receive an outcome on this and asked that it remain open. It was agreed to leave open until 4th November. 28/10/15 - Further Seminar sessions on our strategy development planned for 10th November and 2nd December		FIWIC	02-Sep-15	02-Dec-15	Progressing	
02-Sep-15	15/T/162	TB/172	Future Workforce: It was stressed that there was a need to broaden the interest for students and improve links to careers advisors regarding healthcare opportunities in schools. A discussion took place on how this could be achieved as well as how to increase nursing and other healthcare students. It was agreed that this should be part of a future workforce topic for discussion at a future seminar.	CS	The Company Secretary to schedule a discussion on future workforce at a Seminar.		FIWIC Seminar	31-Jan-16	31-Jan-16	Progressing	
02-Sep-15	15/T/163ii	TB/173	Friends and Family Test in the Community & Mental Health: Jane Tabor questioned the validity of the rates shown within the report. She cited the fact that only 4% of patients responded to one of the questionnaires and challenged why this was so low. She stated that data should be relevant and linked to the Quality Improvement Framework and the process should be supported by staff who believe in the process. The Executive Director of Nursing agreed that where services 'own' quality data, a better response is received. He stressed the need for any tool to be tailored to the organisation and that the My life a Full Life/Vanguard programme would be looking at suitable tools to roll the programme out across the Island.	EDN	The Executive Director of Nursing to consider options to achieve greater return on the Friends & Family test across the Trust.			04-Nov-15	04-Nov-15	Progressing	
02-Sep-15	15/T/163iii	TB/174	Stroke Targets: David King stated that he felt the criteria for these targets should be clearer as current target is "Stroke patients (90% of stay on Stroke Unit)". He felt that they should be measuring level of activity of daily living. Jane Tabor also queried why the High Risk TIA target was 30% lower than this time last year and the report should be clear why this is. The Chief Executive advised that the national target was set at 60% and also that a number of incidents did not classify as a TIA. She agreed that the Trust should be aiming higher and advised that a deep dive into the TIA area would be requested.	EMD	The Executive Medical Director to undertake a deep dive into TIA incidents and present an in depth report to the Board. 22/10/15 -A deep dive in to TIAs has been scheduled with QCPC at their November meeting.		QCPC	04-Nov-15	15-Dec-15	Progressing	

Enc B

Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Report Author	Further Action by Other Committee	Due Date	Forecast Date	Progress RAG	Date Closed
02-Sep-15	15/T/163v	TB/175	Outpatient Multiple Cancelled Appointments: The Executive Director of Transformation & Integration advised that this data was included for the first time in the performance report. However, it did show that since April more than 9000 outpatient appointments had been cancelled and of these more than 1250 more than once. She advised that more detail data on these incidents was available such as who cancelled and why, and the final parameters were being agreed. Lizzie Peers asked if there were trends within certain services which identified areas for improvement. Jessamy Baird asked that correlation between consultants and the data be addressed and that a dashboard be developed. The Executive Director of Finance confirmed that the PIDs team were working on these areas and that a full review of the Performance Report was underway. Charles Rogers stated that this review should be part of the Governance Review.	CS	The Company Secretary to schedule a review of the Performance Report as part of the Governance Review implementation. 29/09/15 - This is scheduled for 13/10/15 Board Seminar 26/10/15 - Only part completed on 13/10/15 so further discussions planned for 10/11/15		Seminar	13-Oct-15	10-Nov-15	Progressing	
02-Sep-15	15/T/163vi	TB/176	Appraisals: David King expressed concern over the number of appraisals undertaken within the Mental Health and Community teams. The Chief Executive advised that there were a number of underlying data collection problems which have an effect on the data used by PIDs for the report. She confirmed that they were being reviewed and that TEC were monitoring this. Charles Rogers confirmed that FIIWC had advised TEC that it expected to see the year end targets achieved.	CEO	The Chief Executive agreed to ensure that TEC is monitoring and seeking improvements in the level of appraisals. 28/10/15 - This is scheduled for TEC on 9/11/15 and will be reported back to the Board at the December meeting.		TEC	04-Nov-15	15-Dec-15	Progressing	
07-Oct-15	15/T/197	TB/178	Risk Management Strategy: Jane Tabor complimented the strategy but asked whether there had been engagement in its development with risk leads in the directorates. The Company Secretary confirmed that this was the case and the strategy had been approved by the Risk Management Committee. Jane Tabor proposed an additional objective for the strategy to seek full engagement with staff from Ward to Board in the risk process. The Company Secretary agreed to add this to the strategy.	CS	The Company Secretary to add the additional objective to the strategy requested by Jane Tabor 26/10/15 - This was added to the strategy which is now on the intranet. This action is now closed.			04-Nov-15	04-Nov-15	Completed	26-Oct-15
07-Oct-15	15/T/200	TB/179	Winter Resilience Option Appraisal: The Board agreed that further detailed work was required on the risks to the plan but this should not delay its approval.	CS	The Company Secretary to include a summary risk analysis on the Winter Resilience Options Appraisal on the agenda for 13 th October Board Seminar. 13/10/15 - This item was covered at Seminar. This action is now closed.		Seminar	13-Oct-15	13-Oct-15	Completed	13-Oct-15
07-Oct-15	15/T/202	TB/180	Research & Development: Charles Rogers asked if there was anything the team required from the Board. The Research Manager asked for an opportunity to discuss this with the team and return to a Seminar later in the year. This was agreed.	CS	The Company Secretary to arrange for a discussion at a future Seminar on Research and Development.		Seminar	31-Jan-16	31-Jan-16	Progressing	
07-Oct-15	15/T/207	TB/181	Strategic Risks: Nina Moorman advised that QCPC would be discussing strategic risks at their meetings and the Chair confirmed that she supported approval of the revised BAF as work in progress and requested that there was further discussion on the Principal Risks at the Seminar on 13 th October.	CS	The Company Secretary to arrange for Principal Risks to be discussed at the Seminar on 13 th October. 13/10/15 - This item was covered at Seminar. This action is now closed.		Seminar	13-Oct-15	13-Oct-15	Completed	13-Oct-15
07-Oct-15	15/T/2111	TB/182	Presentation of Sub Committee Minutes to Board: A discussion on the format took place and it was suggested that this item should be moved to earlier in the agenda for future meetings. Jessamy Baird also requested that there was greater differentiation between the top items, risks and documents approved.	CS	The Company Secretary to continue to develop this report and to consider with the Chair moving the agenda item to earlier in the next agenda. 26/10/15 - Work in progress. Relationship between Board and Sub Committees part of FIIWC workshop 27/10/15			31-Dec-15	31-Dec-15	Progressing	

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 4th NOVEMBER 2015

Title	Chief Executive's Report				
Sponsoring Executive Director	Chief Executive Officer				
Author(s)	Head of Communications and Engagement				
Purpose	For information				
Action required by the Board:	Receive	<input checked="" type="checkbox"/>	Approve		
Previously considered by (state date):					
Trust Executive Committee			Mental Health Act Scrutiny Committee		
Audit and Corporate Risk Committee			Remuneration & Nominations Committee		
Charitable Funds Committee			Quality & Clinical Performance Committee		
Finance, Investment, Information & Workforce Committee					
Foundation Trust Programme Board					
Please add any other committees below as needed					
Board Seminar					
Other (please state)					
Staff, stakeholder, patient and public engagement:					
This report is intended to provide information on activities and events that would not normally be covered by the other reports and agenda items. This report covers the period 1 st to 23 rd October 2015.					
Executive Summary:					
This report provides a summary of key successes and issues which have come to the attention of the Chief Executive over the last month. The report covers the following issues:					
National					
<ul style="list-style-type: none"> • Five Year Forward View and the My Life a Full Life programme • Stay Well this Winter and Flu • Parliamentary and Health Service Ombudsman (PHSO) Reports • Lord Carter's Review of NHS Costs 					
Local					
<ul style="list-style-type: none"> • CQC Inspection Report One Year On • Medicine for Members Meeting • Fire Evacuation Exercise • Nurses from the Philippines • System Pressures • Social Services Conference 'View from the Island' • Older Persons Nurse Fellow • Mrs Gladys Hooper and her hip fracture • Health Education Wessex SHINE Awards 2015 • Institute of Healthcare Engineering and Estate Management (IHEEM) conference • Key points arising from the Trust Executive Committee 					
For following sections – please indicate as appropriate:					
Trust Goal (see key)	All Trust goals				
Critical Success Factors (see key)	All Trust Critical Success Factors				
Principal Risks (please enter applicable BAF references – eg 1.1; 1.6)	None				
Assurance Level (shown on BAF)	Red	<input type="checkbox"/>	Amber	<input type="checkbox"/>	Green <input type="checkbox"/>
Legal implications, regulatory and consultation requirements	None				
Date: 26 th October 2015 Completed by: Andy Hollebon, Head of Communications					

Chief Executive's Report
covering the period 1st to 23rd October 2015

National

Five Year Forward View and the My Life a Full Life programme

This week sees the first anniversary of the publication of NHS England's Five Year Forward View (www.england.nhs.uk/5yfv). The Island was one of the first Vanguard sites to be identified earlier this year – there are over 50 Vanguard sites now - and at the end of July they announced that we would be one of those getting the first tranche of funding.

As a programme My Life a Full Life is already making a difference with the introduction of 'Care Navigators', the implementation of multi speciality locality teams and a range of support for the third sector to build their capacity to support Islanders. The next big step is the Whole Integrated System Review – or WISR as it is being referred to.

Martin Robinson has been seconded from the Trust to the CCG to be the interim WISR Programme Director and you will shortly see an advert for an independent chair for the WISR Board. The review, which will start in January 2015, will help ensure the future financial and clinical sustainability of the care system on the Isle of Wight. The review, which will take about a year, will comprise three phases:

- a) Solutions designed in collaboration with Island residents and health and social care staff
- b) Formal public consultation
- c) Support for the implementation of the decisions made following consultation

An NHS England video summarising the progress made over the last year can be found on YouTube at <https://youtu.be/VyCRawb03Rk>.

There is a lot of interest in what we're doing on the Island. We have recently hosted a visit from [Monitor](#) – the regulator of Foundation Trusts - to understand the issues and challenges facing our health and care system on the Island.

Stay Well this Winter and Flu

The national *Stay Well This Winter* campaign launched on 15th October to help those with long-term health conditions, those over 65, pregnant women and parents of under-sevens stay well and keep their loved ones well this winter. You may have already started to see the brand on TV, billboards, heard it on the radio or seen it in print.

This campaign is not about preventing admissions among these groups if they need to go to hospital, but will help them stay well by recommending a course of actions, so they do not require a visit to the hospital. The actions include:

- Seeking immediate advice and help from a pharmacist as soon as they feel unwell, before it gets too serious
- Getting prescriptions before 24 December
- Completing the course of prescription medicines
- Keeping as warm as they can



- Getting a flu vaccination
- Stocking up on winter food supplies
- Keeping an eye on elderly or frail friends, neighbours and relatives

The campaign activity will raise awareness of these actions so together we can help everyone stay well this winter.

You can access the public facing flu materials at <https://campaignresources.phe.gov.uk/resources/>. One of our former FY1s, Dr Ranjan Das, features in the new 'Stay Well This Winter' TV advert which can be viewed on You Tube at <https://youtu.be/brMrfVPM4tA>. Here on the Island we are supplementing the national campaign with activities across a range of areas and this week the focus has been on getting children vaccinated against flu. Staff vaccination started as well this week.



Parliamentary and Health Service Ombudsman (PHSO) Reports

The [Parliamentary and Health Service Ombudsman](#) has moved to quarterly reports with summaries of cases that they regard as significant. The most recent report features a case where we failed to provide a patient with an MRI. It took 12 years (1997 to 2012) for the patient to receive treatment which resolved their pain. We have apologised to the patient and paid compensation. This is an isolated incident but none the less very damaging to our reputation.

Lord Carter's Review of NHS Costs

On Wednesday the Department of Health [published](#) the initial findings of Lord Carter's review of NHS costs. He also happened to be speaking at the IHEEM conference. The Department says that *for the first time, the activity carried out by all NHS hospitals has been reviewed together and broken down by clinical speciality*. They say that *the results show huge variations in clinical costs, infection rates, readmission rates, litigation payments and device and procedure selection*. A lot of the Cost Base Review work has been focussed on identifying variation at specialty level. For example the Patient Cost Benchmarking information is helping us all understand where we differ on costs and things like operating theatre time. During the Reviews we have also highlighted with the help of clinicians where there are opportunities to achieve 'best practice'. We will be reviewing what the Department says is *the huge opportunity for hospitals to tackle these variations*.

Local

CQC Inspection Report One Year On

It's one year on from the the publication of our CQC inspection report. We held a Quality Summit to look at the progress we have made and the actions we still need to take. It was supported by a wide range of people including eight consultants and other front line clinicians. The progress we have made and the shift to an organisation focused on quality and patient safety is substantial. We still have some work to do to complete the actions we agreed with the CQC but we could not have made the significant progress we have without the support of staff across the Trust.

Medicine for Members Meeting

The Medicine for Members meeting at the end of September was well attended. We have over 5,300 public members now and staff with permanent contracts over 12 months are members as well. Eve Richardson chaired the meeting as the new Trust Chair. Stroke Team Leader Sue Ward and colleagues talked about Stroke care and Alan Sheward, Mark



Price and I took questions. Our friends from the Stroke Association and Remap, who make tailored equipment for disabled people were also on hand to talk about their work. If you haven't been to a Members meeting they are well worth a visit to hear what our public members are thinking.

Fire Evacuation Exercise

We have had a Fire Evacuation exercise. IW Fire and Rescue Service sent three tenders, an Incident Command vehicle and 20 fire fighters. As well dealing with a simulated fire in the ducting behind level C the firefighters evacuated several casualties and volunteer staff practiced evacuating Level C. All this was done whilst services were under great pressure and without affecting patient care or visitors attending the hospital. We never know when an incident might occur so it's important that these exercises go ahead even when it might seem that we have more important things to worry about.



Nurses from the Philippines

Our 12 new nurses from the Philippines have completed their two weeks induction and have started working on the Wards as 'Overseas Adaptation Nurses'. They have already had a great welcome from many people. Before they can practice as full UK nurses they have to pass an overseas nurses exam.

Isle of Wight Radio carried the news of their arrival and whilst I was disappointed to read of some of the comments on the station's Facebook page and to hear of the commentary in a closed Facebook page called 'Unite the Wight' it was great to see that the balanced comments from others vastly outnumbered the negative commentary.



System Pressures

In collaboration with the Clinical Commissioning Group (CCG) and the Council the Board approved at its last meeting a plan to create additional capacity across the system to ensure that patients are cared for in a timely way and in the right environment. This means that we have been able to restart our elective inpatient work for people on our waiting lists. We have now agreed these plans with the CCG and Council and you will know from the message sent out by Shaun Stacey about Ward Changes at St. Mary's that we have already started to implement them.

Poppy Unit (at Solent Grange) has re-opened with 13 beds and we hope to expand this to up to 30 beds. Six of these beds will be what are known as 'safe haven' beds which can be used when individuals cannot be supported at home because their family or carers are unable to look after them or there is a short term problem which requires increased short term (24 or 48 hour) support. These beds are a new innovation for the Island and our colleagues in Social Care are increasing their support for the Unit compared to earlier this year. This should help with moving patients on quickly to their long term care placements or to home. When we had this facility open earlier this year we were able to demonstrate that people required less care after leaving the Poppy Unit than was envisaged compared to when they left the hospital - so that is good news for the individual as well as the health and care system.

In terms of staff, in addition to the 12 nurses from the Philippines, 10 student nurses have started with us and we have also recruited 30 health care assistants (HCAs). These HCAs are a mix of

staff who have Island experience and some agency staff. Nationally there is a three percent cap on the number of agency staff we can employ so we are striving to get the right balance in our staffing, which also ensures quality care as well as containing the costs. Looking ahead we have a further 16 nurses from the Philippines who will join us before the end of the year. The changes announced by the Government on recruitment of nurses from overseas is welcome news.

Older Persons Nurse Fellow

Diane Goring has been awarded the title Older Persons Nurse Fellow following a year studying at Kings College London and funded by Health Education England. The fellowship has been badged as the first initiative of its kind to develop and train highly-skilled nurses with specialist expertise in the care of older people, Diane is the first of 9 nationally to complete the programme. We have invited Diane to present her Staff Story to the Board.



Social Services Conference 'View from the Island'

Along with 200 others from across the Island, I attended the 'View from the Island' social services conference. Those attending included professionals from Isle of Wight Council's social services, the Isle of Wight Clinical Commissioning Group, residential and nursing care home providers, the Trust and voluntary sector representatives, as well as those who use the services already provided on the Island, and their carers. The event aimed to consolidate the extensive progress that has already been made to integrate health and social services pathways and to understand the scale of transformation and change that lies ahead.

Mrs Gladys Hooper and her hip fracture

The BBC visited to film Mrs Gladys Hooper who is the thought to be the oldest person in the world to have surgery on a hip fracture. They interviewed the patient's family and Consultant Orthopaedic Surgeon Jason Millington. Both patient and her family are full of praise for the health services on the Island and shows that age is no barrier to healthcare. The BBC online report is available at <http://www.bbc.co.uk/news/uk-england-hampshire-34547263>.



Health Education Wessex SHINE Awards 2015

The [Health Education Wessex Shine Awards 2015](#) recognise education and training excellence for the NHS. We fielded some strong entries including the Isle of Wight Pain Management Programme comprising Dr Gary Lee, Consultant Clinical Psychologist in Long Term Conditions; Lucy Cowans, Clinical Specialist Physiotherapist for Chronic Pain John Paton; Brendan O'Connell; Gwynth O'Connell; Julie Wells; Del-Laith Gordon; Charlene Summerfield who were highly commended in the category [Hearing the Patient Voice in Education and Training 2015](#). And also to the Safe Prescribing – Introducing Innovative use of technology to improve patient's safety, project comprising Dr Oliver Cramer, Associate Medical Director; Debbie Cumming; Margaret Chan; Dr Maria Lynch; Trudie Little; Alexandra Teiwes; Julie Simmons; Dr. Aileen Sced; Allison Harries who were commended in their [Education and Training Innovation Champion of the Year](#).

Congratulations to the Trust's Education Team comprising Dr Oliver Cramer, Dr Maria Lynch, Dr Neena Singh, Dr Lynsey McAlpine, Dr Husay Jandekar, Allison Harries, Dr Laoise Dunphy, Trudie Little, Dr Ramesh Babu and Joanne Helliwell who were highly commended finalists in the [Chairman's Award](#), and also got first place for their Careers in Medicine poster which you can see on the Hospital main corridor.

Institute of Healthcare Engineering and Estate Management (IHEEM) conference

I attended and spoke at the Institute of Healthcare Engineering and Estate Management (IHEEM) [conference](#) alongside our partners in the [Wight Life Partnership, Ryhurst](#). Whilst the partnership is currently working on relatively small issues– space utilisation surveys, facilities advice, etc. – these are the building blocks for the future and the larger projects we expect to undertake as we redevelop land and buildings both at St. Mary's and across the Island over the coming years. It is also clear that through improved use of our estates and facilities we can save money and put that into frontline care.

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:

5th October 2015

- Ionising Radiation Policy – Approved by TEC
- Internal Audit Recommendations – down to 3 outstanding
- Business Planning Template – Approved by TEC

12th October 2015

- Multi-Agency Safeguarding Policy – Approved
- Failed to achieve RTT non admitted targets
- Staff Experience Group Terms of Reference approved.

19th October 2015

- Community Children's Nurse Business Case – Approved to submit to CCG
- IT Service Level Agreement - Approved

Karen Baker

Chief Executive Officer

26th October 2015

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 4th November 2015

Title	Report from Chair of Quality & Clinical Performance Committee		
Sponsoring Executive Director	Nina Moorman, Chair of Quality & Clinical Performance Committee		
Author(s)	Nina Moorman, Chair of Quality & Clinical Performance Committee		
Purpose	To receive the report on the Quality & Clinical Performance Committee		
Action required by the Board:	Receive	X	Approve
Previously considered by (state date and outcome):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Quality & Clinical Performance Committee	28/10/15		
Remuneration & Nominations Committee			
Foundation Trust Programme Board			
Turnaround Board			
<i>Please add any other committees below as needed</i>			
Staff, stakeholder, patient and public engagement:			
Not applicable			
Executive Summary:			
<p>The Chair of the Quality & Clinical Performance Committee will report on the following areas as discussed at the meeting held on 28th October 2015.</p> <ul style="list-style-type: none"> Quality Report CQUIN Qtr 2 report Clinical audit Qtr 2 report. NICE quarterly report Clostridium difficile infection (CDI) Change of Committee Name 			
Recommendation to the Trust Board:			
The Board is recommended to receive the report by the Chair of the Quality & Clinical Performance Committee			
Attached Appendices & Background papers			
None			
<i>For following sections – please indicate as appropriate:</i>			
Goals	All		
Priorities	All		
QI			
Date: 29 th October 2015 Completed by: Chair of the Quality & Clinical Performance Committee			

**Quality & Clinical Performance Committee
Report for Board to be held on 4 November 2015**

This report is based on QCPC meeting held on Oct 28th 2015

1. Quality Report

- 1.1. The full report was provided as a web link with exceptions highlighted by the Safety, Effectiveness and Experience (SEE) group.
- 1.2. Concerns were raised about the number of falls, which are double the year to date figure for 14/15 with a comparable rise in the number of falls causing harm. There has been no falls lead in the hospital sector and this is now being addressed with the appointment of a quality improvement practitioner who will work with SEE to develop a work programme to address this. In the community the lead has set up a falls collaborative. The QCPC requested an update next month and may proceed to a deep dive.
- 1.3. There has been a significant increase in the number of complaints that relate to clinical treatment, and the AMD carried out a deep dive to see if there were underlying concerns about a particular service. Many complaints reflected the pressure within the acute sector, rather than deviation from best practice.
- 1.4. 2 wards have continued to underperform on several metrics and the DoN has appointed matrons, reported directly to him, to performance manage staff.

Negative assurance

2. CQUIN Q2 report

- 2.1. There are 14 CQUINS which are all on track to deliver, and all second quarter reports were submitted on time.

Positive assurance

3. Clinical audit Q2 report

- 3.1. There are 69 local audits and 57 National audits in progress with 34 local audits added since the programme started, representing a significant amount of clinical audit activity. Work has started on developing a database of audits that the organisation has identified so that junior doctors looking for audits can be directed to those first. 11 audits have reported so far and we received summaries of the main findings. An audit steering group has been established which oversees the programme and will in future receive results of completed audits, and monitor action plans. The committee is pleased with progress made on embedding clinical audit within routine clinical practice within the Trust.

Positive assurance.

4. NICE quarterly report

- 4.1. This was the first report on NICE guidance : the CQC inspection found that we did not have a robust system for receiving and implementing NICE guidance, and

SEE have overseen a new process to ensure compliance. The system currently tracks all guidance issued between Nov 2014 and September 2015, and collects information from clinical leads on their compliance, together with a gap analysis and any proposed action. The recently appointed quality adviser is now embarking on tracking all guidance issued since April 2012, when the Trust was established.

- 4.2. In time we anticipate that compliance with relevant NICE guidance will be reported directly by Clinical Business Units on an annual basis.

Assurance limited

5. Clostridium difficile infection (CDI)

- 5.1. The committee carried out a deep dive exercise to try and establish what issues are contributing to our current increasing levels of CDI, and what action could be taken. We were assisted by Dr Emily McNaughton, Consultant Microbiologist, Debbie Cummings, Pharmacist and Natalie Mew, Matron. Firstly we noted that there has been a similar trend in other hospitals with gradually reducing rates until 13/14 followed by a slight increase over the past year and a half. The Trust adheres to the guidance issued by Public Health England on Management and Treatment of CDI. We reviewed each of the 16 inpatient cases to identify common factors: these are cleanliness (although only 2 cases were due to cross contamination), sampling errors, isolation (which requires single rooms) and use of antibiotics. There is a CDI action group which oversees activity to address these 4 areas. New approaches being used/considered are hydrogen peroxide vapour for sterilisation, routine prescription of probiotics with antibiotics, review of acid suppressant medication prescribing and faecal transplantation.
- 5.2. The current trend will result in about 40 cases by end of year and the committee will continue to monitor actions to mitigate this.

Assurance negative

6. Committee Name

- 6.1 Following our review in response to the Capsticks Governance Review, we would like to propose a change of name to the Board from the Quality & Clinical Performance Committee to the Quality Governance Committee.

Nina Moorman, Chair
Quality & Clinical Performance Committee
28th October 2015

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 04 November 2015

Title	Quality Improvement Plan (QIP) Trust Board Assurance Report		
Sponsoring Executive Director	Alan Sheward – Executive Director of Nursing & Workforce		
Author(s)	Patient Safety, Experience & Clinical Effectiveness Triumvirate		
Purpose	This paper is intended to update the Trust Board on the progress of the Trusts Quality Improvement Plan (QIP) and ask for approval and endorsement of recommendations		
Action required by the Board:	Receive		Approve X
Previously considered by (state date):			
Trust Executive Committee	26 th October 2015	Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Remuneration & Nominations Committee	
Charitable Funds Committee		Quality & Clinical Performance Committee	28 October 2015
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			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
Stakeholders have provided feedback which has been taken into account within the Quality Improvement Plan. The Plan has been developed from information provided by staff from across the organisation.			
Executive Summary:			
<p>This paper is to provide an update to the Trust Board on delivery of the Quality Improvement Plan (QIP), including the 102 actions required to be achieved, which was developed following the Care Quality Commission (CQC) Chief Inspector of Hospitals (CIH) Quality Summit in September 2014.</p> <p>All enforcement and must do actions are complete; there is 1 outstanding compliance action, linked to safer staffing (Trust is declaring partial compliance to CQC) and 14 should do actions, all due for completion on 31 March 2016.</p> <p>There have been 8 actions signed off since the last update; 5 compliance and 3 must do actions.</p> <p>A letter regarding our current declaration of compliance against outstanding compliance and must do actions has been sent to the Care Quality Commission (CQC).</p> <p>Delivery of the actions within the Quality Improvement Plan continues to be affected by a lack of consistent nursing leadership, specifically within the Hospital & Ambulance Directorate. Attendance at the monitoring meetings from some representatives has been intermittent, with reasons given being the recent bed pressures/black alerts.</p> <p>Although mitigation exists for outstanding actions, there is risk related to the sustainability following closure of the actions.</p> <p>The Trust Board is requested to</p> <ul style="list-style-type: none"> • Receive this as assurance against the actions being taken to improve the quality of care for patients by completing the actions listed and <ul style="list-style-type: none"> a. note the remaining outstanding should do actions b. note the partial compliance declaration on the one outstanding compliance action 			

- Endorse a review of Trust wide work streams to identify those that will support ongoing improvements and monitoring against each of the QIP themes & Quality Improvement Framework (QIF) domains.
- Approve a change in reporting to Trust Board - moving from the QIP update paper to an update to Trust Board on the 6 domains within the Quality Improvement Framework (QIF) and that the Trust Executive Committee to pick up monitoring of the QIP by receiving 2 weekly governance and assurance reports covering the 5 themes of the QIP.
- Approve a one off report to Trust Board in April 2016 confirming the outcome of delivery against the 14 remaining should do actions and the 1 partially compliant compliance action.

For following sections – please indicate as appropriate:

Trust Goal (see key)	Quality					
Critical Success Factors (see key)	CSF1 & CSF2					
Principal Risks (please enter applicable BAF references – eg 1.1; 1.6)	1.5 & 2.10					
Assurance Level (shown on BAF)	Red	X	Amber	X	Green	
Legal implications, regulatory and consultation requirements	Links with Care Quality Commission registration requirements.					
Date: 21 October 2015			Completed by: Theresa Gallard - Business Manager Patient Safety, Experience & Clinical Effectiveness			

Executive Director of Nursing
Patient Safety Experience & Clinical Effectiveness Team
Quality Improvement Plan (QIP) Update
4 November 2015

1. BACKGROUND

1.1 The Board has been receiving regular reports following the development of the Trust's Quality Improvement Plan (QIP) in order to provide assurance on progress. The aim is to move the organisation from the 'requires improvement' rating it received in September 2014 to 'good' and then to 'outstanding.'

1.2 102 actions were outlined in the Quality Improvement Plan covering four action types; there were 13 Enforcement; 38 compliance; 10 must do and 41 should do actions.

2. UPDATE ON PROGRESS

2.1 General

Trajectory for completion for all but one remaining compliance actions and must do actions was 30 September 2015 and 31 March 2016 for one staffing related compliance (CA7.2: staffing on Community inpatient wards) and all should do actions.

2.2 Warning Notice

There remains 1 outstanding issue, compliance action 7.2, relating to staffing on the Stroke and Rehabilitation Wards. The Care Quality Commission (CQC) is aware that this action links with the safer staffing work and has agreed a completion date of 31 March 2016 (partially compliant).

2.3 Definition of compliance

The definition of compliance used to determine whether or not the Trust is compliant with QIP requirements is: the target standard has been met and maintained over a 6 week period or continuous improvement towards achieving the target standard has been evidenced over this time period and there is a robust plan in place to mitigate and manage actual and potential risks whilst continuing to progress towards the required target standard.

2.4 Delivery of Specific Actions in the QIP

2.4.1 At the last Trust Board meeting, approval was given to sign off 5 of the remaining 6 compliance actions and all 3 outstanding must do actions.

2.4.2 Table 1 below has been updated following the Trust's recent declaration to the CQC and reflects the current status of actions by theme:-

Table 1

Theme	Number of Actions	Complete August 2015	April	May	June	July	August	September	Actions Outstanding October 2015 (To date)
Clinical Leadership, Staff Engagement & Culture	34	29	7	6	6	5	4	5**	2
Governance	39	31	12	10	10	10	9	8	7
End of Life	5	3	4	4	4	2	2	2	0
Recruitment & Retention	5	2	4	3	3	3	3	3*	2*
Patient Caseload & flow	19	14	9	7	7	7	7	5	4
Total	102	79	36 	30 	30 	27 	25 	23 	15

2.4.3 There have been 8 completed actions since the last report; these are outlined in table 2-

Table 2

Compliance Actions	
Ref	Action
CA1.1	Risk Assessments not consistently completed (Community Inpatient Wards)
CA1.4	The planning and delivery of End of Life Care (EoLC) did not meet national standards
CA5.1	Consent of service users (Patient information boards)
CA7.1	Sufficient numbers / skill mix staff in A&E
CA8.1	Staff responsibility for MCA / DoLs & recognition of EoL patients
Must Do Actions	
Ref	Action
MD1	Improve clinical leadership & operational support & coordination for service demand / integration
MD2	Staff engagement / service changes owned & effectively implemented
MD11	Lead nurse & sufficient RNs (Children) employed to provide 1 per shift in A&E

2.4.4 Since the last Board meeting a letter has been written to the CQC outlining the Trust's declaration of compliance with the above actions. This leaves 14 outstanding should do actions and 1 outstanding compliance action against which the Trust is now declaring partial compliance; all with a delivery date of 31 March 2016. An overview of these actions is provided in Appendix 1.

2.5 Risks to delivery

2.5.1 Sustainability of delivered actions within the Quality Improvement Plan remains at risk due to the lack of consistent nursing leadership, specifically within the Hospital & Ambulance Directorate. Attendance at the monitoring meetings from some representatives continues to be intermittent, with reasons given being the recent bed pressures/black alerts and more recently the impact of the organisational change process and potential changing of posts.

2.5.2 The 1 completed action that will not been delivered to the full extent is outlined below. This will be discussed further with representatives from the CQC at the next quarterly governance meeting (awaiting confirmation of date from CQC).

Delivered, but not implemented exactly as described			
MD11	CL	Lead nurse & sufficient RNs (Children) employed to provide 1 per shift in A&E	Low numbers of paediatric patients present out of hours. Not an efficient use of resources to employ 1 nurse for a night shift 7 days a week and deliver the action in full. The result is the guaranteed provision of a paediatric trained nurse from the Children's Ward whenever a paediatric patient presents in A&E, which the Trust feels is adequately addressing the requirement and mitigating any potential risk.

2.6 Monitoring

Monitoring and challenge continues through the now two-weekly Quality Improvement Plan (QIP) meetings, utilising the reporting matrix; attendance at relevant Trust Executive Committee (TEC) meetings; along with scrutiny and challenge from the Trust Development Authority through the monthly Integrated Delivery Meetings. Members of the Patient Safety, Experience & Clinical Effectiveness Team and the Executive Director of Nursing continue to meet with representatives from the CQC at the quarterly governance meetings.

3 Recommendations

- 3.1 The Trust Board receive this as assurance against the actions being taken to improve the quality of care for patients by completing the actions listed and
 - a. note the remaining outstanding should do actions
 - b. note the partial compliance declaration on the one outstanding compliance action
- 3.2 The Trust Board endorse a review of Trust wide work streams to identify those that will support ongoing improvements and monitoring against each of the QIP themes and Quality Improvement Framework (QIF) domains.
- 3.3 The Trust Board approve a change in reporting to Trust Board - moving from the QIP update paper to an update to Trust Board on the 6 domains within the Quality Improvement Framework (QIF) and that the Trust Executive Committee to pick up monitoring of the QIP by receiving 2 weekly governance and assurance reports covering the 5 themes of the QIP.
- 3.4 The Trust Board approve a one off report to Trust Board in April 2016 confirming the outcome of delivery against the 14 remaining should do actions and the 1 partially compliant compliance action.

ALAN SHEWARD
EXECUTIVE DIRECTOR OF NURSING
20 October 2015

Prepared by:
Dr S Themiminulle; Deborah Matthews & Theresa Gallard
Patient Safety, Experience & Clinical Effectiveness Triumvirate

APPENDIX 1: Outstanding Compliance & Should Do Actions – delivery date 31st March 2016

QIP Ref	Theme	Action Detail
CA7.2	Recruitment & Retention	There was insufficient medical & nursing staffing for the community inpatient wards, both numbers and skill mix <i>Declared partial compliance to CQC 23.10.15</i>
SD2	Governance	The environment of the eye clinic is reviewed to ensure it is fit for purpose and safely meets the need of the patients visiting the department
SD4	Governance	Nursing staff are not disturbed while undertaking medication rounds
SD5	Patient Caseload & Flow	Patients have protected mealtimes
SD9	Governance	All Resuscitation equipment is checked on a daily basis, unless an area is closed
SD14	Patient Caseload & Flow	Continue to develop 7 day services, particularly for patients requiring emergency care
SD16	Governance	There is a clear and current system in place to 'red flag' addresses where there are concerns about safety, so ambulance crews can make informed choices and manage risks when attending these locations
SD17	Patient Caseload & Flow	Review the specialist medical care available for patients who have had a stroke
SD25	Patient Caseload & Flow	The Community Mental Health team should have an up to date operational policy, or information available to people on how to use the service, which describes its function and what people should expect from the service
SD27	Clinical Leadership, Culture & Staff Engagement	Mental Health & Ambulance services should be appropriately represented at the Trust Board to reflect the workings for an integrated trust
SD40	Clinical Leadership, Culture & Staff Engagement	Review staff engagement and staff access to senior leaders within the organisation, to ensure equity of value and involvement
SD41	Governance	Review effectiveness of IT systems in community services, to ensure that staff have safe and efficient access to and use of computerised records
SD42	Recruitment & Retention	Review staffing levels, skill mix and caseloads of the community teams, to ensure delivery of safe and effective care and to release staff for training and development
SD46	Governance	Review the condition of buildings identified on various risk registers, to ensure clear programmes are developed, with timeframes, demonstrating when improvements or changes will be made
SD47	Governance	Monitor safe handover of hospital discharges to community staff, ensure right care and treatment is implemented when patients go home

REPORT TO THE TRUST BOARD (Part 1 - Public)

4th November 2015

Title	Serious Incidents Requiring Investigation (SIRI) Report		
Sponsoring Executive Director	Alan Sheward, Executive Director of Nursing		
Author(s)	Deborah Matthews, Lead for Patient Safety, Experience & Clinical Effectiveness & Karen Kitcher, Quality Assurance Lead		
Purpose	To provide the Trust Board with information concerning the number of Serious Incidents that Require Investigation (SIRI) formally reported within the last month, the ongoing number that are yet to be completed and the lessons learnt from investigations recently closed.		
Action required by the Board:	Receive	X	Approve
Previously considered by (state date):			
Quality & Clinical Performance Committee		28 October 2015	
Please add any other committees below as needed			
Patient Safety, Experience & Clinical Effectiveness Committee (SEE)		21 Oct 2015	
Staff, stakeholder, patient and public engagement:			
<p>Following a successful trial of scheduling a presentation & discussion of SIRI findings prior to formal submission of the report to the Isle of Wight Clinical Commissioning Group (CCG) - to ensure lessons learnt are identified and actions for dissemination are agreed, it is proposed going forward to adopt this methodology for the presentation and discussion of all formal SIRI reports. A timetable to support the scheduling of activities and meetings will be drafted by SEE and circulated to key stakeholders at the outset of the formal SIRI notification to a service. The investigation commissioning manager is responsible for working with SEE to ensure any required clinical audit is shaped around the outputs from a SIRI and lessons learnt are heard and understood across the wider organisation.</p>			
Executive Summary:			
<p>This report provides an overview of the Serious Incident Requiring Investigation (SIRI) activity during September 2015.</p> <p>Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive investigation and response.</p> <p>4 SIRIs were reported to the Isle of Wight CCG during September 2015.</p> <ol style="list-style-type: none"> 1. Confidential Information Breach 2. Patient Fall – resulting in serious harm 3. Delay in ambulance attending a call 4. Grade 4 Pressure Ulcer <p>At the time of writing this report there were: 24 open SIRI's - 9 of which were overdue (2 of these overdue and a further 3 submitted within time were with the CCG for consideration of closure).</p> <p>During September 2015, and at the time of reporting, the IW CCG <u>closed</u> 4 SIRI cases and another 2 were awaiting their decision regarding closure.</p> <p>LESSONS LEARNT – The lessons learned from those closed SIRI cases are detailed within this report</p>			

<i>For following sections – please indicate as appropriate:</i>					
Trust Goal (see key)	1 & 2				
Critical Success Factors (see key)	CSF2				
Principal Risks (please enter applicable BAF references –	2.6				
Assurance Level (shown on BAF)	Red		Amber	X	Green
Legal implications, regulatory & consultation requirement					
Date: 21 October 2015		Completed by: Deborah Matthews, Lead for SEE			

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

(1) **NEW INCIDENTS REPORTED AS SIRIS:** During September 2015 the Trust reported **4** Serious Incidents to the Isle of Wight Clinical Commissioning Group (CCG). Below is a summary of these incidents:

Category/ subject	Under whose care	Summary	Incident Date	Date reported as a SIRI	Date report due to be sent to Commissioners
Confidential information Breach	Learning Disabilities Service	4 sets of patient notes and one clinic letter were found (<i>by a member of the public close to a Community clinic but promptly returned</i>).	01.09.15	03.09.15	26.11.15
Slip, Trip, Fall	St Helens ward	Patient fall <i>Fractured thigh bone. Risk assessments had been completed prior to fall.</i>	20.08.15	17.09.15	11.12.15
Delay in treatment	Ambulance Service	Delay in attending a patient <i>(A delay in being able to send a medical response to the incident)</i>	30.08.15	17.09.15	11.12.15
Pressure ulcer	South Wight District Nursing Team	Grade 4 pressure ulcer <i>(many agencies involved - potential for system wide learning)</i>	28.08.15	30.09.15	22.12.15

(1a) **PRESSURE ULCERS** – in line with arrangements under the new SIRI Framework (March 2015), 2 new pressure ulcers were identified and reviewed at a table top review as a “cluster” during September. These were both described as Grade 4 pressure ulcers. The pressure ulcer cases clustered were from the following areas: South Wight District Nursing Team and North East District Nursing team (joint with Acute Directorate). The clustering of cases helps to identify care service delivery problems, contributory factors, together with any recommendations and actions to help reduce the risk of a similar situation from happening again. If it was identified that the pressure ulcer was unavoidable, this outcome is recorded against the incident number. If the case is found to be avoidable/preventable, this will be reported as a SIRI. One such case discussed in September was reported as a SIRI following the cluster review, as it was agreed that the patient’s journey spanned a

number of specialities, and the opportunity for learning was evident. Each case clustered is monitored until its conclusion; this gives staff the opportunity to see all cases through to the end, share learning and support their peers in any decision making.

(2) **CURRENT POSITION:** This table provides the current status of open SIRIs as of 14 October 2015

SIRIs	COMMUNITY & MENTAL HEALTH	HOSPITAL & AMBULANCE	OTHER CORPORATE AREAS	
OVERDUE CASES				
• With Coroner	0	0	0	
• With Directorate	0	3	0	
• With Quality team	0	0	0	
• With Execs	0	3	0	
• With Commissioner	0	2	0	
• Returned from Commissioner - further work	1	0	0	
TOTAL OVERDUE	<u>1</u>	<u>8</u>	<u>0</u>	
CURRENT CASES				
• With Coroner	0	0	0	
• With Directorate	4	8	0	
• With Quality team	0	0	0	
• With Execs	0	0	0	
• With Commissioner	3	0	0	
• Returned from Commissioner - further work	0	0	0	
TOTAL CURRENT	<u>7</u>	<u>8</u>	<u>0</u>	
TOTAL NUMBER OF OPEN CASES	8	16	0	24
how many <u>ongoing</u> SIRIs (auto)				
		<u>19</u>		

(2a) The following overdue SIRI cases are listed below with a brief status update (at the time of producing this report 14 October 2015):

(From this point forward CCG = Clinical Commissioning Group)

DESCRIPTION	Directorate/ Speciality	Incident Date	Reported as SIRI	Date to be submitted to CCG (first presentation)	CURRENT STATUS
Safeguarding	Community & Mental Health	21.01.15 (date of awareness of Serious Case Review - SCR)	21.01.15	25.03.15	(Commissioner previously declined closure) 07.10.15 – discussed further at SIRI weekly meeting; action for Nurse Lead in Mental Health add addendum to the final report – then re-submit to CCG
Delayed diagnosis	Hospital & Ambulance Directorate	03.03.15	11.03.15	18.05.15	21.09.15 Draft report received –; Key Stakeholder meeting arranged. 29.09.15 - further updates received; report updated. (at final stage: action plan, duty of candour etc.,
Unexpected death	Hospital & Ambulance Directorate	07.05.15	21.05.15	14.08.15	17.09.15 – received external investigating officer's report. 29.09.15 - UPDATE: Clinical Director is meeting with consultant involved with a further meeting to finalise report / action plan is being arranged
Equipment failure	Hospital & Ambulance Directorate	01.05.15	18.05.15	11.08.15	02.09.15 – final report submitted to Exec Director of Nursing for approval (has since been sent onto the CCG)
Hospital transfer concerns	Hospital & Ambulance Directorate	09.06.15	18.06.15	11.09.15	14.09.15 – final report sent to Medical Director (for clinical opinion and sign off) and Exec Director of Nursing (has since been sent to the CCG).
Safeguarding	Hospital & Ambulance Directorate	02.07.15	07.07.15	30.09.15	02.09.15 – final report submitted to Exec. Director of Nursing for approval. 05.10.15 – forwarded to Medical Director when Executive Director of Nursing on Annual Leave.
Delay in treatment	Hospital & Ambulance Directorate	05.06.15/ 30.06.15	15.07.15	08.10.15	19.08.15 – Consultant Surgeon agreed to support with investigation 22.09.15 – still with Investigating officer (IO)

(3) CLOSED SIRI CASES

During September 2015, and at the time of reporting, the IW Clinical Commissioning Group had closed 4 SIRI cases. Listed below are the lessons learned from those closed SIRI cases:

Directorate	SUBJECT	SUMMARY	Lessons Learned	In or out of time when submitted to CCG (first presentation)
Executive Director of Nursing and Workforce	Safeguarding	Unexpected death (Serious Case Review)	IW Clinical Commissioning Group (CCG) discussed this case at CQRM (Clinical Quality Review Meeting) and with the Designated Safeguarding Nurse. No actions identified directly for the Trust ; one action for the CCG. The case was subsequently downgraded and closed by the CCG.	Out of time
Hospital & Ambulance Directorate	Patient fall	Patient suffered an un-witnessed fall whilst mobilising	The variable levels of mobility meant that patient had received conflicting advice about whether they needed to mobilise with assistance or independently. Staff reminded of need to review and update care plan and risk assessment when fall occurs. To be monitored via documentation checks. Directorate to consider how to address 'variable patient mobility' via staff training and risk management, without stifling patient independence/Rehabilitation.	Out of time
Hospital & Ambulance Directorate	Unexpected death	Patient Emergency Services 111/999 a number of times through various routes. Patient died on route to hospital.	Communication to be reviewed with a view to identifying how the call systems could link to ensure repeat callers who have used both systems (111 and 999 call systems) are identified; this will lead to a review of procedures for clinical triage when managing repeat callers. Learning understood with wider communication on lessons learned.	In time
Community & Mental Health	Unexpected death	Unexpected death of in-patient	The Patient Observation Policy was not clear about overnight observations. This policy is to be revised to ensure there are specific instructions about initial observation levels on admission and location placement of newly admitted patients in relation to bed space allocation. Guidance is required to ensure robust risk assessment, identification and management of recently admitted patients and patient's on enhanced observation is clear. No risk assessment documented when observations were reduced (Guidance on updating core and risk assessments to be reissued.) External investigation identified death was not preventable.	In time

Following a successful trial of scheduling a discussion of SIRI findings prior to formal submission of the report to the CCG - to ensure lessons learnt are identified and actions for dissemination are discussed, it is proposed to adopt this methodology for the presentation and discussion of all formal

SIRI reports. A timetable to support the scheduling of activities and meetings is to drafted and circulated to key stakeholders at the outset of the formal SIRI notification to a service.

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

Subjects of SIRIS April 2012 – End September 2015 are shown on page 6 of this report.

The first joint Commissioning and Trust monthly meeting took place in September.

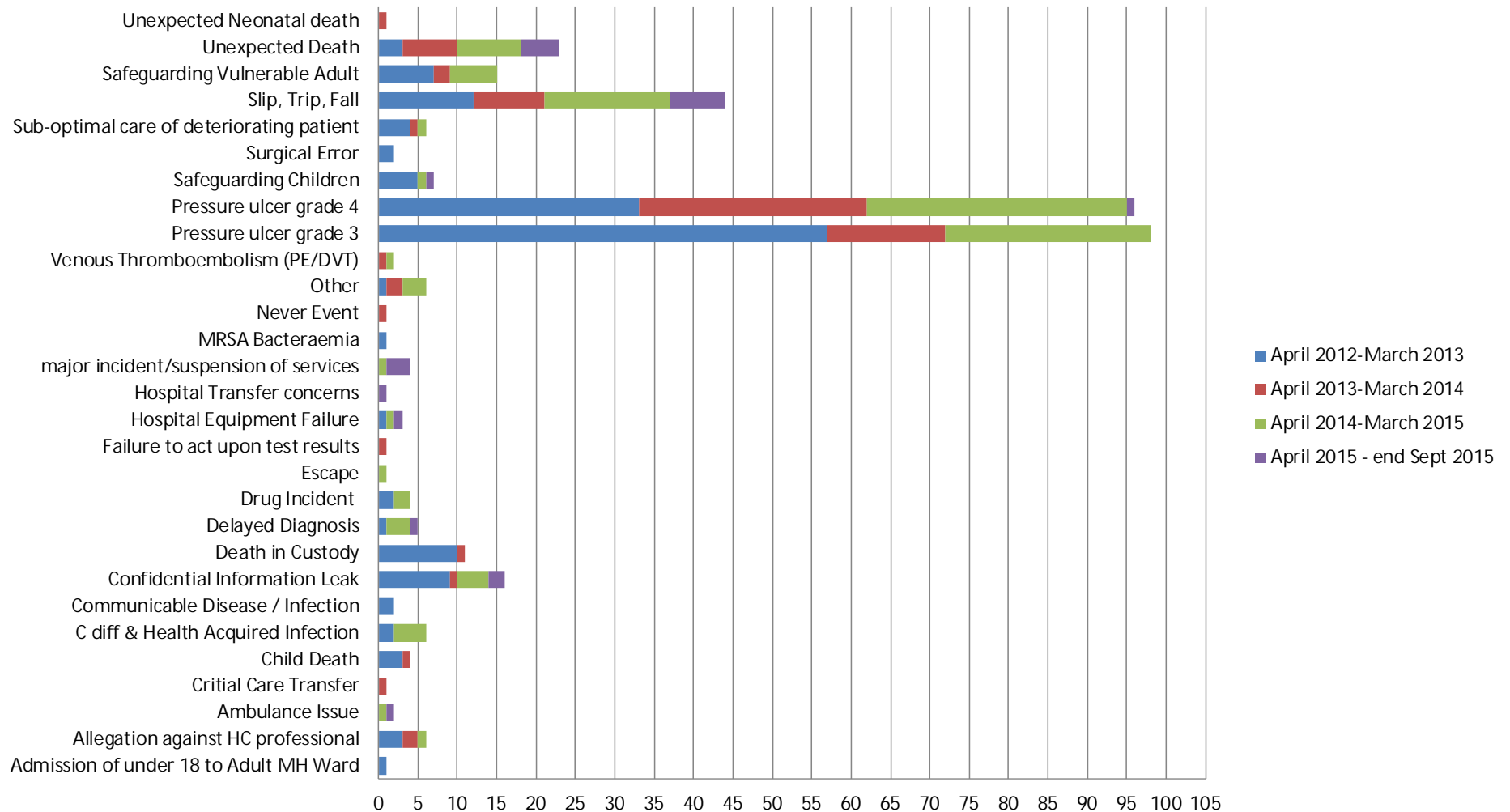
The first quarter cluster review report was shared with the CCG.

Alan Sheward
Executive Director of Nursing
October 2015

Prepared by:

Karen Kitcher Quality Assurance Lead
Deborah Matthews - Lead for SEE
21 October 2015

SUBJECTS of SIRIs April 2012 - end September 2015



REPORT TO THE TRUST BOARD (Part 1 - Public)

On 4th November 2015

Title	Agency Nursing Rules 2015		
Sponsoring Executive Director	Alan Sheward – Executive Director of Nursing		
Author(s)	Alan Sheward – Executive Director of Nursing		
Purpose	To report to the board the Agency Nursing rules issued on 1st September 2015 by Monitor and the TDA and implementation of capping rates.		
Action required by the Board:	Receive		Approve x
Previously considered by (state date):			
Please add any other committees below as needed			
Trust Executive Committee	19 th October 2015	Director of Nursing Team	28 th October 2015
Staff, stakeholder, patient and public engagement:			
Modern Matrons are engaged daily on the allocation of Agency Nurses across the Trust.			
Executive Summary:			
<p>In line with the Nursing Agency Rules published by the Trust Development Authority on 1st September 2015, all NHS Trusts are required to;</p> <p>Work to the allocated cap on the use of Agency usage. This is a percentage of the overall nursing spend in the majority of areas in the Trust based on 2014/15 outturn. It is unlikely the Trust will be able to work within the 3% cap until additional Registered Nurse recruitment takes place.</p> <p>In September the Trust Board approved a system resilience plan that improved access for patients to elective and non-elective services. The additional capacity requires additional Registered Nurse Staffing. Allocating Registered Nurses to the additional capacity will exceed the 3% cap. At the point the Trust needed to declare compliance in achieving the 3% the Islands System Resilience Plan had not been agreed. Therefore an adjustment application has been completed.</p> <p>The Trust is compliant in the recruitment of Agency Nurses through an approved framework. Later in 2015 the TDA will set a price cap for Agency nursing across the UK. This is likely to impact on the willingness of agency nurses to travel to the Island. The Trust has given feedback on the consultation of a price cap.</p> <p>Current Nursing vacancies are being covered by Bank and Agency nurses. This is seen in the context of an active nurse recruitment campaign. At the time of writing this report fill rates are unavailable. However, it is recommended a more detailed report on Trust wide nursing vacancies is presented to the Finance Investment, Information and Workforce Committee (FIIWC)</p> <p>This paper recommends the Trust Board approves the report and approves the steps taken to manage and monitor Agency Nurse usage across the Trust. It is recommended a more detailed paper is presented to the Trust FIIWC in November with weekly monitoring through the Nurse Director Team reporting to the Trust Executive Committee.</p>			

For following sections – please indicate as appropriate:

Trust Goal (see key)	Quality					
Critical Success Factors (see key)	CSF 1, CSF2, CSF7, CSF8, 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						
Date: 29 th October 2015 Completed by: Alan Sheward – Executive Director of Nursing						

**ISLE OF WIGHT NHS TRUST
EXECUTIVE DIRECTOR OF NURSING
AGENCY NURSING RULES
OCTOBER 2015**

1. SITUATION

- 1.1. The Isle of Wight NHS Trust, Monitor and the NHS Trust Development Authority (TDA) recognise that agencies can perform an important role by helping align the supply of staff with where they are most in demand.
- 1.2. In line with the [Nursing Agency Rules](#) published on 1 September 2015, all NHS Trusts are required to;
 - 1.2.1. Set a cap on the use of Agency usage. This is a percentage of the overall nursing spend in the majority of areas in the Trust based on 2014/15 outturn.
 - 1.2.2. Trusts are also required to secure nursing agency staff via framework agreements that have been approved by the TDA and Monitor from the 1 October 2015.
 - 1.2.3. Later in 2015 the TDA will set a price cap for Agency nursing across the UK.
- 1.3. The Isle of Wight Trust has historically not been a user of Agency Nurses, Midwives and Health Visitors. However, this is set to change for the remainder of 2015/16 owing to the Trusts operational plan to deliver constitutional targets and improve the quality of services for patients.
- 1.4. In September 2015 the Trust Board and the Islands Executive System Resilience Group (SRG) approved funding to support;
 - 1.4.1. Additional 30 beds at the Solent Grange Step Down Unit
 - 1.4.2. Excess costs to open an additional 21 beds on Appley Ward (in excess of base line ward budget).
- 1.5. Following assessment against current staff in post and the urgent need to provide additional capacity, an additional **25** Agency Staff are required.
- 1.6. The Trusts Director of Nursing Team continues with an active recruitment plan to secure substantive Registered Nurses and Health Care Assistants.

2. BACKGROUND

- 2.1. The Isle of Wight NHS Trust has managed well with little agency nursing usage over the previous 12 months. This resulted in the Trust being allocated a 2.7% ceiling usage for the remainder of 2015/16 & 2016/17. The Isle of Wight NHS Trust currently engages with the approved framework providers.
- 2.2. These Nursing Agency rules are intended to increase Trusts' bargaining power when they procure from agencies and encourage nurses to return to permanent and bank working.
- 2.3. The following remuneration arrangements are currently in place across the Trust

- 2.3.1. Agenda for Change (AfC) pay rates for all substantive staff who work additional hours.
- 2.3.2. Bank Rates of pay. Generally these are paid at the rate of pay of the substantive member of staff. Staff who only work for the nursing bank have a rate set that reflects the service to the NHS. This will vary from nurse to nurse.
- 2.3.3. The Trust discourages the use of Overtime owing to workforce controls currently in place.
- 2.4. The Trust does not offer a premium rate of pay above Agenda for Change (AfC) pay rates for its Bank staff.

ASSESSMENT

- 2.5. In November 2015 the TDA & Monitor will implement price caps for Agency Nursing. The Trust is currently feeding back on this consultation.
- 2.6. These rules apply to nursing agency spend only, with rules on spending on other agency staff to follow shortly.
- 2.7. Consultation on this issue is due to close on the 13th November 2015; however, it is likely a rate of £28 per hour will be proposed. It is not unusual for Agency nurses to attract a rate of £45 per hour. This may impact on their willingness to continue to travel to the Island.
- 2.8. The rules include mechanisms for local managers and clinical leaders to override them under exceptional circumstances in the interests of patient safety.

3. NURSING

- 3.1. Current Isle of Wight Nurse staffing as at October 2015 is outlined in table 1.
- 3.2. Summary of overall staffing position for all Safer Staffing In-patient wards. (i.e. not including ED)

Summary of Safer Staffing Areas ONLY	Funded WTE	Contracted WTE	Vacancy	Vacancy Rate
Registered	394.84	324.93	69.91	18%
Unregistered	208.80	188.85	19.95	10%
Grand Total	603.64	513.78	89.86	15%

Table 1

- 3.3. The Trust is currently has a vacancy factor of 15 % across the inpatient wards and those areas where agency staff are largely allocated. The 89.86wte vacancies do not include the additional requirement to open capacity at the Solent Grange step down unit.
- 3.4. Fill rates for bank and Agency need to be confirmed so an accurate position can be reported. This will be available in the first week of November at the Director of Nursing Team weekly meeting.

- 3.5. The Trust Executive Committee supported weekly reporting on Agency usage and fill rates. The executive Director of Nursing Team weekly meeting will report to the Trust Executive committee fortnightly.
- 3.6. The Safer Staffing levels across all wards was delivered to the Trust Board in October 2015, It was aligned to a number of Quality matrix. This demonstrated that most Wards across the Trust had a high level of shifts that were filled but there were some areas that struggled to achieve an 8-% fill rate.
- 3.7. The Director of Nursing Team is working with the Modern Matrons in the new business units to ensure staff are allocated to even out variation in fill rates.

		Starters	Leavers	Total Trust Nursing & Midwifery - In post
June 2015	RN	3.00	3.81	771.60
	HCA	0.40	1.89	344.33
July 2015	RN	2.60	4.64	765.64
	HCA	1.00	4.20	343.73
August 2015	RN	2.23	7.67	762.07
	HCA	1.43	2.27	345.89

Table 2

- 3.8. Table 2 demonstrates the current turnover rates for Nursing and Midwifery across the Trust. However, it does not recognise the recruitment of 12 overseas nurses and an additional 10 WTE pre-registration nurses who joined the Trust in September.
- 3.9. In order to move away from the Trusts dependence on Agency Nurses and to return to not exceeding the 3% cap on Agency Nurses the Trust would need to continue with a proactive recruitment plan.
- 3.10. The Trust is currently engaged with a Nursing agency to provide the same nurses to the Trust. They are being deployed to dedicated wards which will bring consistency.
- 3.11. All agency nurses are receiving induction to Infection Prevention & Control procedures. They will be participating in weekly micro teaching sessions across a range of subjects including medicines Management, Falls, and documentation.
- 3.12. The Trust is requesting 10 RN's working 12 hours shifts a day. There are restrictions on how many shifts can be worked per week imposed by the Trust.
- 3.13. On average RN's work an 11 hour night Shift. We have requested 5 RN's per night.
- 3.14. Data on fill rates for both Agency and Bank nurses is not available at the time this report was written. It will be provided in future reports.

3.15. RECRUITMENT PLAN

	September 2015	October 2015	November 2015	December 2015	January 2015	February 2016	March 2016	April 2016	May 2016	June 2016
Registered Nurse (RN) Recruitment	22 WTE	0	7 WTE	26 WTE	0	0	29 WTE	7 WTE	0	0
Registered Midwife (RM)			1 WTE					1 WTE		
HCA Recruitment	29 WTE (Bank)	30wte (Bank)	0	0	0	0	0	0	0	0

Table 3

- 3.16. A rolling recruitment advert continues to be placed weekly with Ward Managers actively participating in the recruitment process.
- 3.17. The Director of Nursing is meeting with all Island Student Nurses (13) to look at the option to offer appointments on completion of their Nurse Training.
- 3.18. A rotational programme will be offered to all newly recruited Nurses. This will support them spending the first 12 months rotating between 2 chosen specialities.
- 3.19. For the ceiling rule, nursing is defined as all registered nursing, midwifery and health visiting staff as defined by matrix N and P of the Occupation Code Manual v.13.1. It does not include healthcare assistants and other support staff, as defined by matrix H of the Occupation Code Manual v.13.1.3
- 3.20. For mandating the use of approved frameworks, nursing is defined as including all groups listed above (i.e. including healthcare assistants and other support staff).

4. APPLYING THE AGENCY NURSE CAP TO THE ISLE OF WIGHT NHS TRUST

- 4.1. The 3% cap ceiling gives the Trust a total agency limit of £532k over final 6 months of the year, c.£89k per month and crudely c.£20.5k per week
- 4.2. Reviewing the costings for the winter plan i.e. Solent Grange Step Down Facility, Appley and Theatre teams, the agency costs attributed to this could be in the region of £1.3m-£1.4m.
- 4.3. Additionally, depending on whether ODP's are part of the cap, this could increase the figure by £450k
- 4.4. The sums above are clearly over our cap and therefore we would need to apply for an adjustment.

5. AGENCY STAFF

- 5.1. Agency staff are defined as those who work for the NHS but are not on the payroll of an NHS organisation.
- 5.2. Trusts already at or below their ceiling, but who are managing their workforce strategy and agency spending effectively, will not be unfairly disadvantaged.
- 5.3. From 19 October 2015, Trusts subject to the nursing agency rules will have to secure nursing agency staff via framework agreements that have been approved by Monitor and the NHS Trust Development Authority (TDA). The Trust already procures from the approved agencies.
- 5.4. The Isle of Wight NHS Trust currently understands the Nursing Agency spend of 2.7% is based on Total Nursing spend in 2014/15.

6. EXTERNAL GOVERNANCE

- 6.1. Following implementation of the ceiling, Monitor and TDA will monitor agency spending and may subsequently adjust trajectories and ceilings based on the progress of the sector or individual Trusts, or as new data become available.#
- 6.2. The Trust are required to provide a monthly report to the TDA in agency usage against the allocation
- 6.3. The Trust will be performance managed against the ceiling limits at the quarterly Integrated Delivery Meeting with the TDA.

7. WHAT TRUSTS WERE REQUIRED TO DO

- 7.1. Each Trust received its annual ceilings for October 2015 to March 2016, and for 2016/17 to 2018/19 on 1 September 2015. The Isle of Wight NHS Trust is developing a monthly profile of the planned nursing agency spend that clarifies the % of Agency usage and how we plan to bring this in line with the 3% ceiling.
- 7.2. It is unlikely the Trust will meet this ceiling of 3% In October 2015 owing to the additional capacity that requires Registered nurses to staff the areas.
- 7.3. The Trust have not raised concerns previously that the cap would be breached. It was unclear at the time of declaring compliance (September 2015) with the 3% cap whether system resilience plans would be enacted which has resulted in the need to request agency nurses that takes the Trust above its cap.
- 7.4. It is **recommended** the Trust applied for a variation to the cap.

8. WORKFORCE INFORMATION

- 8.1. The Trust currently received high level workforce information via the Finance Investment, Information and Workforce Committee (FIIRC)
- 8.2. The FIIRC is holding a workshop in October and therefore no report will go to the committee.
- 8.3. The FIIRC received a six monthly report on Safer Staffing

- 8.4. The Trust Board receive a monthly safer staffing report in addition to the 6 monthly report.
- 8.5. Currently the reports provided to FIWC do not include nursing specific information.
- 8.6. It is **recommended** the current high level information be disaggregated to drill down to the level of Nursing Bank and agency fill rates by Ward and Unit level by week.

9. QUALITY MONITORING

- 9.1. In order for the Trust to deliver on its constitutional requirements and to ensure deficits in the quality of care are addressed it is imperative that the Trusts recognises the need to open additional capacity. The Director of Nursing fully recognises the need to ensure that additional capacity is staffed appropriately.
- 9.2. The Quality of staffing is important to the care of patients. It is **recommended** that the Director of Nursing Team weekly meeting will monitor the Quality of Care against a number of measures to include the following KPI's
 - 9.2.1. Agency Staff as a proportion of staff within Wards and Departments
 - 9.2.2. Vacancy and Fill rates per Ward / Dept.
 - 9.2.3. Safety
 - 9.2.4. Experience
 - 9.2.5. Clinical Effectiveness.

INTERNAL ASSURANCE

- 9.3. It is **recommended** that following arrangements are in place to assess Agency Usage against the allocated cap and financial window.
 - 9.3.1. Weekly agency usage is monitored and managed by the Director of Nurse Team (DNT) meeting.
 - 9.3.2. Weekly data on Agency Nurse deployment (provided by Workforce information) is provided to DNT; Appendix 1.
 - 9.3.3. Weekly costs against agreed budget (Provided by the Finance Department) are overseen at DNT with a fortnightly report delivered to the Trust Executive Committee (TEC).
 - 9.3.4. Weekly Quality Measures (KPI's) are reviewed against vacancies and agency usage.
 - 9.3.5. Weekly assurance visits to Wards where Agency Nurse are deployed are undertaken.

10. RECOMMENDATIONS

- 10.1. The Trust Board approves the recommendations within this report and approves the steps taken to manage and monitor Agency Nurse usage across the Trust.
- 10.2. The operational monitoring and management is carried out weekly through the Director of Nursing team reporting to Trust Executive Committee fortnightly.
- 10.3. Assurance is achieved through monthly reporting to FIWC.

- 10.4. A monthly report to the Finance Investment, Information and Workforce committee in addition to the existing workforce reports.
- 10.5. Supports the recruitment drive leading to substantive appointments.

Alan Sheward
Executive Director of Nursing
October 2015

Appendix 1

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Trust Total Nursing Establishment										
Total RN in Post	765.64	762.07								
Total HCA in Post	343.73	345.89								
Total RN Vacancy										
Total HCA Vacancy										
Safer Staffing Wards Total RN Establishment	394.84									This will include the agreed establishments for the Contingency beds
Safer Staffing Wards Total HCA Establishment	208.8									This will include the agreed establishments for the Contingency beds
Safer Staffing Wards RN in Post	324.93									This will include the agreed establishments for the Contingency beds
Safer Staffing Total HCA in post	188.85									This will include the agreed establishments for the Contingency beds
Safer Staffing Total RN Vacancy	69.91									This will include the agreed establishments for the Contingency beds
Safer Staffing HCA Vacancy	19.95									This will include the agreed establishments for the Contingency beds

Turnover 2015/16 / Safer Staffing Wards									
RN Starters	2.6	2.23	22						
RN Leavers	4.64	7.67							
HCA Starters	1	1.43							
HCA Leavers	4.2	2.27							

Bank Utilisation									
Bank RN Fill Rates by WTE									
Bank HCA Fill Rates by WTE									

Agency Utilisation									
Agency RN Fill Rates by WTE									
Agency HCA Fill Rates by WTE									

Total Trust Agency RN by WTE									
Total Trust Agency HCA by WTE									

Trust Nursing Vacancy Position									
Total RN Vacancy Safer Total Trust WTE									
Total HCA Vacancy Safer Total Trust WTE									
Total RN Vacancy Safer Staffing Wards WTE									
Total HCA Vacancy Safer Staffing Wards WTE									

Sickness Levels									
Total RN Sickness in Month % of overall SIP									
Total HCA Sickness in Month % of overall SIP									

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 4th NOVEMBER 2015

Title	Quality Assurance Framework for Medical Revalidation		
Sponsoring Executive Director	Dr Mark Pugh – Executive Medical Director		
Author(s)	Elizabeth Nials, Senior HR Manager		
Purpose	Quality Assurance Framework Report, for receipt and noting		
Action required by the Board:	Receive	X	Approve
Previously considered by (state date):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Trust Executive Committee	2 nd November 2015		
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Remuneration & Nominations Committee			
Quality & Clinical Performance Committee			
Foundation Trust Programme Board			
Please add any other committees below as needed			
Board Seminar			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
None.			
Executive Summary & Analysis:			
<p>Medical revalidation is a legal requirement which applies to all licensed doctors listed on the General Medical Council (GMC) register in both the public and independent sectors. Its purpose is to improve patient care by bringing all licensed doctors into a governed system that prioritises professional development and strengthens personal accountability.</p> <p>Medical revalidation is central to how the Trust is meeting its responsibilities to both patients and staff in improving safety and the quality of care. We are encouraged to see that one year into its implementation, it is delivering value but more needs to be done to maximise benefits in the future.</p> <p>The Executive Medical Director (EMD) is the Trust Responsible Officer. As such the EMD is responsible for ensuring that the doctors linked to the Trust are up to date and fit to practice and for encouraging commitment to professional development and improving patient care.</p>			

The EMD is supported by a Lead Appraiser and Medical HR. The Trust has 22 doctors who are qualified Appraisers.

The Quality Assurance Framework Report aims to provide assurance and oversight that the Trust is discharging its statutory duties. It also provides assurance about resources and the effectiveness of systems that are in place and that they meet the agreed national standards

Assurance summary:

- As at 1st April 2014 the Trust was the designated body for 131 doctors for Revalidation purposes. This number fluctuated throughout the year through natural turnover. At the 31st March 2015, the Trust was the designated body for 149 doctors.
- Statutory employment checks were completed within 1 month of starting on all temporary (27) and permanent (15) doctors who joined the Trust.
- During 2014/15 63 doctors were revalidated; two doctors were deferred by the GMC for revalidation at a later date. Two doctors had left the Trust before their revalidation date. One doctor was deferred by the Trust.
- All doctors had an annual appraisal, 97% were signed off within 28 days.
- Where there have been concerns about a doctor's practice, they have been managed in line with Trust Policy.

During 2014/15 the following improvements were achieved:

- All doctors using web-based Appraisal system
- Audit of appraisal outputs was undertaken by Lead Appraiser

Moving forward the following areas for improvement have been identified for 2015/16:

- To increase the number of qualified appraisers – this has already been achieved.
- To establish an annual record of the appraiser's participation in appraisal calibration events such as reflection on ASG (Appraisal Support Group) meetings
- All doctors provide 360 feedback for each individual appraiser
- Establish a systematic approach to quality control of appraisal inputs and outputs.
- Ensure Appraiser Meetings are better structured so that appraisers can schedule them into their SPA time.
- Audit and publish results showing the timelines of process of appraisal by Business Unit.
- Ensure previous appraisal information is captured for all newly appointed Consultants, SAS doctors and Trust grade doctors

Confirmation has been provided to NHS England that the Trust has carried out and submitted an

annual organisational audit (AOA) of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Recommendation to the Committee/Board:

The Board is asked to receive and note the Quality Assurance Framework for Medical Revalidation 2014/15.

Attached Appendices & Background papers

Enc H1 - Quality Assurance Framework for Medical Revalidation – April 2014 to March 2015

For following sections – please indicate as appropriate:

Key Trust Strategic Context & Critical Success Factors:

1. **Quality, CSF 1 and 2.** Through annual appraisals doctors are required to review and reflect upon feedback from patients and colleagues. Demonstrate learning from complements, complaints and unexpected events. All with the aim of improving patient experience and outcomes.
2. **Resilience CSF 6.** Provides assurance that appropriate governance arrangements are in place for Medical Revalidation.
3. **Workforce CSF 10.** Annual appraisals ensure that our Medical Workforce is continually developed in line with service and organisational needs and expectations.

Principal Risks

Currently the Executive Medical Director is the only person able to make Revalidation Recommendations to the GMC. This will be resolved once the Deputy Medical Director is in post.

The lack of funding to support the on-going development of our Medical Appraisers.

External Review facilitated by NHS England scheduled for early 2016.

Legal implications, regulatory and consultation requirements

The Medical Profession (Responsible Officers) (Amendment) Regulations 2013.

Date: 23rd October 2015

Completed by: Dr Mark Pugh, Executive Medical Director and Elizabeth Nials, Senior HR Manager

Enc I

Isle of Wight NHS Trust Board Performance Report 2015/16

September 15

Title	Isle of Wight NHS Trust Board Performance Report 2015/16		
Sponsoring Executive Director	Chris Palmer (Executive Director of Financial & Human Resources) Tel: 534462 email: Chris.Palmer@iow.nhs.uk		
Author(s)	Iain Hendey (Deputy Director of Information) Tel: 822099 ext 5352 email: Iain.Hendey@iow.nhs.uk		
Purpose	To update the Trust Board regarding progress against key performance measures and highlight risks and the management of these risks.		
Action required by the Board:	Receive	<input checked="" type="checkbox"/> X	Approve
Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	28/10/2015
Finance, Information, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board			
<i>Please add any other committees below as needed</i>			
<i>Other (please state)</i>			
Staff, stakeholder, patient and public engagement:			
Executive Summary:			
This paper sets out the key performance indicators by which the Trust is measuring its performance in 2015/16. A more detailed executive summary of this report is set out on page 4.			
<i>For following sections – please indicate as appropriate:</i>			
Trust Goal <i>(see key)</i>	Quality, Resilience, Productivity & Workforce		
Critical Success Factors <i>(see key)</i>	CSF1, CSF2, CSF6, CSF7, CSF9		
Principal Risks <i>(please enter applicable BAF references – eg 1.1, 1.6)</i>			
Assurance Level <i>(shown on BAF)</i>	<input type="checkbox"/> Red	<input type="checkbox"/> Amber	<input type="checkbox"/> Green
Legal implications, regulatory and consultation requirements	None		
Date: Tuesday 27th October 2015			
Completed by: Iain Hendey, Deputy Director of Information			

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September 15

Isle of Wight 
NHS Trust

*Cancer figures for September are provisional

Safe:

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

C.diff: there has been no further cases during September. We have had 14 cases year to date and our annual target is 7 cases. BioQuell cleaning complete wards by rotation has started and is expected to reduce the number of future cases.

During September there was 1 fall resulting in significant injury within the Trust

Responsive:

Performance against the main 'incomplete' 18wks target (CCG) fell just below the required 92% standard for the first time in the last 12 months due to the increasing backlog of patients waiting more than 18wks for their treatment.

The Ambulance Service passed all targets. The Service has moved to a front loaded model as this focuses on response rather than ability to convey. In practice, this means increasing the proportion of cars relative to ambulances. We have also implemented a number of new first responder schemes which are having an impact upon our ability to achieve. We are still seeing some delays in the ED area; however this has shown signs of improvement.

Emergency care 4 hour standard - The 95% target was not achieved in September due to ongoing system wide pressures impacting upon flow and bed capacity. The action plan is in place for ED which has been shared with the CCG and TDA, as well as system resilience actions being developed to improve the system wide position in readiness for the winter and its anticipated pressures. Towards the end of September we have seen some positive move towards achieving the emergency care standard and are planning to continue to move forward in this area in the coming weeks / months.

The percentage of Mental Health admissions that had access to Crisis Resolution / Home Treatment Teams (HTTs) was below target (86% vs. 95%).

Well Led:

The trust as a whole has overspent its pay budget in month (Including reserve entries), by £180k in month and £2.36m year to date. Spending on temporary staffing equated to £582k in month and represents a total cost in year of £5.14m.

The Trust planned for a deficit of £0.265m in September, after adjustments made for normalising items (these include the net costs associated with donated assets). The reported position is a deficit of £0.966m in the month, an adverse variance of £0.701m against plan. The cumulative Trust plan was a deficit of £2.139m, after normalising items. The actual position is a cumulative deficit of £5.944m, an adverse variance of £3.805m.

Although behind the original phased plan, financial performance in month by Clinical & Corporate Directorates was better than forecast. Directorates forecast to be £612k over spent, but control measures in place resulted in an actual overspend of £255k. The main variance in month related to under performance against the CCG PbR Contract of £0.562m (£1.764m year to date). In addition to this, there is a £0.202m variance to date relating to a phasing issue on the CCG SLA Acute Contract, which will reduce to zero by the end of the financial year.

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

Caring:

The number of complaints increased during September (19) compared to 16 the previous month.

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

Mixed Sex Accommodation - During September there were 8 mixed sex accommodation breaches across 2 events; both incidents involved 4 bedded bays on MAAU and 8 patients were affected overall. In each case, the breach was a decision taken as a result of excessive bed pressures during a Black Alert and all patients were kept informed. Staff made every effort to maintain privacy and dignity at all times and the situation was rectified at the earliest opportunity.

Effective:

The percentage utilisation of Main Theatre facilities has decreased since last month slightly from 67.7% to 66.7% and remains below the 83% target. Day Surgery Unit utilisation has increased during September 2015 (76.8%). Overall we have achieved 71.1%. System wide pressures have continued to impacted upon elective bed capacity, leading to a significant reduction in inpatient operations, increasing day case procedures on all lists as the only available elective capacity.











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




Isle of Wight NHS Trust Board Performance Report 2015/16
















September 15




Performance Summary - Hospital










Balanced Scorecard - Hospital




Safe 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
No. of Grade 1&2 Pressure Ulcers developing in hospital	Sep-15		44		125	
No. of Grade 3&4 Pressure Ulcers developing in hospital	Sep-15		2		5	
Ungradable Pressure Ulcers - not yet assigned	Sep-15		5		18	
VTE	Sep-15	95%	99.2%	95%	99.3%	
MRSA	Sep-15	0	0	0	0	
C.Diff	Sep-15		0	4	9	
No. of Reported SRI's	Sep-15		1		14	
Physical Assaults against staff	Sep-15		6		15	
Verbal abuse/threats against staff	Sep-15		9		38	

Effective 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Delayed Transfers of Care (lost bed days)	Sep-15	N/A	355	N/A	1,477	
Cancelled operations on/after day of admission (not rebooked within 28 days)	Sep-15	0	5	0	17	

Responsive* 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Emergency Care 4 hour Standards	Sep-15	95%	86.0%	95%	90.1%	
RTT Admitted - % within 18 Weeks (NHS England included)	Sep-15	90%	66.3%	90%	64.1%	
RTT Non Admitted - % within 18 Weeks (NHS England included)	Sep-15	95%	94.4%	95%	94.2%	
RTT Incomplete - % within 18 Weeks (NHS England included)	Sep-15	92%	90.6%	92%	92.6%	
No. Patients waiting > 6 weeks for diagnostics	Sep-15	< 8	1	100	44	
% Patients waiting > 6 weeks for diagnostics	Sep-15	1%	0.11%	1%	0.73%	
Cancer 2 wk GP referral to 1st OP	Sep-15	93%	96.3%	93%	96.9%	
Breast Symptoms 2 wk GP referral to 1st OP	Sep-15	93%	95.8%	93%	98.2%	
31 day second or subsequent (surgery)	Sep-15	94%	100%	94%	100%	
31 day second or subsequent (drug)	Sep-15	98%	100%	98%	100%	
31 day diagnosis to treatment for all cancers	Sep-15	96%	100%	96%	99%	
62 day referral to treatment from screening	Sep-15	90%	100%	90%	99%	
62 days urgent referral to treatment of all cancers	Sep-15	85%	90.3%	85%	85.3%	
Emergency 30 day Readmissions	Sep-15		3.5%		4.2%	

Well-Led 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
% Sickness Absenteeism	Sep-15	3%	3.43%	3%	3.55%	
Appraisals	Sep-15		3.3%		23.5%	

Caring 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
FFT Hospital - % Response Rate	Sep-15		42.1%		42.8%	
FFT Hospital - % Recommending	Sep-15	90%	94.2%	90%	96.7%	
FFT A&E - % Response Rate	Sep-15		4.3%		11.3%	
FFT A&E - % Recommending	Sep-15	90%	88.2%	90%	92.9%	
Mixed Sex Accommodation Breaches	Sep-15	0	8	0	55	
No. of Complaints	Sep-15		12		102	
No. of Concerns	Sep-15		78		431	
No. of Compliments	Sep-15	N/A	215	N/A	1311	

Contracted Activity**	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Emergency Spells	Aug-15	1,139	993	13,231	5,179	
Elective Spells	Aug-15	716	462	8,588	2,847	
Outpatients Attendances	Aug-15	9,448	8,255	113,378	46,814	

*Cancer figures for September 2015 are provisional

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

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

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

Cancelled operations not rebooked within 28 days - The inability to rebook the cancelled operation was due to current system wide pressures impacting upon available bed capacity within the hospital.

Sickness absenteeism - This rate has increased slightly since August; 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 - Departmental pressures have impacted upon the recommending rate this month; this will be reviewed with actions identified to improve the position.










Mixed Sex Accommodation Breaches - Two events impacting upon 8 patients led to these mixed sex breaches; privacy and dignity was maintained during this period.




Isle of Wight NHS Trust Board Performance Report 2015/16


September 15

Performance Summary - Community

Balanced Scorecard - Community



Safe 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
No. of Grade 1&2 Pressure Ulcers developing in the community	Sep-15		33		157	
No. of Grade 3&4 Pressure Ulcers developing in the community	Sep-15		0		11	
Ungradable Pressure Ulcers - not yet assigned	Sep-15		6		17	
MRSA	Sep-15	0	0	0	0	
C.Diff	Sep-15		0	2	5	
No. of Reported SIRI's	Sep-15		1		5	
Physical Assaults against staff	Sep-15		0		0	
Verbal abuse/threats against staff	Sep-15		1		12	

Effective 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Stroke patients (90% of stay on Stroke Unit)	Sep-15	80%	80.6%	80%	86.9%	
High risk TIA fully investigated & treated within 24 hours (National 60%)	Sep-15	60%	64.7%	60%	64.5%	

Responsive 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Routine Waiting times	Aug-15		98.0%		97%	

Well-Led 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
% Sickness Absenteeism - C Directorate	Sep-15	3%	4.55%	3%	4.28%	
Appraisals	Sep-15		3.5%		24.5%	

Contracted Activity	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Community Contacts Services with a Plan	Aug-15	17,171	15,553	85,855	86,016	
Community Contacts Services without a Plan	Aug-15	-	362	-	2,114	
Sexual Health	Aug-15	806	873	4,189	4,638	
Other Outpatients	Aug-15	569	770	2,177	2,057	

Caring 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
FFT - % Response Rate	Sep-15		3.1%		4.1%	
FFT - % Recommending	Sep-15	90%	93.6%	90%	94.2%	
No. of Complaints	Sep-15		2		7	
No. of Concerns	Sep-15		10		49	
No. of Compliments	Sep-15	N/A	66	N/A	401	

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

Responsive - As the Directorate has many diverse services we have given a percentage of patients waiting less than their service maximum waiting time - 98% in August 2015 and 97% YTD. Those services regularly breaching targets are monitored with our Commissioners on a monthly basis.

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

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

Well Led - Community September sickness rate is 4.55%, 4.28% YTD which is over the Trust's 3% target. Reduction in short term sickness remains a key focus for the Directorate. This is being closely managed via Occupational Health and HR processes. A deep dive into sickness absence has taken place and staff with Bradford scores of 500+ have been identified. Action Plans are being put in place.

Caring - Community's Friends and Family recommending percentage for September is 93.6% against a target of 90%. Complaints, concerns and compliments are monitored closely and lessons learned shared through the Directorate Board, Community Quality Group and with the wider Directorate.

Isle of Wight NHS Trust Board Performance Report 2015/16

September 15

Performance Summary - Mental Health

Balanced Scorecard - Mental Health

Safe	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
No. of Reported SIRI's	Sep-15		1		3	
Physical Assaults against staff	Sep-15		6		44	
Verbal abuse/threats against staff	Sep-15		5		50	

Effective	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
IAPT – Proportion of people who have completed treatment and moving to recovery	Sep-15	50%	48%	50%	48%	
New Cases of Psychosis by Early Intervention Team	Aug-15	2	3	11	12	

Responsive	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
% of CPA patients receiving FU contact within 7 days of discharge	Sep-15	95%	95%	95%	95.6%	
% of CPA patients having formal review within 12 months	Sep-15	95%	96%	95%	96%	
% of MH admissions that had access to Crisis Resolution / Home Treatment Teams (HTTs)	Sep-15	95%	85.7%	95%	95%	
RTT Non Admitted - % within 18 Weeks	Sep-15	95%	99%	95%	99%	
RTT Incomplete - % within 18 Weeks	Sep-15	92%	100%	92%	99%	

Well-Led	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
% Sickness Absenteeism	Sep-15	3%	3.47%	3%	5.01%	
Appraisals	Sep-15		0.0%		27.9%	

Activity	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Mental Health Inpatient Activity	Sep-15	N/A	36	N/A	292	
Mental Health Outpatient Activity	Sep-15	N/A	532	N/A	3,088	

Caring	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
No. of Complaints	Sep-15		5		9	
No. of Concerns	Sep-15		3		24	
No. of Compliments	Sep-15	N/A	7	N/A	64	
FFT - % Response Rate	Sep-15		0.3%		0.3%	
FFT - % Recommending	Sep-15	90%	100%	90%	85%	

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 has recently been undertaken to implement 18 week pathways for this service and will enable separate RTT reporting for this patient group.

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

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

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

Safe - 1 SIRI reported in September 2015. Incidences of physical/verbal assault are monitored on a monthly basis through the Mental Health Quality Group. Any identified trends are investigated and lessons learned shared with the service and the wider directorate.

Responsive - Performance is above target with regards to CPA patients having a 7 day follow up after discharge and a formal within 12 months. Regarding Access to CHRT - the reason why performance has slipped is that the CRHT has not been involved in a number of MHA Assessments. This is being addressed through redesign of CMHS services.

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, to consider inclusion of cluster activity for future reports.

Well Led -The Mental Health September 2015 sickness absence rate is 3.47% and is above the Trust's target of 3%. Sickness absence rates are due to increased short term sickness together with long term sickness and vacancies within the Community Mental Health Service. Reduction in short term sickness remains a key focus for the Directorate. All sickness absence is being closely managed via Occupational Health and HR processes. A deep dive into sickness absence has taken place and staff with Bradford scores of 500+ have been identified. Action Plans are being put in place.

Effective - IAPT - 50% Target for the proportion of people who have completed treatment and moving to recovery was not met for September 2015. This is being closely monitored. Work is underway to collate and report data for the new EIP waiting times target and will be included in this report from October 2015.

Caring - Complaints, concerns and compliments are monitored closely and lessons learned shared through the Directorate Board, MH Quality Group and with the wider Directorate. The Friends and Family recommending percentage for September is 100% against a target of 90%.

Isle of Wight NHS Trust Board Performance Report 2015/16

September 15

Performance Summary - Ambulance and 111

Balanced Scorecard - Ambulance & 111

Safe	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
No. of Reported SIRI's	Sep-15		1		2	
Physical Assaults against staff	Sep-15		0		0	
Verbal abuse/threats against staff	Sep-15		0		3	

Effective	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Number of Ambulance Handover Delays between 1-2 hours	Sep-15		32		72	

Responsive	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Category A 8 Minute Response Time (Red 1)	Sep-15	75%	78.6%	75%	72.6%	
Category A 8 Minute Response Time (Red 2)	Sep-15	75%	75.8%	75%	74.3%	
Category A 19 Minute Response Time	Sep-15	95%	95.2%	95%	94.4%	
Ambulance re-contact rate following discharge from care by telephone	Sep-15	3%	4.2%	3%	6.6%	
Ambulance re-contact rate following discharge from care at scene	Sep-15	2%	2.5%	2%	3.1%	
Ambulance time to answer call (in seconds) - median	Sep-15	1	1	N/A	N/A	
Ambulance time to answer call (in seconds) - 95th percentile	Sep-15	5	1	N/A	N/A	
Ambulance time to answer call (in seconds) - 99th percentile	Sep-15	14	10	N/A	N/A	
NHS 111 Call abandoned rate	Sep-15	5%	2.2%	5%	1.8%	
NHS 111 All calls to be answered within 60 seconds of the end of the introductory message	Sep-15	95%	96.0%	95%	96.6%	
NHS 111 Where disposition indicates need to pass call to Clinical Advisor this should be achieved by 'Warm Transfer'	Sep-15	95%	97.1%	95%	97.5%	
NHS 111 Where the above is not achieved callers should be called back within 10 mins	Sep-15	100%	20.0%	100%	40.2%	

Well-Led	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
% Sickness Absenteeism	Sep-15	3%	5.98%	3%	5.18%	
Appraisals	Sep-15		0.0%		18.2%	

Caring	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
No. of Complaints	Sep-15		0		1	
No. of Concerns	Sep-15		3		10	
No. of Compliments	Sep-15	N/A	5	N/A	45	

The Ambulance Service passed all targets. The Service has moved to a front loaded model to recover the targets for September 2015, as this focuses on response rather than ability to convey. In practice, this means increasing the proportion of cars relative to ambulances. We have also implemented a number of new first responder schemes which are having an impact upon our ability to achieve. We are still seeing some delays in the ED area; however this has shown signs of improvement. Due to operational pressures at this time of year we do struggle to fit in appraisals etc. and we hope to recover these in the future months as we place great value on achieving these targets. Our sickness rates are still at 5% which in national comparison is some 3-4% lower than other ambulance services.

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

Contracted Activity	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Calls Answered	Aug-15	2,468	2,530	12,385	11,645	
Hear & Treat / Refer	Aug-15	378	535	1,897	2,165	
See & Treat / Refer	Aug-15	543	526	2,725	2,457	
See, Treat and Convey	Aug-15	1,229	1,230	6,169	5,994	
111 Service	Aug-15	5,018	4,984	23,941	23,552	

Highlights

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

Lowlights

- Clostridium Difficile (C.Diff) - we have now had 14 cases year to date
- Referral ToTreatment Time for Admitted, Non-Admitted and Incompletes remains below target
- Staff sickness remains above plan
- Emergency care 4 hour standard below target
- MH Admissions access to CRHTT below target
- Mixed Sex Accommodation below target with 8 breaches in September and 55 breaches year to date
- Workforce costs are in excess of plan
- Theatre Utilisation is below target
- The overall number of formal complainst has increase in September compared to previous month.
- The number of grade 4 + ungraded pressure ulcers is above plan.
- Financial Position

Commentary:

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

Hospital: The Pressure ulcer Collaborative has been operating over the last 13 weeks to do a weekly review of all pressure ulcers that occur in the IW NHS care. This has focussed further attention on this issue and raised awareness in the directorates. Whilst there has been a rise in the overall reporting, this has been in the area of grade 1 and 2 pressure ulcers mainly. Only two grade 3 pressure ulcers and no grade 4 pressure ulcers have been reported in the hospital setting since these weekly reviews, although there are a number of ungradable pressure ulcers that are still under review.

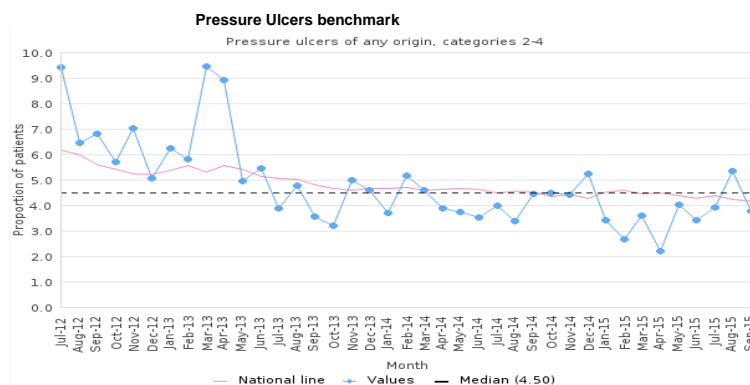
Community: Pressure ulcer development contributes to clinical incident numbers and the higher grades contribute to the numbers of Serious Incidents Requiring Investigation. (SIRIs).

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

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

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

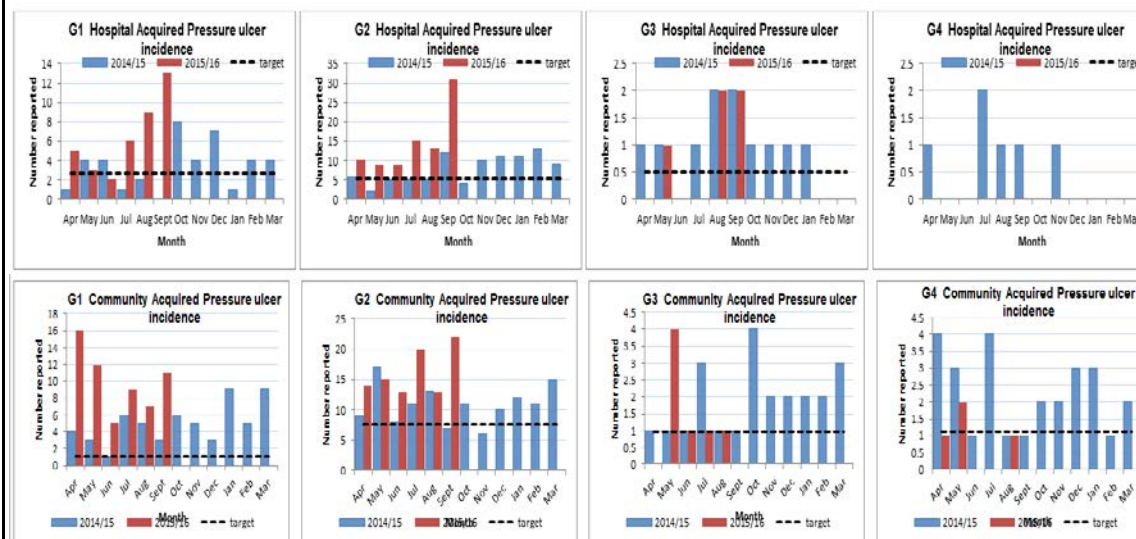
Level 3/4 pressure ulcers are likely to reduce on validation.



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

Analysis:

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



Action Plan:

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

Person Responsible:

Clinical directorate leads and Tissue Viability Nurse Specialist

Date:

Oct-15

Status:

Ongoing

Commentary:

Clostridium difficile

There have been 0 cases of Healthcare acquired Clostridium Difficile identified in the Trust during September.

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. Reconfiguration of the Medical Assessment Unit is now complete and will facilitate isolation of suspected cases being admitted although bed pressures continue to present challenges. Progressive specialist 'BioQuell' cleaning of complete wards is now in progress with several wards having undergone the process at the time of this report.

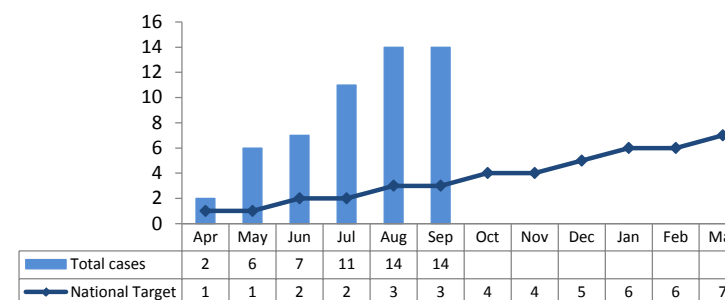
Methicillin-resistant Staphylococcus Aureus (MRSA)

There have been no further cases of Healthcare acquired MRSA identified in the Trust since November 2014.

Analysis:

Clostridium Difficile infections against national and local targets

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



Isle of Wight NHS Trust

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

Action Plan:

Person Responsible:

Date:

Status:

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

Infection Prevention & Control team with Communications

Oct-15

Continuing

Use of increased isolation facilities in reconfigured & refurbished MAAU

Infection Prevention & Control team / Hotel services

Oct-15

In Progress

Wards are being systematically deep cleaned now that MAAU refurbishment is operational

Infection Prevention & Control team / Hotel services

Oct-15

In Progress

Commentary:

There were 19 formal Trust complaints received in September 2015 (16 in the previous month) against approximately 53,570 patient contacts (Inpatient episodes, all outpatient, A&E attendances and community and Mental Health contacts), with 303 compliments received by letters and cards of thanks across the same period.

Across all complaints and concerns in September 2015:

Top 3 subjects complained about were:

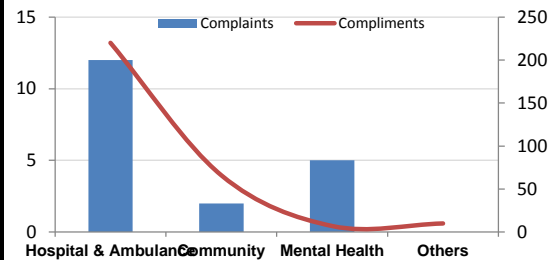
- Clinical treatment (24)
- Communication (19)
- Access to treatment or drugs (15)

Top areas complained about were:

- PAAU (12)
- Bed Management (9)
- Emergency Department (8)
- OPARU (8)

Analysis: Complaints only

Compliments and Complaints by Directorate September 15



Primary Subject	Aug-15	Sep-15	CHANGE	RAG rating
Access to treatment or drugs	1	0	-1	✓
Admissions and discharges	0	0	0	✓
Appointments	0	1	1	↑
Clinical Treatment	7	8	1	↑
Commissioning	0	0	0	✓
Communication	0	0	0	✓
Consent	0	0	0	✓
End of Life Care	0	0	0	✓
Facilities	0	0	0	✓
Integrated Care	0	0	0	✓
Mortuary	0	0	0	✓
Other (Use with Caution)	0	1	1	↑
Privacy, Dignity and Wellbeing	1	0	-1	✓
Prescribing	1	1	0	→
Patient Care	5	3	-2	↓
Restraint	0	0	0	✓
Staff numbers	0	1	1	↑
Trust admin/Policies/Procedures	0	1	1	↑
Transport (Ambulances)	0	0	0	✓
Values and Behaviours (Staff)	1	2	1	↑
Waiting Times	0	1	1	↑

Action Plan:

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

Person Responsible:

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

Date:

Sep-15

Status:

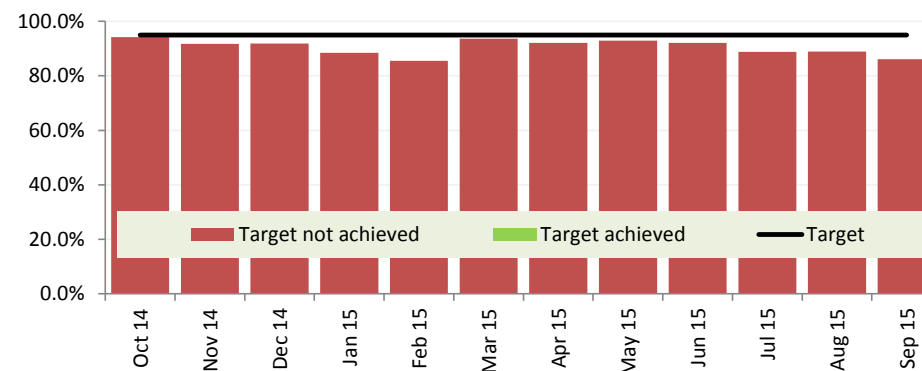
In progress

Commentary:

The 95% target was not achieved in September due to ongoing system wide pressures impacting upon flow and bed capacity. The action plan is in place for ED which has been shared with the CCG and TDA, as well as system resilience actions being developed to improve the system wide position in readiness for the winter and its anticipated pressures. Towards the end of September we have seen some positive move towards achieving the emergency care standard and it hoped we will continue to move forward in this area in the coming weeks / months.

Analysis:

Emergency Care 4 hours Standard



Action Plan:

Increase focus on local authority bed situation

Person Responsible:

System Resilience Group / Exec on call

Date:

Nov-15

Status:

Ongoing

Daily focus on bed states

Matrons

Nov-15

Ongoing

Commentary

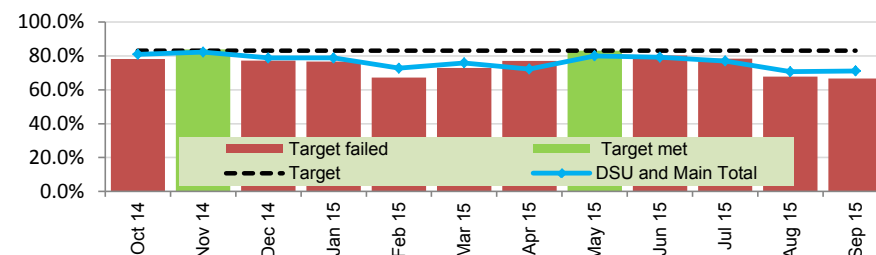
The percentage utilisation of Main Theatre facilities has decreased since last month slightly from 67.7% to 66.7% and remains below the 83% target. Day Surgery Unit utilisation has increased during September 2015 (76.8%). Overall we have achieved 71.1%.

System wide pressures have continued to impacted upon elective bed capacity, leading to a significant reduction in inpatient operations, increasing day case procedures on all lists as the day surgery unit is the only available elective capacity. This has required lists to be modified to be able to cope with the throughput in Day Surgery Unit, with capacity of 16 trolleys and a 7 seated area. This has impacted on the amount that can be booked on all operating lists during the month.

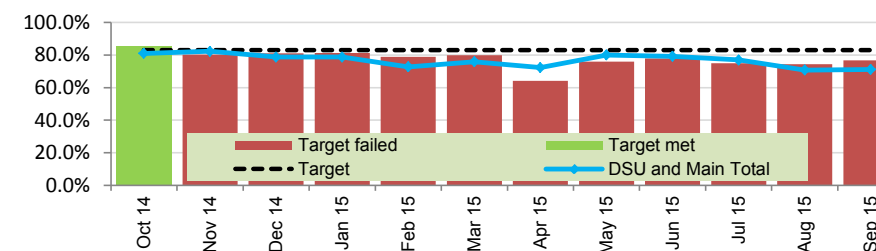
Emergency activity as well as undertaking urgent operations and cancer operations continues to be prioritised.

Analysis:

Main Theatres



DSU



Action plan

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

Person Responsible:

Head of Performance

Date:

Oct-15

Status:

Ongoing

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

Chief Operating Officer

Oct-15

Ongoing

Isle of Wight NHS Trust Board Performance Report 2015/16

September 15

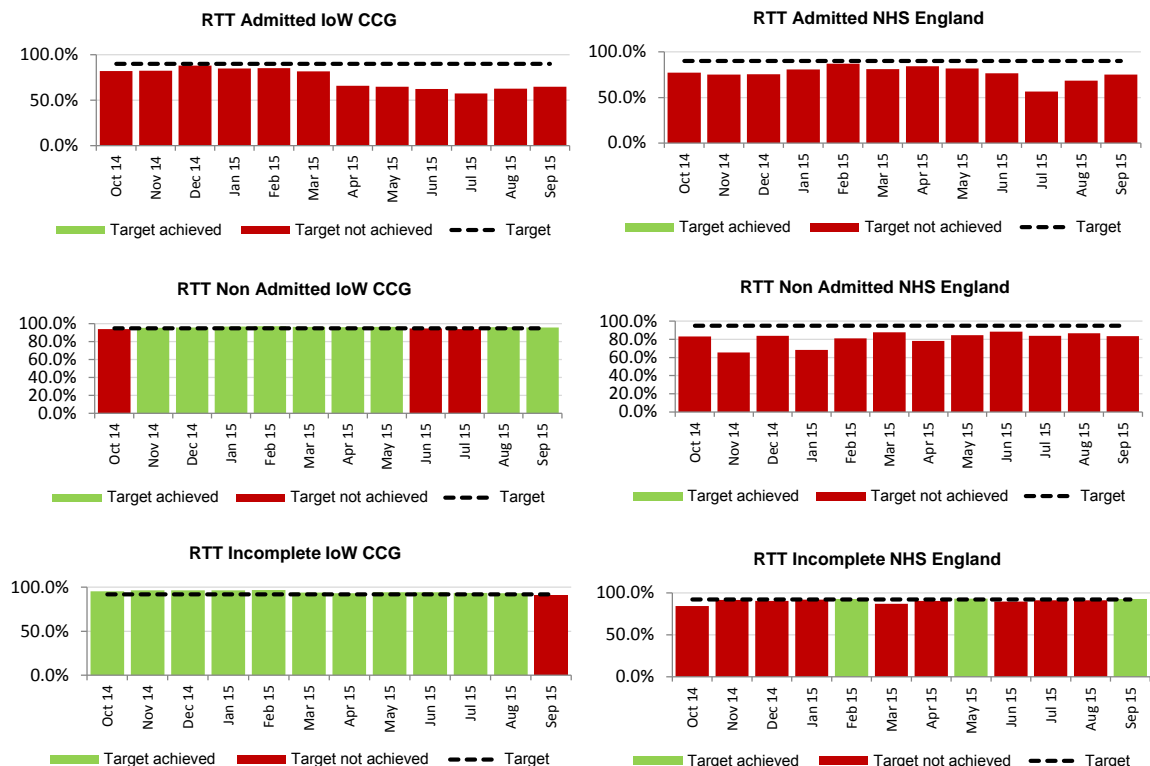
Referral to Treatment Times

Commentary:

Performance against the main 'incomplete' 18wks target (CCG) fell just below the required 92% standard for the first time in the last 12 months due to the increasing backlog of patients waiting more than 18wks for their treatment.

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

Analysis:



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

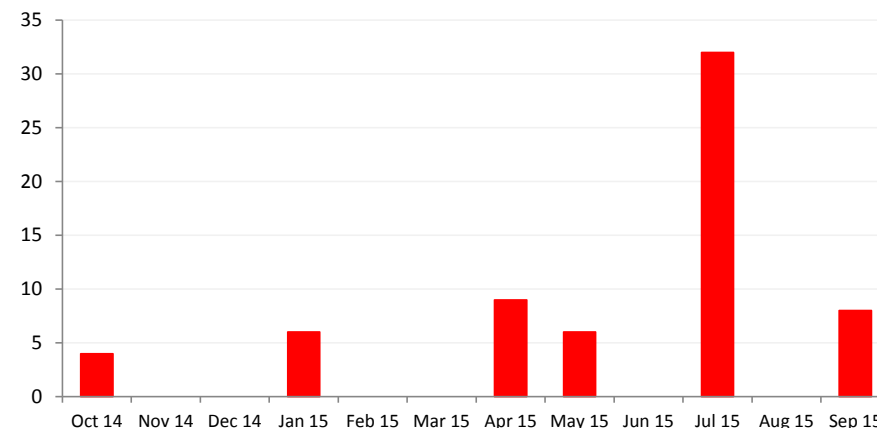
Commentary:

During September there were 8 mixed sex accommodation breaches across 2 events; both incidents involved 4 bedded bays on MAAU and 8 patients were affected overall. In each case, the breach was a decision taken as a result of excessive bed pressures during a Black Alert and all patients were kept informed. Staff made every effort to maintain privacy and dignity at all times and the situation was rectified at the earliest opportunity.

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

Analysis:

Mixed Sex Accommodation



Action Plan:

Action Plan:	Person Responsible:	Date:	Status:
Reopening of Appley ward, Reopening of Poppy Unit.	Director of Nursing & Workforce	Oct-15	In progress
Reconfiguration and upgrade to MAAU area on ground floor has now opened and is in use.	Director of Nursing & Workforce	Aug-15	Completed

Isle of Wight NHS Trust Board Performance Report 2015/16

September 15

Benchmarking of Key National Performance Indicators: Summary Report

	National Target	National Performance			IW Performance	IW Rank	IW Status	Data Period
		Best	Worst	Eng				
Emergency Care 4 hour Standards	95%	100%	73%	93.4%	92.2%	129 / 171	Amber Red	Qtr 1 15/16
RTT % of incomplete pathways within 18 weeks	92%	100%	71%	92.3%	92.8%	118 / 183	Better than national average	Aug-15
% Patients waiting > 6 weeks for diagnostic	1%	0%	20%	2.3%	0.7%	89 / 180	Better than national average	Aug-15
Ambulance Category A Calls % < 8 minutes - Red 1	75%	81%	66%	73.6%	68.6%	10 / 11	Red	Aug-15
Ambulance Category A Calls % < 8 minutes - Red 2	75%	76%	62%	69.7%	68.4%	8 / 11	Amber Red	Aug-15
Ambulance Category A Calls % < 8 minutes - Red 1 & Red 2	75%	76%	62%	69.9%	68.5%	8 / 11	Amber Red	Aug-15
Ambulance Category A Calls % < 19 minutes	95%	97%	89%	93.5%	94.7%	4 / 11	Amber Red	Aug-15
Cancer patients seen <14 days after urgent GP referral	93%	100%	72%	93.6%	96.1%	46 / 153	Better than national average	Qtr 1 15/16
Cancer diagnosis to treatment <31 days	96%	100%	88%	97.5%	99.2%	56 / 159	Better than national average	Qtr 1 15/16
Cancer urgent referral to treatment <62 days	85%	100%	0%	81.9%	83.1%	91 / 156	Amber Red	Qtr 1 15/16
Symptomatic Breast Referrals Seen <2 weeks	93%	100%	54%	93.4%	95.6%	66 / 134	Better than national average	Qtr 1 15/16
Cancer Patients receiving subsequent surgery <31 days	94%	499%	70%	95.0%	97.2%	92 / 155	Better than national average	Qtr 1 15/16
Cancer Patients receiving subsequent Chemo/Drug <31 days	98%	100%	95%	99.6%	100.0%	1 / 144	Top Quartile	Qtr 1 15/16
Cancer Patients treated after consultant upgrade <62 days	No measured operational standard	100%	0%	89.5%	77.8%	120 / 148	Better than national average	Qtr 1 15/16
Cancer Patients treated after screening referral <62 days	90%	598%	40%	93.0%	86.2%	111 / 146	Red	Qtr 1 15/16

Key:

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

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

Isle of Wight NHS Trust Board Performance Report 2015/16

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

Other Small Acute Trusts	National Target	IW	RA3	RA4	RBD	RBT	RBZ	RC1	RC3	RCD	RCF	RCX	RD8	RE9	RFF	RFW	RGR	RJC	RJD	RJF	RJN	RLQ	RLT	RMP	RN7	RNQ	RNZ	RQQ	RQX	Data Period
Emergency Care 4 hour Standards	95%	92.2% ₂₁	88.8% ₂₅	95.6% ₈	95.3% ₁₁	92.1% ₂₂	96.6% ₂	97.6% ₁	N/A	96.5% ₃	95.7% ₇	95.0% ₁₄	95.2% ₁₃	92.5% ₁₉	94.8% ₁₆	95.5% ₁₀	95.0% ₁₅	96.3% ₄	N/A	94.6% ₁₇	92.2% ₂₀	90.5% ₂₄	95.3% ₁₂	91.0% ₂₃	96.1% ₆	84.5% ₂₆	96.2% ₅	92.7% ₁₈	95.6% ₉	Qtr 1 15/16
RTT % of incomplete pathways within 18 weeks	92%	92.8% ₂₀	97.8% ₂	89.4% ₂₄	91.1% ₂₃	95.5% ₁₂	95.1% ₁₃	96.0% ₈	N/A	95.8% ₁₀	93.2% ₁₈	94.9% ₁₅	91.5% ₂₂	96.0% ₇	94.5% ₁₆	96.3% ₆	97.1% ₄	95.0% ₁₄	N/A	95.7% ₁₁	92.9% ₁₉	N/A	96.0% ₉	92.1% ₂₁	96.8% ₅	82.4% ₂₅	94.1% ₁₇	97.4% ₃	98.7% ₁	Aug-15
% Patients waiting >6 weeks for diagnostic	1%	0.7% ₁₃	0.1% ₇	2.6% ₂₅	0.7% ₁₅	0.3% ₁₀	1.6% ₂₂	0.2% ₈	N/A	0.0% ₁	0.0% ₁	0.5% ₁₁	0.9% ₁₇	0.0% ₁	0.5% ₁₂	0.0% ₆	1.8% ₂₃	2.5% ₂₄	N/A	1.0% ₁₉	0.7% ₁₄	1.0% ₂₀	0.2% ₉	0.97% ₁₈	0.0% ₅	5.9% ₂₆	0.9% ₁₆	1.1% ₂₁	0.0% ₁	Aug-15
Cancer patients seen <14 days after urgent GP referral	93%	96.1% ₁₁	96.0% ₁₂	91.7% ₂₅	95.5% ₁₄	96.7% ₉	91.9% ₂₄	93.9% ₂₀	N/A	93.7% ₂₁	98.1% ₃	97.7% ₆	95.3% ₁₅	97.0% ₈	98.6% ₂	94.0% ₁₉	97.9% ₄	93.0% ₂₃	N/A	96.6% ₁₀	98.7% ₁	91.6% ₂₆	96.0% ₁₃	94.5% ₁₈	93.5% ₂₂	94.7% ₁₆	94.5% ₁₇	97.9% ₅	97.1% ₇	Qtr 1 15/16
Cancer diagnosis to treatment <31 days	96%	99.2% ₁₀	99.7% ₇	98.9% ₁₃	99.2% ₁₁	98.8% ₁₆	99.5% ₈	98.3% ₂₁	N/A	100.0% ₁	98.7% ₁₈	99.0% ₁₂	100.0% ₁	97.5% ₂₂	98.7% ₁₇	100.0% ₁	98.8% ₁₅	99.8% ₅	N/A	96.7% ₂₄	94.8% ₂₆	100.0% ₁	96.8% ₂₃	98.9% ₁₄	98.5% ₁₉	96.1% ₂₅	98.4% ₂₀	99.7% ₆	99.4% ₉	Qtr 1 15/16
Cancer urgent referral to treatment <62 days	85%	83.1% ₂₁	81.3% ₂₂	90.6% ₉	80.8% ₂₄	96.5% ₁	83.5% ₁₉	89.2% ₁₁	N/A	89.0% ₁₂	85.2% ₁₇	80.9% ₂₃	84.2% ₁₈	86.9% ₁₃	85.3% ₁₅	93.8% ₃	89.6% ₁₀	85.4% ₁₄	0.0% ₂₇	90.8% ₈	91.2% ₆	85.3% ₁₆	91.0% ₇	94.9% ₂	92.7% ₄	79.3% ₂₆	91.4% ₅	80.0% ₂₅	83.5% ₂₀	Qtr 1 15/16
Breast Cancer Referrals Seen <2 weeks	93%	95.6% ₁₄	96.0% ₁₂	97.4% ₃	91.4% ₂₄	95.2% ₁₆	96.3% ₈	93.2% ₂₂	N/A	94.7% ₂₀	96.3% ₇	96.2% ₉	95.8% ₁₃	N/A	94.9% ₁₉	95.0% ₁₈	96.4% ₆	80.3% ₂₅	N/A	95.6% ₁₅	96.0% ₁₁	95.1% ₁₇	94.4% ₂₁	96.0% ₁₀	96.4% ₅	92.3% ₂₃	97.9% ₂	99.0% ₁	97.1% ₄	Qtr 1 15/16
Cancer Patients receiving subsequent surgery <31 days	94%	97.2% ₁₉	199.1% ₁	99.1% ₁₃	100.0% ₂	98.0% ₁₅	97.6% ₁₆	98.1% ₁₄	N/A	100.0% ₂	100.0% ₂	100.0% ₂	100.0% ₂	83.3% ₂₆	100.0% ₂	97.3% ₁₈	99.3% ₁₂	N/A	94.2% ₂₂	92.7% ₂₅	94.0% ₂₃	94.4% ₂₁	100.0% ₂	100.0% ₂	95.6% ₂₀	97.5% ₁₇	100.0% ₂	92.9% ₂₄	Qtr 1 15/16	
Cancer Patients receiving subsequent Chemo/Drug <31 days	98%	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	N/A	100.0% ₁	99.6% ₂₂	96.4% ₂₅	98.5% ₂₃	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	N/A	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	96.2% ₂₆	97.9% ₂₄	100.0% ₁	100.0% ₁	Qtr 1 15/16
Cancer Patients treated after consultant upgrade <62 days	No measured operational standard	77.8% ₁	71.4% ₂₅	90.0% ₈	100.0% ₁	100.0% ₁	89.5% ₉	87.7% ₁₄	97.0% ₃	83.3% ₁₇	93.9% ₅	81.8% ₁₈	N/A	89.3% ₁₀	95.7% ₄	88.0% ₁₃	88.9% ₁₂	75.9% ₂₃	N/A	84.6% ₁₆	89.1% ₁₁	80.0% ₂₀	72.7% ₂₄	79.3% ₂₁	93.5% ₆	86.9% ₁₅	80.1% ₁₉	N/A	92.9% ₇	Qtr 1 15/16
Cancer Patients treated after screening referral <62 days	90%	86.2% ₁₇	397.5% ₁	297.5% ₂	95.5% ₁₁	87.0% ₁₆	92.3% ₁₄	84.2% ₁₉	N/A	100.0% ₃	100.0% ₃	84.2% ₁₉	100.0% ₃	72.5% ₂₃	100.0% ₃	92.5% ₁₃	97.9% ₉	91.9% ₁₅	83.7% ₂₂	79.7% ₂₂	66.7% ₂₄	95.9% ₁₀	100.0% ₃	N/A	97.9% ₈	50.0% ₂₅	84.4% ₁₈	94.8% ₁₂	N/A	Qtr 1 15/16

Key: Better than National Target =
Worse than National Target =
Target Not Applicable for Trust =



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	BARNLEY HOSPITAL NHS FOUNDATION TRUST

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

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

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

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

	National Target	IW	R1C	RBD	RD3	RDY	RDZ	RHM	RHU	RN5	RW1	Data Period
Emergency Care 4 hour Standards	95%	92.2% ₇	100.0% ₁	95.3% ₅	95.5% ₄	100.0% ₂	93.2% ₆	90.9% ₉	82.2% ₁₀	91.9% ₈	98.7% ₃	Qtr 1 15/16
RTT % of incomplete pathways within 18 weeks	92%	92.8% ₈	99.8% ₁	91.1% ₁₀	94.7% ₄	97.6% ₃	94.1% ₅	94.1% ₆	92.6% ₉	93.6% ₇	98.7% ₂	Aug-15
% Patients waiting > 6 weeks for diagnostic	1%	0.7% ₃	0.0% ₁	0.7% ₅	1.2% ₇	1.9% ₈	7.2% ₁₀	1.0% ₆	0.7% ₄	2.5% ₉	0.0% ₁	Aug-15
Cancer patients seen <14 days after urgent GP referral*	93%	96.1% ₆	N/A	95.5% ₇	99.0% ₁	N/A	96.4% ₄	96.9% ₂	96.4% ₅	96.8% ₃	N/A	Qtr 1 15/16
Cancer diagnosis to treatment <31 days*	96%	99.2% ₂	N/A	99.2% ₃	97.7% ₆	N/A	100.0% ₁	97.7% ₅	99.2% ₄	97.0% ₇	N/A	Qtr 1 15/16
Cancer urgent referral to treatment <62 days*	85%	83.1% ₆	N/A	80.8% ₇	85.5% ₄	N/A	85.7% ₃	87.3% ₁	85.4% ₅	87.2% ₂	N/A	Qtr 1 15/16
Breast Cancer Referrals Seen <2 weeks*	93%	95.6% ₂	N/A	91.4% ₆	95.9% ₁	N/A	94.4% ₅	91.0% ₇	95.4% ₃	95.2% ₄	N/A	Qtr 1 15/16
Cancer Patients receiving subsequent surgery <31 days*	94%	97.2% ₃	N/A	100.0% ₁	92.1% ₇	N/A	95.9% ₄	94.9% ₆	100.0% ₁	95.2% ₅	N/A	Qtr 1 15/16
Cancer Patients receiving subsequent Chemo/Drug <31 days*	98%	100.0% ₁	N/A	100.0% ₁	100.0% ₁	N/A	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	N/A	Qtr 1 15/16
Cancer Patients treated after consultant upgrade <62 days*	No measured operational standard	77.8% ₁	N/A	100.0% ₁	100.0% ₁	N/A	100.0% ₁	93.2% ₅	100.0% ₁	88.5% ₆	N/A	Qtr 1 15/16
Cancer Patients treated after screening referral <62 days*	90%	86.2% ₆	N/A	95.5% ₄	93.1% ₅	N/A	74.2% ₇	100.0% ₁	100.0% ₁	100.0% ₁	N/A	Qtr 1 15/16

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



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

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

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Benchmarking of Key National Performance Indicators: Ambulance Performance

	National Target	IW Performance	RX9	RYC	RRU	RX6	RX7	RYE	RYD	RYF	RYA	RX8	Data Period
Ambulance Category A Calls % < 8 minutes - Red 1	75%	68.6% ₁₀	71.1% ₈	73.5% ₄	65.8% ₁₁	72.3% ₆	77.7% ₂	71.2% ₇	72.4% ₅	76.2% ₃	80.6% ₁	68.7% ₉	Aug-15
Ambulance Category A Calls % < 8 minutes - Red 2	75%	68.4% ₈	65.4% ₉	61.8% ₁₁	65.0% ₁₀	70.8% ₅	75.4% ₂	71.6% ₄	72.0% ₃	69.0% ₇	76.2% ₁	70.0% ₆	Aug-15
Ambulance Category A Calls % < 8 minutes - Red 1 & Red 2	75%	68.5% ₈	65.7% ₉	62.4% ₁₁	65.0% ₁₀	70.9% ₅	75.6% ₂	71.6% ₄	72.0% ₃	69.4% ₇	76.4% ₁	69.9% ₆	Aug-15
Ambulance Category A Calls % < 19 minutes	95%	94.7% ₄	89.0% ₁₁	90.6% ₁₀	93.2% ₈	94.2% ₅	95.1% ₂	93.9% ₇	94.1% ₆	91.5% ₉	97.4% ₁	95.0% ₃	Aug-15

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

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

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

In the A&E dataset there is now only one red indicator relating to the Departure Time the exact cause is unknow although this should be resolved through a wider piece of work to look at data quality in Symphony.

Analysis:

Total APC General Episodes: 10,223

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	140	98.6%	99.2%
Patient Pathway	128	95.8%	61.2%
Treatment Function	0	100.0%	99.9%
Main Specialty	0	100.0%	99.9%
Reg GP Practice	6	99.9%	99.9%
Postcode	69	99.3%	99.8%
Org of Residence	8	99.9%	99.5%
Commissioner	15	99.9%	98.3%
Primary Diagnosis	1,442	85.8%	98.0%
Primary Procedure	0	100.0%	99.7%
Ethnic Category	3	100.0%	97.0%
Site of Treatment	0	100.0%	96.8%
HRG4	1,464	85.6%	98.0%

Total Outpatient General Episodes: 83,692

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	333	99.6%	99.4%
Patient Pathway	44,067	44.0%	52.6%
Treatment Function	0	100.0%	99.5%
Main Specialty	0	100.0%	99.2%
Reg GP Practice	3	100.0%	99.8%
Postcode	30	100.0%	99.8%
Org of Residence	7	100.0%	98.1%
Commissioner	42	99.9%	98.0%
First Attendance	0	100.0%	99.6%
Attendance Indicator	0	100.0%	99.4%
Referral Source	255	99.7%	98.4%
Referral Rec'd Date	255	99.7%	95.6%
Attendance Outcome	150	99.8%	97.6%
Priority Type	255	99.7%	96.8%
OP Primary Procedure	0	100.0%	98.4%
Ethnic Category	44	99.9%	93.4%
Site of Treatment	0	100.0%	96.3%
HRG4	1	100.0%	97.9%

Total A&E Attendances 27,685

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	503	98.2%	95.3%
Registered GP Practice	21	99.9%	99.6%
Postcode	18	99.9%	98.5%
Org of Residence	251	99.1%	96.4%
Commissioner	388	98.6%	98.9%
Attendance Disposal	365	98.7%	98.3%
Patient Group	0	100.0%	98.6%
First Investigation	1,114	96.0%	94.8%
First Treatment	1,844	93.3%	93.7%
Conclusion Time	362	98.7%	98.4%
Ethnic Category	0	100.0%	94.3%
Departure Time	252	99.1%	99.9%
Department Type	0	100.0%	99.9%
HRG4	1,222	95.6%	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:

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

Review of Symphony Data Quality

Person Responsible:

Head of Information / Deputy Director of Information

Date:

Nov-15

Dec-15

Status:

Ongoing

Ongoing

Data Quality - August 2015

Dataset	Measure	IW Performance	National	Threshold			Status	Weighting	Score	Notes
				G	A	R				
APC	Total Invalid Data Items	3	n/a	=<2	>2 =<4	>4	A	2	1.0	Performance relates to the no. of Red rated data items
APC	Valid NHS Number	98.6%	99.2%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	R	1	1.0	
APC	Valid Ethnic Category	100.0%	97.0%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
OP	Total Invalid Data Items	1	n/a	=<2	>2 =<5	>5	G	2	0.0	Performance relates to the no. of Red rated data items
OP	Valid NHS Number	99.6%	99.4%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
OP	Valid Ethnic Category	99.9%	93.4%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
A&E	Total Invalid Data Items	1	n/a	=<2	>2 =<4	>4	G	2	0.0	Performance relates to the no. of Red rated data items
A&E	Valid NHS Number	98.2%	95.3%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
A&E	Valid Ethnic Category	100.0%	94.3%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
Total				=<2	2 > =<4	=>4	G	12	2.0	

Source: Information Centre, SUS Data Quality Dashboard

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Risk Register - Situation current as at 23/10/2015

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.



Data as at 23/10/2015 Risk Register Dashboard

Commentary

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

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

Given these two actions and the fact that the Trust had over 700 risks recorded on the various risk registers it was decided that the risk reconciliation exercise would commence with an exercise to formulate a new BAF (Principal Risk Register), followed by a top down review of all recorded risks. In terms of progress, a revised BAF (Principal Risk Register) has been formulated and was approved at the Trust Board meeting on the 7th October. The top down review of risks has commenced at BAF level (301 risks). The Head of Corporate Governance has reviewed these risks and submitted a recommendation papers to the Executive Team for their consideration. However, this means that information provided above, has had limited scrutiny at this stage, and as such the value of this information in terms of supporting the decision making of the Trust Board may also be limited.

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

Paybill							R	Establishment				R	Vacancies			R			
(in £'000)							Month			YTD				Total Funded /less Substantive Recruitment Activity					
PAY AND WORKFORCE ANALYSIS							Budget	Actual	Actual v Budget (* over / - under)	Budget	Actual	Actual v Budget (* over / - under)	Plan	Actual / Forecast	Variance	Vacancy FTE	12	165	
Total Hospital and Ambulance Directorate							(5,324)	(5,616)	(293)	(32,091)	(35,275)	(3,185)							
Total Community Health Directorate							(2,578)	(2,520)	59	(15,317)	(15,357)	(41)							
Total Research & Development							(37)	(47)	(11)	(220)	(277)	(57)							
Total EMH							(168)	(221)	(52)	(1,010)	(1,298)	(289)							
Total Corporate							(1,269)	(1,274)	(5)	(7,555)	(7,607)	(52)							
Total Reserves							(94)	27	122	(1,263)	0	1,263							
PAY TOTAL							(9,471)	(9,651)	(180)	(57,455)	(59,815)	(2,360)							
Summary																	Summary		
The trust as a whole has overspent its pay budget in month (Including reserve entries), by £180k in month and £2.36m year to date.																	Net of FTE attributable to the Trust CIP schemes, the establishment gap is 12 FTE. This is significantly less than the 113.42 FTE currently in the recruitment process. Vacancies must be reviewed with this revised under establishment figure and the trusts CIP plan in mind.		
Spending on temporary staffing equated to £582k in month and represents a total cost in year of £5.14m.																			
Trust Headcount at the end of September 15: 3052																			

Isle of Wight NHS Trust Board Performance Report 2015/16

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

Sickness R				Overpayment A			Rostering R	
Plan	Actual / Forecast	Variance		Plan	Actual			
Year to date	3%	3.91%	0.91%	Current Position £ 000	0	101	Adherence to forward rostering policy requirement	30%
In Month	3%	3.85%	0.85%				Units finalising to payroll deadline	90%
							Safe staffing units > 80% staffed (overall)	100%
<p>Summary</p> <p>Sickness absence has increased from 3.48% in Aug 15 to 3.85% in Sep 15. Trust wide highest reason remains sickness absence is Anxiety, Stress & Depression.</p> <p>Cost of Sickness Absence:</p> <p>HAD £113,684 (maintained from last month)</p> <p>Community £90,308 (decrease £3k)</p> <p>Non-Clinical £42,578 (increase £10k)</p>				<p>Summary: New overpayments have resulted in an increase in the overpayment figure in month. This figure includes Legacy overpayments not included in Directorate summaries of approximately £5k.</p> <p>The significant majority of overpayments remain due to incorrect or late forms.</p> <p>Underlying factors will include:</p> <ol style="list-style-type: none"> 1. Competing Priorities in units. 2. Lack of understanding regarding potential impacts. 3. Duration of process from completing forms to updating ESR. 			<p>At time of lockdown, multiple costs centres were not locked down. Substantial effort was made to contact areas to get this done as outlined in the rostering policy. This month 26 units were removed from the batch list, an increase on previous month. These units will not received enhancements and overtime pay as a result.</p> <p>There is still considerable progress required to achieve compliance with the approved rostering policy.</p> <p>7 units fell below 80% of planned RN day duties in September - Shackleton, Alverstone, General Rehab, ITU, CCU, Paediatric Ward, Luccombe. Paediatric Ward fell short of 80% of the Night and HCA day staff.</p>	
Underlying Causes				Underlying Causes			Underlying Causes	
				<p>The significant majority of overpayments are due to incorrect or late forms. Underlying factors will include:</p> <ol style="list-style-type: none"> 1. Competing Priorities in units. 2. Lack of understanding regarding potential impacts. 3. Duration of process from completing forms to submission. 			<ol style="list-style-type: none"> 1. Competing Priorities in units. 2. Lack of understanding regarding potential impacts. 3. Unit managers timesheets not being finalised by their manager preventing unit lockdown. 4. Inadequate cover arrangements for finalising during manager absence. 5. System flaw allowing locked units to be unlocked by staff entering web timesheets 	
Remedies & Actions				Remedies & Actions			Remedies & Actions	
<ol style="list-style-type: none"> 1. Monthly sickness absence meeting with HR/OH/ H&S to review LTS sickness cases to ensure compliance to policy and triangulate OH and Back care referrals and provide follow up advice to managers. 2. OH monitor weekly list of sickness absence of two weeks or more duration and review trends and liaise with HR and H&S on cases that may require additional support. 3. Employee relations reporting is provided on a monthly basis which includes attendance management cases to Trust Exec's and AD's 4. Monitoring within directorates occurs at monthly directorate boards and performance reviews 5. Review of Attendance mgt policy is in progress working across HR and OH. 6. Targeted support provided to on ad hoc basis as requested by departments ie, HSDU session, sickness absence toolkit distribution to pathology. 				<p>Overpayment information sent to directorates on a monthly basis for review and action.</p> <p>Furthermore, ESR self service is currently in the initial phases of a rollout that will empower staff and managers to review and update employment records. A pilot phase for employee self service (ESS) is in action, and will be reviewed for trust wide rollout from Autumn 2015.</p>			<ol style="list-style-type: none"> 1. Importance of finalising and impacts of not doing so to be re-iterated. This will be reinforced by staff who will have had pay implications contacting unit managers. 2. System resolution to be implemented by Allocate. Resolution found in other trusts to be applied here but requires multiple criteria to be adjusted. Allocate are currently investigating the adjustments required for IOW NHS Trust. 	

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Workforce - Directorate Performance

(In £'000)	Month			YTD		
PAY AND WORKFORCE ANALYSIS	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Actual	Actual v Budget (+ over / - under)
Total Hospital and Ambulance Directorate	(5,324)	(5,616)	(293)	(32,091)	(35,275)	(3,185)
Total Community Health Directorate	(2,578)	(2,520)	59	(15,317)	(15,357)	(41)
Total Research & Development	(37)	(47)	(11)	(220)	(277)	(57)
Total EMH	(168)	(221)	(52)	(1,010)	(1,298)	(289)
Total Corporate	(1,269)	(1,274)	(5)	(7,555)	(7,607)	(52)
Total Reserves	(94)	27	122	(1,263)	0	1,263
PAY TOTAL	(9,471)	(9,651)	(180)	(57,455)	(59,815)	(2,360)

Summary

The trust as a whole has overspent its pay budget in month (including reserve entries), by £180k in month and £2.36m year to date.

Spending on temporary staffing equated to £582k in month and represents a total cost in year of £5.14m.

Trust Headcount at the end of September 15: 3052

Trust

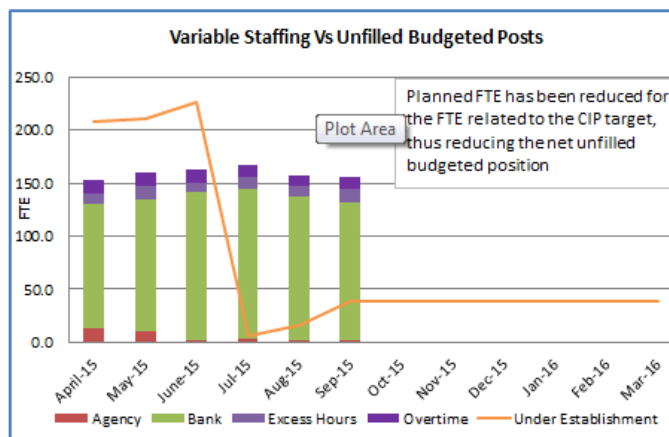
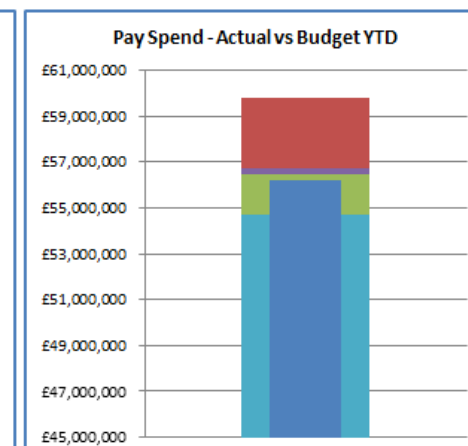
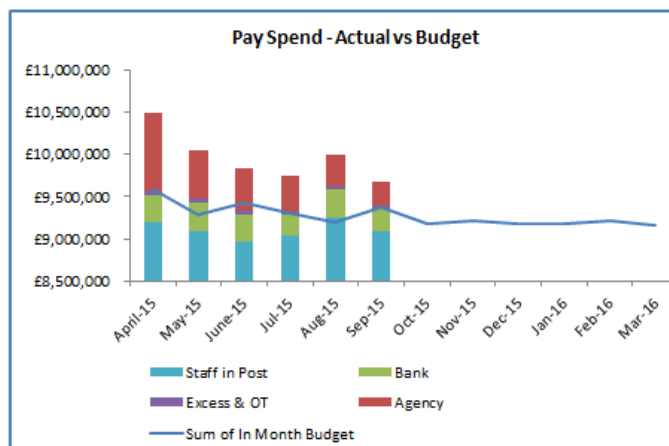
	Plan	In Month Actual	Variance	
Substantive FTE	2,496	2,598	103	-4%
Temporary Staffing	114	156	42	
Total	2,610	2,754	144	-6%

Summary

In post FTE numbers up 4 to 2598 from 2594 in August.

Usage of temporary/variable staffing equivalent to 156 FTE in month over commits the workforce revised planned FTE by 144 overall.

This is resulting in significant temporary staffing costs and contributing to the trusts overspend. Of the current under establishment, 113.42 FTE posts are currently in the recruitment process, down from 165.26 in August, 114.31 in July and 91.12 in June.



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

Isle of Wight NHS Trust Board Performance Report 2015/16

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Workforce - Directorate Performance

Hospital & Ambulance

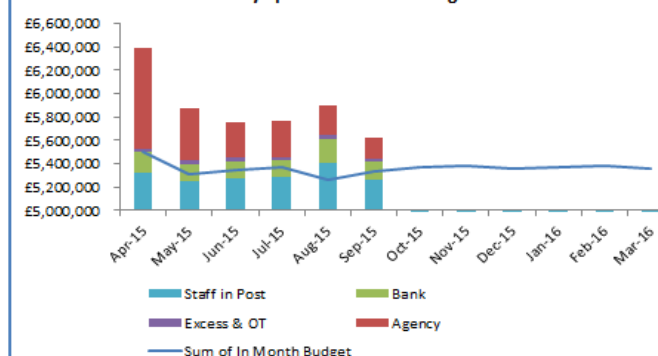
	Year to date		
	Plan £000s	Actual £000s	Variance £000s
Pay	(32,112)	(35,297)	(3,185)
			-9.92%

Summary

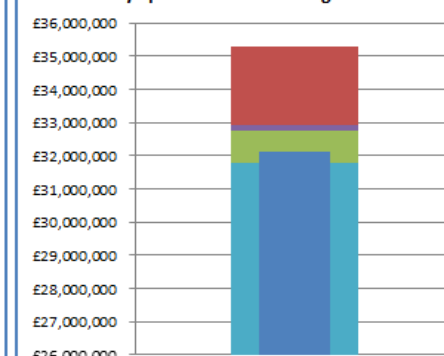
Overspends in the paybill for the Hospital & Ambulance directorate are the biggest contributors to the trusts overall adverse position. The directorate has ended month 6 with an overspend of £293k in month, £3.19m YTD.

Spending on temporary staffing amounts to £355k in month down from 507k in August. Year to date spend equates to £3.51m year to date. Higher than planned sickness absence is also contributing to the cost pressures.

Pay Spend - Actual vs Budget



Pay Spend - Actual vs Budget YTD



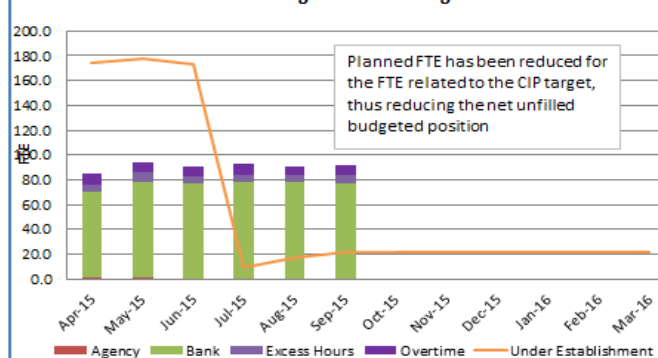
Hospital & Ambulance

	Plan	In Month Actual	Variance	
Substantive FTE	1,393	1,371	(22)	2%
Temporary Staffing		92	92	
Total	1,393	1,462	70	-5%

Summary

Adjusting the planned FTE for the CIP target has reduced under established to 22 FTE posts currently vacant from 18 in August. Temporary staffing of 92 FTE results in an over staffing of 70 FTE. Of the net 22 under establishment within the directorate, 88.32 FTE posts are currently in the recruitment process, up from 109.79 in August. Recruitment plans need to be amended to align with the revised FTE expectation taking CIP into consideration.

Variable Staffing Vs Unfilled Budgeted Posts



Hospital & Ambulance

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

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Workforce - Directorate Performance

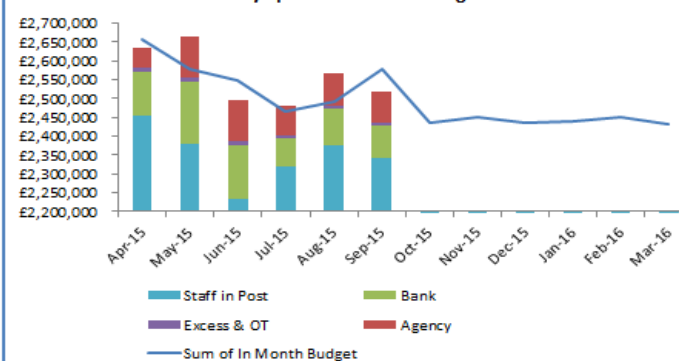
Community Health

	Plan £000s	Year to date Actual £000s	Variance £000s	
Pay	(15,317)	(15,357)	(41)	-0.26%

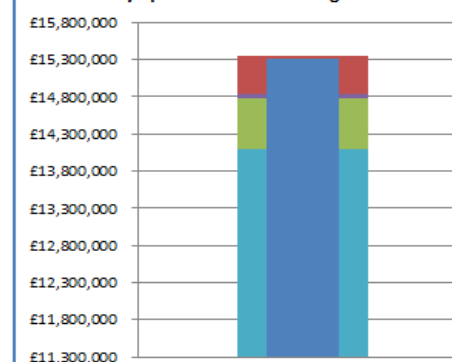
Summary

The Community health directorate is overspent by £41k year to date, and underspent by £59k in month.

Pay Spend - Actual vs Budget



Pay Spend - Actual vs Budget YTD



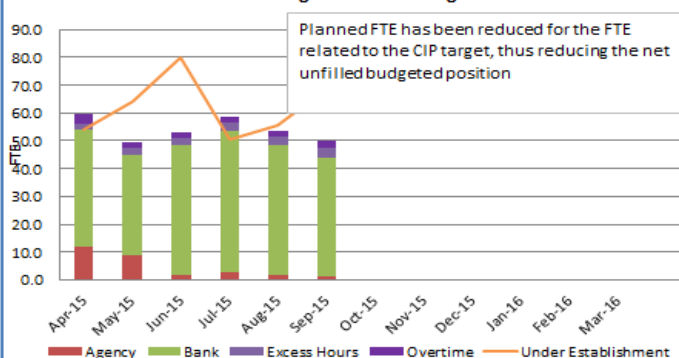
Community Health

	Plan	In Month Actual	Variance	
Substantive FTE	807	738	(69)	9%
Temporary Staffing		50	50	73%
Total	807	788	(19)	2%

Summary

The Community Health directorate is currently under established by 69 FTE from 56 in August. Underestablishment now equates to 9% of budgeted establishment. Use of temporary staffing in addition to staff in post exceeds revised FTE planned. Of the Net 69 vacant FTE, there are currently 23.16 FTE posts in the process of recruitment, up from 51.64 in August.

Variable Staffing Vs Unfilled Budgeted Posts



Community & Mental Health

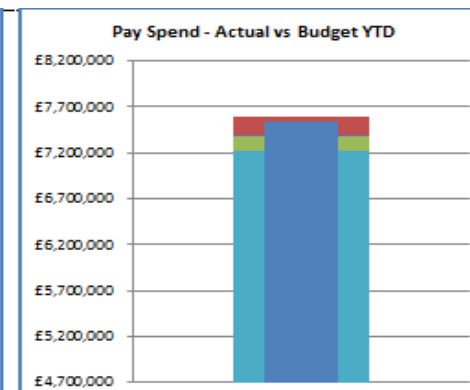
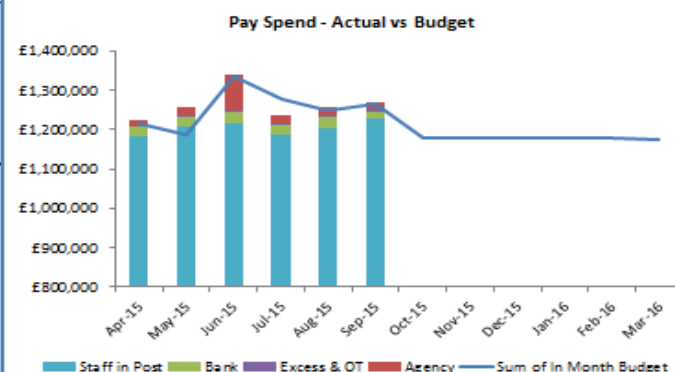
Active Recruitment by Stage in Process	June	July	August	Sept
Awaiting Interview	11.00	8.00	4.40	1.00
Being Shortlisted	8.20	-	4.60	4.00
Out to Advert	16.40	4.40	5.80	-
Paperwork in HR/ Awaiting Instruction	2.10	5.10	15.28	5.28
Appointed Awaiting Clearances	8.80	10.80	21.56	12.88
Total	46.50	28.30	51.64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

Isle of Wight NHS Trust Board Performance Report 2015/16

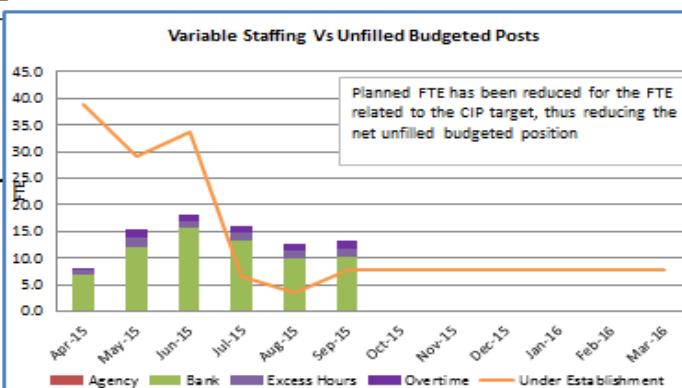
September 15

Workforce - Directorate Performance

Corporate	Plan £000s	Year to date Actual £000s	Variance £000s
Pay	(7,534)	(7,586)	(52) -0.69%
Summary The paybill in corporate areas as a whole continues to exceed budget by £5k in month. In month expenditure on temporary staffing has decreased to £44k from £52k in August, equating to £360k ytd.			



Corporate	Plan	In Month Actual	Variance	
Substantive FTE	426	418	(8)	2%
Temporary Staffing		13	13	
Total	426	431	6	-1%
Summary Corporate areas are under established by 8 FTE. There are 13 FTE temporary staffing with 1.94 roles in the recruitment process.				



	Corporate			
Active Recruitment by Stage in Process	June	July	August	Sept
Awaiting Interview	1.53	-	-	-
Being Shortlisted	-	-	-	0.09
Out to Advert	-	-	-	0.83
Paperwork in HR/ Awaiting Instruction	0.32	1.32	2.00	0.32
Appointed Awaiting Clearances	-	1.53	1.83	1.00
Total	1.85	2.85	3.83	1.94

Note:

	Month			YTD		
	Plan £ 000	Actual £ 000	Variance £ 000	Plan £ 000	Actual £ 000	Variance £ 000
Finance & Performance Management	(313)	(304)	9	(1,835)	(1,805)	30
Nursing & Workforce	(140)	(127)	13	(813)	(791)	22
Strategic & Commercial	(547)	(575)	(28)	(3,568)	(3,648)	(80)
Trust Admin	(269)	(268)	1	(1,338)	(1,363)	(25)
Total Corporate	(1,269)	(1,274)	(5)	(7,555)	(7,607)	(52)

Isle of Wight NHS Trust Board Performance Report 2015/16

September 15

Workforce - Directorate Performance

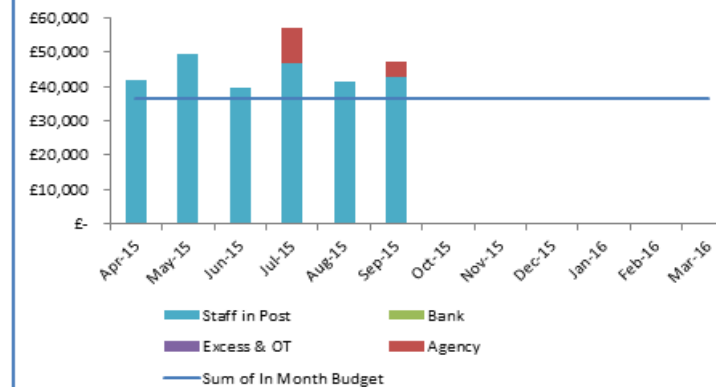
Research & Development

	Year to date		
	Plan £000s	Actual £000s	Variance £000s
Pay	(220)	(277)	(57)
			-26.05%

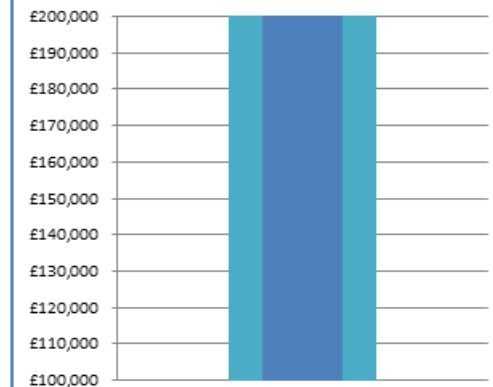
Summary

Research & Development is overspent by £47k year to date, an increase from the £42k over spend in month 4.

Pay Spend - Actual vs Budget



Pay Spend - Actual vs Budget YTD



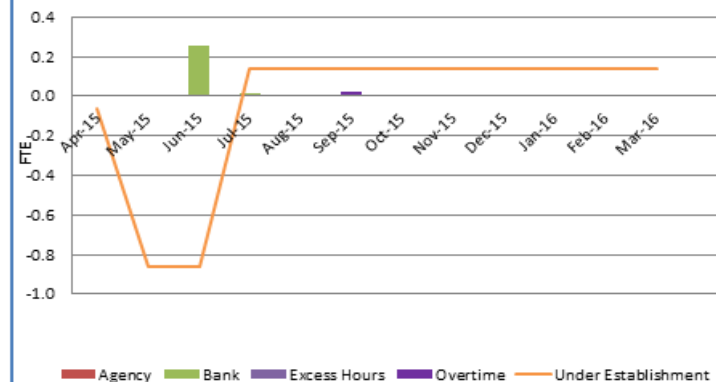
Research & Development

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

Summary

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

Variable Staffing Vs Unfilled Budgeted Posts

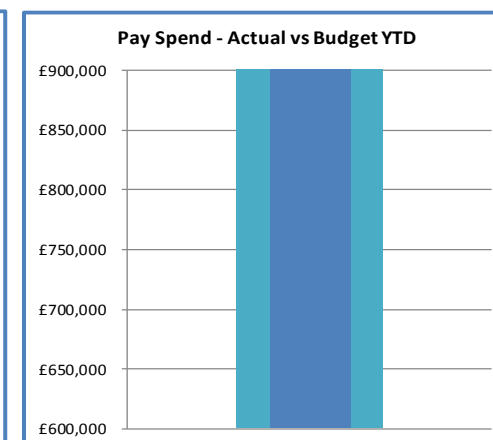
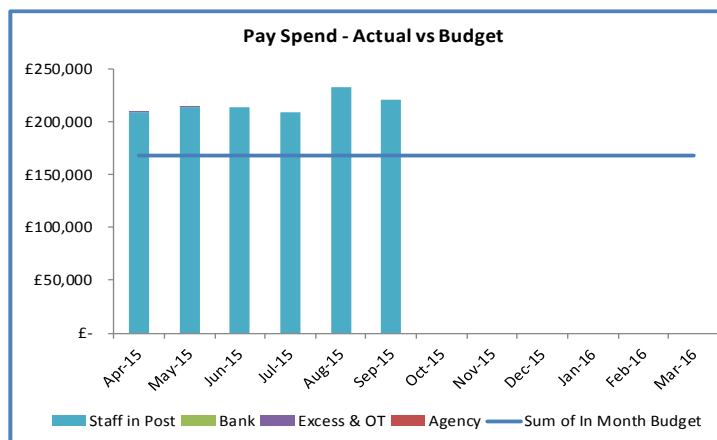


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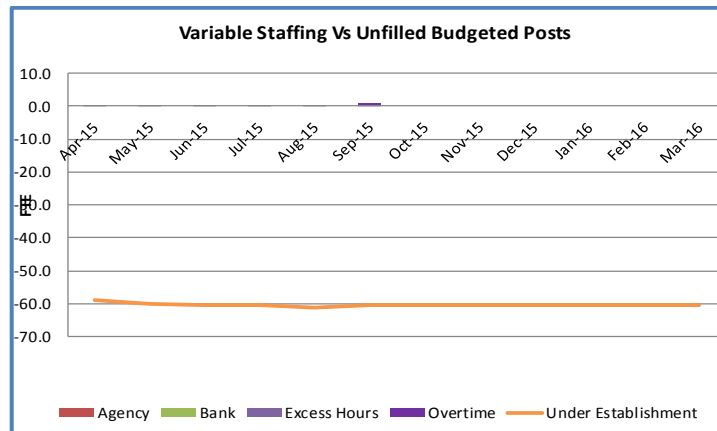
September 15

Workforce - Directorate Performance

EMH	Plan	Year to date Actual	Variance
	£000s	£000s	£000s
Pay	(1,010)	(1,298)	(289) -28.61%
Summary			
The paybill in EMH exceeds budget by £237k year to date, and £64k in month. Costs incurred should be funded by income.			



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



Isle of Wight NHS Trust Board Performance Report 2015/16

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Workforce - Sickness

Increase in Sickness absence in month from 3.48% to 3.85% - above the 3% target. Largest increase on Cough Cold Flu Influenza reason, however Anxiety Stress Depression remains the main reason for sickness absence.

Trust

The Trust's sickness target is 3%

Currently Sickness Absence rate is 3.85% for September 2015

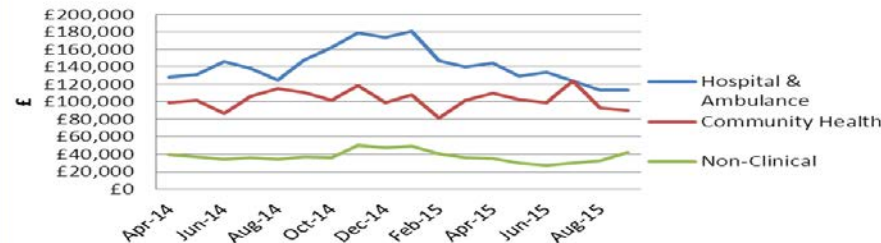
YTD Sickness Absence is 3.91%.

10 Highest areas within Trust

Organisation	FTE Days Available	Sickness FTE Days Lost	Sickness %	Headcount
Chlamydia Screening J61432	50.00	30.00	60.00%	2
Child & Adolescent MH Medics J61830	51.00	24.00	47.06%	2
Transfer of Care J61300	57.60	19.20	33.33%	3
Mortuary J61073	60.00	18.00	30.00%	2
Bed Management J61010	180.00	46.00	25.56%	6
Clinical Coding J61156	358.40	91.00	25.39%	13
Stoma Nurses J61033	68.00	16.00	23.53%	3
District Nurse Admin J62534	132.00	30.00	22.73%	5
Transport J61170	202.00	44.00	21.78%	7
Pre-Op Assessment Unit J61128	485.20	61.20	12.61%	19

Absence Reason	Sum of FTE Days Lost						Variance
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	
S10 Anxiety/stress/depression/other psychiatric illnesses	732.85	841.24	704.58	1044.46	690.25	798.08	15.62%
S11 Back Problems	337.59	284.48	378.57	390.20	324.69	283.60	-12.66%
S12 Other musculoskeletal problems	302.80	279.37	237.08	317.63	359.69	345.98	-3.81%
S13 Cold, Cough, Flu - Influenza	313.49	251.47	198.45	119.72	133.08	221.25	66.26%
S25 Gastrointestinal problems	342.90	338.13	485.90	483.44	467.43	428.18	-8.40%

Cost of Sickness Absence - Directorate



Hospital & Ambulance

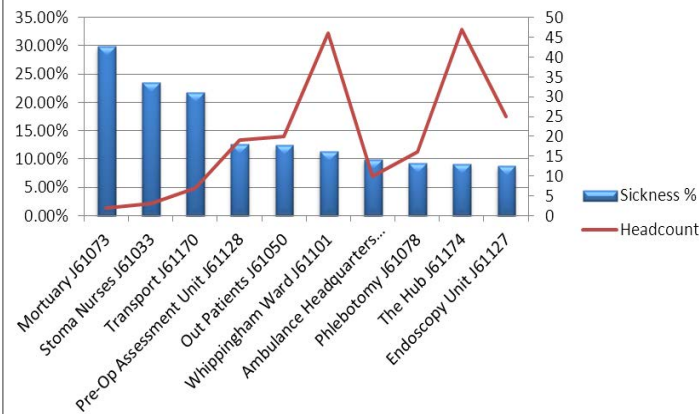
Sickness Absence: 3.76% - Up from 3.37%

YTD Sickness Absence is 3.76%

10 Highest areas within Directorate

Organisation	FTE Days Available	Sickness FTE Days Lost	Sickness %	Headcount
Mortuary J61073	60.00	18.00	30.00%	2
Stoma Nurses J61033	68.00	16.00	23.53%	3
Transport J61170	202.00	44.00	21.78%	7
Pre-Op Assessment Unit J61128	485.20	61.20	12.61%	19
Out Patients J61050	492.40	61.16	12.42%	20
Whippingham Ward J61101	1197.60	137.00	11.44%	46
Ambulance Headquarters J61176	300.00	30.00	10.00%	10
Phlebotomy J61078	310.40	28.60	9.21%	16
The Hub J61174	1352.80	124.16	9.18%	47
Endoscopy Unit J61127	634.80	56.40	8.88%	25

HAD September 15 Sickness %



10 Highest Sickness Reasons - Trust	FTE Days Lost	Sickness %
S10 Anxiety/stress/depression/other psychiatric illnesses	798.08	1.05%
S25 Gastrointestinal problems	428.18	0.56%
S12 Other musculoskeletal problems	345.98	0.45%
S11 Back Problems	283.60	0.37%
S13 Cold, Cough, Flu - Influenza	221.25	0.29%
S21 Ear, nose, throat (ENT)	152.35	0.20%
S15 Chest & respiratory problems	118.48	0.16%
S28 Injury, fracture	106.17	0.14%
S23 Eye problems	86.40	0.11%
S19 Heart, cardiac & circulatory problems	77.40	0.10%

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Workforce - Sickness

Community Health

Sickness Absence: 4.08% - Up from 4.03%

YTD Sickness Absence is **4.58%**

10 Highest areas within Directorate

Organisation	FTE Days Available	Sickness FTE Days Lost	Sickness %	Headcount
Chlamydia Screening J61432	50.00	30.00	60.00%	2
Child & Adolescent MH Medics J61830	51.00	24.00	47.06%	2
Transfer of Care J61300	57.60	19.20	33.33%	3
District Nurse Admin J62534	132.00	30.00	22.73%	5
Stroke & Rehab Comm Team J61227	436.80	49.20	11.26%	18
Stroke Neuro Rehab J61221	921.20	100.27	10.88%	37
Podiatry J62507	506.80	49.93	9.85%	20
Speech Therapy J61571	260.36	24.00	9.22%	10
Shackleton J61791	735.20	63.40	8.62%	28
Acute & Recovery CMHS J61933	744.00	58.41	7.85%	29

Corporate

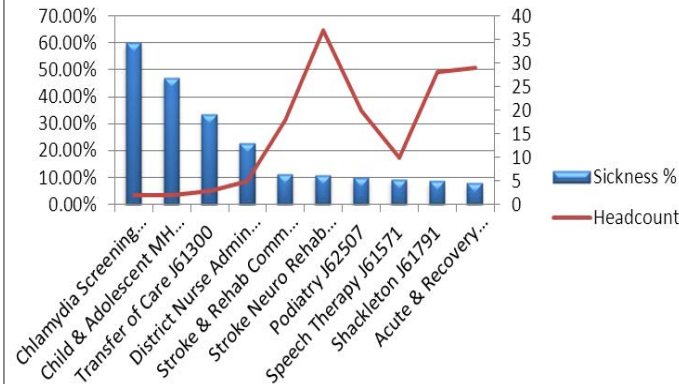
Sickness Absence: 1.76% - Up From 1.47%

YTD Sickness Absence is 1.80%

10 Highest areas within Directorate

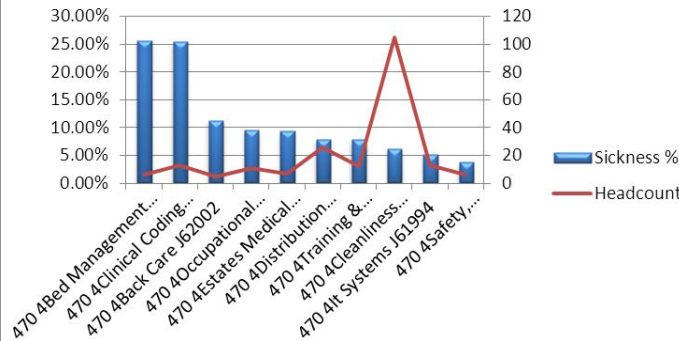
Organisation	FTE Days Available	Sickness FTE Days Lost	Sickness %	Headcount
470 4Bed Management J61010	180.00	46.00	25.56%	6
470 4Clinical Coding J61156	358.40	91.00	25.39%	13
470 4Back Care J62002	136.00	15.27	11.23%	5
470 4Occupational Health NHS J62001	195.63	18.47	9.44%	11
470 4Estates Medical Electronics J61338	178.80	16.60	9.28%	7
470 4Distribution Service J61283	750.00	58.60	7.81%	26
470 4Training & Education J62012	265.00	20.60	7.77%	12
470 4Cleanliness Support Team J61282	2186.20	133.53	6.11%	105
470 4It Systems J61994	390.00	20.00	5.13%	13
470 4Safety, Experience & Effectiveness J61947	187.60	7.00	3.73%	6

Community September 15 Sickness %



10 Highest Sickness Reasons - Community	FTE Days Lost	Sickness %
S10 Anxiety/stress/depression/other psychiatric illnesses	225.20	0.93%
S11 Back Problems	133.20	0.55%
S12 Other musculoskeletal problems	123.19	0.51%
S13 Cold, Cough, Flu - Influenza	72.03	0.30%
S21 Ear, nose, throat (ENT)	27.00	0.11%
S19 Heart, cardiac & circulatory problems	27.00	0.11%
S16 Headache / migraine	24.69	0.10%
S17 Benign and malignant tumours, cancers	11.28	0.05%
S15 Chest & respiratory problems	7.28	0.03%
S14 Asthma	1.00	0.00%

Corporate September 15 Sickness %

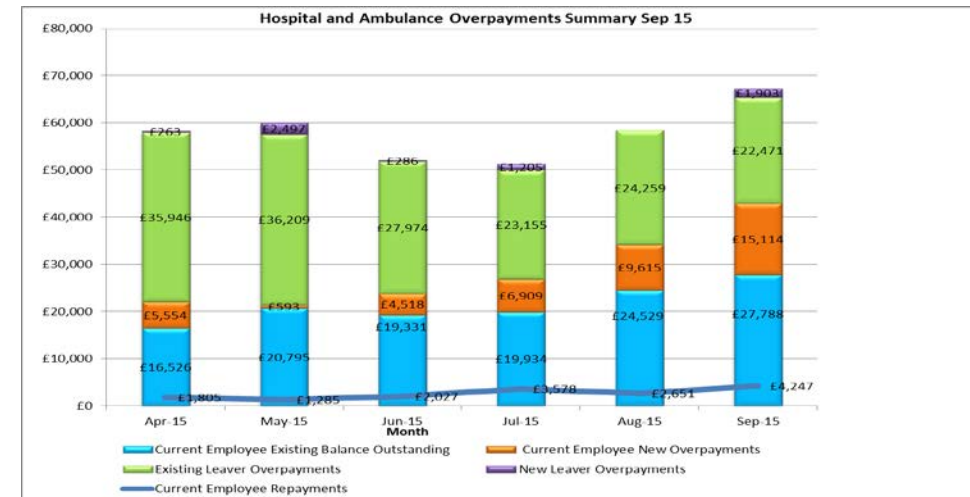
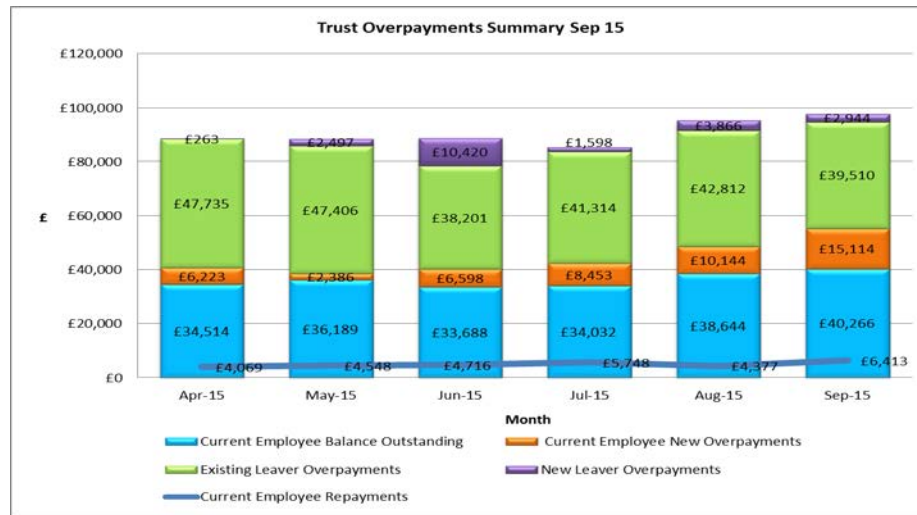


10 Highest Sickness Reasons - Corporate	FTE Days Lost	Sickness %
S10 Anxiety/stress/depression/other psychiatric illnesses	146.13	1.44%
S25 Gastrointestinal problems	76.05	0.75%
S11 Back Problems	56.60	0.56%
S13 Cold, Cough, Flu - Influenza	45.53	0.45%
S12 Other musculoskeletal problems	41.20	0.41%
S19 Heart, cardiac & circulatory problems	35.60	0.35%
S15 Chest & respiratory problems	33.20	0.33%
S26 Genitourinary & gynaecological disorders	30.40	0.30%
S28 Injury, fracture	19.60	0.19%
S21 Ear, nose, throat (ENT)	16.40	0.16%

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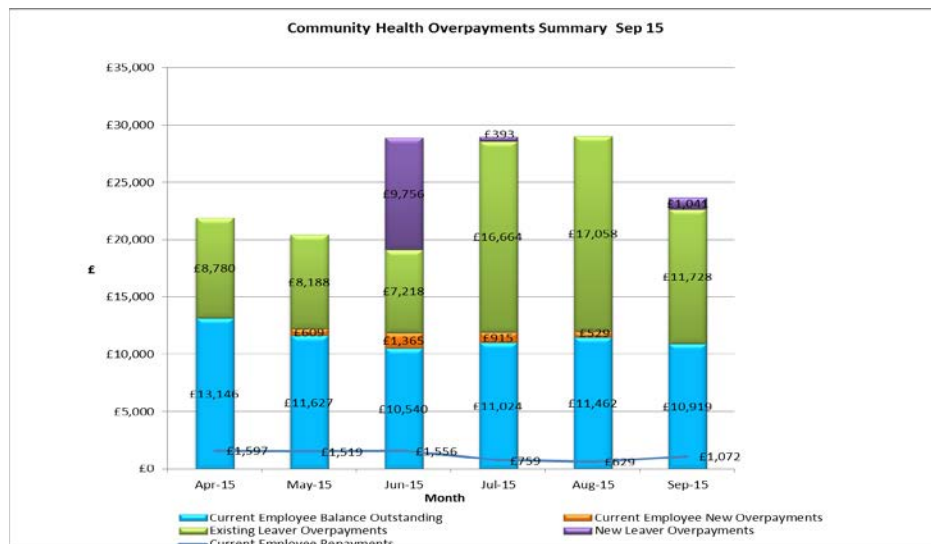
September 15

Workforce - Overpayments Summary

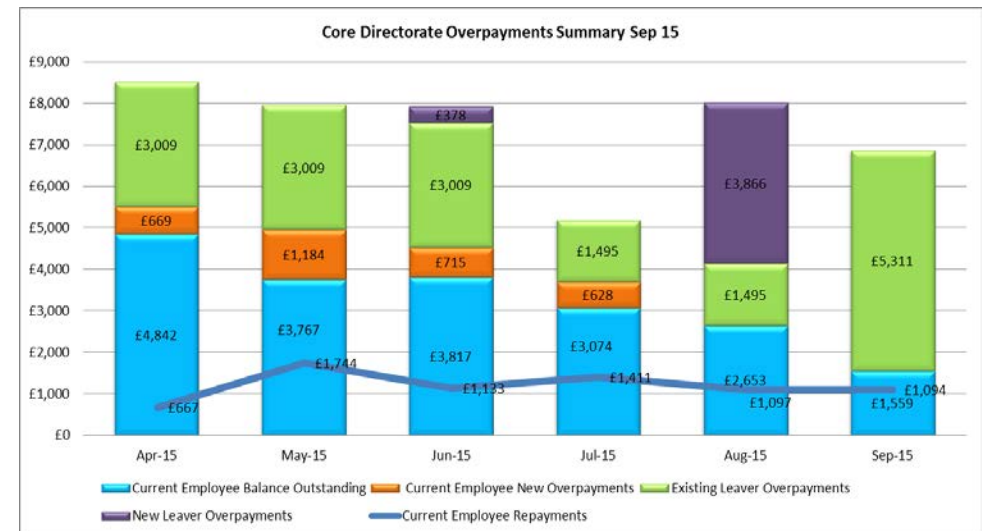


New Overpayments have resulted in an increase in overall overpayment figure in month.

Overall increase due to New Overpayments Current employees increase of £15,000 mainly due to manager information errors



Reduction in overall figure due to employee repayments.



No new overpayments this month.

Achievement of planned versus actual staffing hours

- The Trust achieved over 90% overall for nurse staffing in In patient areas for both Day and Night and Registered and non-registered staff
- The Registered Nurse hours in the day were 90.3% of planned hours which indicates an amber rating with our own rag rating system, indicating that this needs to be monitored to ensure this does not drop below 90%
- By ward there are 7 areas that have achieved below 80% of staffing requirements this month. We are now measuring our actual hours against our planned hours that we have agreed we should be delivering in each area. There will be a discrepancy until these posts are filled. We are working to fill all vacancies through our recruitment and managing areas with highest need first. Our aim is to reduce all vacancy to 10% across all areas, monitoring and managing quality risks via the ward managers and matrons and daily staffing discussions in the hub

Site Name	Day				Night				Day		Night	
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
ST MARY'S HOSPITAL	29686.25	24763.27	18423.15	17613.65	13838	13277.13	8408	9369.5	83.4%	95.6%	95.9%	111.4%

Actions

- Safer Staffing Café's are continuing quarterly to monitor staffing management by teams.
- The first cohort of new staff have arrived from the Philippines have commenced work in October, and have been well received. They will take their exam to enable them to move onto the register in November.
- We have planned recruitment with an additional 2 cohorts of staff from the Philippines and are actively recruiting to high risk areas including MAAU , ED and Colwell

Risks

- As above our high risk is the staffing adequately of all areas to at least 80%. Whilst the bed template is being moved to achieve the right beds in the right places we are over our bedstock and staffing these areas to an adequate level consistently is a risk. We have managed this by employing agency staff for each day and night to ensure we can run all areas with no more than a 10% gap on required numbers. This is an acceptable risk when considering numbers however quality of care also needs to be monitored and in newly opened areas this is challenging. The plan is to spread agency staff across all areas to reduce risk from temporary staffing (i.e. lack of knowledge of systems and process of Trust)
- In some areas sickness is high, however there is evidence of improved management and a reduction can be seen in some areas
- An agency cap is introduced for all organisations utilising agency staff which potentially reduces our ability to use as many staff as we might need going forward.
- It is important we do not breach the agency cap without authorisation and therefore careful monitoring of this is in place

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Monthly actual figures by ward as uploaded on the Unify return

Only complete sites your organisation is accountable for	Day				Night				Day		Night	
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwiv es (%)	Average fill rate - care staff (%)	Average fill rate - registre d nurses/m idwives (%)	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	840	545.92	1569.8	1271	285.5	295.75	570	577.75	65.0%	81.0%	103.6%	101.4%
ALVERSTONE WARD	1035	803.5	629	768.5	600	588.75	220	563.25	77.6%	122.2%	98.1%	256.0%
SEAGROVE	1259.8	1054.4	1065	1497.9	600	598	600	836.75	83.7%	140.6%	99.7%	139.5%
OSBORNE	1500	1347.5	1116.3	969	600	735.75	570	543.25	89.8%	86.8%	122.6%	95.3%
MOTTISTONE	1056	960	384	417	600	611.75	0	0	90.9%	108.6%	102.0%	-
ST HELENS	979.5	894	820	785.5	600	580	300	310	91.3%	95.8%	96.7%	103.3%
STROKE	1761.8	1417.8	1274	1210.2	600	600	600	750	80.5%	95.0%	100.0%	125.0%
REHAB	1918.5	1389.5	1558	1250.5	600	600	600	570	72.4%	80.3%	100.0%	95.0%
WHIPPINGHAM	1771.5	1624.5	1437.5	1291	600	600	600	610	91.7%	89.8%	100.0%	101.7%
COLWELL	1579.5	1311.5	1670	1470	600	600	600	600	83.0%	88.0%	100.0%	100.0%
INTENSIVE CARE UNIT	3332.1	2512	285	405	1942.5	1738.5	148	184.25	75.4%	142.1%	89.5%	124.5%
CORONARY CARE UNIT	2344.3	1763.3	622.25	670	1500	1313.5	300	370	75.2%	107.7%	87.6%	123.3%
NEONATAL INTENSIVE CARE UNIT	1049.5	956.5	405	204.5	600	605.83	300	270	91.1%	50.5%	101.0%	90.0%
MEDICAL ASSESSMENT UNIT	2383.5	2012.8	1336	1202	900	900	600	606.25	84.4%	90.0%	100.0%	101.0%
AFTON	1228.5	1227.5	1123.8	865	300	300	600	558	99.9%	77.0%	100.0%	93.0%
PAEDIATRIC WARD	1860.5	1469.5	450	335.5	900	670	300	300	79.0%	74.6%	74.4%	100.0%
MATERNITY	1800	1794.8	1200	1233.3	1110	1023.8	600	592	99.7%	102.8%	92.2%	98.7%
WOODLANDS	613.75	780.25	450	237.25	300	315.5	300	310	127.1%	52.7%	105.2%	103.3%
LUCCOMBE WARD	1372.5	898	1027.5	1530.5	600	600	600	818	65.4%	149.0%	100.0%	136.3%

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Previous 6 months data

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

The current risk rating for each area is identified which indicates the percentage gap against safer staffing requirements that areas are also currently managing whilst recruitment is underway.

• Paediatric ward have delivered below 80% of planned hours for the last 5 months: this has been in different groups of staff and also different shifts.

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

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

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Safer Staffing - Full staffing fill rate by shift

Vlook Early 

Sum of RN% Color 

Row Labels	01/09/2015	02/09/2015	03/09/2015	04/09/2015	05/09/2015	06/09/2015	07/09/2015	08/09/2015	09/09/2015	10/09/2015	11/09/2015	12/09/2015	13/09/2015	14/09/2015	15/09/2015	16/09/2015	17/09/2015	18/09/2015	19/09/2015	20/09/2015	21/09/2015	22/09/2015	23/09/2015	24/09/2015	25/09/2015	26/09/2015	27/09/2015	28/09/2015	29/09/2015	30/09/2015	Grand Total	
Afton Ward J61794	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%	100%	200%	150%	150%	100%	150%	100%	100%	150%	100%	100%	100%	100%	100%	100%	100%	150%	115%
Alverstone Ward J61111	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	50%	100%	97%
Colwell Ward J61254	133%	67%	133%	133%	100%	100%	133%	100%	133%	67%	100%	100%	100%	133%	133%	133%	133%	133%	100%	75%	75%	75%	100%	75%	50%	75%	100%	75%	100%	100%	100%	100%
Coronary Care J61190	80%	100%	100%	100%	60%	80%	100%	100%	80%	60%	80%	80%	80%	80%	80%	100%	80%	80%	80%	80%	100%	80%	100%	100%	100%	80%	80%	80%	100%	80%	86%	
General Rehab & Step Down Unit J61226	75%	75%	100%	100%	100%	100%	100%	100%	100%	75%	75%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	
Intensive Care Unit J61120	100%	71%	71%	86%	86%	71%	71%	71%	86%	100%	100%	100%	86%	100%	100%	86%	86%	86%	86%	86%	71%	71%	71%	71%	86%	86%	86%	100%	86%	86%	85%	
MAAU J61231	100%	100%	100%	100%	100%	100%	100%	100%	100%	120%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	80%	100%	80%	80%	100%	100%	100%	100%	100%	100%	98%	
Maternity Services J61500	100%	100%	100%	100%	100%	100%	100%	100%	125%	125%	125%	100%	100%	100%	100%	100%	125%	125%	100%	100%	100%	75%	100%	150%	125%	100%	100%	125%	125%	100%	108%	
Mottistone Suite J61090	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	150%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	102%	
Neonatal Intensive Care Unit J61520	150%	150%	100%	100%	100%	150%	100%	100%	100%	150%	200%	100%	150%	150%	100%	200%	150%	100%	67%	67%	67%	67%	67%	100%	67%	67%	100%	100%	100%	100%	106%	
Osborne Ward J61915	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	150%	100%	100%	100%	100%	150%	100%	100%	100%	150%	100%	100%	100%	100%	100%	100%	100%	100%	100%	105%	
Paediatric Ward J61372	80%	60%	100%	60%	67%	100%	60%	60%	80%	80%	80%	100%	100%	80%	80%	80%	80%	80%	100%	75%	80%	80%	80%	80%	80%	75%	75%	80%	80%	60%	78%	
Seagrove Ward J61916	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	150%	150%	50%	100%	50%	100%	100%	100%	200%	150%	150%	107%	
Shackleton J61791	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	103%	
St Helens Ward J61102	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Stroke & Neuro Rehab Unit J61221	100%	100%	75%	100%	100%	75%	75%	100%	75%	75%	75%	100%	100%	75%	75%	100%	100%	75%	75%	75%	100%	100%	100%	100%	100%	100%	75%	75%	75%	100%	88%	
Whippingham Ward J61101	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	
Winter Bed Plan Ward J61107	0%	0%	25%	25%	0%	25%	25%	50%	50%	50%	50%	0%	0%	25%	25%	0%	0%	25%	0%	0%	25%	25%	0%	25%	25%	25%	0%	0%	25%	0%	18%	
Woodlands J61913	100%	100%	200%	100%	100%	100%	200%	100%	200%	100%	100%	200%	100%	200%	100%	200%	200%	200%	100%	100%	200%	200%	200%	100%	200%	200%	200%	200%	200%	200%	153%	
Grand Total	92%	85%	93%	92%	86%	88%	92%	90%	95%	92%	97%	95%	86%	98%	93%	98%	100%	97%	86%	87%	90%	84%	87%	87%	92%	85%	87%	94%	95%	92%	91%	

Vlook Late 

Sum of RN% Color 

Row Labels	01/09/2015	02/09/2015	03/09/2015	04/09/2015	05/09/2015	06/09/2015	07/09/2015	08/09/2015	09/09/2015	10/09/2015	11/09/2015	12/09/2015	13/09/2015	14/09/2015	15/09/2015	16/09/2015	17/09/2015	18/09/2015	19/09/2015	20/09/2015	21/09/2015	22/09/2015	23/09/2015	24/09/2015	25/09/2015	26/09/2015	27/09/2015	28/09/2015	29/09/2015	30/09/2015	Grand Total
Afton Ward J61794	100%	100%	100%	100%	100%	150%	100%	100%	100%	100%	100%	100%	150%	100%	100%	100%	100%	150%	100%	100%	100%	100%	100%	100%	150%	100%	100%	100%	100%	100%	107%
Alverstone Ward J61111	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%
Colwell Ward J61254	67%	100%	100%	100%	100%	67%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%
Coronary Care J61190	80%	80%	80%	80%	80%	80%	100%	100%	80%	60%	80%	80%	80%	80%	80%	80%	80%	80%	100%	80%	80%	80%	80%	80%	80%	80%	100%	80%	80%	100%	83%
General Rehab & Step Down Unit J61226	50%	50%	100%	75%	75%	75%	75%	75%	75%	75%	75%	50%	75%	75%	75%	75%	75%	75%	100%	75%	75%	50%	75%	100%	75%	75%	75%	75%	75%	75%	74%
Intensive Care Unit J61120	86%	86%	86%	86%	71%	71%	71%	86%	86%	100%	86%	100%	100%	100%	86%	86%	71%	71%	71%	86%	71%	71%	71%	71%	86%	86%	100%	100%	86%	71%	83%
MAAU J61231	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	120%	100%	100%	100%	100%	100%	100%	100%	80%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	99%
Maternity Services J61500	100%	125%	100%	100%	100%	100%	100%	100%	100%	100%	125%	125%	100%	100%	100%	100%	175%	150%	100%	100%	100%	100%	100%	125%	100%	100%	100%	125%	125%	80%	108%
Mottistone Suite J61090	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%
Neonatal Intensive Care Unit J61520	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	150%	100%	150%	150%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	150%	100%	105%
Osborne Ward J61915	100%	100%	150%	150%	100%	100%	100%	100%	100%	100%	100%	100%	100%	150%	100%	100%	100%	150%	100%	100%	100%	150%	100%	150%	150%	100%	100%	100%	100%	100%	112%
Paediatric Ward J61372	100%	75%	100%	75%	100%	100%	100%	75%	100%	75%	75%	100%	100%	75%	100%	100%	75%	100%	100%	67%	100%	75%	100%	100%	100%	100%	100%	75%	100%	75%	90%
Poppy Unit J61235	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Seagrove Ward J61916	100%	50%	100%	150%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	150%	100%	100%	100%	150%	100%	100%	100%	100%	100%	100%	100%	100%	102%
Shackleton J61791	200%	100%	100%	200%	100%	200%	100%	100%	200%	100%	100%	200%	100%	100%	200%	200%	100%	200%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	127%
St Helens Ward J61102	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Stroke & Neuro Rehab Unit J61221	100%	75%	50%	75%	50%	50%	75%	75%	75%	75%	50%	75%	75%	50%	75%	75%	100%	75%	75%	75%	75%	75%	75%	75%	50%	75%	75%	75%	75%	75%	72%
Whippingham Ward J61101	100%	100%	75%	100%	75%	75%	75%	75%	100%	75%	75%	75%	75%	75%	100%	100%	75%	100%	75%	100%	75%	75%	75%	100%	100%	75%	100%	75%	75%	100%	86%
Winter Bed Plan Ward J61107	0%	0%	33%	0%	33%	0%	33%	0%	33%	0%	0%	0%	0%	33%	33%	0%	0%	33%	0%	0%	33%	0%	0%	33%	33%	33%	33%	0%	33%	33%	14%
Woodlands J61913	100%	200%	100%	100%	100%	100%	100%	100%	100%	200%	100%	100%	200%	200%	100%	0%	200%	200%	100%	200%	200%	100%	100%	200%	200%	200%	200%	100%	200%	200%	137%
Grand Total	87%	85%	88%	88%	81%	81%	87%	85%	90%	88%	85%	86%	88%	92%	88%	87%	92%	100%	84%	85%	84%	80%	80%	92%	92%	87%	88%	87%	90%	82%	87%

Safer Staffing - Full staffing fill rate by shift

[illegible][illegible]

Isle of Wight NHS Trust Board Performance Report 2015/16

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Safer Staffing - Full staffing fill rate by shift

Vlook	Late																															
Sum of HCA %	Column																															
	01/09/2015	02/09/2015	03/09/2015	04/09/2015	05/09/2015	06/09/2015	07/09/2015	08/09/2015	09/09/2015	10/09/2015	11/09/2015	12/09/2015	13/09/2015	14/09/2015	15/09/2015	16/09/2015	17/09/2015	18/09/2015	19/09/2015	20/09/2015	21/09/2015	22/09/2015	23/09/2015	24/09/2015	25/09/2015	26/09/2015	27/09/2015	28/09/2015	29/09/2015	30/09/2015	Grand Total	
Row Labels																																
Afton Ward J61794	50%	100%	100%	100%	100%	50%	100%	100%	100%	100%	50%	100%	50%	100%	50%	100%	100%	50%	100%	50%	50%	50%	100%	50%	0%	100%	50%	100%	100%	100%	100%	78%
Alverstone Ward J61111	200%	200%	100%	100%	200%	200%	200%	100%	100%	200%	100%	200%	200%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	127%
Colwell Ward J61254	100%	100%	100%	67%	100%	200%	100%	67%	100%	100%	67%	100%	150%	100%	100%	100%	100%	100%	150%	100%	100%	100%	100%	100%	67%	67%	67%	100%	100%	100%	100%	98%
Coronary Care J61190	100%	100%	200%	100%	100%	100%	100%	100%	100%	100%	200%	0%	100%	200%	200%	100%	200%	100%	100%	200%	200%	100%	100%	100%	0%	100%	100%	100%	100%	100%	100%	117%
General Rehab & Step Down Unit J61226	133%	67%	100%	100%	100%	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%	100%	67%	100%	100%	100%	100%	100%	100%	67%	67%	100%	100%	100%	100%	100%	100%	96%
Intensive Care Unit J61120	100%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%	138%	
MAAU J61231	100%	100%	100%	100%	100%	100%	133%	100%	100%	100%	133%	100%	100%	100%	100%	100%	133%	100%	100%	100%	133%	100%	133%	100%	100%	100%	100%	133%	133%	100%	100%	109%
Maternity Services J61500	67%	100%	67%	67%	67%	100%	67%	100%	100%	67%	67%	67%	67%	100%	100%	100%	67%	100%	100%	67%	67%	100%	67%	33%	100%	67%	100%	67%	100%	100%	100%	81%
Mottistone Suite J61090	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	132%
Neonatal Intensive Care Unit J61520	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Osborne Ward J61915	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	50%	100%	100%	100%	50%	100%	100%	50%	100%	100%	100%	100%	100%	100%	92%
Paediatric Ward J61372	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Seagrove Ward J61916	100%	200%	200%	150%	150%	150%	200%	100%	100%	150%	150%	100%	100%	150%	100%	150%	150%	100%	100%	150%	100%	100%	150%	200%	100%	150%	150%	150%	150%	150%	150%	138%
Shackleton J61791	100%	100%	100%	100%	100%	67%	100%	100%	100%	100%	100%	33%	67%	100%	67%	100%	100%	67%	100%	67%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%
St Helens Ward J61102	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%
Stroke & Neuro Rehab Unit J61221	100%	150%	200%	150%	150%	200%	150%	150%	100%	150%	150%	150%	150%	100%	150%	150%	50%	150%	100%	150%	150%	150%	150%	100%	200%	150%	150%	150%	150%	150%	143%	
Whippingham Ward J61101	100%	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%	100%	133%	100%	100%	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%	100%	100%	67%	100%	67%	97%	
Winter Bed Plan Ward J61107	0%	0%	0%	67%	33%	33%	33%	67%	67%	33%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	11%
Woodlands J61913	100%	0%	100%	100%	100%	100%	100%	100%	100%	0%	100%	200%	0%	0%	0%	100%	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	100%	100%	0%	100%	53%	
Grand Total	86%	94%	106%	97%	106%	112%	106%	94%	97%	97%	94%	88%	97%	91%	89%	97%	86%	86%	97%	94%	91%	86%	94%	83%	77%	91%	100%	94%	97%	94%	94%	

Vlook	Night																															
Sum of HCA %	Column																															
Row Labels	01/09/2015	02/09/2015	03/09/2015	04/09/2015	05/09/2015	06/09/2015	07/09/2015	08/09/2015	09/09/2015	10/09/2015	11/09/2015	12/09/2015	13/09/2015	14/09/2015	15/09/2015	16/09/2015	17/09/2015	18/09/2015	19/09/2015	20/09/2015	21/09/2015	22/09/2015	23/09/2015	24/09/2015	25/09/2015	26/09/2015	27/09/2015	28/09/2015	29/09/2015	30/09/2015	Grand Total	
Afton Ward J61794	100%	100%	100%	100%	100%	100%	50%	100%	50%	100%	50%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	93%	
Alverstone Ward J61111	200%	200%	200%	200%	100%	100%	200%	200%	200%	200%	200%	100%	100%	100%	200%	100%	200%	200%	100%	100%	100%	100%	100%	100%	100%	200%	100%	100%	200%	200%	195%	
Colwell Ward J61254	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Coronary Care J61190	100%	100%	100%	100%	100%	0%	200%	100%	200%	200%	100%	200%	100%	200%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%	200%	200%	100%	100%	100%	100%	100%	123%
General Rehab & Step Down Unit J61226	100%	100%	100%	100%	100%	50%	50%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	
Intensive Care Unit J61120	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	119%	
MAAU J61231	100%	100%	100%	100%	100%	100%	100%	150%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	150%	100%	100%	100%	103%	
Maternity Services J61500	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	50%	50%	100%	95%	
Mottistone Suite J61090	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Neonatal Intensive Care Unit J61520	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Osborne Ward J61915	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	50%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%
Paediatric Ward J61372	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Seagrove Ward J61916	150%	100%	150%	150%	150%	100%	100%	200%	100%	100%	100%	150%	150%	200%	150%	150%	150%	200%	200%	150%	100%	100%	150%	100%	150%	100%	150%	150%	150%	150%	140%	
Shackleton J61791	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	
St Helens Ward J61102	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%	100%	100%	100%	100%	0%	103%
Stroke & Neuro Rehab Unit J61221	150%	150%	150%	150%	150%	150%	150%	150%	150%	150%	200%	200%	150%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	125%	
Whippingham Ward J61101	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	150%	102%	
Winter Bed Plan Ward J61107	0%	0%	0%	0%	50%	100%	50%	150%	50%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	50%	0%	50%	17%	
Woodlands J61913	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	103%	
Grand Total	104%	100%	104%	104%	104%	104%	93%	122%	104%	104%	96%	104%	116%	104%	100%	96%	100%	96%	96%	108%	96%	93%	96%	100%	104%	100%	100%	100%	100%	96%	104%	102%

Summary - RAG Rating based on Out-turn position

Operating Costs (including directorate income)				R	CIP				R	Cash				G
	Plan	Actual / Forecast	Variance			Plan	Actual / Forecast	Variance			Plan	Actual / Forecast	Variance	
Year to date £k	(71,807)	(73,437)	(1,630)	Year to date £k	4,096	2,216	(1,880)	Year to date £k	4,829	3,283	(1,546)			
Year end forecast £k	(142,020)	(142,020)	0	Year end forecast £k	8,500	5,416	(3,084)	Year end forecast £k	1,890	1,890	0			
The Trust is reporting a current year overspend against expenditure budget of £1.630m. Including additional costs relating to the Public Dividend Capital Charge the adjusted overspend expenditure variance is £1.643m.				The in month position for CIP is an achievement of £0.357m against a target of £0.729m, an under achievement of £0.372m. Cumulatively there is an achievement of £2.216m with a target of £4.096m. This is an adverse variance of £1.880m.				The cash balance held at the end of September is c£3.3m which is c£1.5m less than was expected. The difference can be attributable to the increase in deficit over the planned figure (c£3.8m) offset by the less than planned capital expenditure (£4.2m) and the movement in working capital (£1.9m).						
The current year net operating costs include £9.968m of directorate income. Excluding this income source the total costs amount to £83.406m. In addition to the operating costs, capital charges & finance costs amount to £4.814m.				The current year forecast is an achievement of £5.416m against a target of £8.500m, a shortfall of £3.084m. Plans are being developed through the turnaround programme of work to ensure that this gap is bridged.										

Capital		G		Indicators of Forward Financial Risk			G		Financial expenditure run rate				R	
	Plan	Actual / Forecast	Variance		Actual	Forecast for quarter			Jul-15	Aug-15	Sep-15			
Year to date Ek	(5,291)	(2,405)	(2,886)	Number of indicators breached	4	4			£'000	£'000	£'000			
Year end forecast Ek	(8,180)	(8,180)	0	Number of indicators	12	12		Clinical & Corporate Directorate	11,857	12,058	12,434			
Strategic Capital schemes includes the larger capital projects. The MAU Extension has now been completed and the Endoscopy Relocation scheme is progressing well and expected to complete within the approved timescale. The ICU/CCU project from 2014/15 remains on hold and in Assets Under Construction in 2015/16, no further expenditure on this project has been agreed as yet. The Ward Reconfiguration of Level C has also been put on hold for this financial year meaning an additional £103k has been made available for reallocation. The phasing of the spend of the funding for the Carbon Energy Fund project has been changed, the consequence of which is a further £504k unallocated funding available in this financial year. The current overspend against MAU is prior to the finalisation of the account. We are confident this overspend will be reconciled by year end through VAT recovery and the reallocation of costs that relate to Endoscopy but are currently sat against MAU. The two projects are physically situated on top of each other and so a division of costs is required for some elements.				Indicators breached are: i) Trust financial performance is on plan ii) Capital expenditure <75% of plan for the year iii) Trusts CIP schemes on plan				The in month position includes an income reduction of £693k in Community and Mental Health Directorate that has been reassigned to Category A income for the period April-September. The recurrent expenditure run rate for all directorates is therefore £11.7m in month, a reduction over previous months expenditure.						

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Continuity of Service Risk Rating

The planned Continuity of Service Rating (CoSR) to month 6 was a '2'. Unfortunately, as the actual I&E position has deteriorated significantly from plan, to the end of September, the Trust is reporting an overall Continuity of Service Rating of '1'. New Financial Sustainability Risk Ratings have now been officially introduced into monthly monitoring reporting by the TDA (following Monitors lead for FTs in July) and are now incorporated into the Board report. The overall year to date sustainability risk rating shows a variance of 1 against plan.

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

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

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Surplus

The Trust planned for a deficit of £0.265m in September, after adjustments made for normalising items (these include the net costs associated with donated assets). The reported position is a deficit of £0.966m in the month, an adverse variance of £0.701m against plan.

The cumulative Trust plan was a deficit of £2.139m, after normalising items. The actual position is a cumulative deficit of £5.944m, an adverse variance of £3.805m.

Although behind the original phased plan, financial performance in month by Clinical & Corporate Directorates was better than forecast. Directorates forecast to be £612k over spent, but control measures in place resulted in an actual overspend of £255k.

The main variance in month related to under performance against the CCG PbR Contract of £0.562m (£1.764m year to date). In addition to this, there is a £0.202m variance to date relating to a phasing issue on the CCG SLA Acute Contract, which will reduce to zero by the end of the financial year.

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

	Base Budget Plan £000s	Plan £000s	In month Actual £000s	Variance £000s	Plan £000s	Year to date Actual £000s	Variance £000s	Plan £000s	Full Year Forecast £000s	Variance £000s
Surplus / (Deficit)	(4,600)	(265)	(966)	(701)	(2,139)	(5,944)	(3,805)	(4,600)	(4,600)	(0)

The Category A income under recovery relates to under performance against CCG PbR contracted activity (£1.764m) plus delayed investments and cost per case services that are over or under plan. These delays are offset by a corresponding balance in reserves of £680k (£506k IoW CCG, £174k NHSE).

Operating costs include considerable over spends in Hospital & Ambulance directorate. These relate to unachievement of CIP requirements, and additional costs in respect of operational pressures and black alert status (£752k) which are being addressed through contract discussions with commissioners.

The current trajectory year end forecasts from directorates are a deficit of £9.2m. This is an deterioration from the position last month (£7.3m) and is due to inclusion of the system resilience improvement plan of £1.8m. Further actions and new CIP schemes are being progressed and will need to return the Trust to its predicted position of £4.6m.

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

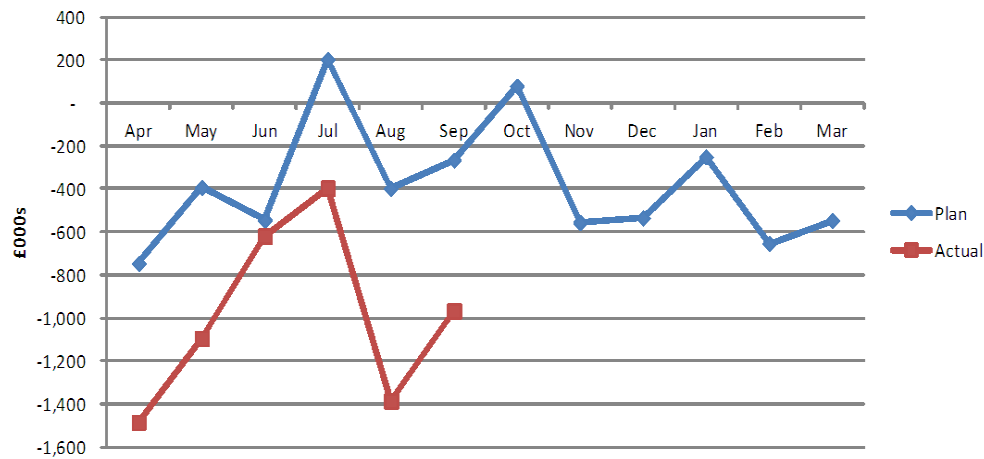
	Base Budget Plan £000s	Plan £000s	In month Actual £000s	Variance £000s	Plan £000s	Year to date Actual £000s	Variance £000s	Plan £000s	Full Year Forecast £000s	Variance £000s
Income	166,836	13,993	13,447	(546)	84,035	82,275	(1,760)	167,005	169,558	2,553
Pay	(114,151)	(9,471)	(9,651)	(180)	(57,455)	(59,815)	(2,360)	(114,126)	(116,025)	(1,899)
Non Pay	(47,147)	(3,974)	(3,953)	20	(23,918)	(23,591)	327	(47,471)	(48,112)	(641)
EBITDA	5,538	548	(158)	(706)	2,662	(1,130)	(3,792)	5,408	5,421	13
Depreciation & Amortisation	(6,531)	(518)	(506)	12	(3,032)	(3,021)	12	(6,401)	(6,389)	12
PDC	(3,625)	(302)	(303)	(1)	(1,812)	(1,813)	(1)	(3,625)	(3,626)	(1)
Impairment	0	0	0	0	0	0	0	0	0	0
Profit/(Loss) on Asset Disposal	0	0	(0)	(0)	0	(30)	(30)	0	(30)	(30)
Interest Receivable/(Payable)	0	0	4	4	0	7	7	0	7	7
Bank Charges	(8)	(1)	(0)	0	(4)	(3)	1	(8)	(7)	1
RETAINED SURPLUS / (DEFICIT)	(4,626)	(273)	(964)	(691)	(2,187)	(5,990)	(3,803)	(4,626)	(4,624)	2
Receipt of Charitable Donations for Asset Acquisition	(70)	0	0	0	0	0	0	(70)	(70)	0
Impairment	0	0	0	0	0	0	0	0	0	0
Depreciation - Donated Assets	96	8	(2)	(10)	48	46	(2)	96	94	(2)
REVISED RETAINED SURPLUS / (DEFICIT)	(4,600)	(265)	(966)	(701)	(2,139)	(5,944)	(3,805)	(4,600)	(4,600)	(0)

Isle of Wight NHS Trust Board Performance Report 2015/16

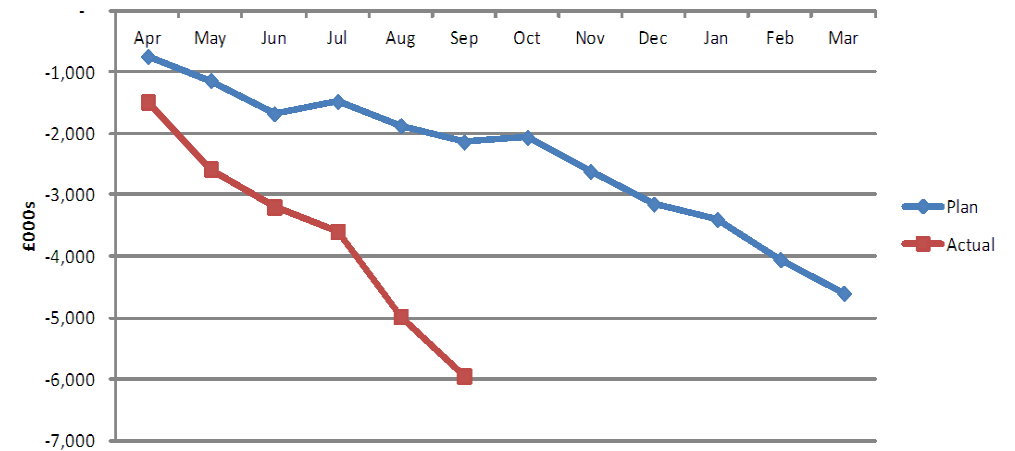
September 15

Surplus

Surplus / (Deficit) by Month



Cumulative Surplus / (Deficit) by Month



Isle of Wight NHS Trust Board Performance Report 2015/16

September 15

Income

The Trust planned income in September was £13.993m. The actual reported income is £13.447m in month, an adverse variance of £0.546m.

The cumulative income plan is £84.035m. The actual position is a cumulative income of £82.275m, an adverse variance of £1.760m.

This position includes £1.764m provision for penalties and estimated contract under performance, and £680k adverse variance from delayed investments and cost per case services over and under plan.

	Base Budget Plan £000s	Plan £000s	In month Actual £000s	Variance £000s	Plan £000s	Year to date Actual £000s	Variance £000s	Plan £000s	Full Year Forecast £000s	Variance £000s
Surplus / (Deficit)	166,836	13,993	13,447	(546)	84,035	82,275	(1,760)	167,005	169,558	2,553

The NHS Isle of Wight CCG position year to date has an estimate of £1.764m for cumulative under performance against the PbR contract. This is sub divided as £1.703m under performance on Elective and Outpatient activity, and £0.061m under performance on Non Elective activity.

Movement in month of £0.562m relates to under performance due to operational black alert status.

Plans for recovery of activity income to contracted levels have been completed and are being implemented as part of the system resilience improvement plan.

There are also contract services that have yet to commence and cost per case services over and under plan (£506k), but is offset by a corresponding balance in revenue reserves. The year end forecast is for this funding source to be drawn in full. An equal entry has been made in the Trusts expenditure reserve position to negate this impact.

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

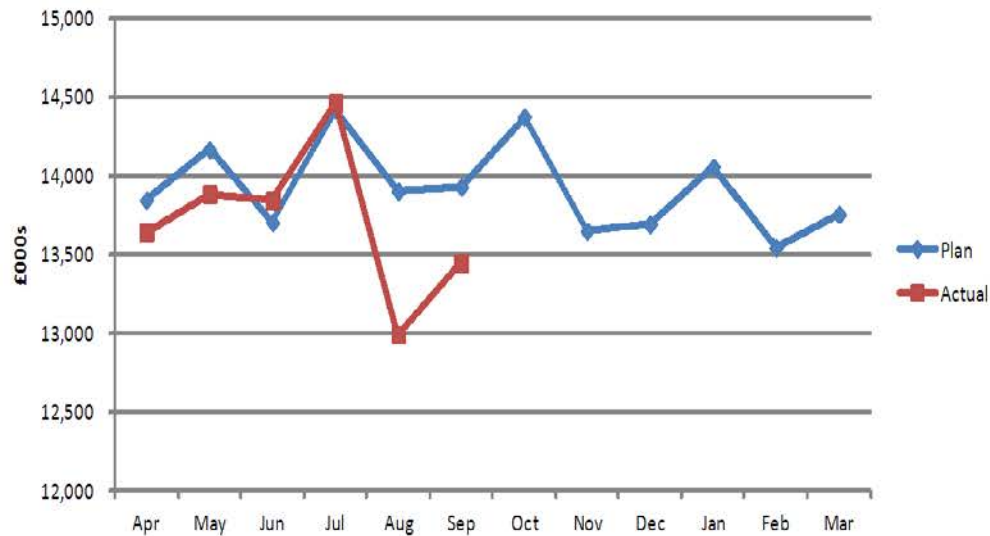
NHS England variance relates to

- i) under performance against Non PbR excluded drugs (£174k), which is offset by a reduction in costs within Hospital & Ambulance Directorate
- ii) over performance against service contract at an estimated £132k to date.

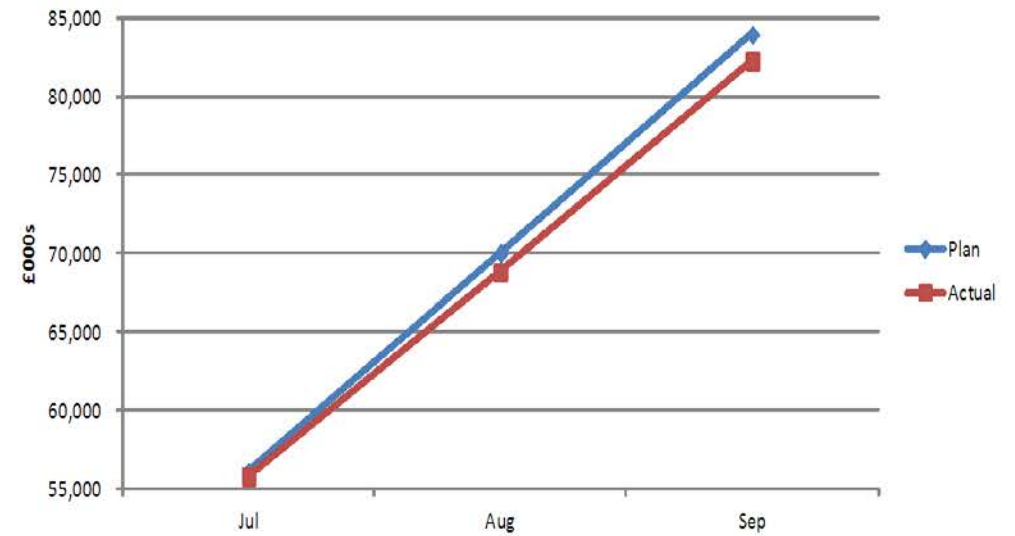
IoW Council variance relates to over performance against contract.

Income	Base Budget Plan £000s	Plan £000s	In month Actual £000s	Variance £000s	Plan £000s	Year to date Actual £000s	Variance £000s	Plan £000s	Full Year Forecast £000s	Variance £000s
NHS Isle of Wight CCG	132,668	11,028	10,481	(547)	66,163	64,025	(2,138)	132,288	134,253	1,965
NHS England	11,142	924	990	66	5,571	5,529	(42)	11,142	10,886	(257)
Isle of Wight Council	1,748	839	773	(66)	1,567	1,600	33	3,135	3,179	44
Commissioning Support Unit	320	27	25	(1)	160	161	1	320	325	5
Non Contractual Activity	1,575	166	103	(64)	954	951	(3)	1,575	1,572	(3)
Southampton University Hospitals FT	105	9	7	(2)	53	40	(12)	105	81	(24)
Other directorate income - Patient Care Activities	8,686	(162)	(47)	115	3,002	3,053	51	5,499	5,499	0
Income from Patient Care Activities	156,244	12,831	12,331	(500)	77,471	75,359	(2,111)	154,064	155,793	1,729
Other directorate income - Other Operating Revenue	10,592	1,162	1,115	(46)	6,564	6,916	352	12,941	13,765	824
TOTAL INCOME	166,836	13,993	13,447	(546)	84,035	82,275	(1,760)	167,005	169,558	2,553

Monthly Income



Cumulative income by month



Isle of Wight NHS Trust Board Performance Report 2015/16

September 15

Directorate Performance

Hospital & Ambulance <table> <tr> <th rowspan="2"></th><th colspan="3">In month</th><th colspan="3">Year to date</th><th rowspan="2">Forecast Variance £000s</th></tr> <tr> <th>Plan £000s</th><th>Actual £000s</th><th>Variance £000s</th><th>Plan £000s</th><th>Actual £000s</th><th>Variance £000s</th></tr> <tr> <td>Income</td><td>721</td><td>805</td><td>84</td><td>4,554</td><td>4,595</td><td>41</td><td>135</td></tr> <tr> <td>Pay</td><td>(5,324)</td><td>(5,616)</td><td>(293)</td><td>(32,091)</td><td>(35,275)</td><td>(3,185)</td><td>(4,408)</td></tr> <tr> <td>Non Pay</td><td>(2,063)</td><td>(2,220)</td><td>(157)</td><td>(13,193)</td><td>(13,424)</td><td>(231)</td><td>(1,054)</td></tr> <tr> <td>TOTAL</td><td>(6,666)</td><td>(7,032)</td><td>(366)</td><td>(40,730)</td><td>(44,104)</td><td>(3,375)</td><td>(5,327)</td></tr> </table> <p>Hospital & Ambulance's overspend is mainly due to unachieved CIP but is £234k better in month than forecasted at M5, due to increased NCA activity and a credit received for agency nurses. However, the forecast out turn has worsened due to CIP following validation £589k, and the impact of 7 beds on Appley Ward in October. More focus and support will be given to areas struggling to meet their CIP targets, in order to close the gap but to also ensure validation occurs at the start of a scheme.</p>									In month			Year to date			Forecast Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Income	721	805	84	4,554	4,595	41	135	Pay	(5,324)	(5,616)	(293)	(32,091)	(35,275)	(3,185)	(4,408)	Non Pay	(2,063)	(2,220)	(157)	(13,193)	(13,424)	(231)	(1,054)	TOTAL	(6,666)	(7,032)	(366)	(40,730)	(44,104)	(3,375)	(5,327)
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Non Pay	(788)	(636)	152	(4,465)	(4,250)	214	219																																														
TOTAL	(868)	(827)	41	(5,512)	(5,466)	46	8																																														
Corporate - Trust Administration <table> <tr> <th rowspan="2"></th><th colspan="3">In month</th><th colspan="3">Year to date</th><th rowspan="2">Forecast Variance £000s</th></tr> <tr> <th>Plan £000s</th><th>Actual £000s</th><th>Variance £000s</th><th>Plan £000s</th><th>Actual £000s</th><th>Variance £000s</th></tr> <tr> <td>Income</td><td>17</td><td>21</td><td>4</td><td>125</td><td>164</td><td>39</td><td>57</td></tr> <tr> <td>Pay</td><td>(269)</td><td>(268)</td><td>1</td><td>(1,338)</td><td>(1,363)</td><td>(25)</td><td>(96)</td></tr> <tr> <td>Non Pay</td><td>(319)</td><td>(306)</td><td>12</td><td>(1,996)</td><td>(1,977)</td><td>20</td><td>19</td></tr> <tr> <td>TOTAL</td><td>(571)</td><td>(553)</td><td>18</td><td>(3,210)</td><td>(3,176)</td><td>34</td><td>(21)</td></tr> </table> <p>Trust Administration reported an overall underspend of £18k in month. Pay continues to be impacted by an unfunded End of Life post. Macmillan Partnership income will commence in September and it is anticipated that this will, in part, resolve the ongoing issue, however a longer term solution will need to be found. Year to date £5k of unachieved CIP is being masked by various underspends elsewhere in the directorate. My Life a Full Life shows current and projected overspends and overachievement on pay and income, which balance out overall. Having factored in the impact of the organisational changes, the yearend forecast has improved by a further £1k to £21k overall, mainly relating to £11k maternity cover and EOL underfunded post.</p>									In month			Year to date			Forecast Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Income	17	21	4	125	164	39	57	Pay	(269)	(268)	1	(1,338)	(1,363)	(25)	(96)	Non Pay	(319)	(306)	12	(1,996)	(1,977)	20	19	TOTAL	(571)	(553)	18	(3,210)	(3,176)	34	(21)
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Non Pay	(319)	(306)	12	(1,996)	(1,977)	20	19																																														
TOTAL	(571)	(553)	18	(3,210)	(3,176)	34	(21)																																														
Reserves <table> <tr> <th rowspan="2"></th><th colspan="3">In month</th><th colspan="3">Year to date</th><th rowspan="2">Forecast Variance £000s</th></tr> <tr> <th>Plan £000s</th><th>Actual £000s</th><th>Variance £000s</th><th>Plan £000s</th><th>Actual £000s</th><th>Variance £000s</th></tr> <tr> <td>Income</td><td>1</td><td>0</td><td>(1)</td><td>224</td><td>0</td><td>(224)</td><td>(43)</td></tr> <tr> <td>Pay</td><td>(94)</td><td>27</td><td>122</td><td>(1,263)</td><td>0</td><td>1,263</td><td>3,296</td></tr> <tr> <td>Non Pay</td><td>(174)</td><td>(131)</td><td>43</td><td>(635)</td><td>(253)</td><td>381</td><td>232</td></tr> <tr> <td>TOTAL</td><td>(268)</td><td>(104)</td><td>164</td><td>(1,674)</td><td>(253)</td><td>1,421</td><td>3,485</td></tr> </table> <p>The variance to date relates to: i) commissioners contract variations on delayed investments and cost per case services that are over or under plan, but is offset by a corresponding balance in income (£680k favourable) ii) slippage on reserves for which funding had been committed (£943k favourable) iii) impact of changed CCG SLA Contract activity phasing to date (£202k adverse)</p>									In month			Year to date			Forecast Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Income	1	0	(1)	224	0	(224)	(43)	Pay	(94)	27	122	(1,263)	0	1,263	3,296	Non Pay	(174)	(131)	43	(635)	(253)	381	232	TOTAL	(268)	(104)	164	(1,674)	(253)	1,421	3,485
	In month			Year to date			Forecast Variance £000s																																														
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s																																															
Income	1	0	(1)	224	0	(224)	(43)																																														
Pay	(94)	27	122	(1,263)	0	1,263	3,296																																														
Non Pay	(174)	(131)	43	(635)	(253)	381	232																																														
TOTAL	(268)	(104)	164	(1,674)	(253)	1,421	3,485																																														

The Trust is reporting a current year overspend against expenditure budget of £1.630m. Including additional costs relating to the Public Dividend Capital Charge the adjusted overspend expenditure variance is £1.643m.

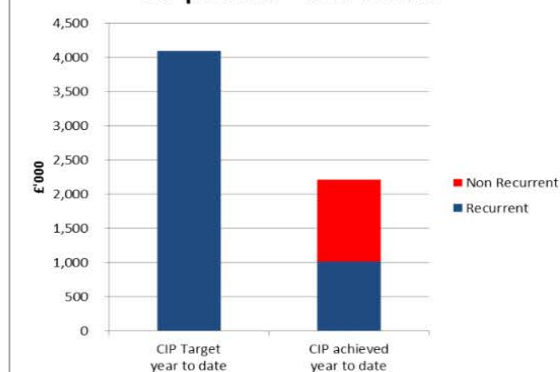
The current year net operating costs include £9.968m of directorate income. Excluding this income source the total costs amount to £83.406m. In addition to the operating costs, capital charges & finance costs amount to £4.814m.

The in month position for CIP is an achievement of £0.357m against a target of £0.729m, an under achievement of £0.372m.

Cumulatively there is an achievement of £2.216m with a target of £4.096m. This is an adverse variance of £1.880m.

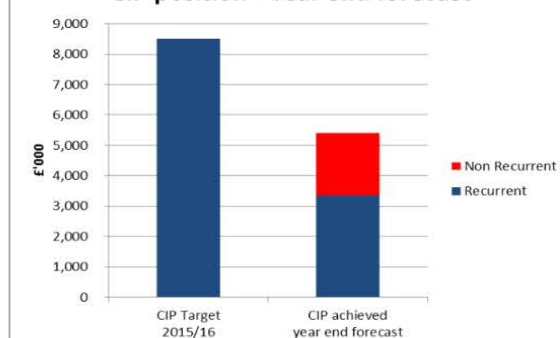
The current year forecast is an achievement of £5.416m against a target of £8.500m, a shortfall of £3.084m. Plans are being developed through the turnaround programme of work to ensure that this gap is bridged.

CIP position - Year to date



Directorate	CIP Target year to date £'000	Recurrent achieved year to date	Non Recurrent achieved year to date	CIP achieved year to date £'000	Over / (Under) Target year to date £'000
Hospital and Ambulance	2,852	530	234	764	(2,087)
Community and Mental Health	586	142	392	534	(52)
Finance and Performance	120	139	447	586	466
Nursing and Workforce	105	24	22	46	(60)
Strategic and Commercial	340	142	53	195	(146)
Trust Administration	93	35	56	91	(1)
Grand Total	4,096	1,012	1,204	2,216	(1,880)

CIP position - Year end forecast



Directorate	CIP Target 2015/16 £'000	Recurrent achieved forecast year end	Non Recurrent achieved forecast year end	CIP achieved year end forecast £'000	Over / (Under) Target forecast £'000
Hospital and Ambulance	5,917	1,996	268	2,265	(3,652)
Community and Mental Health	1,216	461	754	1,214	(1)
Finance and Performance	250	281	873	1,154	904
Nursing and Workforce	219	103	52	155	(64)
Strategic and Commercial	706	387	53	440	(266)
Trust Administration	192	131	56	187	(5)
Grand Total	8,500	3,360	2,055	5,416	(3,084)

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Cash

The cash balance held at the end of September is c£3.3m which is c£1.5m less than was expected. The difference can be attributable to the increase in deficit over the planned figure (c£3.8m) offset by the less than planned capital expenditure (£4.2m) and the movement in working capital (£1.9m).

	Plan £000s	Year to date Actual £000s	Variance £000s
Cash Balance	4,829	3,283	(1,546)

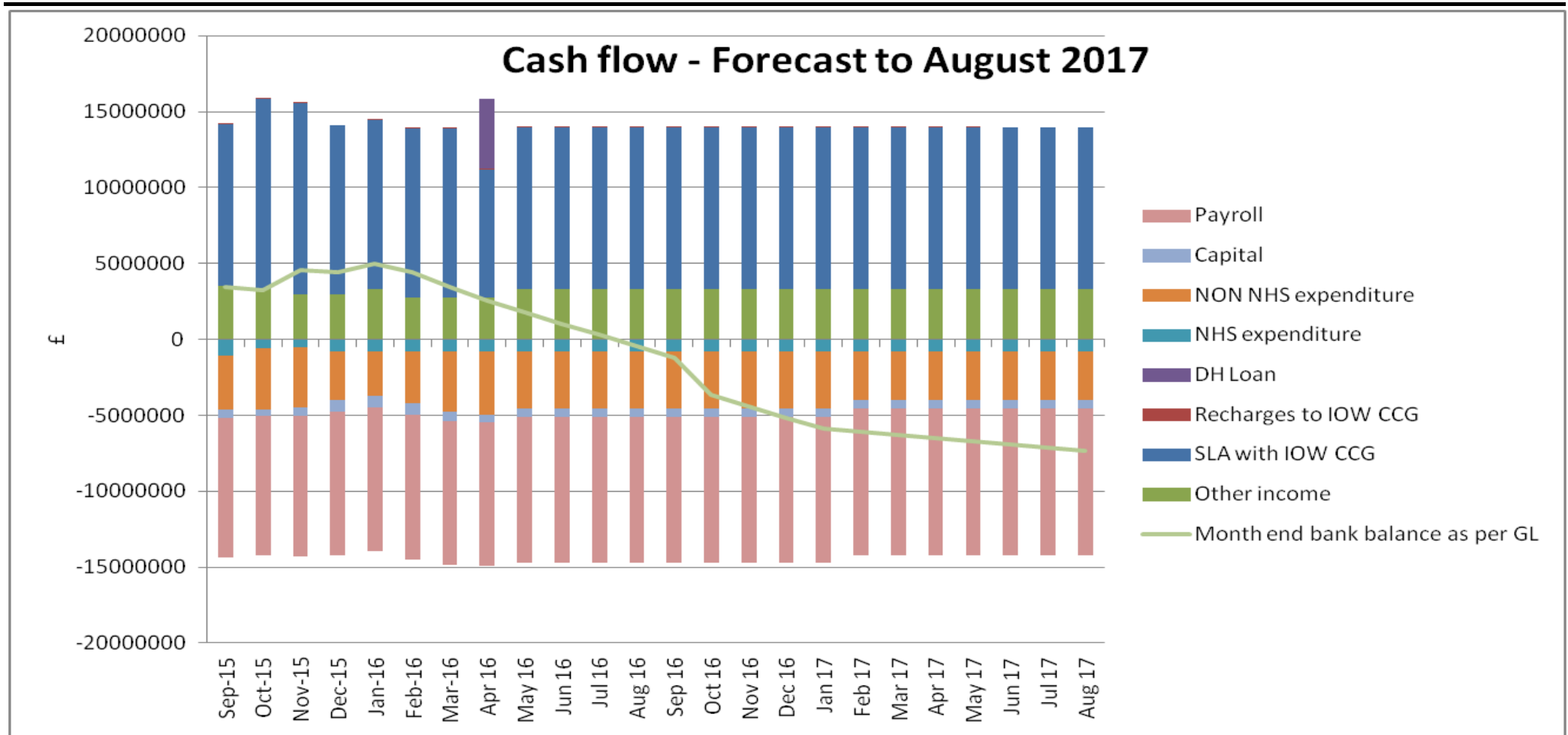
	Plan £000s	Full Year Forecast Actual £000s	Variance £000s
Cash Balance	1,890	1,890	0

	Plan £000s	Year to date £000s	Variance £000s
Operating Surplus/(Deficit)	(375)	(4,184)	(3,809)
Depreciation and Amortisation	3,188	3,020	(168)
Impairments and Reversals	0	0	0
Gains/(Losses) on foreign exchange	0	0	0
Donated Assets - non-cash	0	0	0
Interest Paid	(9)	0	9
Dividend (Paid)/Refunded	(1,813)	(1,813)	0
Movement in Inventories	0	218	218
Movement in Receivables	400	(504)	(904)
Movement in Trade and Other Payables	3,740	2,941	(799)
Provisions Utilised	(40)	(112)	(72)
Movement in Non Cash Provisions	0	(218)	(218)
Cashflow from Operating Activities	5,091	(652)	(5,743)
Cashflow from Investing Activities	0	0	0
Interest Received	12	0	(12)
Capital Expenditure - PPE	(8,430)	(4,824)	3,606
Capital Expenditure - Intangibles	(610)	(40)	570
Cashflow from Investing Activities	(9,028)	(4,864)	4,164
Cash Flows from Financing Activities	(3,937)	(5,516)	1,579
Capital Element of Finance Leases	(33)	0	33
Cashflow from Financing Activities	(33)	0	33
Net increase/decrease in cash	(3,970)	(5,516)	1,612
Opening Cash Balance	8,799	8,799	0
Opening Balance Adjustment	0	0	0
Restated Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	8,799	8,799	0
Effect of Exchange Rate Changes in the Balance of Cash Held in Foreign Currencies	0	0	0
Closing Cash Balance	4,829	3,283	(1,546)

	Plan £000s	Full Year £000s	Variance £000s
Operating Surplus/(Deficit)	(1,001)	(1,006)	(5)
Depreciation and Amortisation	6,531	6,389	(142)
Impairments and Reversals	0	0	0
Gains/(Losses) on foreign exchange	0	0	0
Donated Assets - non-cash	(70)	(70)	0
Interest Paid	(27)	(24)	3
Dividend (Paid)/Refunded	(3,625)	(3,625)	0
Movement in Inventories	(228)	802	1,030
Movement in Receivables	1,000	894	(106)
Movement in Trade and Other Payables	2,997	(255)	(3,252)
Provisions Utilised	(330)	(330)	0
Movement in Non Cash Provisions	0	0	0
Cashflow from Operating Activities	5,247	2,775	(2,472)
Cashflow from Investing Activities	0	0	0
Interest Received	24	31	7
Capital Expenditure	(11,244)	(9,308)	1,936
Capital Expenditure - Intangibles	(837)	(308)	529
Cashflow from Investing Activities	(12,057)	(9,585)	2,472
Cash Flows from Financing Activities	(6,810)	(6,810)	0
Capital Element of Finance Leases	(99)	(99)	0
Cashflow from Financing Activities	(99)	(99)	0
Net increase/decrease in cash	(6,909)	(6,909)	0
Opening Cash Balance	8,799	8,799	0
Opening Balance Adjustment	0	0	0
Restated Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	8,799	8,799	0
Effect of Exchange Rate Changes in the Balance of Cash Held in Foreign Currencies	0	0	0
Closing Cash Balance	1,890	1,890	0

The cash balance of c£3.3m held at the end of September is c£1.5m less than planned. This is because of the increase in the reported deficit of c£3.8m and the movement in other balance sheet items. These include both movement in receivables and payables and offset by the less than planned cash spend on fixed assets. It was envisaged that the CIP Programme would have had a greater impact at this time to alleviate the cash situation. However, these savings have yet to materialise and it is increasingly likely the Trust will need to apply to the DH via the TDA for Interim Working Capital Support (see separate agenda item/paper). In the interim period, an increase in the SLA payment of c£1.5 per month for September and October has been negotiated with the IW CCG. This will require repayment at the end of the financial year but should delay the application to the DH for interim cash support until later in the year.

The forecast cash balance held at 31st March 2016 is reliant of the full achievement of the CIP Programme. The expectation is that organisations will hold a minimum of balances equivalent to 2 days operating costs which, in the Trust's case would equate to c£1m. The c£1.9m is therefore ahead of the requirement but will provide a small buffer for unmitigated risks in the financial position if these were to materialise. It remains likely that should the financial position continue to deteriorate and CIPs do not deliver, a level of cash support will be required before the year-end. Forecast cash flow as shown in the graph below includes additional support from the IWCCG of c£1.3m in September and October with repayment being made in March 2016. An Interim Working Capital Support Facility of £4.6m was presented to and supported by the Trust Board. The graph indicates that these arrangements will have to be reviewed sometime in the new financial year.



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Statement of Financial Position

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

	1st April 2015	Year to Date			Notes
	£k	Plan £k	Actual £k	Variance £k	
Property, Plant and Equipment	107,504	109,711	106,735	(2,976)	
Intangible Assets	3,495	2,927	2,874	(53)	
Trade and Other Receivables	340	224	234	10	
Non Current Assets	111,339	112,862	109,843 ✓	(3,019)	
Inventories	2,303	1,728	2,084	356	
Trade and Other Receivables	7,604	6,948	8,231	1,283	
Cash and Cash Equivalents	8,799	4,829	3,283	(1,546)	
Sub Total Current Assets	18,706	13,505	13,598 ✓	93	
Non-Current Assets Held For Sale	0	0	497	497	
Current Assets	18,706	13,505	14,095 ✓	590	
Trade and Other Payables	(18,694)	(19,046)	(19,176)	(130)	
Provisions	(643)	(334)	(313)	21	
Liabilities arising from PFIs / Finance Leases	0	(92)	0	92	
Current Liabilities	(19,337)	(19,472)	(19,489) ✓	(17)	
Liabilities arising from PFIs/Finance Leases	0	(933)	0	933	
Non-Current Liabilities	0	(933)	0	933	
TOTAL ASSETS EMPLOYED	110,708	105,962	104,449	(1,513)	
FINANCED BY:					
Public Dividend Capital	6,762	6,762	6,762	0	
Retained Earnings Reserve	69,520	64,991	63,763	(1,228)	
Revaluation Reserve	34,426	34,209	33,924	(285)	
Other Reserves	0	0	0	0	
TOTAL TAXPAYERS EQUITY	110,708	105,962	104,449	(1,513)	

The reduced asset values of c£3.m are attributable to the less than planned year-to-date spend on capital items. The movement in working capital, mainly inventories and receivables, are more than the planned level at month 6 and is mainly because the plan was based on figures before the final outturn for 2014/15 were confirmed. Assets Held for Sale relates to the properties in Swanmore Road, the sale of which have been delayed pending further agreement with the DH IN respect of the overage clause. The adjustments in Taxpayers Equity relate to the movement in the planned deficit within the Retained Earnings Reserve together with the transfer between reserves for items disposed of that have residual balances in the Revaluation Reserve that are no longer required.

	Full Year			Notes
	Plan £k	Forecast £k	Variance £k	
Property, Plant and Equipment	114,042	114,042	0	
Intangible Assets	2,451	2,451	0	
Trade and Other Receivables	150	150	0	
Non Current Assets	116,643	116,643 ✓	0	
Inventories	1,500	1,500	0	
Trade and Other Receivables	6,930	6,930	0	
Cash and Cash Equivalents	1,890	1,890	0	
Sub Total Current Assets	10,320	10,320 ✓	0	
Non-Current Assets Held For Sale	0	0	0	
Current Assets	10,320	10,320 ✓	0	
Trade and Other Payables	(17,993)	(18,176)	(183)	
Provisions	(448)	(265)	183	
Liabilities arising from PFIs / Finance Leases	0	0	0	
Current Liabilities	(18,441)	(18,441) ✓	0	
Liabilities arising from PFIs/Finance Leases	(933)	(933)	0	
Non-Current Liabilities	(933)	(933)	0	
TOTAL ASSETS EMPLOYED	107,589	107,589	0	
FINANCED BY:				
Public Dividend Capital	6,762	6,762	0	
Retained Earnings Reserve	62,406	62,406	0	
Revaluation Reserve	38,421	38,421	0	
Other Reserves	0	0	0	
TOTAL TAXPAYERS EQUITY	107,589	107,589	0	

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

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Capital

The initial source of funds for 2015/16 is £8.18m. This includes expected property sales of £750k which were delayed from 2014/15. The forecast spend for this year includes £750k dependant on the sale of the properties and no orders will be placed against this funding until the cash from the sales has been received by the Trust

Year to Date	Plan £k	Actual £k	Variance £k
Strategic Capital	2,288	2,032	256
Operational Capital	3,003	373	2,630
Total	5,291	2,405	2,886

Strategic Capital schemes includes the larger capital projects. The MAU Extension has now been completed and the Endoscopy Relocation scheme is progressing well and expected to complete within the approved timescale. The ICU/CCU project from 2014/15 remains on hold and in Assets Under Construction in 2015/16, no further expenditure on this project has been agreed as yet. The Ward Reconfiguration of Level C has also been put on hold for this financial year meaning an additional £103k has been made available for reallocation. The phasing of the spend of the funding for the Carbon Energy Fund project has been changed, the consequence of which is a further £504k unallocated funding available in this financial year.

The current overspend against MAU is prior to the finalisation of the account. We are confident this overspend will be reconciled by year end through VAT recovery and the reallocation of costs that relate to Endoscopy but are currently sat against MAU. The two projects are physically situated on top of each other and so a division of costs is required for some elements.

Year End Forecast	Plan £k	Forecast £k	Variance £k
Strategic Capital	4,233	3,627	606
Operational Capital	3,947	4,553	(606)
Total	8,180	8,180	0

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

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

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

2

Strategic Capital	Year to Date			Full Year			Risk Rating
Source of Funds	Plan £k	Actual £k	Variance £k	Plan £k	Forecast £k	Variance £k	
Strategic Funds C/F			0			0	
External Funding			0			0	
Capital Investment Loans			0			0	
Operational Capital	0	0	0	4,233	4,233	0	
Donated Capital			0			0	
	0	0	0	4,233	4,233	0	
Application of Funds							
Strategic Capital Schemes							
MAU Extension	588	648	60	588	588	0	G
Ward Reconfiguration Level C	0	0	0	103	0	103	R
Endoscopy Relocation	1,300	1,384	84	2,774	2,774	0	G
Carbon Energy Fund	400	0	400	769	265	504	A
ICU/CCU	0	0	0	0	0	0	G
	2,288	2,032	256	4,233	3,627	606	

Operational Capital	Year to Date			Full Year			Risk Rating
Source of Funds	Plan £k	Actual £k	Variance £k	Plan £k	Forecast £k	Variance £k	
Depreciation	3,021	3,021	0	6,134	6,134	0	
Property Sales	0	0	0	750	750	0	
Donated Funds	0	0	0	70	70	0	
Other	0	0	0	1,226	1,226	0	
Transfer to Strategic Capital	(2,288)	(2,288)	0	(4,233)	(4,233)	0	
	733	733	0	3,947	3,947	0	
Application of Funds							
Operational Schemes							
Estates Schemes	282	82	200	534	657	(123)	G
IM&T RRP	500	0	500	500	538	(38)	G
MRI Upgrade - Finance Lease	1,057	0	1,057	1,057	1,057	0	G
Equipment RRP	782	170	612	882	1,074	(192)	G
Estates Staff Capitalisation	90	79	11	180	180	0	G
Contingency/Unallocated	250	0	250	555	447	109	G
Donated Assets	0	0	0	70	70	0	G
PARIS Implementation	42	42	(0)	169	169	0	G
Other (Non RRP, Equipment)	0	0	0	0	362	(362)	G
	3,003	373	2,630	3,947	4,553	(606)	

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

GOVERNANCE RISK RATINGS

Isle of Wight NHS Trust

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

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

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

See 'Notes' for further detail of each of the below indicators						Historic Data			Current Data				Notes
Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Q3 2014/15	Q4 2014/15	Q1 2015/16	Jul	Aug	Sep	Q2 2015/16		
Access	1	Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted		90%	1.0	No	No	No	No	No	No	No	
	2	Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted		95%	1.0	No	No	No	No	Yes	No	No	
	3	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway		92%	1.0	Yes	Yes	Yes	Yes	Yes	No	No	
	4	A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge		95%	1.0	No	No	No	No	No	No	No	
	5	All cancers: 62-day wait for first treatment from:	Urgent GP referral for suspected cancer	85%	1.0	No	Yes	No	Yes	Yes	Yes	Yes	
			NHS Cancer Screening Service referral	90%									
	6	All cancers: 31-day wait for second or subsequent treatment, comprising:	surgery	94%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
			anti-cancer drug treatments	98%									
			radiotherapy	94%									
	7	All cancers: 31-day wait from diagnosis to first treatment		96%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	8	Cancer: two week wait from referral to date first seen, comprising:	All urgent referrals (cancer suspected)	93%	1.0	No	Yes	Yes	Yes	Yes	Yes	Yes	
			For symptomatic breast patients (cancer not initially suspected)	93%									
	9	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within seven days of discharge	95%	1.0	Yes	No	No	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	Yes	Yes	No	Yes	No	No	No	
	11	Meeting commitment to serve new psychosis cases by early intervention teams		95%	1.0	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	No	No	Yes	No	
			Red 2 calls	75%	1.0	Yes	Yes	No	Yes	No	Yes	No	
13	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	Yes	Yes	No	No	No	Yes	No		
14	Early intervention in Psychosis (EIP): People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral		50%	1.0	-	-	-	-	-	-	-		
15	Improving access to psychological therapies (IAPT)	People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	1.0	-	-	No	No	Yes	No	No		
		People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	1.0	-	-	Yes	Yes	Yes	Yes	Yes		
Outcomes	16	Clostridium difficile – meeting the C. difficile objective	Is the Trust below the de minimus	12	1.0	Yes	Yes	Yes	Yes	No	No	No	
		Is the Trust below the YTD ceiling	1	No		No	No	No	No	No	No		
	17	Minimising mental health delayed transfers of care		≤7.5%	1.0	No	No	No	No	No	No	No	
	18	Mental health data completeness: identifiers		97%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	19	Mental health data completeness: outcomes for patients on CPA		50%	1.0	Yes	No	Yes	Yes	Yes	Yes	Yes	
	20	Certification against compliance with requirements regarding access to health care for people with a learning disability		N/A	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
21	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					6.0	6.0	11.0	7.0	8.0	8.0	11.0		
					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

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 4th November 2015

Title	Emergency Preparedness Annual Report & Core Standards 2015					
Sponsoring Executive Director	Alan Sheward – Executive Director of Nursing					
Author(s)	Keith Morey – Civil Contingencies Manager					
Purpose	To report to the Board the Emergency Planning activity of the Trust and to gain Board approval for the annual core standards self-assessment.					
Action required by the Board:	Receive		Approve	X		
Previously considered by (state date):						
Trust Executive Committee	02 November 2015					
<i>Please add any other committees below as needed</i>						
Staff, stakeholder, patient and public engagement:						
Executive Summary:						
Self-assessment, along with discussion with the Clinical Commissioning Group (CCG), has shown the compliance of the Isle of Wight NHS against the core standards is 80 (79%) green of the 102 standards with the remaining 22 standards at Amber. An additional assessment on Marauding Terrorism & Firearms (MTFA) capability shows 6 (35%) green standard with the remaining 11 standards at red. These are due to the unique situation of the Trust in relation to this area of emergency planning.						
Recommendation to the Board:						
The Board is recommended to:						
<ol style="list-style-type: none"> 1. Receive this annual report; 2. Approve the enclosed self-assessment; and 3. Reinforce the priority for attendance at the required training 						
Attached Appendices & Background papers						
Enc J1 - Appendix 1 – Core Standards for Emergency Preparedness, Resilience and Response						
<i>For following sections – please indicate as appropriate:</i>						
Trust Goal (see key)	3 Resilience					
Critical Success Factors (see key)	CSF 2, CSF 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: 23 rd October 2015 Completed by: Keith Morey – Civil Contingencies Manager						

**Isle of Wight NHS Trust
Emergency Preparedness
Resilience & Response (EPRR)
Annual Report to The Trust Board
2014-15**

1. BACKGROUND

- 1.1 In line with the NHS Commissioning Board Core Standard requirements, the following is a summary report of Emergency Preparedness Resilience and Response (EPRR) activity within the Trust.
- 1.2 This report covers the time period of 1st April 2014 to 31st July 2015.

2. MULTI-AGENCY WORKING

- 2.1 Following the ethos and guidance laid down within the Civil Contingencies Act 2004, the Trusts Emergency Planning Team work closely with partner agencies to ensure a co-ordinated approach to emergency preparedness across health and the wider Island. Our unique position of leading so many health care systems means when ever policy supporting emergency preparedness is produced, it touches as part of our services. This requires a higher than normal level of support within our integrated organisation.
- 2.2 This is achieved through a number of groups and forums, primarily;
 - 2.2.1 Local Health Resilience Partnership (LHRP)
 - 2.2.2 Hampshire & Isle of Wight Local Resilience Forum (LRF)
 - 2.2.3 Island Resilience Forum (IRF).
- 2.3 The LRF membership is through the Local Health Resilience Partnership (LHRP), with membership of both the executive group and the working group, with both of these groups chaired by NHS England South.
- 2.4 The IRF has a Co-ord Group which covers all aspects of emergency preparedness, and we are also members of the IRF Voluntary Sector Group, engaging regularly with members of that sector.
- 2.5 We also ensure the Trust discharges its duty under the Licencing Act, reviewing all licence requests, and participating in Safety Advisory Group meetings throughout the year.

3. RESOURCES

- 3.1 In April 2014, the Emergency Planning Manager was seconded to the My Life a Full Life (MLFL) programme. To maintain the multi-agency theme from the My Life programme and the Resilience Forum work, this post was backfilled by a member of the Local Authority Public Health team. Carol Foley spent a year focusing on updating the trust's Business Continuity Plans as detailed below.

4. BUSINESS CONTINUITY (BC)

- 4.1 During the secondment period, Trust departmental BC plans were updated to meet the new ISO standards. This was achieved by assisting departments to transfer old plans into newly devised templates, with additional details being added where required.
- 4.2 This process was also shared with some partner agencies such as Earl Mountbatten Hospice and some local nursing homes to help ensure a resilient community.
- 4.3 The BC planning and review process is now built into the Trust's annual risk assessment programme, ensuring BC is embedded within the Trust's processes. Template documents are available, and an e-learning package was devised and is waiting to be placed on the Trust intranet site to assist departments to develop future plans.
- 4.4 Of the 138 areas that have been identified as requiring a Business Continuity Plan 71% have plans that have been updated and validated. Following completion of the Trusts organisational change, those areas without a plan will be supported to complete a plan.
- 4.5 During her time seconded to the trust, Carol also took time out from her BC work to compile the debrief report on a Norovirus outbreak. This report led to significant change in how this was managed in 2015 and to date there have been no outbreaks of Norovirus.

5. INCIDENTS

- 5.1 Over the 16 months of this report, the Trust has categorised and dealt with 7 Significant Incidents and 1 Major Incident.
- 5.2 These can be categorised as –
 - 5.2.1 2 Significant Fires (House)
 - 5.2.2 1 Offshore rescue
 - 5.2.3 1 Remote location rescue
 - 5.2.4 1 Ferry Incident
 - 5.2.5 1 Prison fire with potential for large numbers of casualties (Major)
 - 5.2.6 2 Industrial action dates
- 5.3 The majority of these incidents were dealt with by the Integrated Care Hub, and were logged and recorded by the Ambulance Service Dispatcher. Liaison with Bed Management, Emergency Department and Estates were carried out as required. Further governance assessment was required on only one section of the Trust calling the Major Incident.
- 5.4 The control logs for these incidents are reviewed for any learning points, and where required, incident debriefs and action plans are produced. The logs are held by the Emergency Preparedness Team for review.
- 5.5 The larger incidents are reviewed by multi agency debriefs, and our reports are fed into these as required. The Cowes Harbour boat fire and Undercliff Landslip have both had reports sent for multi agency debriefs this year.

6. EVENTS

- 6.1 The Trust has planned and provided event management cover as part of a multi-agency team at;
 - 6.1.1 Round the Island Yacht Race (Event management)
 - 6.1.2 Isle of Wight Festival (Event management, integrated NHS & private provision)
 - 6.1.3 Cowes Week Fireworks (Event management)
 - 6.1.4 Bestival (Event management, integrated NHS and private provision)
 - 6.1.5 Royal visit (Event management)
- 6.2 A number of other events were given advice and guidance on required medical cover via our participation in the Safety Advisory Group, run under the Local Authority Licensing Department.
- 6.3 The Trust is currently reviewing its contractual arrangements during the Bestival and Festival.

7. EXERCISES

- 7.1 The Trust has participated in the following exercises;
 - 7.1.1 Railway incident involving the Emergency Department (Live)
 - 7.1.2 Cowes Week (Table top)
 - 7.1.3 Royal Yacht Squadron Royal Visit (Table top)
 - 7.1.4 Viral Haemorrhagic Fever (Table top, Regional Workshop, National Ambulance Workshop, Live Test)
 - 7.1.5 Festival (Tabletop)
 - 7.1.6 Bestival (Tabletop)
 - 7.1.7 Direct Denial of Service (Table top)
 - 7.1.8 Health Protection Outbreak (Table top)
 - 7.1.9 Gridlock (Workshop & Table top)
- 7.2 Debrief lessons from the multi agency exercises have been shared and implemented where appropriate.

8. TRAINING

- 8.1 The Joint Emergency Services Interoperability Programme (JESIP) was rolled out by the Home Office and delivered locally. This program covered all Tactical and Operational commanders from the Police, Fire and Ambulance services, and was delivered by a multi-agency team to a multi-agency audience. Six sessions were delivered on the Island, and the learning from this programme is being incorporated into training for the wider Trust audience.
- 8.2 Delivery to front line responders of the Initial Operational Response (IOR) to a chemical incident has commenced.
- 8.3 All new call handling staff within the Integrated Care Hub have received an Emergency Planning Major Incident session during their initial training.

9. **ADDITIONAL ASSISTANCE**

- 9.1 During this time period, emergency planning have been called upon to assist with planning for the Easter bank holiday weekend, have assisted with mask fit testing and planning for industrial action.

10. **CORE STANDARDS AND ASSURANCE**

- 10.1 Many of the above work streams have required assurance returns to both NHS England South and the National Ambulance Resilient Unit (NARU), with some areas requiring assurance to both.
- 10.2 The annual NHS Commissioning Board Core Standards assessment is under way, and the self-assessment is attached to this report for board approval (Appendix 1).
- 10.3 The highlights to note are:
 - 10.3.1 EPRR standards 82% green, 18% amber
 - 10.3.2 Pandemic Flu 75% green, 25% amber
 - 10.3.3 Chemical, Biological Radiological and Nuclear (CBRN/HAZMAT) 93% green, 7% amber
 - 10.3.4 Marauding Terrorism and Firearms (MTFA) (firearms response) 39% green, 61% red.
- 10.4 The high number of red ratings is due to this standard being written for an ambulance service with an MTFA response as part of their HART capability. The IoW Ambulance Service is not funded to have a Hazardous Area Response Team (HART) capability, so are unable to meet a number of these standards. Discussions on this have been had with the IoW CCG and NHS England South. This has resulted in NHS England South seeking further clarification from national colleagues with regard to expected standards within funded capability.

11. **FUTURE WORK PLANS**

- 11.1 Following a review of governance within the Trust it has been agreed Emergency Preparedness will remain in the remit of the Executive Director of Nursing, whilst local system resilience sits with the Chief Operating Officer (COO).
- 11.2 Review terms of reference for the Emergency Preparedness and Business Continuity Working Group
- 11.3 Develop and education and training programme for on-call arrangements following organisational change.
- 11.4 Greater links with Local Authority around Emergency Planning.
- 11.5 As well as maintaining the above standards and meeting schedule, delivery of training for strategic and tactical leaders is a high priority for the coming year.
- 11.6 This will require time commitment from both the delivery staff and the executive and senior managers in attending the training provided. This is a challenge with the pressures placed on all staff within the Trust, and Board support for this task is welcomed.

RECOMMENDATIONS

The Board is recommended to:

1. Receive this annual report;
2. Approve the enclosed self-assessment; and
3. Reinforce the priority for attendance at the required training

Alan Sheward
Executive Director of Nursing
October 2015

Prepared by: Keith Morey, Civil Contingencies Manager.

REPORT TO THE TRUST BOARD

4th November 2015

Title	Board Self-certification and Licence Conditions		
Sponsoring Executive Director	Mark Price, FT Programme Director / Company Secretary		
Author(s)	Lucie Johnson, Head of Corporate Governance		
Purpose	To Approve		
Action required by the Board:	Receive		Approve X
Previously considered by (state date):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Quality and Clinical Performance Committee	28.10.15	Agreed	
Consultation with Staff, stakeholder, patient and public engagement:			
Not applicable			
Executive Summary & Analysis:			
<p>The Trust Board is required to self-certify against selected Board Statements and Monitor Licence Conditions as part of the Trust Development Authority's oversight arrangements specified in the Accountability Framework for NHS Trust Boards 2014/15.</p> <p>This suite of documents includes:-</p> <ol style="list-style-type: none"> 1. The Board Self Certification Report 2. The Trust Self Certification against the Board Statements 3. The Trust Self Certification against the Licence Conditions <p>These documents represent the Trust Development Authority (TDA) self-certification return covering the September 2015 performance period for approval by the Trust Board.</p> <p>The key points covered include:</p> <ul style="list-style-type: none"> • Background to the requirement • Assurance • Performance summary and key issues • Recommendations <p>The Finance, Investment, Information & Workforce Committee did not consider this matter as their October meeting was converted to a workshop.</p> <p>The Quality & Clinical Performance Committee considered and agreed the self certification return and have not recommended any amendments</p> <p>The following Board Statements remain at risk, 1, 2, 5, 6, 7, 8, 10, 14, from a total of 14 statements.</p>			
Level of Assurance provided to the Board by the report:			
There are a number of Board Statements that remain at Risk and as such this report provides limited assurance			
Positive Assurance	£	Limited Assurance	X
Negative Assurance	£		

Recommendation to the Board:

The Board is recommended to approve the attached Board Self Certification.

Attached Appendices & Background papers

1. Board Report
2. Board Statements Table
Licence Conditions Table

For following sections – please indicate as appropriate:

Key Trust Strategic Context

This suite of documents relates to all Trust Goals

Principal Risks (please enter applicable BAF references – eg 1.1; 1.6)**Legal implications, regulatory and consultation requirements**

TDA requirement, although also relates to CQC/IG

Date: 27th October 2015

Completed by: Lucie Johnson Head of Corporate Governance & Pauline Woodford, Risk Administrator

ISLE OF WIGHT NHS TRUST **SELF-CERTIFICATION**

1. Purpose

To seek approval of the proposed self-certification return for the September 2015 reporting period, prior to submission to the Trust Development Authority (TDA).

2. Background

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

In March 2014 the TDA published a revised *Accountability Framework* for 2014/15. There are no fundamental changes with respect to the self-certification requirements.

The Trust must continue to make monthly self-certified declarations against prescribed Board Statements and Monitor Licence Conditions.

Where non-compliance is identified, an explanation is required together with a forecast date when compliance will be achieved.

3. Assurance

Lead professionals across the Trust have been engaged to ensure the provision of supporting information and the identification of gaps, issues and actions required to provide a sufficient degree of assurance to the Trust Board to enable approval of the self-certification return as an accurate representation of the Trust's current status.

Draft self-certification returns have been considered by the Quality & Clinical Performance Committee and relevant senior officers and Executive Directors. Board Statements and Monitor Licence Conditions are considered with respect to the evidence to support a positive response, contra indicators and threats to current status together with action plans and activity to maintain or improve the current assessed position. The Trust Board may wish to amend the responses to Board Statements based on a holistic view of the complete self-certification return and feedback from Board sub-committee Chairs.

4. Performance Summary and Key Issues

Board Statements

Board Statements **1, 2, 6** and **14** remain 'at risk' as a consequence of the CQC inspection undertaken in June 2014. Progress continues against the Quality Improvement Plan (QIP) and the Trust remains on trajectory towards declaring full CQC compliance.

Board statements **5** (further assurance needed and challenge by Commissioners) and **8** (Performance against plan this year and the risk to underlying assumptions for 2015/16) have been declared "at risk" following discussion at FIIWC and QCPC and agreed at Board on 1.4.15

Following FIIWC meeting on 26.5.15 Board Statement **7** was proposed "at risk" as it was identified that the Board have not fully considered all potential future risks associated with national drivers and resultant changes in healthcare delivery. At 3rd June Board meeting this was approved.

As a positive trajectory towards improvement had still not been demonstrated with respect to the governance risk rating (GRR), it was previously recommended that Board Statement **10** remains 'at risk', and that the target compliance date be slipped to 31st March 2015. However, this date was still not achieved, was originally moved to 31st May 2015 and following consideration has now been moved forward to 30th September 2015, giving a more realistic date for achievement. This position is reflected within the draft return document (Appendix 1a).

Statement 13 was declared compliant during an Executive review meeting held on the 17.9.15 as a full Board is now in place

Licence Conditions

All Licence Conditions remain marked as compliant. A watching brief should be maintained with respect to condition G7 (Registration with the Care Quality Commission) as it could be put at risk if the QIP is not delivered sufficiently to the satisfaction of the CQC. This position is reflected within the draft return document (Appendix 1b)

5. Recommendations

It is recommended that the Trust Board:

- (i) Consider feedback from Board sub-committee and determine whether any changes to the declarations at 1a and 1b are required;
- (ii) Approve the submission of the TDA self-certification return;
- (iii) Identify if any Board action is required

Lucie Johnson
Head of Corporate Governance

6. Appendices

- 1a – Board Statements
- 1b – Licence Conditions

7. Supporting Information

- *Delivering for Patients: the 2014/15 Accountability Framework for NHS trust boards*, 31 March 2014
- *Risk Assessment Framework*, Monitor, 27 August 2013

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-Sep-15	Alan Sheward	QCPC
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-Sep-15	Alan Sheward	QCPC
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	FIIWC
	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	FIIWC
	For GOVERNANCE, that:	Response				
5	The board will ensure that the trust remains at all times compliant with has regard to the NHS Constitution.	At risk	Further assurance needed and challenge by commissioners	31-Oct-15	Mark Price	FIIWC QCPC
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-Sep-15	Mark Price	FIIWC QCPC
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.	At risk	The Finance, Investment, Information & Workforce Committee considered the self-certification return and requested Board Statement 7 be amended to "at risk" as it was identified that the Board have not fully considered all potential future risks associated with national drivers and resultant changes in healthcare delivery.	30-Sep-15	Mark Price	FIIWC QCPC
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.	At risk	Performance against plan this year and the risk to underlying assumptions for 2015/16	30-Sep-15	Katie Gray	FIIWC QCPC
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	FIIWC
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.	30-Sep-15	Shaun Stacey	FIIWC QCPC

BB - TDA Accountability Framework - Board Statements

Appendix - 1(a)

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

11	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes			Mark Price	FIIWC
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	ACRC
13	The board is satisfied all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	Yes			Karen Baker	FIIWC
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-Oct-15	Karen Baker	FIIWC

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	RemCom
2	Condition G7 – Registration with the Care Quality Commission	Yes	<i>This indicator could be but at risk if the CQC action plan is not implemented as required by the CQC.</i>		Alan Sheward	QCPC
3	Condition G8 – Patient eligibility and selection criteria	Yes			Alan Sheward	QCPC
4	Condition P1 – Recording of information	Yes			Chris Palmer	FIIWC
5	Condition P2 – Provision of information	Yes			Chris Palmer	FIIWC
6	Condition P3 – Assurance report on submissions to Monitor	Yes			Chris Palmer	FIIWC
7	Condition P4 – Compliance with the National Tariff	Yes			Chris Palmer	FIIWC
8	Condition P5 – Constructive engagement concerning local tariff modifications	Yes			Chris Palmer	FIIWC
9	Condition C1 – The right of patients to make choices	Yes			Alan Sheward	QCPC
10	Condition C2 – Competition oversight	Yes			Karen Baker	FIIWC
11	Condition IC1 – Provision of integrated care	Yes			Alan Sheward Mark Pugh	QCPC

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 4th November 2015

Title	BAF (Principal Risk Register)		
Sponsoring Executive Director	Mark Price Company Secretary and Foundation Trust Programme Director		
Author(s)	Lucie Johnson Head of Corporate Governance		
Purpose	<p>This paper summarises the currently identified Principal Risks relating to the Trusts achievement of its Strategic Goals.</p> <p>The purpose of this document is to support the Board in ensuring it is able to focus on the top risks being faced by the Trust at this time.</p>		
Action required by the Board:	Receive	X	Approve
Previously considered by (state date and outcome):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Quality & Clinical Performance Committee			
Remuneration & Nominations Committee			
Foundation Trust Programme Board			
Turnaround Board			
<i>Please add any other committees below as needed</i>			
Board Seminar	7 th October 15		
Staff, stakeholder, patient and public engagement:			
Executive Summary:			
<p>The attached document represents the Trust Principal Risk Register (BAF), on which there are identified 6 Principal Risks:-</p> <ol style="list-style-type: none"> 1. Finance 2. Workforce 3. Strategy and Planning 4. Culture 5. Quality & Harm 6. Local Health and Social Care economy resilience <p>It is worthy of note that a number of the items on the Board agenda for the 4th November meeting align well with these Principal Risks ensuring that it is possible to scrutinise these risks in more detail.</p> <p>However, the Trust Board should consider how it could further embed this alignment to ensure that Principal Risks are reviewed in sufficient detail at each Board meeting. This is part of the implementation of the findings of the External Governance Review.</p> <p>It is also worthy of note that the Audit and Corporate Risk Committee intend to commence deep dive reviews in relation to the Principal Risks and have scheduled the risk owners to attend the Committee on a rolling program.</p>			

However, it is prudent to note that this register is a dynamic register and as such is unlikely to remain the same as risks including their scores and mitigations change to reflect changes in the social, economic, political and technological environment. In order to ensure that these changes are responded to, the Principal Risk Register will be reviewed on a monthly basis through the Executive team monthly governance review.

Recommendation to the Trust Board:

The Board is recommended to note the 6 risks identified on the attached Principal Risk Register including controls, assurance mechanisms and actions and determine any further work required to satisfy the Board that the risks are being mitigated effectively by the risk owners, or indeed if other Principal risks exist.

Attached Appendices & Background papers

Principal Risk Register (BAF) report.

For following sections – please indicate as appropriate:

Goals	The attached document outlines the Principal risks to the Trust achieving its strategic priorities.
Priorities	The attached document is the Trusts current Principal risk register
QI	All

Date: 23rd October 2015 **Completed by:** Lucie Johnson Head of Corporate Governance

Isle of Wight NHS Trust BAF (Principle Risk)

Strategic Goal	Risk area	Risk Description	Current Risk Score	Original risk score	Controls in place <i>(what is currently in place to prevent the risk for occurring or reduce its impact if it does)</i>	Lead	Assurance mechanism in place <i>(how do we know how well we are performing in managing this risk)</i>	Update	Actions required	Deadline
Skilled and Capable Staff	Human Resources	There is a risk that the Trust is unable to attract and retain sufficient staff of the right quality and skillset to meet demand	16 (Likely x Major)	16	Senior HR leads have specific responsibilities within the HR team which enables them to focus on key deliverables (Medical Staffing HR (Doctors) link with Medical Director, Development of HR information & Employment relations and Policy development lead & Resourcing lead.	Chris Palmer <i>(from 15th September)</i>	1) Annual audit of recruitment to ACRC 2) Monthly report to FIIWC.	Interim Director of HR produced a proposal paper with regards to the future portfolio holder for HR. This was reviewed and it has been decided that HR should be added to the DoF portfolio. This was actioned from the 15th September.	1) Produce a refreshed Workforce Strategy in conjunction with MLAFL Vanguard. 2) Introduce People Dashboard for whole organisations including Human resource related KPIs. 3) Introduce HR Management Group (Exec led)	1st December 2015 for all actions identified.
Cost Effective Sustainable Services	Financial resources	There is a risk that the Trust is unable to manage within the revenue and capital financial resources it receives and therefore may become financially unsustainable. (working towards the 4.6 million deficit plan)	16 (Likely x Major)	16	1) Weekly Clinical Directorate Performance meetings in place (COO led). 2) Capital Investment Group in place to manage delivery of Capital Resource Limit. 3) Scrutiny programme in place for all recruitment. 4) Turnaround Board in place to close CIP gap. 5) Monthly Finance Deep Dive meetings in place 6) CIP Scrutiny & Challenge meetings in place	Chris Palmer	1) Monthly TDA, FIIWC, TEC and Board reporting. 2) Financial reports at Performance reviews	A Board report re income and expenditure, capital, cash, activity delivery, contract status, investments and risks to achievement will be presented at the November Board meeting to update Board members in relation to this risk	1) Ensure closure of the remaining CIP gap of £2.8m (Month 5) 2) Ensure allocation of the capital resources subject to property sales 3) Ensure delivery of activity to underpin the income assumptions in the budget 4) Apply for IRWCF (Cash) to mitigate shortfall	1) 1st December 2) 31st January 2016 3) 31st March 2016 4) 30th November
Quality Care for Everyone, Every Time	Strategy & Planning	There is a risk that our current Trust strategy does not enable staff to create effective service plans.	16 (Likely x Major)	16	1) Plan in place to accelerate development of the Trust Strategic Plan	Katie Gray	Key milestones to plan development reviewed fortnightly by the Executive team	Trust Board sessions held on the 11th August, 8th September and 14th October to define and refine the strategy statement and identify prioritised projects. Further session on the 10th November.	1) Produce Trust Strategic Plan including explicit links with My Life a Full Life	30th November 2015

Excellent Patient Care	Quality /Harm	There is a risk that the Trust cannot maintain adequate patient safety, patient experience and clinical effectiveness.	16 (Likely x Major)	16	NED led Assurance Committee in place 2) SEE confirm and challenge committee underpinned by operational groups in place 3) SEE Team in place. 4) QIP delivery group, QIF steering group.	Alan Sheward	1) Quality Reporting to SEE, QCPC, Board and CCG 2) quarterly governance meeting with CQC 3) QGAF self assessment	A Quality report, supported by a QIP update report will be presented to the Board on the 4th November to update Board members more fully in relation to this risk. The QGAF score is currently 5.5.	1) Revise Clinical Governance arrangements 2) Mobilise new organisational structure 3) Complete actions identified through QGAF self assessment. 4) Role out of QIF through staff briefings.	1) 1st January 2016 2) 1st November 3) as per action plan as this is a rolling review process 4) Imminently
A Positive Experience for Patients, Service Users and Staff	Culture	There is a risk that the culture of our organisation does not reflect our core values.	16 (Likely x Major)	16	1) 5 staff survey collaborative groups had been set up in February 2015 to commence work on addressing cultural issues, these 5 groups have now been merged into a new Staff Experience Group, which has a robust Terms of Reference in place.	Katie Gray	1) Suite of KPI's in place, with progress being reported to Katie Gray on a monthly basis, and through FIIWC	1) Staff survey group presented achievements to date to TEC in September as part of a proposal to form a Staff Experience Group. Formation of the Staff Experience Group and Terms of Reference agreed at TEC.	1) Collaborative Group to formulating a bespoke delivery plan	1st September 2015
Working with others to keep improving our services	Local Health and Social Care Economy Resilience	There is a risk to the Trust's ability to deliver safe effective and financially viable care due to a lack of resilience in the local health economy	20 (Certain x Major)	20	1) System resilience Strategic Group 2) System resilience Operational Group. 3) New Models of Care - Vanguard being delivered through the My Life a Full Life Programme.	Karen Baker	1) Minutes from SSRG to TEC 2) HWBB, MLAFL Board received, decision to be taken with regards to where these minutes should be submitted.	1) Refreshed and revised Terms of Reference in place for both the System Resilience Strategic Group and the System Resilience Operational Group. 2) Work on-going with the Local Government to describe and finalise governance arrangements across the breadth of services on the Island	1) Internal review of processes. 2) Closer and more regular work with Commissioners and system lead and system review of priorities including funding. 3) Action plan to be developed 4) Whole Island System Review being undertaken as part of My Life a Full Life 5) Refresh of admissions and discharge team. 6) System discussion facilitated by the LGA to define governance structures for the MLAFL and HWBB.	1) End of October. 2) Commenced 3) End of October 4) March 2017 5) December 2015 6) 29th October

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 4th November 2015

Title	Update to the Trusts Scheme of Reservation and Delegation		
Sponsoring Executive Director	Mark Price, Company Secretary and Foundation Trust Programme Director		
Author(s)	Lucie Johnson, Head of Corporate Governance		
Purpose	To approve the amendment to Scheme of Reservation and Delegation		
Action required by the Board:	Receive		Approve X
Previously considered by (state date and outcome):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Audit and Corporate Risk Committee	10 th November 2015	Following Board approval ACRC will progress	
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Quality & Clinical Performance Committee			
Remuneration & Nominations Committee			
Foundation Trust Programme Board			
Turnaround Board			
<i>Please add any other committees below as needed</i>			
Staff, stakeholder, patient and public engagement:			
Not applicable			
Executive Summary:			
<p>On 13 August 2010, the Secretary of State for Communities and Local Government announced the Government's intention to close the Audit Commission and create new arrangements for auditing England's local public bodies. This helped to deliver the Coalition Agreement pledge to reduce the cost and number of public bodies. The Local Audit and Accountability Act 2014 (the 2014 Act) introduced new arrangements for regulating auditors of local bodies in England (principally local authorities and health bodies other than Foundation Trusts), that will apply following the abolition of the Audit Commission.</p> <p>The Local Audit and Accountability Bill is the final step in a programme of reforms to local audit that will deliver estimated savings to the taxpayer of £1.2 billion over a ten year period and help local people hold their Councils and other local public bodies to account for local spending decisions.</p> <p>Up until the new Bill was introduced the Audit Commission appointed auditors to a range of local public bodies in England. The Bill sets out a new framework which requires local bodies to appoint their own auditors. Local public bodies will have to appoint their own auditor at least once every five years. They will need to consult and take into account the advice of an independent auditor panel. They will be required to publish information about the appointment of an auditor within 28 days of making the appointment. These regulations will come into force w.e.f. 1st April 2017, and will apply to all financial years from 2017/18 onwards. The process to appoint External Auditors will therefore need to commence sometime next year.</p>			

As these are new regulations, there is nothing in the current Scheme of Reservation and Delegation which covers this. It is recommended that the responsibility for overseeing the process for the appointment of External Auditors is delegated by the Trust Board to the ACRC.

Thus the Scheme of Reservation and Delegation will need to be amended to include that the ACRC has responsibility ***'to oversee the appointment of the Trust's External Auditors'***.

The Board is asked to approve this change.

Recommendation to the Trust Board:

Approve the amendment to the Scheme of Reservation and Delegation

Attached Appendices & Background papers

None

For following sections – please indicate as appropriate:

Goals	All
Priorities	All
QI	

Date: 21st October 2015 **Completed by:** Lucie Johnson Head of Corporate Governance

PAPERS TO FOLLOW

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**TOP KEY ISSUES &
KEY RISKS FROM SUB
COMMITTEES**

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 4th November 2015

Title	Board & Board Seminar Dates January 2016 – March 2017		
Sponsoring Executive Director	Mark Price, Company Secretary and Foundation Trust Programme Director		
Author(s)	Lynn Cave, Board Governance Officer		
Purpose	To approve the dates for the Board Meetings and Board Seminars for the period January 2016 to March 2017		
Action required by the Board:	Receive		Approve X
Previously considered by (state date and outcome):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Quality & Clinical Performance Committee			
Remuneration & Nominations Committee			
Foundation Trust Programme Board			
Turnaround Board			
<i>Please add any other committees below as needed</i>			
Staff, stakeholder, patient and public engagement:			
Not applicable			
Executive Summary:			
<p>Following discussion with Board members the attached dates are suggested for the period January 2016 to March 2017.</p> <p>It is also suggested that the Board Seminar be moved from 2nd Tuesday of each month to 3rd Tuesday of each month to allow 2 weeks between Board meetings and Seminars.</p>			
Recommendation to the Trust Board:			
Approve the proposed dates for January 2016 to March 2017			
Attached Appendices & Background papers			
None			
<i>For following sections – please indicate as appropriate:</i>			
Goals	All		
Priorities	All		
QI			
Date: 28th October 2015 Completed by: Lynn Cave, Board Governance Officer			

Isle of Wight NHS Trust Board & Seminar Meetings January 2016– March 2017

This document outlines the dates of the Isle of Wight NHS Trust Board and Seminar Sessions for the period January 2016 to March 2017.

Trust Board

Meetings will be held on the first Wednesday of the month unless specified.

2016

No Meeting in January 16

Wednesday 3rd February 16

Wednesday 2 March 16

Wednesday 30 March 16 *1

Wednesday 6 April 16

Wednesday 4 May 16 *2

Wednesday 1 June 16 *3

Wednesday 8th June

Wednesday 6 July 16

No Meeting in August 16

Wednesday 7 September 16

Wednesday 5 October 16

Wednesday 2 November 16

Wednesday 7 December 16

2017

No Meeting in January 17

Wednesday 1 February 17

Wednesday 1 March 17

*1 Extra meeting required to approve 2016/17 Budget

*2 Board Development Day to include a Short Public Board if required

*3 Formal signing off of annual report and accounts

Trust Board Seminar

Seminars are currently held on the second Tuesday of the month. It is planned that the Seminars move from 2nd Tuesday to 3rd Tuesday from January 2016.

3rd Tuesday of month

2016

Tuesday 19 January 16

Tuesday 16 February 16

Tuesday 15 March 16

Tuesday 19 April 16

Tuesday 17 May 16

Tuesday 21 June 16

Tuesday 19 July 16

Tuesday 16 August 16

Tuesday 20 September 16

Tuesday 18 October 16

Tuesday 15 November 16

Tuesday 20 December 16

2017

Tuesday 17 January 17

Tuesday 21 February 17

Tuesday 21 March 17

Mark Price
Company Secretary
28th October 2015

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 4th November 2015

Title	Question to the Board by Member of the Public		
Sponsoring Executive Director	Alan Sheward, Executive Director of Nursing		
Author(s)	Mark Price, Company Secretary and Foundation Trust Programme Director		
Purpose	To respond to a question by a member of the public		
Action required by the Board:	Receive	X	Approve
Previously considered by (state date and outcome):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Quality & Clinical Performance Committee			
Remuneration & Nominations Committee			
Foundation Trust Programme Board			
Turnaround Board			
<i>Please add any other committees below as needed</i>			
Staff, stakeholder, patient and public engagement:			
Not applicable			
Executive Summary:			
A letter from a member of the public was received by the Trust Board office and attached is a redacted copy of the letter.			
Recommendation to the Trust Board:			
The Board is recommended to receive the response by the Executive Director of Nursing to this question.			
Attached Appendices & Background papers			
None			
<i>For following sections – please indicate as appropriate:</i>			
Goals	All		
Priorities	All		
QI			
Date: 28th October 2015 Completed by: Lynn Cave, Board Governance Officer			



13 October 2015

Questions for the Isle of Wight NHS Trust Board, for 4th November 2015 Board Meeting

Dear Madam Chairman

The Health & Care Professions Council (HCPC) Conduct and Competency Committee Hearing that took place on the Isle of Wight in late September 2015 heard evidence from a number of Isle of Wight Ambulance Service (IOWAS) staff members.

This evidence, as documented in the Committee Finding, reveals that at the time that the incidents took place, there was an institutional culture of denial within the IOWAS.

Several IOWAS staff members were aware of the misconduct and inappropriate behaviour of their colleague, and yet did not draw their concerns to the attention of IOWAS Management, despite policies in place that encourage them to do so.

The HCPC Committee concluded that the general perception within the IOWAS at the time was that this particular colleague "could be expected" to conduct himself inappropriately with young female patients. Some IOWAS staff members took steps to avoid working with him due to his behaviour and conduct. One staff member felt unnerved by his conduct towards her teenage daughter with whom he had social contact outside work.

However, despite the extent and degree of staff knowledge and concerns, the misconduct only came to light through a routine audit of procedures that was carried out no less than 15 months after the first incident took place.

Investigations were subsequently conducted by IOWAS, Police and the HCPC, culminating in the Order by the HCPC to strike the Paramedic from the Register, due to a serious breach of trust, over a sustained period of time, that was largely sexually motivated.

It is quite possible that, had concerns about their colleague been reported by staff members at the time, then patients would have been safeguarded from the behaviour much sooner. The majority of these staff members are still in post within the IOWAS. It is of little comfort that the Executive Director of Nursing for the Isle of Wight NHS Trust has carried out a review of the notes of all the patients involved and has found no evidence that patients were harmed. The memory and impact of these incidents will remain with the patients, and their families, throughout their lives.

I wish to ask what steps the Board has taken, or intends to take, to address the culture of denial within the Ambulance Service that was exposed as part of the HCPC Committee Hearing, in order to ensure that similar incidents are addressed far more quickly in the future?

How will the Board, and the public, be assured that the steps that are to be taken, or have been taken, have been effective at bringing about change?

With many thanks for the Board's attention to this matter

