



Committee report

Committee	POLICY AND SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND HEALTH
Date	22 JANUARY 2018
Title	UPDATE ON KEY ISSUES – IWNHS TRUST
Report of	MAGGIE OLDHAM, CHIEF EXECUTIVE OFFICER

1. Summary / Introduction

To consider key significant issues relating to the delivery of services by the IWNHS Trust. This report provides an update on the key challenges and achievements at Isle of Wight NHS Trust, the Island's main provider of ambulance, community, hospital, learning disability and mental health services.

Much of the information is drawn from the papers for the last Trust Board meeting. Trust Board meetings are held in public and the papers are available on the Trust's website at www.iow.nhs.uk. Because the last Board meeting was held on 6th December 2017 and the reports for that meeting drew on performance data to 31st October 2017 some of the information in this report may feel a little 'dated'. This should get better for the Committee's next meeting on 19th March 2018 as the Trust Board will be meeting on the first Thursday of each month with effect from February 2018 and therefore the next meeting will reflect the Trust Board meeting held on 1st March 2018.

2. Operational

- The Ambulance service targets were not achieved in October; a review of all the missed Red 11 calls is undertaken daily and confirms that there are significant failures and shortfalls in the current Computer Aided Despatch (CAD)'s ability to provide live management of ambulances and accurate retrospective review of data. Since December 2015, the Service has seen a 15% increase in Red 1 activity per day, and a 27% increase in

1 Red 1: 75% of Category A Red 1 calls (the most time critical, where patients are not breathing or do not have a pulse) to be responded to within 8 minutes (source www.nhs.uk)

Red 22 activity per day, without any commensurate increase in resources to meet this increased demand. This trend for increased demand reflects the trend in all Ambulance Services nationally.

- Zero patients have waited over 12 hours in A&E from decision to admit to admission in October.
- Sickness absence is above target in September 17 within Mental Health & Learning Disabilities (MHLD) and Ambulance. Trust wide has decreased from 4.33% to 4.28% in October.
- The Trust appraisal position has increased to 49.0% in month 7 from 47.04% in month 6.
- Turnover has dropped to 0.64% in month 7
- Mandatory training is at 82% Trust wide
- Cancer urgent referral to treatment <62 days target was achieved in October
- Emergency Care 4 hour standard (ECS)³ - The Trust was unable to sustain the previous two months of over-performance against the ECS trajectory and, unfortunately, under-performed in October at 85.4% against the 90.5% trajectory.
- Care Program Approach⁴ patients having formal review within last 12 months is achieving for YTD at 98.2%.and 86.1% of Care Program Approach patients receiving Follow Up contact within 7 days of discharge was not achieved in October however is achieving for YTD at 95.5%.

More detail is contained in the 6th December 2017 Trust Board Meeting papers at <http://www.iow.nhs.uk/about-us/our-trust-board/2017-board-papers.htm>.

3. Quality

- The Pressure Ulcer Clustering lead with the Wards continues to review all pressure ulcers that occur during care provided by the Trust on a monthly basis. This has focused further attention on this issue and raised awareness in the Business Units. Whilst there has been a rise in the overall reporting, this has been mainly in the area of grade 1 and 2 pressure ulcers and is consistent with national trends. There are a number of ungradable pressure ulcers that are still under review. The numbers will continue to change following investigation and validation of all lesions as attribution is more accurately assessed and learning shared with the appropriate teams.
- There were 3 Trust attributed cases of Clostridium difficile infection (CDI) in the same period. The objective for 2017/18 is no more than 7 cases

2 Red 2: 75% of Category A Red 2 calls (still serious, but less immediately time critical, like strokes or fits) to be responded to within 8 minutes. The clock starts ticking up to 60 seconds after the clock for Red 1 (www.nhs.uk).

3 Trusts and CCGs will be required to meet the Government's 2017/18 mandate to the NHS that: 1) in or before September 2017 over 90% of emergency patients are treated, admitted or transferred within 4 hours – up from 85% currently; 2) the majority of trusts meet the 95% standard in March 2018; and 3) the NHS overall returns to the 95% standard within the course of 2018 (<https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/urgent-and-emergency-care/>).

4 The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs (www.nhs.uk).

across the year and this has been exceeded in the preceding months. The total attributed to the Trust is now 13.

- There have been no new cases of MRSA within the Trust during October.
- Mixed Sex Accommodation - There were 27 mixed sex accommodation breaches during October.
- We received 22 formal complaints during October (24 in September).
- We received 297 compliments during October (N/A in September).

More detail is contained in the Quality Report at Enc I to the 6th December 2017 Trust Board Meeting papers at <http://www.iow.nhs.uk/about-us/our-trust-board/2017-board-papers.htm>.

4. Workforce

- Total full time employed (FTE) staffing level is under budgeted establishment by 39 FTE although costs are higher than budget due to use of agency.
- Workforce profile and recruitment planning is underway to address workforce deficits.
- Active recruitment is in place to reduce vacancies and corresponding use of Bank & Agency staffing.
- Agency usage has exceeded the NHS Improvement 'ceiling' due in the main to medical and nursing resources required to cover for vacancies and higher acuity and additional activity.
- Sickness absence has decreased to 4.28% in month (4.56% rolling 12 month period) due to decreases within Acute & Ambulance. Training has been delivered to support improved management capability in management of absence. Anxiety, stress and other psychiatric illnesses remains the highest cause of absence albeit a decrease of 4.87% in October 2017. .
- The Trust appraisal compliance is 49.43%, a marginal increase in month reflecting the appraisal "reset" in April in line with the business cycle. Actions are in place to improve to 2016 rates.
- Staff Turnover is stable at 10.50% (rolling 12 months).
- Mandatory Training compliance has maintained this month at 82%.
- Flu Campaign 2017 continues to improve.

More detail is contained in the Quality Report at Enc K to the 6th December 2017 Trust Board Meeting papers at <http://www.iow.nhs.uk/about-us/our-trust-board/2017-board-papers.htm>.

5. Finance

The key points from the Month 7 (October 2017) financial performance are:

Income & Expenditure

- The Trust's 'in month' financial position is a deficit of £2.1m.
- **This is an improvement for the 2nd consecutive month.**
- However, still £0.7m adverse variance against deficit plan.
- The Trust's cumulative financial position is a deficit of £14.98m.
- Performance against Board approved plan: **£2.668m adverse variance to date.**

Agency key points

- Agency control total ceiling for 2017/18 £4.990m
- Actual agency spend to date £5.9m. We have spent £2.9m so far more than the ceiling to date.
- **Reductions in agency spend in month to £0.8m, with corresponding increase in substantive staff costs. Still above April 2017 levels.**
- CBU's continue to develop recovery plans for reducing agency spend back to April 2017 levels.

Year-end forecast

- Best case £18.8m deficit
- Likely case £23.0m deficit
- Worst case £25.8m deficit
- **Improvement in forecast deficit from £26.3m to £25.8m.**
- **£7m further improvement required to achieve £18.8m deficit.**
- NHSI requirement to achieve £15.7m deficit following additional CCG funding.

Actions taken

- **The Financial Recovery plan has delivered £112k improvement against 1st month recovery plan target of £50k.**
- Trust Board committed to actions to deliver £18.8m deficit and financial recovery plan:
 - Enhanced pay controls £1.2m
 - Enhanced non-pay controls £0.7m
 - Balance sheet review £0.5m
 - Reduction in QIP expenditure £1.1m
 - Ensure appropriate funding from CCG £1.4m
 - Refreshed CIP process £2.1m
 - £7.0m

- **Further work is still required to achieve the remaining £2.1m cost improvement programme (CIP):**
 - Extending outputs of workshop on 2nd October, this to all Clinical Business Units (CBUs) and Corporate departments.
 - Procurement savings expectation against best practice/price.
 - Use of benchmarking data to drive out costs including the 'model hospital'.
 - Re-focus on the ideas previously recognised by the Turnaround Director.
 - Independent Balance Sheet review to identify further opportunities.
- Although there has been an improvement in the 'run rate' this month, and delivery against the 1st month of the financial recovery plan, **there is still more work to do deliver all aspects of the in-year financial recovery plan. This is critical to achieving the £18.8m plan.**
- The Trust will work with NHS Improvement, NHS England and the CCG to secure additional Trust income to deliver the £15.7m deficit requirement.
- Enhanced tiered hierarchy of Governance, through focus, clarity, reporting, decision making and assurance.
- **Further risks**
 - Winter Plan – identified potential additional investment required, and in discussion with CCG and NHSI to secure funding.
 - Costs of improving quality e.g. Coroner's report – additional costs arising from reports.

Cash Update

- The cash position for the Trust remains a key risk.
- Discussions are ongoing with NHSI to re-phase cash support.

Capital Planning Update

- Capital plan for 2017/18 is £9.0m.
- Actual spend to date £1.2m. Underspend against plan to date by £5.2m.
- Spending the remainder of the capital allocation to improve the equipment and infrastructure for our patients and staff before 31st March 2018 will require a focused and prioritised effort.

The Trust's 'Use of Resources Rating' is still a score of 4 (1 being best and 4 being worst) due to our financial performance.

More detail is contained in the Quality Report at Enc N to the 6th December 2017 Trust Board Meeting papers at <http://www.iow.nhs.uk/about-us/our-trust-board/2017-board-papers.htm>.

6. Other Issues

- The Care Quality Commission will be inspecting a wide range of the Trust's core services between 23rd and 25th January 2018. They will also be undertaking a review of the 'Well Led' domain between 20th and 22nd February. The CQC may be in contact with a number of the Trust's stakeholders and will be asking:
 - Are services safe?
 - Are services effective?
 - Are services caring?
 - Are services responsive?
 - Are services well-led?

- The Trust had a relatively unpressured Christmas but has during the period prior to and immediately after the New Year suffered 'Winter Pressures'. However the IW health and care system winter plan and the Trust's own winter plan are well developed and working well. This means that with the brilliant support of staff, volunteers and all the Island's care agencies we are doing better this year than last and our performance comparable to the rest of England is good. Following national and local media reporting about Ambulance handover times the Trust has taken action to show how much better we are performing than most of the country.

- 2018 marks the 70th Anniversary of the NHS. More information can be found at www.england.nhs.uk/nhs70/ and the Trust will be seeking support and participation from the Island community for Island based celebrations.

- Recommendations from Sir Robert Francis's Freedom to Speak Up review in 2015 have prompted trusts nationwide to appoint freedom to speak up guardians. The role of guardians is to work with trust leaders to create a culture where staff feel more comfortable to speak up. We have launched an initiative to encourage staff and volunteers at Isle of Wight NHS Trust to speak up and all staff will be encouraged to raise concerns and tackle bullying.

- Our High Sheriff Ben Rouse kindly opened our new Hyper Acute Stroke Unit at St. Mary's Hospital. The hyper acute stroke unit (HASU) is a 4 bedded unit, within the Stroke Unit, giving high dependency care to all stroke patients within the first 72 hours of their stroke. All patients diagnosed with a stroke (whether they have received thrombolysis treatment or not) will be moved from the Emergency Department at St. Mary's to the Hyper Acute Stroke Unit (HASU) within four (4) hours for specialist care.

Maggie Oldham
Chief Executive