



Committee report

Committee	POLICY AND SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND HEALTH
Date	19 MARCH 2018
Title	UPDATE ON KEY ISSUES – ISLE OF WIGHT NHS TRUST
Report of	MAGGIE OLDHAM, CHIEF EXECUTIVE

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 on the first Thursday in the month and the papers are available on the Trust's website at www.iow.nhs.uk. The last Board meeting was held on 1 March 2018 and therefore this report uses information provided to that meeting.

2. Operational

a. NHS 111

- i. (95% target): Dec17 – 88.51% & Jan18 – 90.92%
- ii. Feb18 (to date of report to Board) 93.96% showing improved direction of travel

b. Ambulance

- i. Performance Dec17 & Jan18 respectively:
 - Red 1: 38.89% & 42.86% (against 75% target)
 - Red 2: 59.62% & 59.65% (against 75% target)
 - 19mins: 84.65% & 88.85% (against 95% target)

- ii. Ambulance available capacity not consistently meeting demand despite adjustments; continuing with recruitment, implement additional capacity for known risks of acute transfers, deep dive providing further analysis to support improved delivery

c. Emergency Care Standard

- i. (95% target): Dec17 – 84.52% & Jan18 – 75.87%
- ii. Emergency Care Improvement Programme (ECIP) supporting ongoing patient flow to more consistently support ECS trajectory

d. Referral to Treatment

- i. (92% target): Dec17 – 88.4% & Jan18 – 85.74% (provisional)
- ii. Impact of winter on RTT performance; clinical senate reviews commenced, monitoring of winter impact and planned response should impact be less. NHS Improvement Intensive Support Team (IST) support being provided and 18/19 demand & capacity planning in progress

e. 62 day Cancer

- i. (85% target): Dec17 – 81.8% & Jan18 – 65.3% (provisional)
- ii. Cancer deep dive report recommendations being implemented & IST support being provided

f. Diagnostics

- i. (99% target): Dec17 – 98.05% & Jan18 – 98.66% (provisional)
- ii. Feb18 (to date of report to Board) 99.24% (provisional) showing improved direction of travel

g. Mental Health

- i. Mental Health IAPT (entering treatment) (local 22% target/national 16.8% target): Dec17 – 18.5% (YTD 20.74%)
- ii. Mental Health IAPT (moving to recovery) (50% target): Dec17 - 58.6% (YTD 57.26%)
- iii. Mental Health EIP (50% target), CPA 7 day follow up (95% target), CPA 12 months (95% target) and MH admissions accessing CRHT (95% target) all achieved 100% in Dec17

Key Challenges	Actions Taken
Improving Patient Flow (Dr Bob Ghosh, Clinical Director)	Sustainable ways for GPs to refer in Pts stuck on clinical pathways Focus on current medical model of care Right infrastructure around flow
Improvements to urgent care floor	12 week building programme underway ED operations unaffected Temporary relocation of UCS
Staffing capacity	Daily nursing huddles to review and risk assess all ward areas ED middle grade and consultant vacancy alongside nursing gaps Good locum medics in place to cover outlying areas

3. Quality

a. Pressure Ulcers

- i. The Pressure Ulcer Clustering Lead continues to review all pressure ulcers that occur on a monthly basis. However ungradable skin injuries are not a final category and require further monitoring to a conclusion regarding their depth and severity. Table top exercise being undertaken to finalise way forward during March 2018.

b. Clostridium difficile infection (CDI)

- i. There were 2 Trust attributed case of Clostridium difficile infection (CDI) in the same period. The objective for 2017/18 is no more than 7 cases across the year and this has been exceeded in the preceding months. The total attributed to the Trust is now 16.
- ii. Work is being undertaken with Infection Control and Facilities to determine what more can be done. Paper going to Quality committee in March.

c. MRSA

- i. There have been no new cases of MRSA within the Trust during December.

d. Mixed Sex Accommodation

- i. There were 8 mixed sex accommodation breaches during December. Most of these were in ITU, dependent upon adequate flow through the hospital. This is reviewed daily by Director of Nursing and Heads of Nursing.

e. Safer Nurse Staffing

- i. The vacancy rate for the Inpatient wards is currently 15% for general inpatient areas and 5% for Mental Health Inpatient areas. In 6 of the general areas this is 20% so wards are unable to provide adequate staffing without agency nurses.

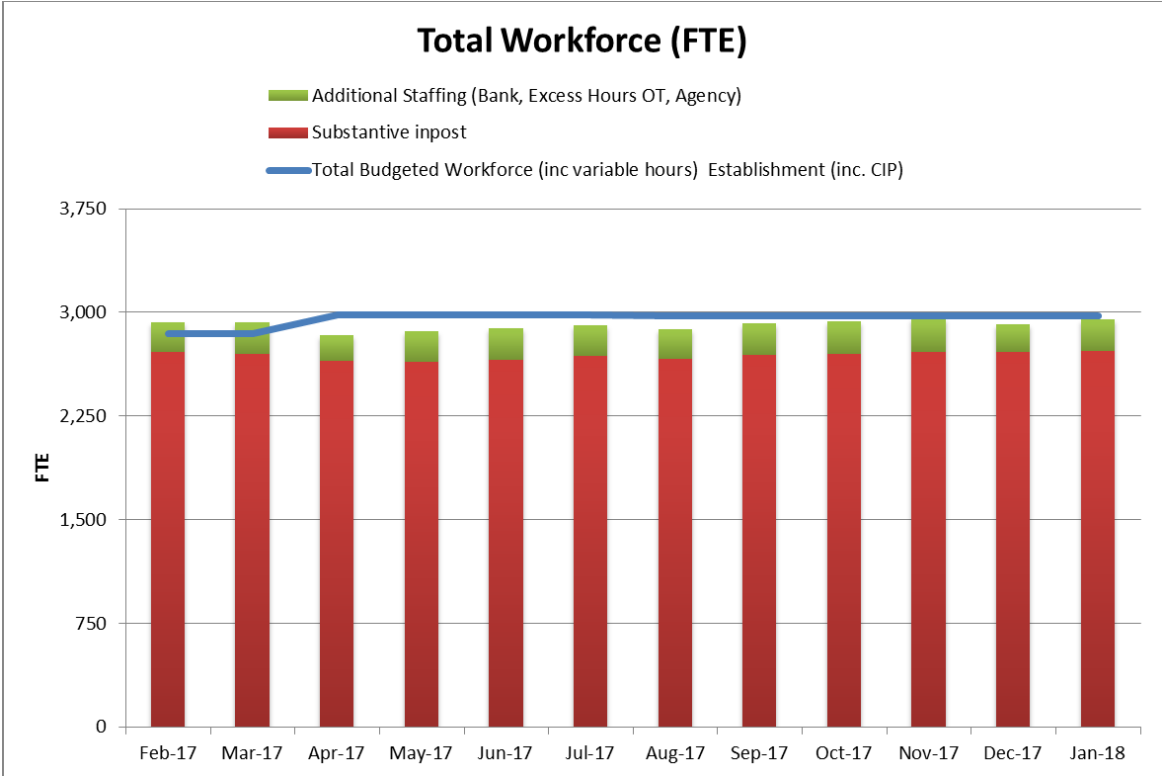
- ii. Plans in development with NHSI to validate baseline establishments. Permanent recruitment is ongoing and will be informed by the work with NHSI.
- iii. In the short term we are working with teams to help them understand their requirements and 'long lines' of agency have been booked for those areas that are running high vacancies. Recruitment drive being planned.
- iv. Our agency booking is usually very successful, however December was a more challenging month with Bank Holidays and poor weather conditions which resulted in our agency staff, who travel from London in the main, having difficulty getting to the island.
- v. The Trust is part of the e-rostering collaborative where intensive work is being undertaken.

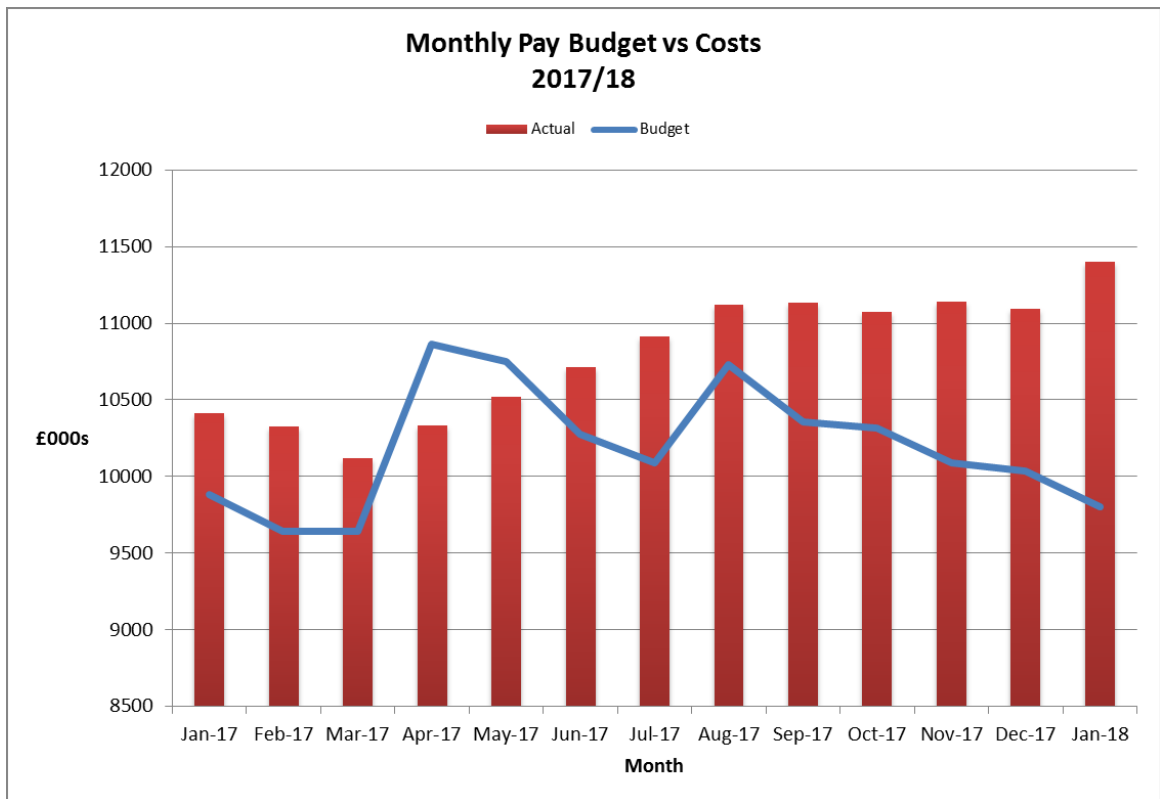
4. Workforce

a. Workforce Information

- i. Staff in post i.e. substantive staff (SIP) for month 10 is 2717 FTE, an increase of 4 FTE in month. Total staffing (SIP & additional staffing) is 2948 against a budgeted establishment of 2975 FTE therefore 27 FTE under budgeted establishment. Currently there are 88 FTE substantive vacancies actively being recruited to. All new vacancies have been subject to Executive Pay Panel approval
- ii. Additional staffing (Bank, Agency, Excess and Overtime) equated to 231 FTE in month 10. This is a decrease of 48 FTE from the previous month. Agency usage within MHLD is due to an increase in activity and covering vacancies. General Medicine, Ambulance and Urgent Care Clinical Business Units have high Bank usage covering vacancies.
- iii. Therefore, this month:
 - Substantive Staff 2717
 - Additional Staff 231
 - Total Staffing M10 2948
- iv. Budgeted establishment includes "headroom*" (an element of budget to allow for annual leave, training and sickness) in Clinical areas, and we would not expect to see headroom fully recruited to)
- v. Workforce profile and recruitment planning is underway to address workforce deficits into critical posts. This work is taking place across Human Resources, Finance & Professional groups. A detailed recruitment plan is in development so that we are aligned ready for future provision of workforce, this includes the development of a Business Case for further overseas recruitment.

- vi. The Trust employs 3128 (headcount) substantive staff approximately 400 bank workers with additional support provided by 187 volunteers. (Note: Headcount is the actual number of workers, so where there are part time or job share arrangements there may be more than one “head” for each role).The breakdown of substantive and additional staffing is 92.2% substantive and 7.8% additional staffing.
- vii. The graphs below show that whilst staffing levels are under budgeted establishment, costs are in excess due to the high cost of agency and in particular medical staffing.





b. Hampshire & Isle of Wight STP – Collaborative Bank

- i. The Trust has agreed to work with other organisations across the STP to evaluate any benefit that may be gained from a “Collaborative Bank”.
- ii. This would, potentially, offer an additional source of temporary workforce and should help reduce the need to book Agency staff. The Trust will work with STP partners and will report progress.
- iii. There has been a business case submitted to the Department of Health in a bid to become a pilot STP for a collaborative bank.

c. BREXIT

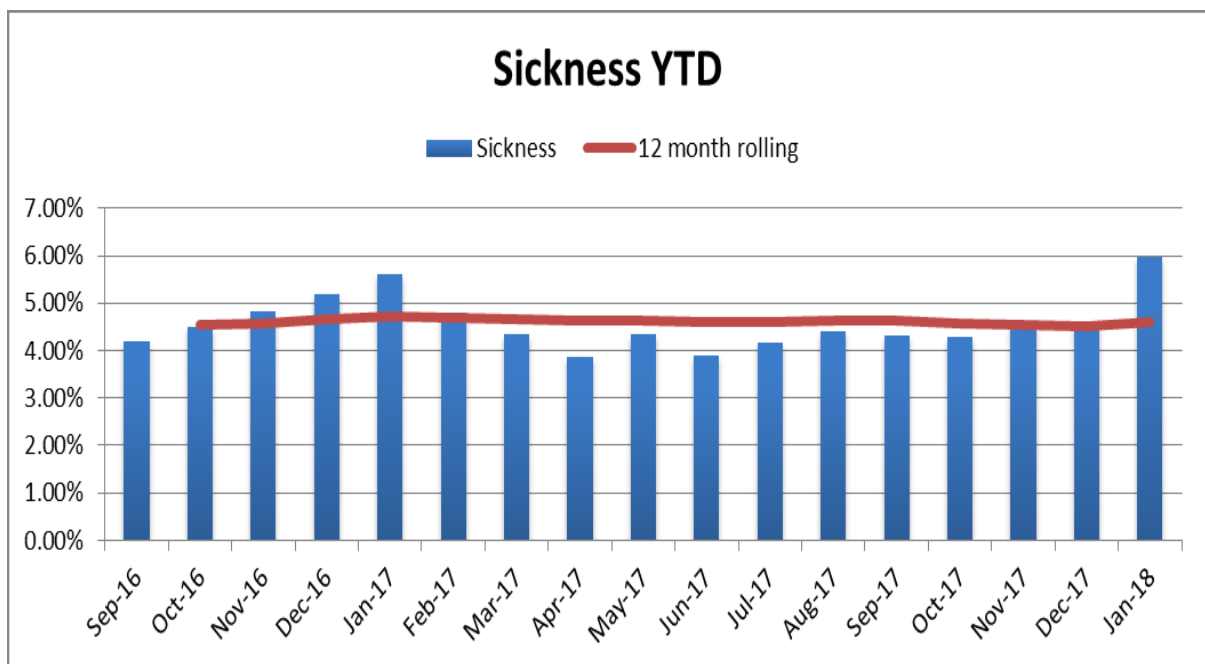
- i. Last month we reported that we had written to all EU staff regarding Brexit and their employment security. We now inform all EU candidates of proposals to give them security regarding working in the UK.

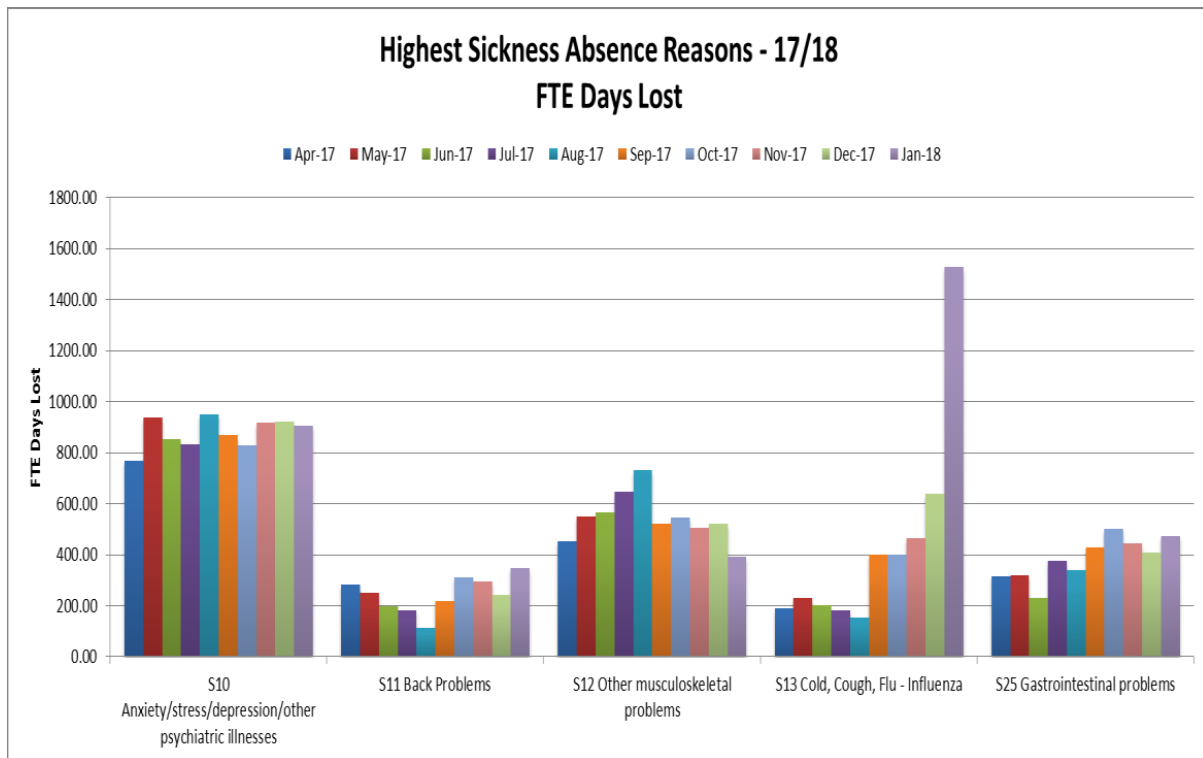
d. Sickness

- i. Trust sickness absence rate: 5.98% in month (increase from 4.54%). Top reasons for absence: Cold, Cough, Flu – Influenza, has significantly increased in January, which equates to 30.33% of the total sickness absence incurred in month.
- ii. Musculoskeletal problems, has decreased in month, which equates to 7.78% of the total sickness absence incurred in month.
- iii. Acute, Ambulance and MHLA have continued to exceed individual absence KPI’s in month. HR and Occupational Health will be facilitating a

bespoke workshop to support MHLD management in a reduction in absence levels.

- iv. All long term sickness absence cases (over 28 days) continues to be reviewed at monthly long term sickness meeting to provide managers with early intervention and support from HR, Occupational Health and Health and Safety.
- v. The graphs below demonstrate historical sickness absence and reflect the trend of increased sickness absence in winter month's year on year. This monthly increase repeats a pattern seen in 2017, and a reduction was seen in February '17. It should also be noted that this is the period when nationally the flu outbreak was peaking.





e. Staff Turnover

- i. Staff turnover is stable with month 10 rolling 12 month % is 10.28%, decrease from 10.43% in December.

f. Statutory Mandatory Training Compliance

- i. Statutory Mandatory Training Compliance – Substantive and Bank Staff
 - Current Trust position (05/02/18) is 78% against the target for 17/18 of 85%. This is a 2% decrease on January.
 - The addition of Mental Capacity Act would have resulted in a compliance percentage of 76%.
 - IG has decreased by 8%
 - Safeguarding Adults Level 2 compliance has increased by 6%.
 - ‘Prevent’ L1 and 2 training is up a further 4%
 - DNA numbers for all training have increased by 5% on last month.
- ii. Action:
 - There has been an increase in Bank Staff activity. Bank staff who are not 85% compliant by February 2018 will be ‘inactive’ and unable to work.
 - Capacity has increased for Adult Safeguarding L2
 - There is a focused piece of work underway to improve IG compliance.
 - Developing a robust process to follow up DNA’s

g. Appraisals

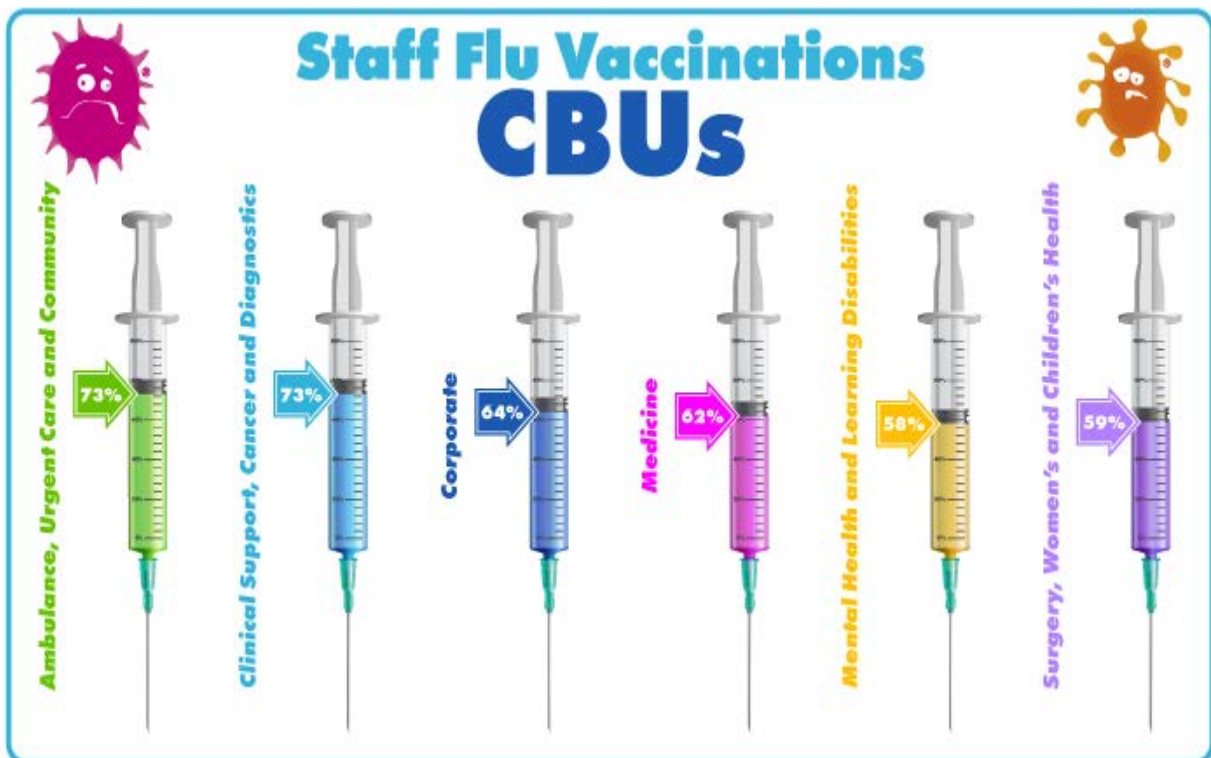
- i. Rolling 12 month appraisal compliance at month 10 is 65.11%, the drop in recent months is representative of appraisals that were held 12 months ago and due for renewal. Weekly appraisal compliance reporting by cost centre has been introduced to ensure Business Units are aware of their

appraisal compliance rates. Performance is reviewed monthly at CBU Performance Review meetings.

- ii. Going forward % compliance will be aligned with annual business planning cycle with the expectation that all appraisals should be completed within the first quarter of the financial year.
- iii. The key performance indicator is 100% (of available staff – ie not those on Maternity leave or long term sickness) compliance and the leadership team is working with teams to enable them to improve their department's appraisal compliance. An 'appraisal campaign' was launched on 15 January 2018, with a staff engagement event in the Full Circle Restaurant in order to raise the awareness of the importance of having/ giving staff an appraisal. This campaign has been launched with the motto "Appraisals save lives' which is an evidence-based statement. Help, assistance and guidance will be offered to anyone who requests it.

h. Flu Campaign 2017/18

- i. The vaccination rate across all staff groups in the Trust is 59 and across front line staff is 66%



5. Finance

- i. The key points from the Month 10 financial performance are:
- ii. Income & Expenditure
 - The Trust's in month financial position is a deficit of £1.8m
 - Improvement on in month position compared to last month (£2.0m)

- £0.6m adverse variance against deficit plan
 - £2.1m now achieved against financial recovery plan (FRP) to date – enhanced financial governance is now in place with fortnightly Finance Recovery Board (FRB) chaired by CEO, and fortnightly Financial Performance Review Meetings (FPRM) chaired by ITCFO
 - Now receiving support from KPMG on the FRP, including attendance at FRB and FPRM
 - The Trust's cumulative financial position is a deficit of £20.96m
 - This now exceeds the planned £18.8m deficit
 - Performance against plan to date: £4.5m adverse variance
- iii. Agency key points
- Agency control total ceiling for 2017/18 £4.990m
 - Actual agency spend to date £8.8m. We have spent £4.7m so far more than the ceiling to date.
 - Agency costs slightly lower than in previous month (£0.94m Jan v £0.99m Dec)
 - As part of the FRP enhanced pay controls are already in place which will reduce agency expenditure
- iv. Year-end forecast and financial recovery plan
- Immediate task to reduce our run rate in this financial year - this is by reducing the waste in the Trust, not reducing patient care or compromising care in any way
 - Progress is being made against financial recovery plan
 - A revised forecast year end deficit position is required and needs formal approval before submission to NHSI
- v. Capital Planning Update
- £2.9m of capital allocation has been spent; the remainder of the capital allocation is £5.9m.
 - Following a Capital Investment Group review and re-prioritisation process which was led by Service leads, it is still forecast that the remainder of the Capital Plan will be committed in the last quarter.
 - The larger schemes to be completed in Q4 are;
 - ED Refurbishment
 - Complete 2018/18 Estates backlog Maintenance
 - Complete Clinical Equipment replacement programme
 - CAD
 - IM&T
 - Sevenacres refurbishment (current phase)
 - Ophthalmology Satellite Unit
 - A number of other schemes can be brought forward from 2018/19 should slippage occur on the above forecast.
 - A contingency of £200k has been identified within the remaining £6.8m that can still be allocated if any emergency requirement is identified
 - Final costs for this year's projects are being determined to ensure that the maximum spend can be achieved within the Capital Resource Limit.

- vi. Cash update
- The cash position for the Trust remains a significant risk
 - NHSI have supported bringing forward planned cash support loans from February and March
 - As at February, cash loans of £20.9m will have been accessed
 - A request for loan funding for March has been made at £3.3m (17/18 cumulative £24.2m) but this requires further scrutiny by NHSI and DH
- vii. Use of Resources Rating
- 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.

6. Other Issues

i. Executive Director Structure

- Two new Directors recently appointed:
 - Suzanne Rostron has been appointed to the permanent position of Director Quality Governance. Suzanne undertook a series of governance reviews for the Trust in 2017. Suzanne had a 15-year governance career in the NHS prior to setting up her own company in 2012. She leads a multi-disciplinary team which includes Patient Experience, Patient Safety, Risk Management, Corporate and Clinical Governance, Claims and Litigation, Compliance, Health and Safety and Quality Improvement. Suzanne has an MSc in Population Health.
 - Dr Bob Ghosh MB ChB, FRCP, FFICM, MBA has been appointed for a year as Director of Clinical Improvement. Bob previously worked at the Homerton University Hospital NHS Foundation Trust in East London as a substantive Consultant in Intensive Care and Medicine, and was a Clinical Director. He has also held the position of Chief Medical Officer at Mid Essex Hospital Services NHS Trust. Bob has experience of supporting organisations in difficulty and also a CCG. He has a reputation for creating sustained improvements and is keen to introduce leadership methodologies to teams and join them up to clinical, executive, governance and academic/research portfolios within organisations and whole-systems.
- Having sought the approval of the Trust Board changes to the Executive Team have commenced. During February and March 2018 we are now advertising for the following:
 - Director of Acute Services
 - Director of Ambulance & Patient Transport Services
 - Director of Mental Health & Learning Disabilities
 - Medical Director
 - Director of Finance, Information & Estates

- The Trust will be advertising for a Director of Nursing, Midwifery, AHP and Community Services later this year

ii. CQC Inspection

- Care Quality Commission (CQC) undertook their main inspection in January followed by an unannounced visit and another inspection in February focused on the 'Well Led Domain'. The way in which the CQC provide feedback at the end of their inspections has changed considerably. In previous years the Inspection Team has comprised of a Chair and a Head of Inspection, and at the end of the inspection these people would give feedback. Now, with changes to the way CQC carry out their inspection, we now get very little immediate feedback and we have to wait for the formal feedback which is likely to take several months for the CQC to compile.
- Putting this into context we are a very complex organisation compared to single or dual service Trusts. It is understandable therefore that the CQC will want to take care to ensure that they have got all their facts right and triangulated their information before giving us a formal view. What I was told though was that the CQC visitors had all been made to feel extremely welcome and that all our staff had been open and transparent and I have passed on their thanks to staff for making them so welcome.

Since the initial inspection in January, The Trust has responded promptly to requests for further information. Whatever the outcome of this inspection the Trust has our "Getting to Good by 2020" improvement journey and if we stick to and improve our plans I am confident we will get there.

Maggie Oldham
Chief Executive