South Devon Healthcare NHS
NHS Foundation Trust

Council of Governors

AGENDA					
Meeting File and No:	**Date:** 22 April 2015				
Time: 3.00pm – 5.00pm	**Venue:** Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital				
Agenda No	**Item Description**	**Objective**	**Item Presenter**	**Time**	**Page No**
1.	Chairman's welcome and apologies - J Lowes, J Viner, J Furse, W Marshfield	For Information	Chairman	5	
2.	Declaration of interests	To receive	Chairman		
3.	Minutes of the last meeting held on 17 December 2014 (*enc*)	To approve	Chairman		
4.	Quality assessment tool (*verbal*)	To receive	Sharon Goldsworthy	15	
5.	Integrated care organisation update (*verbal*)	To receive	DoFPI	5	
6.	Approve the name of the Integrated Care Organisation (*enc*)	To approve	Chairman	5	
7.	Chairman's report (*verbal*)	To receive	Chairman	5	
8.	Chief executive's report (*enc*)	To receive	CEO / DoFPI	15	
9.	Lead governor's report (*verbal*)	To receive	Lead Governor	5	
10.	Secretary's report (*enc)*	To receive	CoSec	5	
11.	Quality and compliance committee report (*enc)*	To receive	Lead Governor	5	
12.	South Devon and Torbay Clinical Commissioning Group (verbal)	To receive	To be confirmed	15	
13.	Membership development report (*enc*)	To receive	Lead Governor	5	
14.	Rotation of committees / group membership (*enc / secret ballot via NHSmail*)	To elect	CoSec	5	
15.	Urgent motions or questions	To receive & action	Chairman	0	
16.	Motions or questions on notice (*enc – two questions from Torbay Constituency*)	To receive & action	Chairman	5	
17.	Details of next meeting: 22 July 2015, 3pm-5pm, Anna Dart Lecture Theatre, Horizon Centre	For information			
closed session – please leave the meeting at this point if you are not a governor / board member					
18.	Private minutes of the last meeting held on the 17 December 2014 (*enc*)	To approve	Chairman	1	
19.	Board matters (*verbal*) - opportunity for the board to advise governors on any new issues; sensitive and/or confidential	To receive	Chairman	5	
20.	Integrated care organisation non-executive director appointment (*verbal*)	To agree	Chairman	5	
21.	Chairman's appraisal (*enc*)	To receive	Lead Governor	5	

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South Devon Healthcare NHS
NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS

HELD IN ANNA DART LECTURE THEATRE, TORBAY HOSPITAL

17TH DECEMBER 2014

Governors

* Stephen Acres
* Will Baker
* David Brothwood
* Cathy French
* Jon Goldman
* Alan Hitchcock
* Wendy Marshfield
* Sally Rhodes
* Christine Scouler
* Helen Wilding
* Richard Ibbotson
* Cleo Allen
* Terry Bannon
Christina Carpenter
* Sylvia Gardner-Jones
* Anne Harvey
* Lynne Hookings
Gill Montgomery
* Rosemary Rowe
* Lindsay Ward
* Roy Allison
* Barrie Behenna
* Carol Day
* Rachael Glasson
* Rick Hillier
* George-Alfred Husband
* Mark Procter
Sylvia Russell
* Jon Welch

Directors

Paul Cooper	ICO Programme Director
Liz Davenport	Interim Chief Operating Officer
Gary Hotine	HIS Director
Liz Storey	Deputy Director of Human Resources

In Attendance:	Sarah Fox	Board Secretary
	Richard Scott	Company/Corporate Secretary
	Annie Hall	Member of the Public

(* denotes member present)

Action

1. **Chairman's Welcome and Apologies**

Apologies were received from David Allen, John Brockwell, Les Burnett, Christina Carpenter, Lesley Darke, James Furse, John Lowes, Jacqui Lyttle, Gill Montgomery, Rod Muskett, Sylvia Russell, David Sinclair, Sally Taylor and Jane Viner.

2. **Declarations of Interest**

Nil.

3. **Minutes of the Last Meeting held on the 26th September 2014**

The minutes of the meeting held on the 26th September 2014 were approved as an accurate record of the meeting.

4. **Minutes of the Public Board Meetings held on the 1st October and 5th November 2014**

The meeting noted the minutes. Richard Scott asked the Council of Governors if, in the future, they would be happy to receive these minutes via email in the future and put any questions they might have in respect of the minutes as Questions on Notice. This was agreed.

5. **Chairman's Report**

Richard Ibbotson began by thanking the Council of Governors for their support and engagement since he had commenced in post. He then continued to discuss the following issues:

a) **Accident and Emergency Performance**

Since the last meeting significant action had been taken to improve performance in Accident and Emergency and it was now considered a Trust-wide and community-wide problem. Performance had improved to above the 95% target, however in the last month the Trust, like the rest of the country, had experienced huge demand in Accident and Emergency affecting performance. In the last week the department had experienced its busiest week on record, and the processes that had been put in place over the past few months had put the Trust in a good place to deal with this unprecedented demand.

b) **Finances**

The Trust's finances were holding at the declared forecast £4.6m deficit at year end. The meeting noted the Board's ownership of the problem and formal declaration made around it having to be a Board-level decision if the deficit was to be increased.

c) **ICO**

Richard said that he had recently spent a lot of time with the Care Trust visiting community hospitals and meeting staff and he now felt he had a much better understanding of their perspective in terms of the transaction. On Friday of last week the Executive Team and Richard met with Monitor for an 'Executive Challenge' meeting. This was a significant step in Monitor's engagement with the Trust and the meeting had gone as well as could be expected. Richard reminded the meeting that Monitor would be providing the independent view and risk rating on the transaction which would give the Governors the assurance they required when making their decision. The rating would apply to the overall transaction, but would be accompanied with a very detailed explanation of where Monitor felt the risks were for the Trust. This document would be shared with the Governors once it had been published.

Monitor had also asked the Trust if it had the capacity and was mature enough to take forward the transaction in terms of the number of interim executive positions at Board level and Richard said he would return to this issue later in the meeting.

Christine Scouler asked if the timetable had slipped or not and Richard said that it had not slipped and there was tacit agreement with Monitor that they wished to move forward with Stage 3 of the process, hopefully by the end of January, which would give the Trust a chance of finalising the transaction before the General Election. The timescale was very tight, but not impossible.

6. **Interim Chief Executive's Report**

In the absence of the Interim Chief Executive the meeting noted the report which detailed the Trust's financial and performance.

7. **Lead Governor's Report**

Catty French tabled her report and highlighted the Governors who were standing down at the end of February:

Stephen Acres (Torbay)
Will Baker (Torbay)
Barrie Behenna (Teignbridge)
Rachael Glasson (Staff)
Jon Goldman (Staff)

She thanked them for the time and expertise they had given the Trust and that she hoped they would still continue to provide input to the Trust in the future. Richard Ibbotson endorsed Cathy's thanks.

The meeting then noted the newly appointed Governors:

Lesley Archer (Clinical Staff)
Barbara Inger (Teignbridge)
Simon Slade (Torbay)
Peter Welch (Torbay)

The meeting noted the very helpful paper written by Roy Allison around better communication between the hospital and community groups and the gap in communication that had arisen since primary care trusts had been disbanded. Cathy also highlighted the good work that was taking place in terms of dementia and memory clinics. Terry Bannon said that there was a gap in terms of dementia for younger people, ie those people in their 50s and it was agreed Terry and Cathy would discuss this outside of the meeting. He also suggested it would be helpful to ask Lisa Houlian to attend a future CoG to discuss dementia and this was agreed. CF/TB RS

Jon Welch highlighted the Purple Angel Scheme which had originated in Torbay and was now global-wide and he suggested this might be a topic for a future meeting. It was noted the Board had received level 1 dementia training and Richard Scott asked if the Governors would like to receive the same training and this was agreed. It would be further discussed at the self-assessment session in the New Year. RS

Finally, the meeting noted the proposed paperwork for the Chairman's appraisal.

8. **Adult Social Care**

Cathy Williams, Interim Chief Operating Officer, Torbay and Southern Devon Health and Care Trust, gave the following presentation:

Adult Social Care

- Assessment and funding of social care support for all vulnerable adults
- Support for carers
- Safeguarding Vulnerable Adults
- Mental Capacity and Deprivation of Liberty Safeguards
- Prevention

Right care
Right place
Right time

Torbay and Southern Devon Health and Care NHS Trust

Legal Framework

- Based on various, complex laws
- Very reliant on case law
- The Care Act 2015 – replaces all previous legislation
- Duty to assess if people appear to be in need

Provision

- Torbay Zones are multi disciplinary
- Single Point of Access/HSCCs
- Assessment and Support
- Key worker system
- Reducing in-house provision of day care and residential care
- Social Care is provided by Devon County Council in South Devon. Services are co-located.

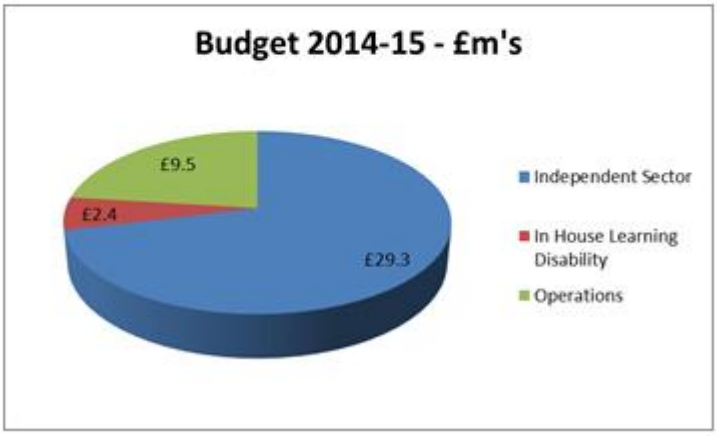
Right care
Right place
Right time

Torbay and Southern Devon Health and Care NHS Trust

Process

- Information and Advice
- Assessment
- Resource Allocation System
- Personal Budget – services or direct payments
- Review
- Focus on independence and choice

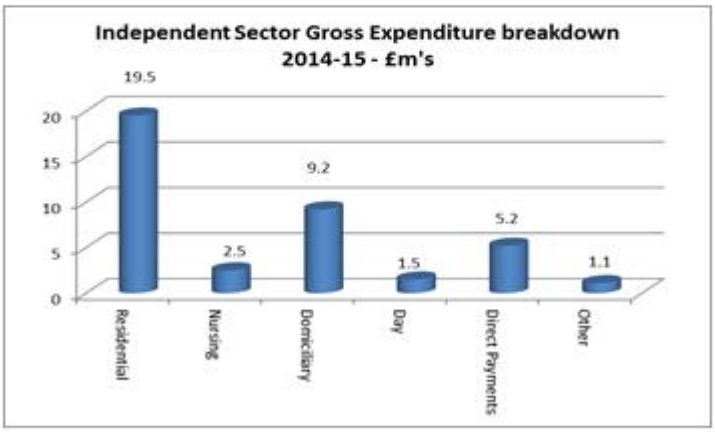
Budget allocations 2014/15



Right care
Right place
Right time

Torbay and Southern Devon Health and Care NHS Trust

How is the money spent?



CIP adult social care

- Local Council will be approximately 20% smaller than at the beginning of the electoral term
- We are in the 4th and 5th year of ASC savings programmes, therefore savings are more challenging to deliver
- Council target was for 6.8m over two years on a yearly budget of £41.2 m
- We have delivered 2.3 m (against 2.9m) this year with a forecast outturn of 330 K overspend.
- Target for next year is 3.9 m and work is underway to develop those plans

Risks

- Staffing
- Reducing Resources/Ageing Population
- Domiciliary Care availability
- Residential/Nursing Care
- Care Act
- Deprivation of Liberty Safeguards

The following points were noted:

- If any concerns were raised about a home, a safeguarding team would visit the home to talk through the issues and agree any action.
- In terms of the service provided by Devon County Council, the Care Trust managed the staff providing the service but Devon held overall responsibility.

- Lynne Hookings asked how the relationships between the different parties who provided the service were managed and Cathy said that the Trust had an annual strategic agreement with Torbay and a contractual relationship with Devon County Council.

- Wendy Marshfield asked how the recent budget cuts were being managed and Cathy said that a CIP programme had been identified and lots of schemes were in place to try to realise savings, some of which were around transport, review of complex cases etc. To date not all of the savings had been identified but work was still ongoing.

- Terry Bannon queried the issue around availability of nurses in domiciliary care and Cathy said that the staffing issues were actually around social work staff. She added that if there was not enough staff in domiciliary care the impact was normally seen in the hospital as it took longer to secure support in the home.

- Roy Allison said that he understood residential care provided by the charitable sector tended to be cheaper than the private sector and asked if use of charitable residential care could be increased. Cathy said that the Trust did have some contracts with homes provided through charitable funds but agreed more work could be done to increase use of those homes, as long as they provided high quality care.

- Jon Goldman asked what services would be provided over the Christmas and New Year period and Cathy said that a statutory emergency duty social work service would be provided which was a small team of special social workers supporting child care, adult safety and mental health. There would also be some nursing services provided.

Cathy was thanked for her presentation and briefing.

9. **Secretary's Report**

Richard Scott highlighted the following from his report:

- He thanked those Governors standing down in the New Year and echoed Cathy's request that they remained involved in the Trust.

- One clinical staff seat had not been filled so a new election process would commence in the New Year.

- The Governor Self-Assessment session was taking place in the afternoon on the 25th February, and Richard asked Governors to hold the morning of the 25th February for a possible ICO session.

10. **Quality and Compliance Committee Report**

The meeting noted Barrie Behenna's report. Barrie did highlight the fact that several Workstream 1 and 2 meetings had not been quorate due to the absence of a medically qualified member and the fact that he hoped this could be resolved for the future as this had now been highlighted to the Executive team.

Barrie also highlighted the poor performance in terms of Dementia, but that the new Matron lead for dementia was attending the next meeting of the Committee.

11. **Membership Development Report**

The meeting noted the report. Cathy said that the Group had suggested visiting the Studio School in the near future with a view to encouraging junior membership to the hospital.

12. **Schedule of Meetings and Routine Agenda Items**

It was noted that additional meetings might need to be held in terms of the approval process for the ICO transaction.

Richard Ibbotson then said he understood that following the refresh process of governor observers on workstreams that some governors had stated disappointment that they had not been allocated to workstreams. He asked that, for the process in 2015, Governors were clear which workstreams were their preference. He added that as the Trust moved towards the ICO the governance structure would be changing.

13. **Urgent Motions or Questions**

Nil.

14. **Motions or Questions on Notice**

Nil.

15. **Date of Next Meeting**

Self-Assessment Session – 1.00 pm, Wednesday 25th February 2015, Board Room
Council of Governors - 3.00 pm, Wednesday 22nd Aporil 2015, Anna Dart Lecture Theatre

South Devon Healthcare NHS
NHS Foundation Trust

Council of Governors

Wednesday 22 April 2015

Agenda Item:	6
Report Title:	Approve the name of the Integrated Care Organisation (*enc*)
Report By:	Chairman
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

1.1 To approve the new name for the Integrated Care Organisation.

1.2 Although a majority decision was taken by governors present on 11 March 2015 regarding the new name for the integrated care organisation, one governor has challenged the 'call to meeting' request and therefore the same paper presented in March has been brought back to the April meeting to eliminate any further challenges in future.

2. Background Information

Part 1: ICO new name

1. When South Devon Healthcare NHS Foundation Trust (SDH) acquires Torbay and Southern Devon Health and Care NHS Trust (TSD), a new name is needed for the new 'Integrated Care Organisation' (ICO), to mark its new role within the health and adult social care community.

2. There are a limited number of options for a name, which must meet NHS guidelines and cannot be confused with other trusts or organisations. See Part 2 *"Considerations for new ICO name."*

3. There is only one name that clearly meets the brief: Torbay and South Devon NHS Foundation Trust.

4. In November 2014 Sir Richard Ibbotson made informal approaches to gauge levels of support for the new name to SDH Non-Executive Directors, the Lead Governor, and the Chief Executive and Chair of TSD.

5. It seemed disingenuous to embark upon an open consultation with staff given the recommended name is the most appropriate option.

6. Under section 37 of the NHS Act 2006, the change of name must be agreed by at least half of the Council of Governors and half of the Board of Directors.

7. The new name was tabled at the SDH January 2015 Board at which the Executives approved it, subject to the Council of Governors also giving their approval.

Part 2: Considerations for new ICO name

NHS guidelines give strict parameters on what a trust can call itself. The guidelines state the name must:

- be clear and descriptive – not conceptual or abstract;
- be written out in full – without the use of acronyms or abbreviations;
- contain a geographical reference; and
- include the words 'NHS Foundation Trust' in the name.

With so many variations of 'South Devon' and 'Torbay' already in use locally, we're looking to create a simple name that is distinctive from other organisations and NHS trusts. Yet the name needs to identify a geographical reference that makes sense as a result of the merger of our two trusts. The number of options could include:

1. South Devon NHS Foundation Trust
2. South Devon and Torbay NHS Foundation Trust
3. Torbay and South Devon NHS Foundation Trust
4. South Devon and Torbay Healthcare NHS Foundation Trust
5. Torbay and South Devon Healthcare NHS Foundation Trust
6. Torbay and South Devon Integrated Care NHS Foundation Trust
7. Torbay Integrated Care NHS Foundation Trust

There must be no confusion with other trusts or organisations. An obvious potential source of confusion would be with the South Devon and Torbay CCG. It is also desirable to include 'Torbay' in the name, to make full use of the Torbay brand as a pioneer of integrated care.
If we omit 'health', 'care' and 'healthcare' from the name, this will shorten it without diminishing its meaning. Once a substantive Chief Executive is appointed we can develop a strapline. This will sit within the wider work of developing a mission and values which the new Chief Executive may wish to lead on when they are appointed.

For similar reasons, as well as brevity, we would prefer not to include 'integrated care' in the name.

The favoured name is Option 3 which suggests a logical fusion of our two trusts, is distinctive from the South Devon and Torbay CCG, and retains 'Torbay' and its positive associations with integrated care.

3. Recommendations

3.1 Council of Governors approves the new name for the integrated care organisation as 'Torbay and South Devon NHS Foundation Trust'

4. Decisions Needed to be Taken

4.1 Comment and receive the information above.
4.2 Approve the recommendation as at 3.1.

South Devon Healthcare NHS
NHS Foundation Trust

Council of Governors

Wednesday 22 April 2015

Agenda Item:	8
Report Title:	Chief Executive's Report
Report By:	Director of Finance, Performance & Information
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

1.1 Introduction from the new Chief Executive.

1.2 Please note that the next Finance Committee is not due to take place until the 28 April 2015 therefore at the time of writing, this paper highlights the latest trust position.

1.3 The dashboard as at attachment two shows February's performance figures; all figures that were available as at 15 April 2015. If an up-to-date dashboard is available, this will be presented on the day of the meeting.

1.4 The majority of the information as at attachment one was presented at the public Board of Directors in April hence this is an opportunity for governors to ask questions rather than be advised of the report's content.

2. Decisions Needed to be Taken

2.1 Comment and receive the attached information.

3. Attached to this Report

Attachment one - Quality, performance and finance exceptions report
Attachment two - Performance dashboard.
Attachment two - Monitor Letter – quarter three.

South Devon Healthcare NHS
NHS Foundation Trust

Board of Directors – Finance Committee Exception Report – Public

Date of Meeting:	1st April 2015
Name of Report:	Quality, Performance and Finance Exceptions Report Month 11 – February 2015
Authors:	Deputy Director of Finance Assistant Directors of Finance Assistant Director of CIP Head of Performance
Approved by:	Deputy Director of Finance,
Presented by:	Director of Finance, Performance & Information Director of Operations
Public/Private:	Public Section

Purpose of the Report:

To present to the Board exceptions to the Trust's activity and financial performance and forecast for the period ended 27th February 2015 and year to 31st March 2015.

Action Required:

For Board Members to understand the risks in those exceptions and the controls put in place by the Finance Committee

Recommendations:

The Board is asked to note the contents of this report.

Relationship with the Assurance Framework (Risks, Controls and Assurance, Annual Health Check):

The summary report will provide assurance on the Trust's surplus/deficit position

Summary of Financial & Legal Implications:

The report describes significant exceptions to financial performance and the extent to which they affect the delivery of the Trust's financial duties.

Equality & Diversity, Public and Patient and Governor Involvement Implications

The Board will be assured that the Trust is meeting its financial duties and can provide assurance to the Governors and the public at large on those issues.

Sustainable Development Implications

The financial implications of the Trust's carbon reduction, energy, efficiency and recycling strategies are reflected in the Trusts financial position.

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South Devon Healthcare NHS
NHS Foundation Trust

Board of Directors

Section 1: Public Board Report

Report Title: Quality, Performance and Finance Exception Report Month 11 – February 2015

Introduction and Summary

This report sets out the exceptions to the Trust's Performance Targets and Income and Expenditure position for the period ended 27th February 2015 and the yearend forecast.

1. Quality Indicators

There are no CQC regulatory actions in place.

Performance variances

1.1 Stroke pathway time spent on a dedicated stroke ward.
The standard of 90% or more of a patients hospital stay on the stroke ward was not achieved at the required level of 80% in February. February performance is 56.4%.

1.2 The Hospital Standardised Mortality Rate (HSMR) in recent months has been above the national benchmark. Further review is being carried out in conjunction with Dr Foster to fully understand the benchmarking position and report to the patient Safety committee.

1.3. Reported compliance for VTE assessment on admission remains below the national standard of 95%.

2. Monitor compliance

The forecast Q4 service performance score is 4. A score of 4 can trigger a governance concern. The areas contributing to this score on Q4 are:

2.1 The 4 hour target has not been met in February 80.9%. Monitor is receiving weekly exception reports to give oversight of the operational pressures and progress against the recovery plan.
2.2 The 62 day screening to treatment target has not been achieved in January and February cannot be achieved in Q4. All other cancer standards have been achieved and forecast to be achieved in Q4.
2.3 Referrals to Treatment (RTT) performance has not been achieved against the admitted and non-admitted indicators in February. This is the first month the non admitted target has not been achieved. Both of these indicators will score 1 point on the service performance score.

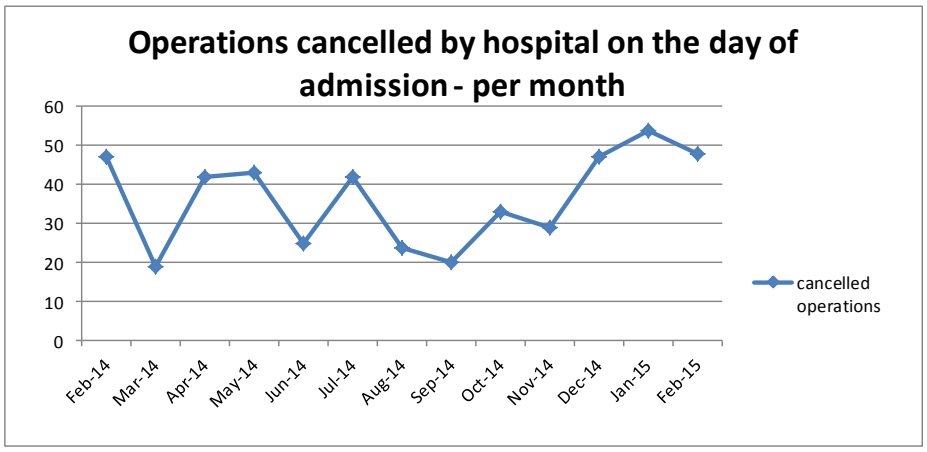
3. CQUIN schemes

No exceptions to report.

4. Performance and Quality Requirement – Contract indicators

4.1 The number of patients waiting over 6 weeks for diagnostic test at the end of February met the tolerance set of 1% of total numbers waiting. In February 41 patients were recorded as waiting over the 6 week standard at the month end census.

4.2 Cancellations on the day of admission are above the standard of 0.8% of elective activity with 48 recorded in February.



4.3 Care planning summaries timeliness is not meeting the contract standard of communicating to the GP 24 hours of discharge.

4.4 The performance dashboard and report is attached to this report as Appendix 1

5. Monitor Risk and Other KPI Measures

5.1 The deficit for the period to 28th February 2015 stands at £3,260k. Against the revised plan, this represents a favourable variance of £532k.

The Forecast year end position remains to achieve a COSRR (Continuity of Service Risk Rating) of 3, by delivering a forecast deficit of £4.6m or below.

Monitor has confirmed that for the purpose of debt service cover COSRR calculation, the transaction expenditure incurred regarding the integration business plan, can be excluded from the calculation. The forecast value of this expenditure is £1.1m.

The forecast summary is included at Appendix 2

5.2 The current summary of key performance indicators is in the table below:

DESCRIPTION		THRESHOLD	YTD PLAN/ BUDGET	YTD ACTUAL	PRIOR MONTH YTD ACTUAL	RED/ GREEN	Change
MONITOR FINANCIAL RISK RATING	Risk Rating of 3 or above	> 2	3	4	3	GREEN	⇧
STATEMENT OF COMPREHENSIVE INCOME (SOCI) YTD	Deficit Variance	> 10.0% adverse variance	(Revised) 3,792	3,260	2,606	RED	⇩
FORECAST IE AGAINST PLAN	Variance to FYE Plan	>10.0% adverse variance	4,580	4,400	4,800	RED	⇧
CONTRACT INCOME PERFORMANCE AGAINST PLAN	Variance to Plan	> -0.1% adverse variance	(185,263)	(186,233)	(169,423)	GREEN	⇧
ANALYSIS OF SOCI WORKFORCE INC CIP TARGETS	(see purple section of SoCI)	> 0.1% variance	138,357	143,065	130,126	RED	⇩
PAY RUN RATE	In month actual spend	Increasing		Month 11 13,250	Month 10 13,270	RED	⇩
COST IMPROVEMENT PLANS IN YEAR			11,167	8,511	7,301	RED	⇧
VACANCY FACTOR ACHIEVED	Variance to Plan of £2.2M	> -10.0% adverse variance	2,093	1,808	1,588	RED	⇧
CORPORATE FINANCE MEASURES	> 2 Red					RED	↔

5.3 The overall COSRR of the Trust is a 4 as at 28th February 2015, which is favourable to the planned rating of 3 per the revised Plan submitted to Monitor. Within this: -

(a) The COSRR for Liquidity is 4, which is favourable to the planned rating of 3. This is principally due to the reduction in capital expenditure.

(b) The COSRR for Debt Service Cover is 3, which is favourable to the planned rating of 2. This is principally due to the re-categorisation (with Monitor's agreement) of certain ICO costs as Restructuring Costs.

6. SoCI (Statement of Comprehensive Income) Summary

6.1 Income and Expenditure Statement February 2015

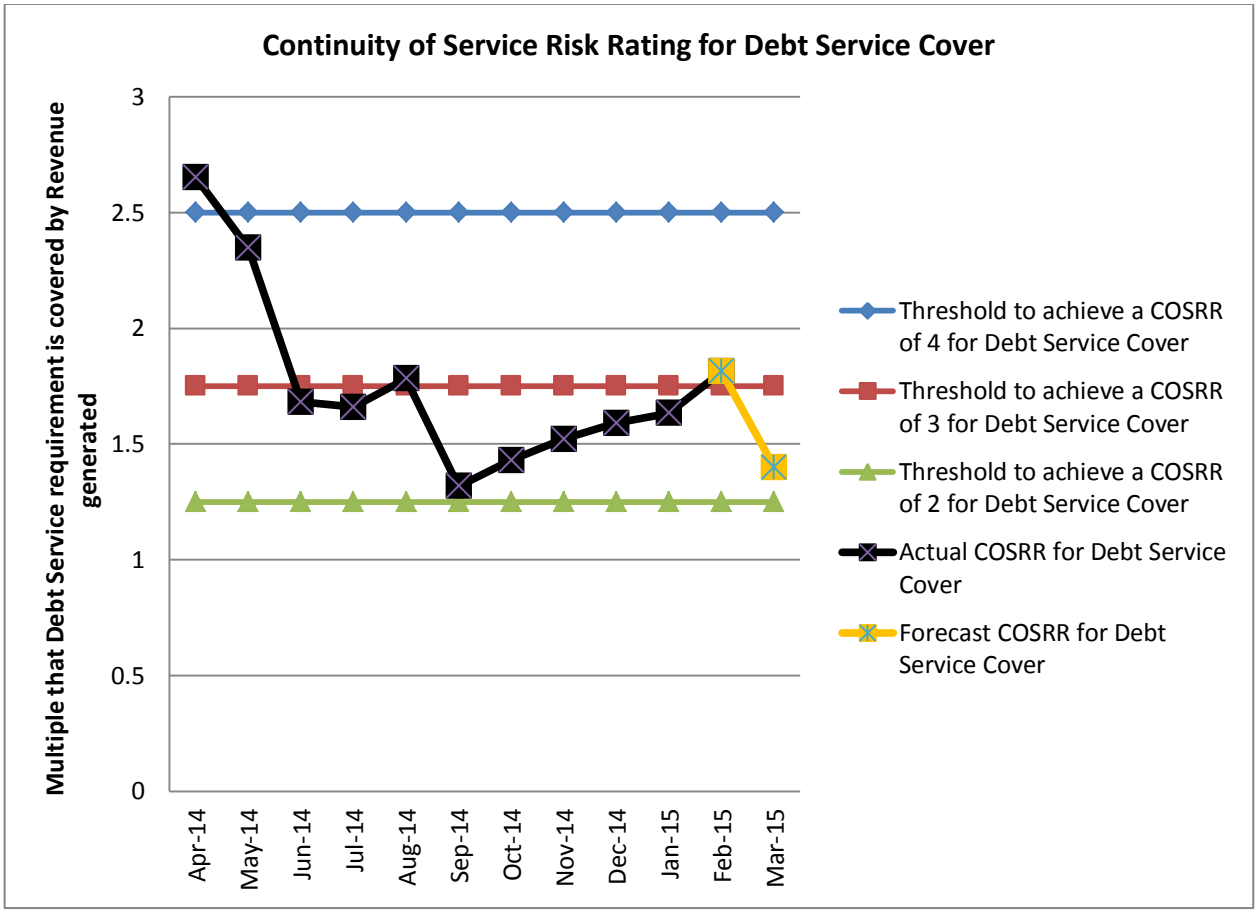
Please see Appendix 3 for full SoCI, detailing the year to date deficit of £3,260k.

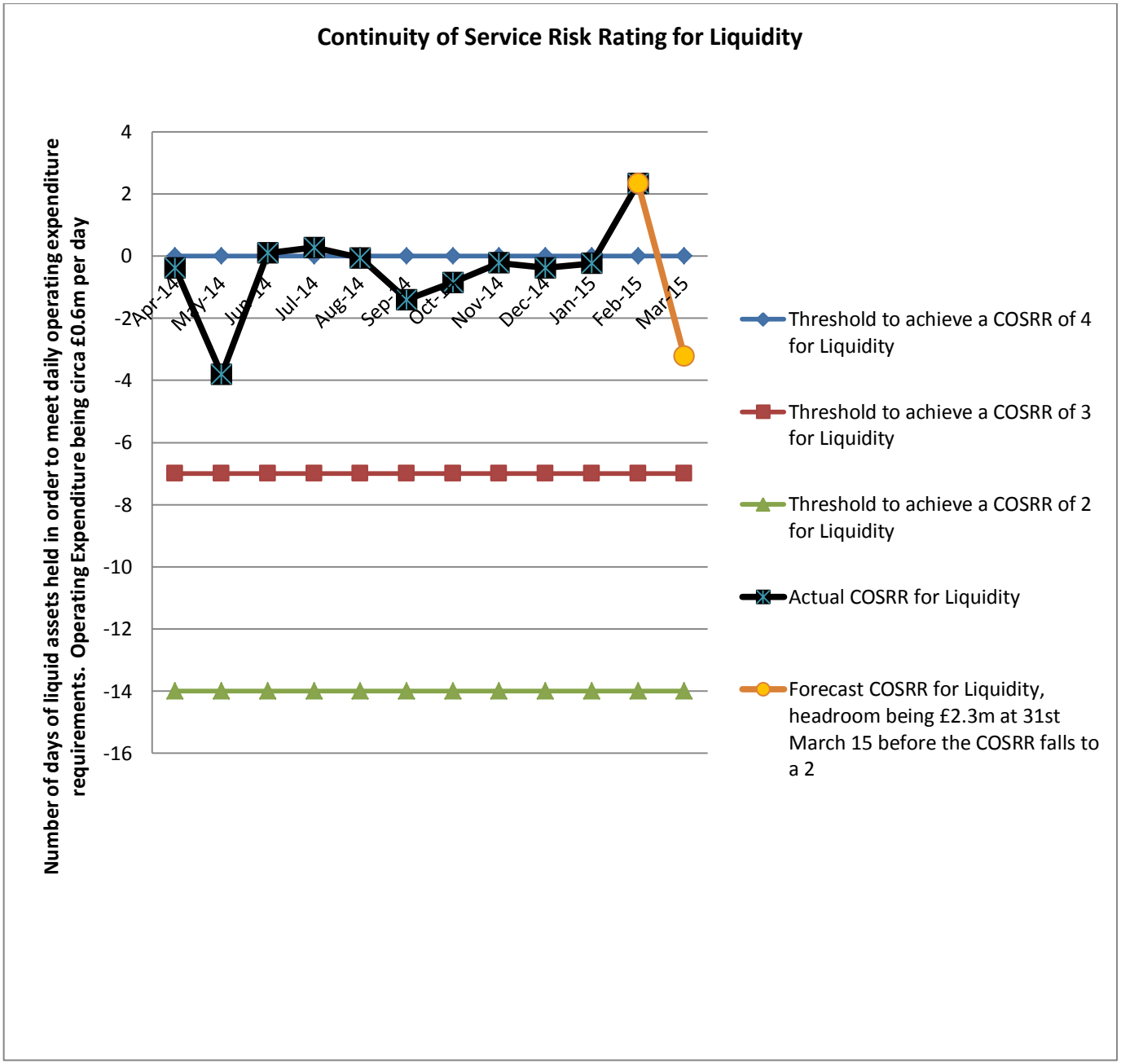
The main drivers in the year to date position are; pay costs above planned levels and Continuous Improvement Plan (CIP) behind plan, however income is above planned levels.

- escalation in bed capacity / resilience measures, both within the community that the Trust is partially funding and within the acute Trust
- Medical Locum and Agency costs relating to activity and recruitment timescales
- acuity in patients, 1:1 nursing requirements
- Continuous Improvement schemes behind plan in delivering cash releasing savings

6.3. Continuity of Service Risk Rating (COSRR) Position

The below charts show the liquidity and the debt service cover.





7. Exceptions - Finance

7.1 Forecast

The Trust submitted a revised forecast plan to Monitor that moved the Trust from a planned deficit of £2.5m to £4.6m, and still achieve a planned COSRR of 3.

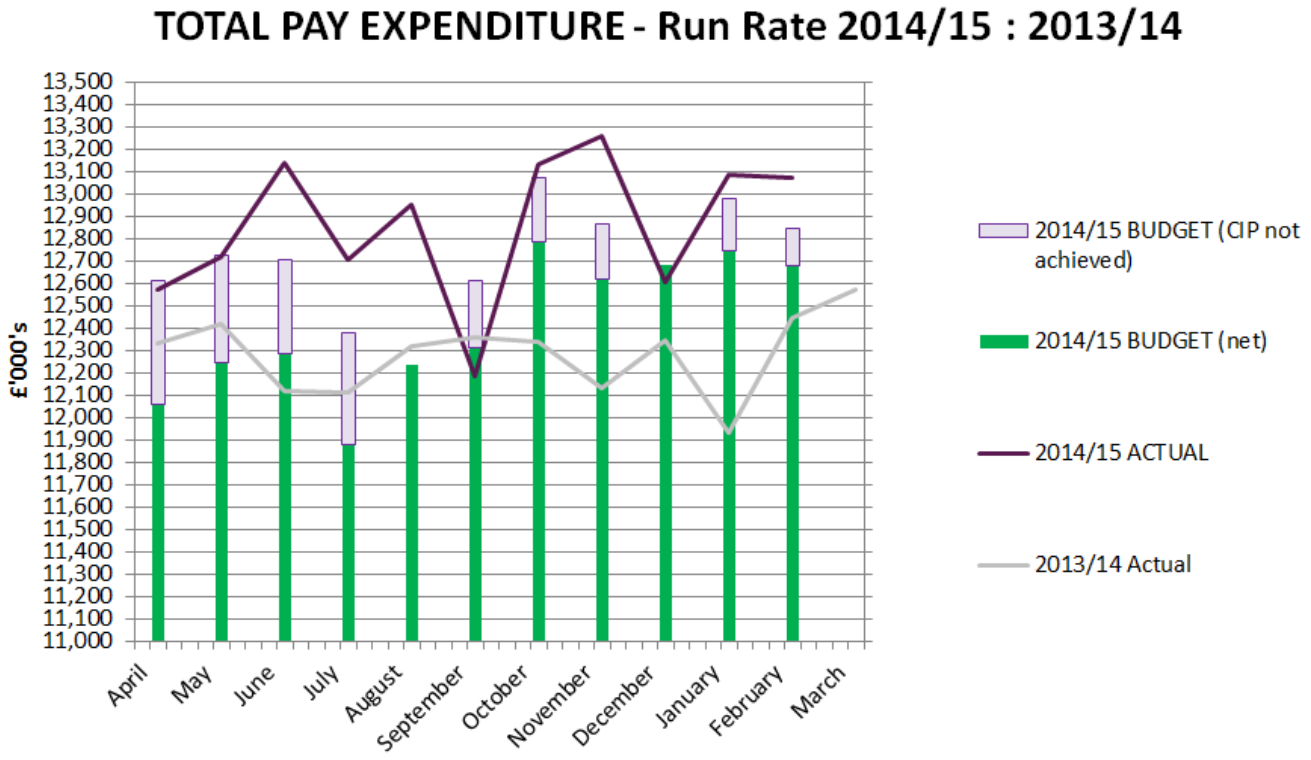
The Trust's current forecast deficit has reduced from £4.6 to £4.4, due to changes in costs expected, such as opening of the escalation ward, offset by financing costs reducing and further donated asset income expected of £250k.

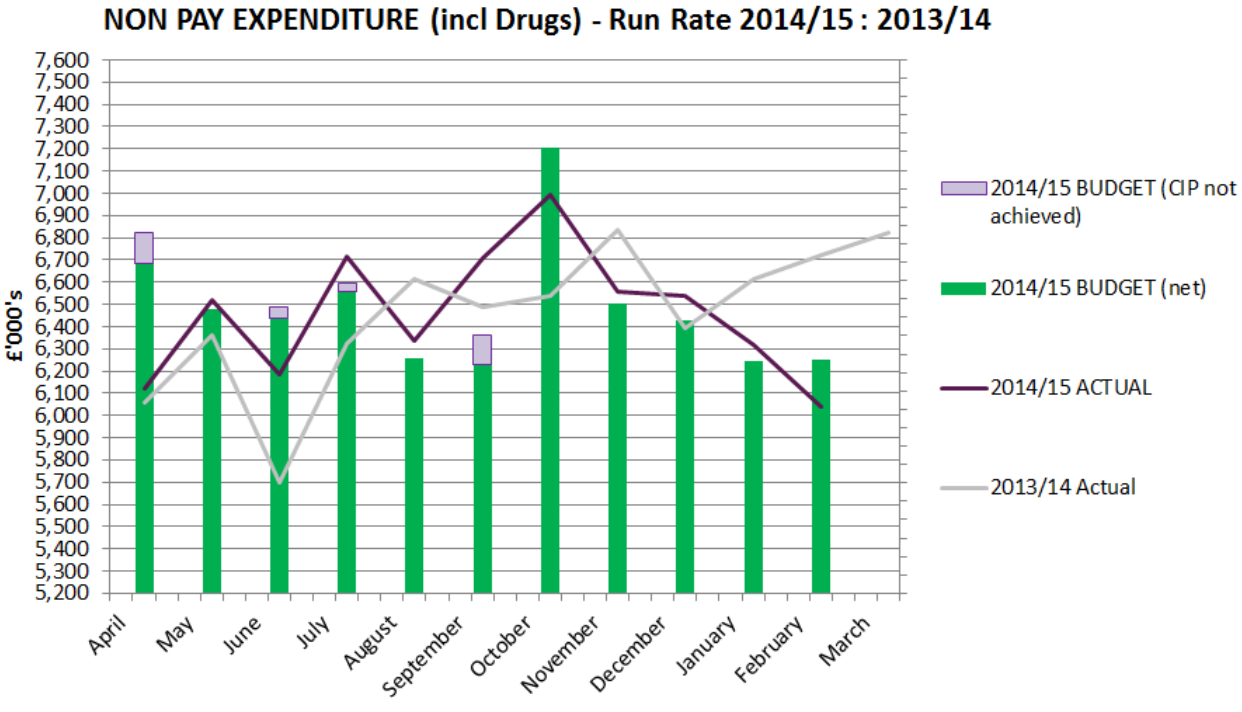
Excluding the transaction costs of £1.05k the forecast value is £3.4m.

7.2 Expenditure

Pay expenditure remains level, with the escalation ward open for part of February, and also a slight increase in agency spend, offset by a reduction in substantive and bank spend.

Non Pay expenditure continues to decrease, mainly in discretionary spend and drug costs.





The green columns reflects budgeted expenditure (which has flexed from original plan and revised plan) and the purple columns reflect the budgeted CIP savings not achieved in the month.
The purple lines show the continuation of pay spend levels and a drop in non pay expenditure in the last quarter.

8.0 Cash balances

Cash balances are £597k higher than the revised Plan. This is due to the following reasons: -

8.1 This is due to the following reasons: -

		Cash impact £'000
	Planned cash position	**14,457**
i)	I&E position above/(below) revised Plan	532
ii)	Less non-cash elements within I&E variance (depreciation, donated asset income, impairment)	(1,075)
iii)	Receipt of PDC higher/(lower) than Plan	882
iv)	Capital expenditure (above)/below Plan	4,180
v)	Non-current Debtors (above)/below Plan	(363)
vi)	Stock (above)/below Plan	4
vii)	Current Debtors (above)/below Plan	(575)
viii)	Current Creditors (excl loan) above/(below) Plan	(1,918)
ix)	FTFF loan above/(below) Plan	(1,145)
x)	Other working capital variances	75
	Actual cash position	**15,054**

8.2 Capital Balances

The Trust will continue to hold elements of the revised capital programme to ensure adequate cash balances to maintain the COSRR

9.0 Cost Improvement Programme (CIP)

	Actual Delivery			Assurance: (Forecast Yr End Delivery)	
	Curr Yr Month 1 to 11	Current Yr Months 1 to 12	Recurrent	Yr. End Forecast	Recurrent Forecast
	£m	£m	£m	£m	£m
Target	11.2	12.2	12.2	12.2	12.2
Delivered	-8.5	-8.9	-3.6		
Delivered Plus Forecast				-9.4	-3.9
Shortfall	**£2.7**	**£3.3**	**£8.6**	**£2.8**	**£8.3**

- £8.9m of cash delivery (to the year-end) has been generated so far.
- This represented a £300k improvement on last month
- The CIP Delivery Gap at month 11 is £2.7m shortfall and £3.3m shortfall forecast for the full year.
- The forecast year end Recurrent gap is £8.3m shortfall.

SDHFT Performance Report - February 2015

Appendix 1 - Performance report

	Target 14/15	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	YTD 13/14	YTD 14/15	Red	Amber	Green
QUALITY																		
Safety thermometer - % Harm Free	95%	97%	98%	98%	98%	98%	97%	98%	98%	98%	99%	99%	99%			<95%		>=95%
Safety thermometer - Falls	4	2	2	2	2	6	4	2	1	0	2	2	3	37	26	>=4	Between	<3
Safety thermometer - VTE	1	5	0	0	1	1	2	1	4	1	2	2	1	11	15	>=1		<1
Safety thermometer - Catheters and UTI	1	0	0	0	1	0	0	1	0	0	0	0	1	12	3	>=1		<1
Pressure Ulcers Category 2	<3	3	5	4	2	1	5	3	4	5	0	1	3	45	33	>=3		<3
Pressure Ulcers Category 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	>=1		<1
Pressure Ulcers Category 4	0	1	1	1	1	0	0	0	0	0	1	1	0	3	5	>=1		<1
Number of MRSA cases	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	>0		<=0
Infection control - Number of MSSA cases	13	2	1	0	2	1	1	1	2	1	0	0	0	11	9	>=2	Between	<1
Infection control - Number of E-Coli cases	24	3	1	2	2	1	1	0	3	4	0	0	0	21	14	>=3	Between	<2
Infection control - Number bed closures due to infection control measures	<171	84	24	66	108	18	30	12	0	252	124	141	156	1972	931	>=171	Between	<100
Infection control - Hand hygiene	95%	96%	98%	89%	96%	96%	99%	98%	95%	96%	92%	98%	98%			<95%		>=95%
Reported incidents - Moderate (excluding VTE events)	<100	29	35	47	28	26	25	38	27	28	26	12	17	501	309	>150	Between	<100
Reported incidents - Major	<5	1	5	0	0	2	1	0	3	1	3	1	0	12	16	>=20	Between	<5
Reported incidents - Catastrophic	<1	0	0	0	0	0	0	0	0	0	0	0	2	6	2	>=1		<1
Reported incidents - Total	<470	520	530	493	476	344	298	317	336	345	274	234	283	5505	3930	>=470		<470
Written complaints - Number received	<30	25	25	22	19	45	17	27	33	24	22	23	28			>=30		<30
Written complaints - Number exceeding the 8 week response date (at month end)	<6	16	11	8	6	9	7	12	8	11	11	5	6			>=6		<6
Long stays - Number of patients with a LoS >14 days at month end	95	82	105	108	96	101	112	96	88	103	103	113	121			>=95	Between	<90
Mortality - HSMR (Dr Foster) - Benchmark = Data Year	85.0%	97.5%	99.2%	98.0%	86.3%	92.7%	101.9%	90.5%	108.4%	90.1%	96.1%	104.6%	74.0%			>=1	Between	<=85%
Never Event reports	0	0	0	0	0	0	0	0	0	0	0	0	0			>=1		<1
CQC Compliance																		
Fractured neck of femur achieving Best Practice Tariff	>90%	61.8%	70.2%	69.2%	41.5%	52.2%	71.4%	53.8%	77.8%	81.5%	66.7%	28.0%	57.9%	75%	59%	<90%		>=90%
Stroke patients spending 90% of time on a stroke ward	80%	58.5%	61.7%	76.5%	67.7%	57.1%	65.5%	64.2%	80.4%	67.4%	44.2%	61.9%	56.4%			<80%		>=80%
VTE - Risk assessment on admission Monthly report	95%	93.2%	91.0%	90.8%	92.2%	91.9%	91.8%	92.0%	90.5%	91.1%	90.2%	81.6%			90.2%	<95%		>95%
Choose and Book - % of slot unavailability	10%	9.6%	20.3%	17.1%	17.4%	20.0%	34.7%	21.8%	19.6%	18.6%	16.4%	9.4%	14.7%	11%	19%	>10%	Between	<=5%
Clinic letters timeliness	95%	100.0%	95.5%	90.9%	95.5%	100.0%	86.4%	95.5%	95.5%	72.7%	68.2%	95.5%	90.9%			<95%		>95%
Medication errors - Reported on Incident Reporting system	20	16	12	13	15	34	16	20	10	19	8	15	20	199	182	>20	Between	<=15
MONITOR - compliance framework indicators																		
Number of Clostridium Difficile cases - Lapse of care	11 (Year)	2014/15	2	0	0	0	0	0	0	0	0	1	1	0	4	>=2		<2
Cancer - 31-day wait for second or subsequent treatment - Surgery	94%	96.0%	96.4%	97.4%	93.8%	91.2%	93.3%	100.0%	100.0%	96.4%	100.0%	100.0%	100.0%	97%	97%	<94%		>=94%
Cancer - 31-day wait for second or subsequent treatment - Drug	98%	98.1%	100.0%	100.0%	100.0%	100.0%	97.8%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	99%	100%	<98%		>=98%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	94%	100.0%	98.2%	89.5%	100.0%	100.0%	95.9%	98.3%	100.0%	98.8%	98.4%	98.4%	100.0%	97%	98%	<94%		>=94%
Cancer - 62-day wait for first treatment - from urgent GP referral	85%	86.1%	89.7%	91.9%	93.9%	87.8%	88.1%	87.4%	87.2%	95.6%	91.0%	87.0%	85.7%	90%	90%	<85%		>=85%
Cancer - 62-day wait for first treatment - from consultant screening service referral	90%	90.9%	100.0%	100.0%	100.0%	88.9%	92.3%	100.0%	100.0%	90.0%	100.0%	72.7%	71.4%	97%	93%	<90%		>=90%
Cancer - 31-day wait from diagnosis to first treatment	96%	98.3%	98.6%	99.4%	98.6%	98.3%	96.7%	99.4%	98.2%	97.3%	97.6%	96.7%	98.6%	98%	98%	<96%		>=96%
Cancer - Two week wait from referral to date 1st seen	93%	96.3%	97.7%	96.6%	93.6%	95.0%	91.6%	96.4%	98.2%	98.1%	97.9%	96.8%	96.6%	95%	96%	<93%		>=93%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	93%	99.2%	96.8%	97.8%	95.7%	92.2%	76.9%	95.5%	99.0%	100.0%	98.3%	93.9%	98.8%	96%	95%	<93%		>=93%
Referral to treatment waiting times – admitted	90%	81.9%	84.0%	83.7%	76.0%	92.1%	84.0%	77.0%	88.4%	74.5%	77.5%	76.7%	75.0%	90%	81%	<90%		>=90%
Referral to treatment waiting times – non-admitted	95%	95.0%	95.6%	96.1%	95.2%	95.9%	95.5%	95.4%	95.6%	95.0%	95.6%	95.1%	94.7%	96%	95%	<95%		>=95%
Referral to treatment - % Incomplete pathways	92%	95.0%	94.5%	94.6%	95.2%	94.5%	94.0%	93.9%	93.3%	92.7%	92.3%	92.0%	92.1%	95%	94%	<92%		>=92%

A&E - patients seen within 4 hours	95%	92.2%	82.3%	85.0%	84.2%	82.0%	90.6%	93.9%	95.4%	90.4%	83.1%	86.9%	80.9%	96%	87%	<95%		>=95%
Compliance with requirements for people with a learning disability																		
National CQUIN																		
Friends and family - Phased roll out - monthly progress against plan RAG																		
Friends and family test - responce rate - A&E		8.0%	4.3%	2.8%	18.4%	18.7%	16.5%	13.5%	12.6%	8.6%	6.2%	7.0%	11.7%	4%	11%			
Friends and family test - responce rate - Inpatients		32.1%	26.9%	24.1%	24.0%	24.6%	19.1%	24.1%	27.6%	25.4%	19.8%	20.1%	25.2%	20%	20%			
Friends and Family - Staff																		
NHS Safety Thermometer - Pressure Ulcers																		
Dementia - Find - monthly report	90%	15.9%	29.0%	28.3%	29.9%	23.5%	48.8%	45.0%	39.2%	40.0%	31.1%	36.0%	#N/A	35%	35%	<90%		>=90%
Dementia - Assess & Investigate - Monthly report	90%	63.6%	28.6%	26.5%	27.8%	32.3%	29.4%	18.9%	23.2%	27.3%	25.0%	56.3%	#N/A	41%	30%	<90%		>=90%
Dementia Refer - Monthly report	90%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	83.3%	100.0%	94.7%	#N/A	70%	94%	<90%		>=90%
Dementia - Supporting Carers - Quarterly report																		
Local CQUIN																		
Severe sepsis - Improvement in the recognition, and timeliness and reliability of management of severe sepsis		2014/15																
Bereavement - Improve timeliness of information to GPs		2014/15																
Bereavement - Sgnposting of bereavement support for carers, families & children		2014/15																
Patient flow - ambulatory care		2014/15																
Frailty - enhanced recovery in medicine		2014/15																
Frailty -frailty index		2014/15																
Alcohol - screening and referral		2014/15																
Yellow card scheme		2014/15																
Performance and Quality requirements contract indicators																		
Diagnostic tests longer than the 6 week standard	0	13	27	33	19	17	16	33	17	36	116	123	41	178	478	>30		<=30
Diagnostic tests longer than the 6 week standard	1.0%	0.4%	0.9%	0.9%	0.6%	0.5%	0.5%	1.0%	0.5%	1.2%	3.2%	3.2%	1.0%	0.6%	1.3%	>1%		<=1%
Mixed sex accomodation breaches of standard (reported on UNIFY)	0	6	0	0	0	0	0	0	0	2	1	0	1	12	4	>=1		<1
On the day cancellations for elective operations (hospital initiated)	0.8%	0.6%	1.4%	1.4%	0.8%	1.4%	0.9%	0.8%	0.9%	1.0%	1.5%	1.5%	1.5%	1.1%	1.2%	>0.8%		>=0.8%
Cancelled patients not treated within 28 days of cancellation	0	1	0	4	1	3	3	2	0	3	5	7	2	42	30	>3		<=3
RTT - percentage of treatment functions achieving 90% RTT (Admitted)	100.0%	56.3%	53.3%	62.5%	57.1%	76.9%	66.7%	46.7%	73.3%	60.0%	57.1%	56.3%	50.0%			<80%	Between	>=85%
RTT - percentage of treatment functions achieving 95% RTT (Non-admitted)	100.0%	62.5%	76.5%	70.6%	64.7%	76.5%	64.7%	70.6%	64.7%	52.9%	58.8%	56.3%	52.9%			<80%	Between	>=85%
RTT - percentage of treatment functions achieving 92% RTT (Incomplete)	100.0%	94.1%	94.1%	94.1%	100.0%	94.1%	88.2%	76.5%	76.5%	82.4%	76.5%	70.6%	76.5%			<80%	Between	>=85%
RTT incomplete pathways > 52 weeks	0	0	0	0	0	0	0	0	0	0	0	0	0			>0		<=0
Ambulance handover delays > 30 minutes	0	44	87	48	88	106	40	24	27	34	56	55	78	662	643	>=75	Between	<50
Ambulance handover delays > 60 minutes	0	0	10	0	4	4	2	1	0	0	1	0	6	40	28	>=10	Between	<5
Trolley waits in A+E > 12 hours from decision to admit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	>0		0
Care Planning Summaries % completed within 24 hours of discharge - Weekday	77%		71.4%	74.7%	70.7%	64.6%	71.5%	66.5%	65.5%	62.9%	57.3%	59.8%	75.2%		67.0%	<77%		>=77%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	60%		52.4%	45.0%	54.2%	38.4%	37.4%	40.7%	41.7%	47.1%	38.8%	40.3%	52.8%		44.4%	<60%		>=60%
Data book local indicators not included elsewhere																		
A&E - Total visit time (95th percentile)	≤ 04:00	04:59	06:34	05:57	06:03	06:13	05:13	04:37	04:00	05:24	06:31	05:55	07:16			>04:00		<=04:00
A&E - Percentage of patients with a visit time of less than or equal to 4 hours	95%	92.2%	82.3%	85.0%	84.2%	82.0%	90.6%	93.9%	95.4%	90.4%	83.1%	86.9%	80.9%	96%	87%	<95%		>=95%
A&E - Unplanned reattendance rate	≤ 5%	4.8%	4.9%	4.7%	4.8%	4.5%	4.9%	5.1%	5.0%	5.0%	5.3%	5.2%	5.5%	4.3%	5.0%	>5%		<=5%
A&E - Percentage of patients who leave without being seen	≤ 5%	2.9%	3.9%	3.8%	4.5%	5.9%	3.4%	2.6%	2.4%	2.2%	2.9%	1.9%	3.2%	2.7%	3.4%	>5%		<=5%
DNA rate overall Trust	6.0%	5.4%	5.8%	5.6%	5.5%	5.5%	5.8%	5.5%	5.5%	5.4%	5.8%	5.7%	5.2%	5.9%	5.6%	>6%		<=6%
Smoking during pregnancy	19.4%	15.7%	14.0%	19.5%	12.6%	19.0%	16.8%	16.2%	14.0%	20.5%	14.9%	15.3%	#DIV/0!	14.5%	16.3%	>19.4%		<=19.4%
Breastfeeding initiation rates(% initiated breast feeding)	76.3%	75.5%	80.5%	69.3%	76.2%	70.0%	74.2%	72.4%	78.9%	71.6%	76.2%	73.8%	#DIV/0!	76%	74%	<76.3%		>=76.3%
Ethnic coding data quality	80.0%	94.0%	94.0%	94.0%	94.0%	93.0%	92.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94%	94%	<80%		>=80%
Primary PCI within 150 minutes of calling.	75.0%	81.8%	83.3%	66.7%	100.0%	80.0%	77.8%	91.7%	100.0%	66.7%	88.9%	85.7%	75.0%	90%	83%	<75%		>=75%

5 March 2015

Dr John Lowes
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Making the health sector work for patients

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Dear John

Q3 2014/15 monitoring of NHS foundation trusts

Our analysis of your Q3 submissions is now complete. Based on this work, the Trust's current ratings are:

- Continuity of services risk rating - 3
- Governance risk rating - Under Review – requesting further information

These ratings will be published on Monitor's website later in March.

The Trust has failed to meet both the 'A&E Clinical Quality – Total Time in A&E under 4 hours' and 'Referral to treatment time, 18 weeks in aggregate, admitted patients' targets for the fourth consecutive quarter which has triggered consideration for further regulatory action. For this reason the Trust's governance risk rating is Under Review.

We expect the Trust to address the issues leading to the target failure and achieve sustainable compliance with the targets promptly. We request that the Trust continues to provide Monitor with the following:

- weekly exception reports for A&E where the 95% standard is not met; and
- monthly updates to the revised RTT recovery plan, with explanations for significant variances from the forecast plan.

In addition we will review the Trust's diagnosis of current operational challenges and the Quality Governance Opinion, which have been requested by our Provider Appraisal team as part of their review of the proposed transaction with Torbay and Southern Devon Health and Care NHS Trust. We will also engage with the Local Area Team, lead CCG and ECIST around the current operational challenges.

The Trust's governance risk rating will remain Under Review until we have concluded our considerations for further regulatory action, at which point we will write to you again.

Monitor uses the above targets (amongst others) as indicators to assess the quality of governance at foundation trusts. A failure by a foundation trust to achieve the targets applicable to it could indicate that the Trust is providing health care services in breach of its licence. Accordingly, in such circumstances, Monitor could consider whether to take any regulatory action under the Health and Social Care Act 2012, taking into account as appropriate its published guidance on the licence and enforcement action including its Enforcement Guidance[1] and the Risk Assessment Framework[2].

We will continue with monthly financial monitoring at the Trust, as advised in our Q2 letter. We will also continue to liaise with Provider Appraisal on its review of the proposed transaction. This will include reviewing the independent opinions on the Trust's working capital and financial reporting procedures.

A report on the FT sector aggregate performance from Q3 2014/15 is now available on our website[3] which I hope you will find of interest.

We have also issued a press release[4] setting out a summary of the key findings across the FT sector from the Q3 monitoring cycle.

If you have any queries relating to the above, please contact me by telephone on 020 3747 0334 or by email (Smitha.Nathan@Monitor.gov.uk).

Yours sincerely

Smitha Nathan
Senior Regional Manager

cc: Sir Richard Ibbotson, Chair
Mr Paul Cooper, Finance Director

[1] www.monitor-nhsft.gov.uk/node/2622
[2] www.monitor.gov.uk/raf
[3] https://www.gov.uk/government/publications/nhs-foundation-trusts-quarterly-performance-report-quarter-3-201415
[4] https://www.gov.uk/government/news/nhs-foundation-trusts-tackle-rising-patient-demand

South Devon Healthcare NHS
NHS Foundation Trust

Council of Governors

Wednesday 22 April 2015

Agenda Item:	10
Report Title:	Secretary's Report
Report By:	Company/Corporate Secretary
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

1.1 Topical areas of interest presented by the Company Secretary following the last Council of Governors meeting on 10 December 2014.

2. Main Report

2.1 **Governor self-assessment, 25 February 2015:** Following the self-assessment in February 2015, attachment one shows the priorities that the Company Secretary would like governors to agree as a Council of Governors for 2015/16. Priorities developed in consultation with Cathy French and Wendy Marshfield.

2.2 **Integrated Care Organisation (ICO)** – the final development session for governors has taken place and the slides have been circulated for those who were unable to attend. New governors will be offered a specific ICO development session during May 2015.

2.3 **Patient safety training for Governors**: The Patient Safety Lead very kindly gave a two-hour session on patient safety on 11 March 2015. 12 governors were in attendance. Suggestions for training in 2015/16 have been included within attachment one (item one) but open to other suggestions from governors.

2.4 **NHSmail / IT:** The Company Secretary has met with the Health Informatics (HIS) Director to put forward some of the challenges in using NHSmail to circulate electronic documents to governors as well as other commercial products that might be available. The HIS Director has taken these comments on board as well as arranging a further meeting with myself and Terry Bannon on 1 May 2015. Following the meeting the Company Secretary will report back on further options for governors in respect of electronic communication.

2.5 **Board of Directors meetings:** Each month the Board of Directors meetings will be held in public (first part) and governors, foundation trust members and members of the public are welcome to attend these as observers if they wish. These formal meetings are usually on a Wednesday at 1.30 pm in the Anna Dart Theatre, Horizon Centre. Dates for 2015 are:

- 6 May;
- 27 May;
- 1 July;
- 5 August (Boardroom or TREC);
- 2 September;

- 7 October;
- 4 November;
- 2 December.

*There is no meeting held in public in June 2015 because there is an extra private meeting of the Board on 27 May 2015 to approve the annual report and annual accounts in line with national submission dates.

2.6 **Joint Meeting between Council of Governors and Board of Directors:** The next Board-to-Council meetings will be as follows:

- 19 August 2015, 3pm in the Anna Dart Lecture Theatre, Horizon Centre.
- 21 October 2015, 3pm in the Anna Dart Lecture Theatre, Horizon Centre.

2.7 **Dementia presentation:** The Matron of Healthcare for Older People, Dementia and Acute Stroke Services was unable to give a presentation to this meeting, but is available for 22 July 2015 if governors would like this topic on the agenda.

3. Recommendation

3.1 Council of Governors accepts the governor priorities as at attachment one for 2015/16.
3.2 Council of Governors agree to a dementia presentation on 22 July 2015.

4. Decisions Needed to be Taken

4.1 Note and comment on the information outlined above.
4.2 Approve the above recommendations.

5. Attached to this report

Attachment one – Council of Governors self-assessment priorities 2015/16.

South Devon Healthcare NHS

NHS Foundation Trust

Council of Governors priorities 2015/16 following the annual self-assessment session

Council of Governors

22 April 2015

Governor Priorities for 2015/16

1. **Governor training** - continue to provide governor training and support e.g. themes around understanding of the new service provisions such as social care and community hospitals, performance, finance, values/behaviours, IT and public relations.

2. **Governor observations –** Level 1 (onsite anyway e.g. as a governor, carer, patient etc) Level 2 (as a member of working with us panel) Level 3 (non-ward areas). Pro forma to be created for 1 and 3 submitted via Foundation Trust (FT) office.

3. **Working together –** improve engagement between Board of Directors and Council of Governors (CoG) e.g. greater attendance by board members at Board-to-Council meetings. Governors to help re-format these meetings as per four below.

4. **Governor contribution –** greater engagement in agenda setting and responding to requests e.g. attendance at meetings and completion of governor annual self-assessment. Constituency meetings to meet regularly throughout the year (inviting nominated governors where appropriate) and report back on key issues. Pro forma to be created for latter; completed form submitted to lead governor then CoG.

5. **Information/data sharing –** more emphasis around trends as well as actions being taken to reduce complaints where key themes might be emerging.

6. **Holding selves and the Board of Directors to account** – continue to work towards the guidance agreed with the Board of Directors and Governors in 2014; update as necessary. Governors to take responsibility in respect of their own duties/responsibilities.

7. **Use of IT –** Look at better ways of working with governors e.g. boardpacks where costs can be justified.

Cathy French, Wendy Marshfield, Richard Scott

South Devon Healthcare NHS
NHS Foundation Trust

Council of Governors

Wednesday 22 April 2015

Agenda Item:	11
Report Title:	Quality and Compliance Committee Report
Report By:	Lead Governor
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

1.1 Update report of the Quality and Compliance Committee (Q&CC) following their most recent meeting on **13 February 2015**.

1.2 It was agreed to circulate the notes of the meeting to all governors therefore rather than produce a main report below, the details can be found as at attachment one.

2. Recommendations

2.1 Council of Governors receives the draft notes as at attachment one and supports the current work of the Quality and Compliance Committee.

3. Decisions Needed to be Taken

3.1 Note and comment on the information attached.

4. Attached to this report

Attachment one - Draft notes of the February Q&CC meeting.

South Devon Healthcare NHS
NHS Foundation Trust

NOTES OF THE QUALITY AND COMPLIANCE COMMITTEE MEETING

HELD IN THE BOARDROOM, HENGRAVE HOUSE, TORBAY HOSPITAL

AT 10AM ON FRIDAY 13 FEBRUARY 2015

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* Barrie Behenna (BB) - Chair
* David Brothwood (DB)
  Anne Harvey (AH)
* Wendy Marshfield (WM)
* Will Baker (WB)
* Cathy French (CF)
* Lynne Hookings (LH)
* Rachael Glasson (RG)

In attendance
Governance Lead (GL)
* Quality Lead (QL)
* Company/Corporate Secretary (CS)
Note taker (JB)

* Denotes member present

1 Apologies

Apologies received from the Governance Lead and A Harvey.

2 Minutes of the last meeting

The minutes of the last meeting dated 6 November 2014 were **agreed** as accurate with the following amendment:

Page 3 Agenda item 5 - Workstream 1 report. Replaced draft text with the following text from WM…'*It was noted that WS1 has very robust mechanisms in place to measure and review CQC outcomes. A key area of concern is that not many have been identified following the implementation of the Cheshire West Ruling. The ruling requires mental health services to ensure no patient is at risk of the deprivation of their liberty. The new ruling requires a formal multi professional assessment. Within the Trust at present approximately six patients per year were assessed. The new ruling will require approximately 500 patients per year to be assessed. This has considerable implication for the Trust and all other organisations. Jane Viner is currently investigating the concerns that have been raised in the increase in workload that has been identified.*
WM went on to say there is a safeguarding children issue around mental health services. A new care of the elderly matron has been appointed. It has also been identified that there are issues with the delay of discharging patients which is proving challenging particularly with winter coming up.'

3 Dementia presentation

Lisa Houlian (Matron of Healthcare for Older People, Dementia and Acute Stroke Services) was welcomed by members and gave a good account of the dementia work currently going on within the Trust.

LH mentioned that all wards within the Trust displayed the purple angel signifying that all staff had a basic awareness of dementia; other areas were being looked at in the near future as now part of a rolling programme.

Dementia awareness took into consideration how to communicate with patients, understand some of their behaviours, what type of environment they might prefer as well as continued education and training. There were a variety of training methods including e-learning.

One of the key emphasis was taken time to listen i.e. a patient who has a cognitive or learning disability issue as not one size fits all. Staff are trained to see the person and not the dementia and then adapt their advice accordingly. Taking time to sit and listen to patients, their carers, friends or family was very important as formed part of the getting to know the patient campaign, otherwise known as 'help us to help you'. One example Lisa gave was a patient who became very restless when the lights went out. It turned out that the patient did not like the dark, but had been unable to communicate this to staff. A night light solved the problem and therefore recognising the correct type of environment from a family member on this occasion was extremely important.

LH mentioned the dementia screening tool for those patients aged 75 or over. Not a diagnostic tool, but used to assess if there was a potential memory or cognitive issue. It was noted that there are 3,000 people registered in the bay with dementia.

A new 'End of Life' pamphlet was circulated that was essentially a guide to planning ahead with relatives and carers on behalf of a person with end stage dementia. Torbay and Southern Devon Health and Care NHS Trust and this Trust as a whole were very supportive.

BB asked about the balance of acute versus community support. It was noted that on the medical side, with advanced skills and diagnostics and interventions that care should be no different.

CF referred to the memory cafes in Teignbridge with purple angel and that she was not aware of any directory that listed all purple angel sites. LH mentioned a list on the purple angel website, but was unsure how often this was updated. It was suggested that future newsletters could have a purple angel link.

WB asked where the right place for end life care should be.

LH said ideally where the patient wanted to be, but that the hospital setting

was often the easiest with its 24/7 cover. Acute was not normally the best patient for end of life care as can be noisy and has a lack of side rooms. End of life should excel in community, but recognise that patients should not be moved too often as this can cause significant stress.

Admiral nurses was mentioned; nurses specifically trained in dementia and who would provide support for patients staying at home with links to Rowcroft etc. Can be distressing for carer or relative so decisions about referral may be made. Skills and expertise key in supporting care in the home.

WB suggested that psychiatric nurses should be used more widely. Lisa disagreed as training for nurses today are beyond those given past training courses. It was noted that a lot more training was required for care homes as potentially a skills / knowledge gap.

DB asked how will governors know if care had been improved and LH referred to CQUINs and screening figures that were reported throughout the year.

RG joined the meeting.

LH was asked to contact governors via the Foundation Trust Office if they could help her in any way. LH

LH was thanked for attending the meeting and for giving governors a greater insight into dementia care.

Members recommend the presentation to all governors and this will be considered for a future meeting. CS

4 Quality update

The QL thanked everyone who was able to attend the Quality Accounts Engagement meeting on Friday 30 January 2015. The quality of the discussions was noted as 'excellent' and five key areas were agreed to go forward to the two Trust Boards as recommendations for the 2015/16 Quality Report priorities.

These were:

Safety

1. Improve the recognition and management of acute kidney injuries
2. To improve the transference of relevant information at the point of transition of a patient from the acute sector to the community hospital sector to enable an effective and safer discharge.

Patient experience

3. To ensure a consistent partnership approach to involving carers in management of medications in an inpatient setting.
4. Development and implementation of the 'Single Point of Contact' service

for patients and clients.

Clinical Effectiveness

5. Develop and maintain a fully functioning assessment area (ambulatory care) where patients who may not need to be admitted can be assessed resulting in an agreed management plan initiated within 4 hours of registration in order to improve the care outcomes, patient safety and experience.

The Committee then took a decision on which of the following indicators they would recommended to the Council of Governors as the local governor indicator of choice. The local indicator would be assessed by the external auditors as part of the quality report auditing process.

1. Compliance with the World Health Organisation (WHO) Safety Checklist
2. Malnutrition Universal Screening Tool (MUST)
3. Falls assessment

The Committee unanimously **agreed** to recommend the WHO Safety Checklist to the Council of Governors. CS

5 CQC update

CS referred to the hand-outs that had been circulated with the papers. It was noted that the GL had offered a future presentation and that all wards would have received an initial internal review by end of April 2015.

6 Feedback from governor observers

Workstream 1 (WS1) 11 November (WM)
9 December (WM)

The Child and Adolescent Mental Health Services (CAMHS) issues previously identified had now been included on WS1 risk register. The issues had also been discussed at the Joint Leadership Board meeting where a decision was made not to go to an external provider and to keep the service within the organisation. It was noted that beds were opening on a specialist ward to address this.

It was noted that the availability of clinic rooms for Cystic Fibrosis MDT Clinics and compliance with infection control guidelines were not being met. The issue had been added to the Heart and Lung risk register following concerns raised by the committee with an update requested for March 2015.

Workstream 2 (WS2) 21 November (WB)
19 December (WB)
16 January (WB)

It was noted that the information around complaints from the Patient Services Department provides a useful picture of the trends and types of complaints raised. WB unsure whether or not further discussion of the nature of complaints is warranted at WS2 although providing a balance by highlighting

the compliments received seemed valuable.

Further discussion took place on the complaints process including a reminder of the presentation given by Jane Viner to this Committee on 13 February 2014.

Evidence that progress has been made regarding the noise at night on busy wards was encouraging.

A presentation from the Medical Division was very well received in January; case study with complex clinical and ethical content which was highly relevant to a number of important areas around care of the elderly/terminally ill, and/or those with dementia.

Workstream 3 (WS3)

DB assured the group that WS3, Finance Committee, continues to run well but concern raised over the ongoing financial challenges.

Workstream 4 (WS4) 4 December (BB)

BB had challenged the operational efficiency of workstream four with James Furse. It was noted that the 35-strong membership was probably too large as well as recognising that the average attendance was circa 15.

Workstream 5 (WS5) 13 November (AH)
21 January (AH)

AH had given her apologies therefore the following was noted from her reports:

- CQC outcomes are highlighted in red at the top of the agenda and the last agenda item is to discuss outcomes to be recognised by the meeting. The capital programme is also discussed at this meeting.

- The stress placed throughout the meeting on the identification of new risks and action plans put in place to manage and reduce these risks. Good progress was noted regarding all the major capital schemes, which should lead to improved patient care. The estates backlog is now nearly complete, apart from the emergency department and the catheter lab. The team again showed commitment to uncovering new risks and are dealing confidently with putting action plans in place.

Audit & Assurance Committee

The reports from LH were noted. LH commented on the high error rate in respect of pharmacy discharge prescriptions. Under the internal audit heading it was noted that governors should be looking for assurance that the Board is setting strategy, controlling the Trust, establishing the right culture and delivering accountability.

Effectiveness of Workstream monitoring as an overview

Following receipt of the reports and the consequent discussion, the Committee considered in general terms the effectiveness of the reports, and the governors' attendance at the Workstream meetings as a mechanism that would enable the Committee to discharge its primary function of informing governors of potential crises within the normal operation of the Trust. There was no doubt that the present system, devised and piloted by the Trust, was a major step in the right direction, but it was not clear that as it stands, it would be sufficient to warn Governors of potential impending difficulties, for example, in delivery of the Continuous Improvement Programme (CIP), and probably less obvious ones unlikely to be brought to the fore by other means. Dashboards had been found to be helpful, but was a 'green' approaching an 'amber', and how close was an 'amber 'to a 'red'? The regular departmental reviews in Workstream 1, with the searching interviews with lead staff, was a good model, but barely replicated elsewhere.

The Committee to look at a re-appraisal of the system, including the criteria and format for reporting to all Governors. — ALL

7 Prepare / discuss report to Council of Governors (22 April)

CS to circulate notes of the meeting to all governors as BB standing down at the end of February 2015. — CS

8 Decide whether to invite speaker(s) to the next meeting

It was **agreed** that the CS would ask whether attendance could be sought from either A&E or Human Resources. — CS

9 Any other Business

The Committee wanted to go on record and say a big thank you to Will Baker, Rachael Glasson and Barrie Behenna. All had contributed in a variety of different ways and this was very much appreciated by all those present. The Committee wished them all well for the future.

Details of next meeting

Friday 15 May 2015, 10am – 12pm, Boardroom, Hengrave House

South Devon Healthcare NHS
NHS Foundation Trust

Council of Governors

Wednesday 22 April 2015

Agenda Item:	13
Report Title:	Membership Development Report
Report By:	Cathy French
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

1.1 Current update on the work of the Mutual Development Group.

2. Background Information

Mutual Development Group (MDG)

2.1 The MDG meets on a quarterly basis (February, May, July and November) to consider and take forward the requirements placed on it by the Council of Governors.

Annual Review Questionnaires

2.2 The Trust received a good number of responses from the public membership; 2,990 completed surveys, which is the same response rate of 26% as per 2012 (integration survey in 2013). The Trust would very much like to thank all members who were able to respond.

2.3 MDG governors lead constituency meetings early in the New Year to review the responses to the surveys and to prepare separate reports which can be viewed as attachments one, two and three.

2.4 One MDG Governor from each of the three public constituencies was asked to present their combined reports to the Board of Directors on the 11 March 2015, which assists them in developing the 2015/16 improvement plan.

2.5 An analysis of all the survey responses was presented at the same meeting by the Trust's Company/Corporate Secretary. A copy of the presentation plus the improvement plan can be found as at attachment four. Both he and Cathy French had read all the survey responses before presenting their findings.

2.6 The notes of the March Board-to-Council meeting can be found as at attachment five.

3. Recommendations

3.1 Council of Governors to support the current work of the Mutual Development Group.
3.2 Council of Governors accept the reports as at attachments one, two

and three.

3.3 Council of Governors accepts the improvement plan 2015/16 (last slide) as at attachment four.

3.4 Council of Governors receives the draft notes as at attachment five (*the minutes will be formally approved at the next Board-to-Council meeting in August*).

4. Decisions Needed to be Taken

4.1 Comment and receive the information outlined above / attached.

4.2 Approve the recommendations outlined above.

5. Attached to this Report

Attachment one	- South Hams and Plymouth Governors combined report
Attachment two	- Teignbridge Governors combined report
Attachment three	- Torbay Governors combined report
Attachment four	- Improvement plan 2015/16
Attachment five	- Draft notes of the March Board-to-Council meeting

SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST
REPORT OF THE 2014 ANNUAL MEMBERSHIP SURVEY
SOUTH HAMS AND EAST PLYMOUTH CONSTITUENCY

On the basis of returns from the South Hams & East Plymouth constituency, the three areas we suggest for consideration as part of forward plans are:
1 . The impact of the age of patients, 2. A&E
3. Exceptions to the vast majority response of good care.

More than one in three of those who responded were 80 years of age or over. At this age travel is an issue for many when contemplating a visit to Torbay hospital. The survey also shows factors such as signage and time of discharge are of particular concern. Several still find the signage e.g. to ENT confusing and twice as many from South Hams (36%), compared with 19% for all hospital patients were discharged between 5pm and midnight. Three times as many (19%), compared with 6% of all patients, said that the time was not convenient.

With the large number of 80+ year old people, one might have expected a greater interest in dementia. But in line with figures for all public constituencies, those wanting a greater emphasis equalled those against. However in the 51-65 age group, over twice as many were in favour of greater emphasis than those against. We suggest that more publicity e.g. through the newsletter ought to be given to what the hospital is already doing about dementia.

The longer distance from the hospital for South Hams residents has an impact on the use of A&E. Fewer self refer,. 9% compared with 15%, but those who do are generally less satisfied with the service provided than those who have been professionally advised to attend. More than half of the patients who scored 1 – 4 on the "satisfaction" scale (1 being poor experience and 10 being very good) admitted not having enough information about the alternatives to A&E. This supports the Trust's campaign to make the alternatives better known. The pressures on A&E can mean that other patients are kept waiting. One patient who arrived by ambulance had a six hours' wait. Nevertheless over 70% of those attending A&E recorded satisfaction scores of 8, 9 or 10,.

Although the survey did not provide space for compliments, gratitude was nevertheless expressed. However exceptions were identified. e.g. eye surgery outsourced to Mount Stuart which has been recognised and addressed. One respondent said his orthopaedic surgery was cancelled on the morning when it was to take place: and the alternative date offered 7+ weeks later was not convenient. He therefore asked for a postponement, but has since discovered his name has been removed from the waiting list.

A relative of a patient was highly critical of Turner Ward, whereas another wrote of improvements on that ward. Several respondents wrote about perceived lack of understanding of a patient's needs including a consultant in the Eye Clinic who was allegedly "rude, dismissive and unpleasant". But the overall opinion of the quality of care was excellent. Almost 75% would definitely recommend the hospital to family and friends, and a further 19% would recommend the hospital "to some extent". A question mark has to hang over this 19%, however, because 2/5ths of them hadn't set foot inside the hospital in the relevant time frame. And one of these who would recommend the hospital "to some extent" also said the care was "excellent".

Only 7 respondents said that they would not recommend the hospital to friends and family, three of whom were A&E patients and one other hadn't been in the relevant time frame. As the number of those who are dissatisfied is tiny, perhaps more publicity should be given to the way concerns should be raised, so that patients know the hospital is keen to get things right.

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MEMBERS' SURVEY TEIGNBRIDGE. SEPTEMBER 2014.

1/ Results showed overall support for the Trust and for the services offered.
There were more replies from patients aged 20-50 than previously.

2/ Discharge services.
Main concerns.
a/ long waits for medicines.
b/ Patient discharged at 12.30am-- no buses at that hour. Taxis expensive, no help from Hospital.
c/ Nowhere to wait whilst awaiting transport-often more than an hour. several complaints related to eye department.

3/ A&E scores were generally good. The main problems identified were pre treatment.
a/ attitude of staff-offhand and dismissive.
b/" long, long, long waits" to be seen in A&E.
b/ lack of information . Patients left for long periods with no communication from staff.
c/ one patient stated "I waited for one hour to be triaged ,then the station closed for change of shift and I had a long wait again". Once in A&E treatment scored 10.

4/ Dementia.
mixed responses. Several replies offered no response, due to lack of experience/knowledge.
1/ Advice offered included:
More training for everyone; including demestic staff. Dementia has many forms-this does not mean patients are "deaf or daft"! Staff need a more flexible approach, and greater understanding/ patience.
Listen to carers. Don't leave patients behind curtains, on their own, for long periods of time-they become anxious. Earlier diagnosis.
2/ One lady who was admitted to EAU, with 3 other ladies in a bay, had an extremely upsetting experience. The 3 other ladies rang bells, called out and were very noisy all night. Staff largely ignored them.
3/ ? patients with dementia should be treated in a separate area with more support from nurses/volunteers.

5/ Other concerns included : not enough parking near fracture clinic.
confusing signage especially at eye clinic.

Torbay Constituency Members'Questionnaires

I have been through our forms, only looking at the comment boxes as RS will provide an analysis of the tick box replies. I have not attempted to look for any correlation of the comments with the tick boxes. I arranged the forms in some order and classified the replies as best I could as I went along.
I hope the following will assist our discussion. I will return the forms to the trust Office for other Governors to look through them.

815 - had no comments at all.
242 - commented only on Dementia but said "don't know", "no personal experience", "don't know what the Hospital offers currently".
318 - had specific comments only on dementia.
66 -had more than one comment including dementia.
57 - had comments but not on Dementia.
1498 forms examined.

Dementia .
There were 328 specific comments :-
90 - More staff and other resources/ facilities, better training of staff.
92 – Motherhood and apple pie such as, more research, do more of what we are doing.
50 - More time spent with patients, more understanding and empathy.
57 - Better information and communication, especially for carers.
34 - Early or earlier diagnosis.
5 - Dementia patients are disruptive to other patients.

Non-Dementia comments.
There were 135 comments which I split as follows:-
20 - Praised the Staff, Hospital or treatment.
21 - Critical of Staff. Outpatients and Opthalmology featured, talking over patients, unfriendliness.
22 – Unsatisfactory discharge from Hospital, medication delays featured.
3 – Transport.
25 – Delays in treatment, diagnosis
37 – Premises –
12 – Cleanliness.
8 – Parking.
13 – Signage.
3 – Treatment Room too small
1 - Food

E & O E.
The 66 forms with more than one comment including Dementia, had 32 "don't knows" which can if you wish be added to the 242 above. Also, some people made more than one non - Dementia comment.

David Brothwood 22.02 15.

Torbay Hospital Annual Membership Survey
Summary of key findings
Torbay Constituency 2014

The questionnaires were reviewed by Wendy Marshfield, David Brothwood Governors and the full report was analysed and produced by the Clinical Effectiveness Department.

The survey numbers completed by Torbay constituency members was 1465 a 49% response rate.

A specific question regarding dementia had been added to the survey on behalf of all of the Governors in support of one of their key objectives for 2014.

The response was disappointing, 815 questionnaires had no response at all regarding the question and 264 had answered no personal experience or don't know.

On reviewing the remaining responses reference was made to more research being required, better training of staff and improved information and communication especially for carers.

Interestingly 5 people responded that Dementia patients are disruptive to other patients!

It is questionable if any further action should be considered by the Governor's as there will be a national drive led by the DH later this year to improve public understanding and knowledge of Dementia.

There were a further 135 comments within the body of the survey.

Four key areas which are highlighted for information.

Twenty praised staff, hospital and treatment

Twenty one were critical of Outpatients specifically Ophthalmology, where non medical staff talked over patients were unhelpful, rude and unfriendly.

Twenty two patients were critical of their discharge form hospital ranging from medication delays to the time of day of discharge.

Twenty five patients complained of delays in treatment and diagnosis this was proportionately 12 in OPD and 13 A/E which given the recent challenges to A/E is perhaps worthy of further consideration regarding outpatients however the numbers are very small.

Finally there were 37 comments on the premises, signage still being the highest number at 13 with cleanliness following closely at 12. Interestingly parking which has I understand always been a challenge scored 8. Treatment room too small 3, food 1.

The full report is available from Richard Scott.

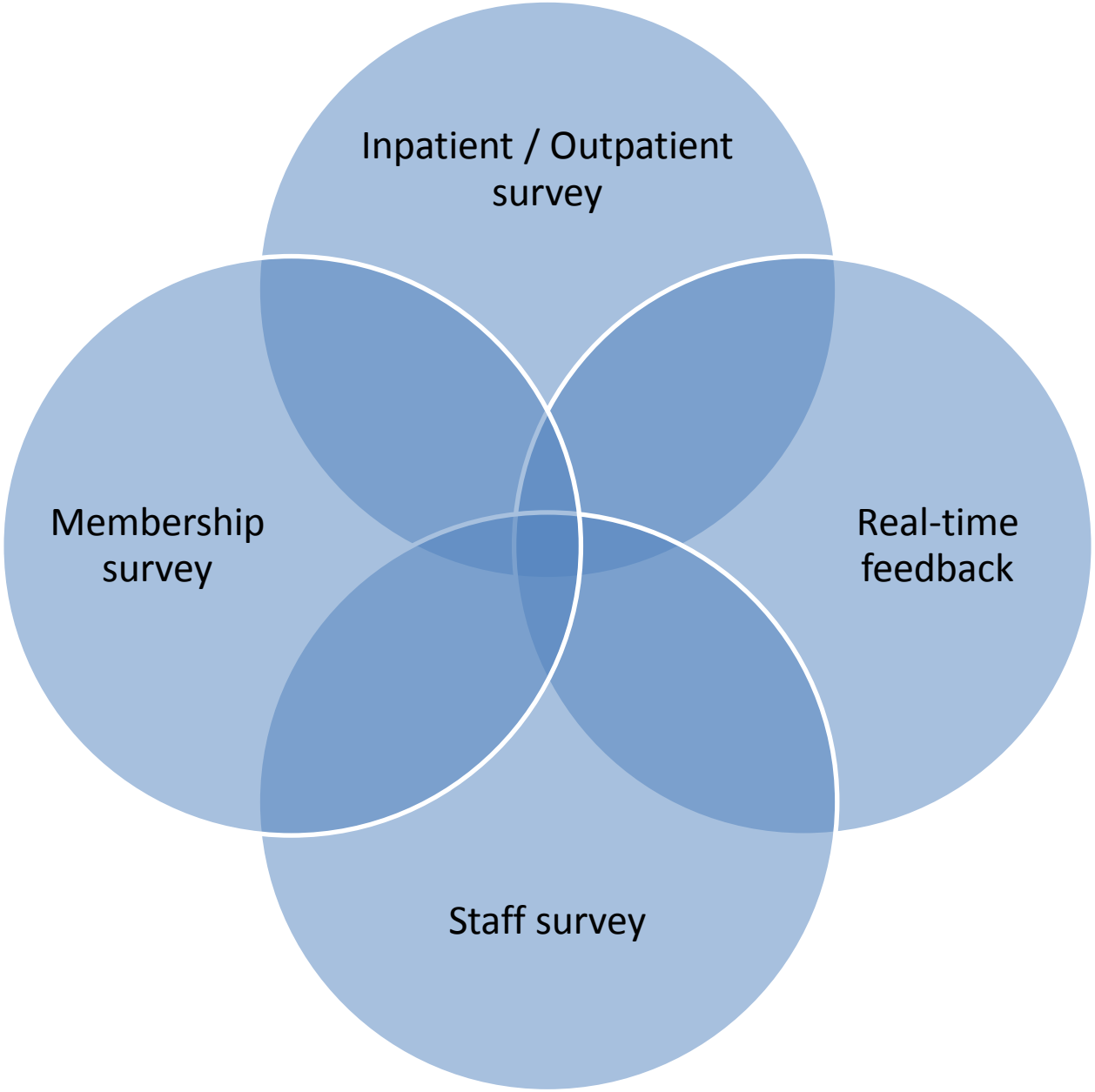
Wendy Marshfield (Governor Torbay Constituency)

Public Membership Survey 2014/15

Company/Corporate Secretary

22 April 2015

Triangulating Feedback



Supported by:

- Peer reviews
- Care Quality Commission inspections
- Patient-Led Assessments of the Care Environment (PLACE)
- Estates Return Information Collection (ERIC)
- Monitor
- Complaints
- Litigation claims
- Working with Us Panel
- Friends and Family test
- etc.

Public Membership Survey 2014/15 Background

- Lead by Mutual Development Group – regular updates / notes presented to Council of Governors.
- Build on format from 2012 – (integration survey in 2013)
- Focus on making improvements and include questions on discharge services, accident and emergency and dementia.
- Governor feedback to Board of Directors in line with previous years.

South Devon Healthcare NHS
NHS Foundation Trust

Welcome to the Torbay Hospital Annual Membership Survey

Please would you spend a few minutes completing the annual membership survey which is important to us? Your views do make a difference to the services we currently offer and the way our services develop in the future.

Richard Ibbotson, Chairman

Please use a black pen when answering questions

Section 1 - Your Experience of Torbay Hospital

1.1 Have you visited the Hospital since 1st April 2014? ☐ Yes ☐ No *If 'No' please go to Section 4 overleaf*

1.2 On your last visit did you primarily come as a: ☐ Patient ☐ Relative ☐ Other ☐ Carer ☐ Visitor
Please tick only one box

1.3 When you last came to the hospital please indicate in the box below **one location only** where you spent most of your time:

Please enter the date of your visit, if known. e.g. June 2014 :

1.4 What was your perception of the quality of care and services during your time spent here?

Please tick one box for each question	Good	Adequate	Poor
Greeted in a friendly and professional manner	☐	☐	☐
Treated in a professional and efficient way	☐	☐	☐

	Yes	No
Cleanliness was maintained to appropriate standards	☐	☐
There was good use of signage	☐	☐

1.5 Please comment if you have responded **'poor'** or **'no'** to any of the questions above

Section 2 - Discharge Services at Torbay Hospital

2.1 Have you been discharged from Torbay Hospital since 1st April 2014? ☐ Yes ☐ No *If 'No' please go to Section 3 overleaf*

2.2 What was the time of your discharge from Torbay Hospital? ☐ 9am - 12pm (midday) ☐ 12pm - 5pm ☐ 5pm - 12am (midnight) ☐ 12am - 9 am
Please tick only one box

2.3 Was this time convenient for you? ☐ Yes ☐ No

2.4 If 'no' what could we have done differently?

Produced by the Clinical Effectiveness Department, Torbay Hospital. Ref Project 0192. September 2014

Please tick one box for each question

Section 3 - Accident and Emergency (A&E) at Torbay Hospital

3.1 Have you visited A&E since 1st April 2014? ☐ Yes ☐ No *If 'No' please go to Section 4*

a) Was this : ☐ as a patient ☐ or to accompany a patient

b) How many times have you visited A&E at Torbay Hospital since 1st April? ☐☐ *Please enter a number*

3.2 Thinking about just your most recent visit to A&E, who advised you to go to the A&E department?

Please select ONE answer only - if more than one option applies, please select the MAIN source of advice

☐ No-one, I decided that I needed to go
☐ The Ambulance Service
☐ A doctor or nurse at a walk-in centre or minor injuries unit
☐ A GP Out of Hours service
☐ A GP from my local surgery
☐ An NHS telephone advisor (eg NHS 111 or NHS Direct)
☐ Some other health professional (eg Pharmacist)
☐ Somebody else (eg friend, relative, colleague)
☐ Don't know / can't remember

	Yes	No	Don't know / Don't know what this is
a) Was your local doctor's surgery or pharmacy open at the time?	☐	☐	☐
b) If yes, did you try to contact the surgery or pharmacy?	☐	☐	☐
c) Did you phone the NHS 111 service (less urgent than 999) first?	☐	☐	☐

3.3 Do you have enough information about alternatives to A&E? ☐ Yes ☐ No

3.4 On your most recent visit to A&E how would you rate your experience? With 1 scoring a very poor experience and 10 a very good experience.

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Section 4 - Dementia

4.1 Do you think more emphasis needs to be placed upon dementia at Torbay Hospital? ☐ Yes ☐ No

If 'yes' what could be improved?

Section 5 - Overall opinion of the quality of care at Torbay Hospital

5.1 If a friend or relative needed treatment, I would be happy with the standard of care provided by this Hospital.

☐ Yes, definitely ☐ Yes, to some extent ☐ No ☐ Not sure / don't know *Please tick only one box*

Section 6 - About you

5.1 Please indicate your gender
☐ Male
☐ Female
☐ Don't wish to disclose

5.2 Please indicate your age group
☐ Aged 19 and under
☐ Aged 20 to 50
☐ Aged 51 to 65
☐ Aged 66 to 79
☐ Aged 80 and over
☐ Don't wish to disclose

5.3 Please indicate your ethnic group
☐ White
☐ Mixed
☐ Asian or Asian British
☐ Chinese or other ethnic group
☐ Not known
☐ Don't wish to disclose

5.4 Please write the **first** part of your postcode in the box (e.g. TQ3, TQ12)

☐☐☐☐

For office use only:

☐☐☐☐☐

Thank you for your time in completing this survey.
Please return your survey in the freepost envelope by 30th November 2014. No stamp required.

Produced by the Clinical Effectiveness Department, Torbay Hospital. Ref Project 0192. September 2014

South Devon Healthcare NHS Foundation Trust

Torbay Hospital Annual Membership Survey 2014—Total Report

Project 0192

February 2015

clinical effectiveness

Please comment if you have responded 'poor' or 'no' to any of the questions in section 1.4…

Theme	Percentage of Members Responding
Treatment/Care	20%
Signage	20%
Waiting-times	19%
Patient-environment	12%
Staff attitude	7%
Communication	6%
Other	5%
Appointments/Follow-ups	4%
Staffing levels	4%
Parking	3%

Discharge services at Torbay Hospital
– if answered ‘no’ (time was not convenient)
– what could we have done differently

Theme	Percentage of Members Responding
Waiting-times	54%
Treatment/Care	24%
Communication	8%
Other	6%
Appointments/Follow-ups	4%
Staff attitude	2%
Staffing levels	2%

Company/Corporate Secretary Analysis

- Positive responses to some of the core questions (**89 - 98%**).
- Solid performance in respect of **signage** but detail highlights some areas for improvement
- **Car parking** pretty much insignificant but we did not major on car parking this year
- Trust could improve communication in respect of accident and emergency (**A&E**), 111 service and alternatives to A&E. 77% (367) had a more positive experience than the 112 people who recorded a more negative response.
- Positive response around the '**overall opinion of the quality of care**' but has dropped since 2012 (76% said yes in 2012 compared to 70% in 2014)
- The top themes where members would like improvements to be made are:

General	Discharge	Dementia	A&E
Treatment/Care	Waiting times	Staff training	Comm/Education
Signage	Treatment/Care	Public information	Improve Experience
Waiting times	Communication	Communication	Stakeholders

Communication and Attitude of Staff

Complaints and Concerns

1 April 2014 – 1 September 2014

What do we notice?

- Communication is mentioned in all forms of feedback and in many varied ways which can make it difficult to make definite comparatives about cause and effect.

Database category: *Communication/Information to Patient*

- In the period April 2014-September 2014 the patient services department recorded:
  - 28 formal complaints- these were responded to formally either in writing or by local complaints resolution meeting.
  - 24 concerns- these were able to be resolved promptly usually via phone contact

Database category: *Attitude of Staff*

- In the same period:
  - 17 formal complaints
  - 10 concerns

  - All of this feedback is spread throughout the organisation. Emergency Department does receive the most commentary

National Inpatient Survey 2013

- Comments:

“Whilst waiting in a department for 6 hours I was given no information about what was wrong with me. I became very distressed on several occasions and threatened to discharge myself.”

“I was very impressed by the treatment and care I received during my brief stay in Torbay Hospital and I particularly appreciated the staff, hence ringing my wife twice at 9pm to reassure her about my condition.”

What can we do?

1. Feedback in a timely manner to teams and individual members of staff to promote learning and change as appropriate.
2. Promotion of “Always” events (work in progress as part of CQUINS Commissioning for Quality & Innovation) - this is an example of the behaviour we always expect.
   - Introductions (“hello my name is..”)
   - Information – keeping people informed
   - Courteous and polite
   - Clarity as to next steps
3. Part of corporate and clinical induction
4. Transfers of Care (Steve Carr’s morning session)
5. Take a quarter training (heading off future complaints)
6. Observations of Care – opportunity for governors to visit general/specific areas and report back.
7. Planning for customer-care training in the live environment.

Summary slides to follow created by
Cathy French
Chair of the Mutual Development Group

...produced from the three public constituency reports and Company/Corporate Secretary overview

Improvement plan 2015/16:

1. Improve waiting times by 31 December 2015 and communicate any delays to patients.

2. Remove all ‘homemade’ signs giving internal directions by 31 October 2015 and replace with professional signs where applicable.

3. Implement ‘raising awareness campaign’ for all clinical and non-clinical staff of basic ‘customer/patient service’ expectations by 31 October 2015. Develop and deliver a more in-depth training resource for those with direct patient contact by 31 March 2016.

4. We have trained over 1,700 staff; continue this programme of training to ensure all staff receive dementia awareness training by 31 March 2016.

5. In reference to the ‘promoting health’ strategic objective, increase awareness of dementia for patients and visitors by 31 December 2015.

6. In reference to the ‘promoting health’ strategic objective, increase awareness of alternatives to accident and emergency for both patients and those organisations who refer patients by 31 December 2015.

MINUTES OF THE BOARD TO COUNCIL MEETING

HELD IN THE ANNA DART LECTURE THEATRE, HORIZON CENTRE,

TORBAY HOSPITAL

11TH MARCH 2015

Governors

		*	Richard Ibbotson (Chair)		
*	Cleo Allen	*	Roy Allison		Lesley Archer
*	Terry Bannon	*	David Brothwood		Christina Carpenter
*	Carol Day	*	Cathy French		Sylvia Gardner-Jones
*	Anne Harvey		Rick Hillier	*	Alan Hitchcock
*	Lynne Hookings		George-Alfred Husband	*	Barbara Inger
*	Wendy Marshfield		Gill Montgomery		Mark Procter
*	Sally Rhodes	*	Rosemary Rowe		Sylvia Russell
	Christine Scouler	*	Simon Slade		Lindsay Ward
*	Jon Welch	*	Peter Welch	*	Helen Wilding

Directors

	John Lowes	Interim Chief Executive
*	Paul Cooper	ICO Programme Director
	Lesley Darke	Director of Estates and Commercial Development
	Liz Davenport	Chief Operating Office
	Gary Hotine	HIS Director
	Rod Muskett	Deputy Director of Finance
*	Martin Ringrose	Interim Director of Human Resources
	David Sinclair	Interim Medical Director
*	Jane Viner	Director of Professional Practice, Nursing and People's Experience
*	David Allen	Non-Executive Director
*	John Brockwell	Non-Executive Director
	Les Burnett	Non-Executive Director
	James Furse	Non-Executive Director
	Jacqui Lyttle	Non-Executive Director
*	Sally Taylor	Non-Executive Director

In Attendance:	*	Richard Scott	Company/Corporate Secretary
	*	Sarah Fox	PA to Chief Executive and Chairman

(* denotes member present)

Action

1. **Welcome and Apologies**

Apologies were received from: Lesley Archer, Les Burnett, Christina Carpenter, Lesley Darke, Liz Davenport, James Furse, Sylvia Gardner-Jones, Rick Hillier, Gary Hotine, George-Alfred Husband, John Lowes, Jacqui Lyttle, Gill Montgomery, Rod Muskett, Mark Procter, Sylvia Russell, Christine Scouler, David Sinclair and Lindsay Ward.

2. **Welcome**

Richard Ibbotson welcomed everyone to the meeting and the minutes of the meeting held on the 20th August 2014 were approved as an accurate record of the meeting.

3. **Executive and Integration Update**

Richard Ibbotson reminded the meeting that the new Chief Executive, Mairead McAlinden, would be commencing in post on the 1st April. Since the last meeting, Liz Davenport had been appointed to the substantive post of Chief Operating Officer.

It was also noted that, confidentially, the Trust Development Agency (TDA) had fed back to the Care Trust that they had approved the Integrated Care Organisation (ICO) to move forward.

Finally, it was noted that a three-way Board was taking place next week between this Trust, the Care Trust, and the South Devon and Torbay Clinical Commissioning Group (CCG). The meeting would be discussing the funding challenges facing the organisations in the coming year.

4. **Council of Governors' Self-Assessment Feedback and Actions**

The meeting noted the targets agreed at last year's session and the work that had been undertaken to meet those targets. The one item that was still outstanding related to the provision of NHSmail accounts to all public governors, as this system was not working for everyone when trying to access emails at home. Richard Scott would be discussing alternatives with the HIS Director. RS

In terms of the outcomes from this year's session, Richard Scott proposed to work with a couple of Governors on the feedback received and produce a list of priorities for the coming year. This was agreed and Cathy French and Wendy Marshfield volunteered to work with Richard on this. RS

Richard Ibbotson then wished to discuss whether Governors should observe private Board meetings. He said that this was a decision for Governors to make and he understood the need that they should attend was based on a feeling that the Board was keeping information from them based on events that had taken place in 2013. He said that since he commenced at the Trust he could not think of any meeting where anything was discussed that had been kept from the Governors and that he hoped they could see that the Trust did operate in an open and transparent manner. He added that there was a precedent of governors observing at confidential meetings already in respect of the Finance and Audit and Assurance Committees. He added that he wished to ensure that Governors' time was well spent and any meetings they attended added value to their role. Finally, he wished to note that if Governors did feel the need to attend private meetings, it did question the future and role of the Council of Governors and Board to Council of Governors meetings.

Cathy French said that she felt it was unnecessary for Governors to observe the private meetings and that the current process of having a Governor observer providing a written feedback document after attending a meeting could not be used due to the confidentiality of the private part of the meeting. She understood Governors' concerns in respect of the issues surrounding Mrs Vasco-Knight, but she felt that the Trust did now operate in an open and transparent manner and that Governors needed to trust Richard Ibbotson and the Board moving forward.

Peter Welch suggested that if a Governor had a concern about something, they could attend a Private Board however it was noted that Governors could only attend as an observer and were not part of the meeting, and if they had a concern they should raise it through the proper channels, ie via the Lead Governor, Richard Ibbotson or the Foundation Trust Office.

Cleo Allen said that she was happy and trusted the Board to raise any issues they felt the Governors needed to be made aware of as appropriate, and there was no need for Governor presence at private meetings. Terry Bannon also said he was happy with this process and his view was echoed by Lynne Hookings.

John Brockwell said that a number of Governors had acted as observers at the Audit and Assurance Committee and said he would be disappointed if they felt the meeting was not dealing with issues as robustly as they would expect. Lynne Hookings and David Brothwood, who have both been observers on the Committee, confirmed that the meeting was as rigorous as they would expect. In addition the majority of issues that were discussed in the private part of the Board would have already been discussed at either the Finance or Audit and Assurance Committees.

David Brothwood said that one of the reasons it had been suggested that Governors attend private meetings was around the requirement for Governors to hold Non-Executive Directors to account and he expressed disappointment that Governors had not been asked their view on the Non-Executive Directors for their appraisal. It was noted that last year Non-Executive appraisals had taken a different format due to the resignation of the then Chairman, and that they had not yet taken place this year.

The meeting then discussed the proformas completed by Governor observers and if they contained a section for comments on Non-Executive performance. It was noted that they did not, as they focussed on Commissioning for Quality and Innovation (CQUIN) performance but that they did require some updating. It was also noted that, at present, unless a Governor sat on a certain sub-Committee, eg Quality and Compliance, they did not see the minutes of those meetings and that in the future those minutes would be circulated to all Governors, rather than just a summary of the meeting. RS

Carol Day said that she had suggested Governors observing the Private Board following attendance at a national event where a Governor from Mid-Staffordshire had stated that they had known nothing of the events unfolding at the Trust. She added that she attended a subsequent meeting and discussed this issue with a Governor from South Shropshire who had a Governor observer at private meetings who would report back to say that they were happy the meeting had been conducted appropriately. She said that she felt the situation at this Trust had now changed and that although she originally raised the question, she was now ambivalent around the need for a Governor observer at the Private Board.

It was then agreed that Governors would not attend the private Board as observers, but would be invited to attend if there was an issue being discussed that needed to be highlighted to Governors. Ch

Anne Harvey said that those Governors who had been in post some time had signed up to the Nolan Principles around behaviour in public offices and that if they did attend any private meetings, they were expected to keep any information discussed at those meetings confidential.

5. **Way Forward Questionnaires**

a) **South Hams and Plymouth**

Roy Allison highlighted the following:

- Three areas for consideration were highlighted: impact of the age of patients; accident and emergency; and exceptions to the vast majority of good care.

- Over a third of respondents were over 80 years old and it was felt that age of patients should be reported to the Board as it was a protected characteristic, as many of them would have special needs. The time of discharge was critical because of the need for assistance when they left the hospital, much of which was unavailable out of hours.

- The age group most concerned about dementia was the 51-65 age group and they felt that there should be more publicity around dementia.

- It appeared that of those patients that self-referred to A&E, they were less satisfied with the service received and over half said that they did not have enough information about alternatives to A&E – for example late night pharmacies. It was suggested that the Trust publicise alternatives and then reviewed whether this was successful in reducing attendances at A&E.

- Interestingly the majority of negative comments fed back were from patients who had not visited the hospital during the survey timescale, and it was felt that the complaints process was not as clear as it could be for patients wishing to make a complaint.

- Cathy French commented on the similar demographic for all three areas and she also said that she had found from the Teignbridge responses that often patients who came in via ambulance did not have any money on them and so could not pay for a taxi home – she said that she understood the Trust used to have a fund to cover for costs such as this and Jane Viner said that this fund still existed.

- In terms of information about alternatives to A&E, Sally Taylor said that the Patient Experience and Engagement meeting along with HealthWatch were doing some work on this issue.

- In terms of complaints Richard Ibbotson said that it was felt that a step was needed between the Trust looking at complaints internally and then being passed to the Ombudsman. This step would involve an independent body, eg HealthWatch, reviewing the complaint to provide assurance to the complainant.

b) **Teignbridge**

Cathy French highlighted the following:

- Similar issues had been found to those in South Hams and Plymouth. Waits to be discharged and for medication had been highlighted and also where to wait for transport once having been discharged.

- Personally, Cathy had been made aware that the signs around the hospital were not illuminated at night, which had caused problems, and also which Level 7 area for day patients to attend was not made clear. She suggested that Governors should try to follow the signage in the Trust to see if it was easy for them to find their way around the building. In terms of signage, Terry Bannon said that Lesley Darke would be happy to receive any feedback on this.

- The need for staff to be aware of the many type of dementia was highlighted and receive appropriate training.

c) **Torbay**

Wendy Marshfield highlighted the following:

- There was disappointment at a 49% response rate.

- Five people had noted that they found dementia patients disruptive to other patients and it was felt that public understanding around dementia patients was an issue. She added that she was aware that was a national drive around improving public understanding in respect of dementia and also the Trust would continue to train its staff in terms of awareness. Wendy said that Governors would like to include dementia in next year's questionnaire so that any improvements could be measured.

- Other areas raised were cleanliness (12); parking (8); signage (13); treatment room too small (3); and food (1). As a fairly new Governor, Wendy said that when she joined parking was a major issue however very little feedback had been received on it this time. She also said she would like it to be fed back to the Estates Team how well food, cleanliness and signage had been scored.

RS

- Jane Viner suggested that it was important to also pick up the good things that had taken place, for example 'my name is' and that these should be celebrated and included in the Trust Newsletter.

- Feedback on how issues were being resolved was important and this was acknowledged.

6. **Staff Survey**

Martin Ringrose gave a presentation (attached) on the results of the Staff Survey and highlighted the following:

- There was direct evidence that the more staff were satisfied and engaged the better performance and service that was provided.

- The Trust employed around 5,500 staff and were the Trust's ambassadors.

- In his career, Martin had never seen such a shortage of staff in some areas, for example nursing, with no immediate resolution to those shortages. The Trust must therefore make itself an attractive employer.

- When assessing the Trust, the CQC would look at the Staff Engagement Score in the survey.

- To take forward the areas identified as needing improvement from the survey, a 'vertical slice', ie a slice of staff from all areas and grades, would be identified to engage and take forward that work.

- Barbara Inger asked if the survey was anonymous because she understood some staff had not completed the survey in case they could be identified. Martin explained that the Trust did not know who had completed the surveys, but the external company did, simply so they could send reminders to those staff who had not completed their surveys. He added that the Trust's response rate was in the top 20% in the country.

- It was asked whether it would be possible to have a more in-depth look at the results at another meeting and it was suggested that more time be given to those areas that the Trust needed to work on – for example appraisals and this was agreed. RS/MR

7. **Emergency Planning**

Jon Edmondson gave a presentation (attached) on the Trust's emergency planning preparedness. The following as highlighted:

- If the Trust's electrics failed, it would be provided by generators. The Trust's infrastructure was very good, with the only issue relating to loss of water, however the Trust was a high priority in terms of water provision with South West Water.

- In terms of fire, the hospital was 'compartmentalised' so that fire could not spread.

- The main area of concern related to departmental business continuity and work was taking place to ensure all departments had plans in place.

- Jon Welch queried staff training and asked if everyone who needed to had been trained. Jon Edmondson said that all senior staff had been trained, however there was a need for around 250-300 operational staff to be trained and releasing them to undertake the training was very difficult.

8. **Board to Council Engagement**

Richard Ibbotson highlighted the need for Governors to be aware that once the Trust become an ICO they would not just become governors of an acute trust, but of one that covered the community and would have a significant role to play in terms of engagement with the community.

It was noted that Trish Allen, the Trust's GP Advisor, has stood down and the Trust was considering her replacement, who again would be working in an ICO rather than acute Trust.

9. **Governor Private Meeting and April Committee Refresh**

Cathy French raised the planned Governor meeting on the 19th April which had been put in place to give Governors a final chance to raise any issues they might have in respect of the ICO. She said that only ten Governors had confirmed they were able to attend and she suggested that the meeting be cancelled and Governors met in their constituencies to identify any concerns before the 19th April, and feed them back to her All Govs

and Richard Scott. Governors could then be asked to sign a letter of conditional support for the ICO at the Council of Governors meeting on the 22nd April. This was approved.

It was noted that it was likely an extraordinary Council of Governors would need to be convened as soon as the Trust's business case for the ICO had been approved by Monitor, at which the Governors would be formally asked to make their decision.

10. **Future Meeting Dates**

2015

-	1 April	Public Board
-	**22 April**	**Council of Governors**
-	6 May	Public Board
-	27 May	Public Board
-	1 July	Public Board
-	**22 July**	**Council of Governors**
-	5 August	Public Board
-	**19 August**	**Board to Council of Governors**
-	2 September	Public Board
-	**25 September**	**Council of Governors (10.30 - 12.00)** Informal lunch (12.00 - 1.00) Annual Members Meeting Showcase Event (1.00 - 3.00) **Annual Members Meeting (3.00 - 4.30)**
-	7 October	Public Board
-	**21 October**	**Board to Council of Governors**
-	4 November	Public Board
-	2 December	Public Board
-	**9 December**	**Council of Governors**

South Devon Healthcare NHS
NHS Foundation Trust

Council of Governors

Wednesday 22 April 2015

Agenda Item:	14
Report Title:	Rotation of Committees / Group Membership
Report By:	Company/Corporate Secretary
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

1.1 This report provides an overview of the process for rotating the membership of the Council of Governors:

1. Nominations Committee;
2. Remuneration Committee;
3. Mutual Development Group;
4. Audit and Assurance Committee;
5. Workstream one;
6. Workstream two;
7. Workstream three;
8. Workstream four;
9. Workstream five;
10. Quality and Compliance Committee
11. Equalities Cooperative
12. Disability Awareness Action Group;
13. Infection Prevention and Control Committee;
14. Torbay Pharmaceuticals Board; and
15. Charitable Funds Committee.

2. Background Information

2.1 A document titled 'Council of Governors: Rotation of Committees and Mutual Development Group' has previously been agreed by the Council of Governors. The document provides guidance on how Governors can become involved as members of the Council of Governors Nominations Committee, Remuneration Committee and Mutual Development Group.

Governors also have the opportunity of putting themselves forward as observers on the Audit and Assurance Committee, five Workstreams, Quality and Compliance Committee, Equalities Cooperative (previously known as Equality, Diversity and Human Rights Group), Disability Awareness Action Group (new seat), Infection Prevention and Control Committee, Torbay Pharmaceuticals Board and Charitable Funds Committee.

2.2 Governors have been previously asked whether they would wish to stand on one or more of the Committees, Workstreams or Groups etc. as at 1.1 above. Governors have also been informed in more detail about the process of selection and the maximum number of seats they can occupy.

3. Process of Selection

3.1 It is proposed that a secret ballot* be used to determine which Governor should sit on which Committee and/or Group.

*Having moved to more electronic communications, a table will be emailed to governors via their secure NHSmail accounts asking them to select their preferred governor where contested seats are available. Anyone not able to access their NHS email account will be contacted via telephone or have the choice of submitting their preferences in writing.

3.2 **Completed ballot must be sent to the Company Secretary before 2.30pm on 22 April 2015 in order to be counted.**

3.3 **Please follow the instructions carefully as spoilt returns cannot be considered**.

3.4 The Term of office* on a Committee / Group will be determined by the number of votes / preferences cast. The candidate with the highest number of votes / preferences will be offered the longest term of office available at the time.

*Terms of office will be either two years or one year.

4. Unopposed Seats

4.1 Ballot selection for the following Committees, Workstreams or Groups have not been circulated because the governor listed below has already been elected unopposed:

Committee / Workstream / Group	Governor	Term	Other
Nominations Committee	Lesley Archer (staff seat) Terry Bannon	1 year 2 years	1 more seat available
Remuneration Committee	Roy Allison	1 year	2 more seats available
Mutual Development Group	Sylvia Gardner-Jones Lynne Hookings Cleo Allen / Helen Wilding	1 year 1 year 1 year	2 more seats available
Audit and Assurance Committee	Cathy French	1 year	
Workstream one	Wendy Marshfield	1 year	
Workstream three	David Brothwood	1 year	
Workstream five	Terry Bannon	1 year	
Equalities Cooperative	Helen Wilding	1 year	
Disability Awareness Action Group	Sylvia Gardner-Jones	1 year	
Infection Prevention and Control Committee	Carol Day*	1 year	*elected unopposed if CD does not obtain the Torbay Pharmaceuticals seat
Charitable Funds Committee	Christina Carpenter*	1 year	*elected unopposed if CC does not obtain the Q&CC seat

Congratulations to the governors listed above.

4.2 The ballot for the following will not be circulated as no governor has put themselves forward for these meetings:

Nominations Committee	(1 seat still available)
Remuneration Committee	(2 seats still available)
Mutual Development Group	(2 seats still available)
Workstream two	(1 seat available)
Workstream four	(1 seat available)

4.3 The only contested seats will be those associated with the 'Quality and Compliance Committee' and Torbay Pharmaceuticals'.

4.4 Brief information about governors can be found by clicking <here>. Please note that the Foundation Trust Office is in the process of finalising the information for the new governors.

5. Action Needed to be Taken

5.1 Complete the email from the Foundation Trust Office by 2.30pm 22 April 2015; to be received as outlined in section 3 above.

Torbay Governors Meeting 19th March 2015.

Questions for Board (to be presented at the next Council of Governors meeting)

Governors have received adverse comments from Members about the process for re-booking outpatients' appointments in situations where the patient is unable to accept the first appointment offered.

It has been suggested that such a refusal has resulted in the patient being relegated to the back of the queue.

1. Torbay Governors would like to have the appointment process described to them, how the process fits with the RTT targets and in particular, if there is any discretionary element, to understand how this is applied.

Governors fully appreciate the efforts made to deal with the increased attendance in A & E and recognize this as a national problem. However,:-

2. Torbay Governors would like to explore how and when the A & E problem is to be resolved as it is clearly not acceptable to patients, Members or sustainable for staff, to be in a persistent red alert position.

23.3.15 DB.