South Devon Healthcare NHS Foundation Trust

SDHFT Council of Governors

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Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital

22 July 2015 15:00

AGENDA

1	Chairman's welcome and apologies Owner : Chairman Apologies from: M McAlinden, P Cooper, L Davenport		
2	Declaration of interests Owner : Chairman To receive		
3	Minutes of the last meeting held on 22 April 2015 (enc) Owner : Chairman To approve		5
	03 - DRAFT_CoG_minutes.pdf	5	
4	Integrated care organisation update (verbal) Owner : ICOPM To receive		5
5	Dementia presentation (verbal) Owner : L Houlihan To receive		15
6	Chairman's report (verbal) Owner : Chairman To receive		5
7	Chief executive's report (enc) Owner : DDoF To receive and discuss		15
	07 - Chief_Executives_Report.pdf	17	
8	Lead governor's report (enc) Owner : Lead Governor To receive		5
	08 - Lead_Governors_Report.pdf	40	

9	Secretary's report (enc) Owner : CoSec To receive and approve 09 - Secretarys_Report.pdf 42	5
10	Non-Executive Director's report (verbal) Owner : J Furse To receive	15
11	Membership development report (enc) Owner : Lead Governor To receive and approve 11 - Membership_Development_Report.pdf 45	5
12	Urgent motions or questions Owner : Chairman To receive & action	0
13	Motions or questions on notice Owner : Chairman To receive & action	5
14	Details of next meeting: 25 September 2015, 10.30am-12pm, Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital Owner : Chairman CLOSED SESSION – please leave the meeting at this point if you are not a governor / board member	
15	Private minutes of the last meeting held on the 22 April 2015 (enc) Owner : Chairman To approve 15 - 2015.04.22_PRIVATE_DRAFT_CoG_minutes.pdf 52	1
16	Board matters (verbal) -opportunity for the board to advise governors on Owner : Chairman To receive	5
17	Integrated care organisation non-executive director appointment (enc) Owner : D Allen/A Harvey	10

To approve

17 - PRIVATE_Non_Executive_Director_Report.pdf 55

18 Remuneration Committee report (enc) 10
Owner : Lead Governor

To approve

18 - PRIVATE_Remuneration_Committee_Report.pdf 58

MINUTES OF THE COUNCIL OF GOVERNORS MEETING

HELD IN THE ANNA DART LECTURE THEATRE, HORIZON CENTRE,

TORBAY HOSPITAL

22ND APRIL 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

*	Mairead McAlinden	Chief Executive
*	Paul Cooper	Director of Finance, Performance and Information
	Lesley Darke	Director of Estates and Commercial Development
*	Liz Davenport	Chief Operating Office
	Gary Hotine	HIS Director
	John Lowes	Medical Director
*	Martin Ringrose	Interim Director of Human Resources
*	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. **Chairman's Welcome and Apologies**

Apologies were received from George-Alfred Husband, Wendy Marshfield, Gill Montgomery, Sylvia Russell, Christine Scouler, Lindsay Ward, Helen Wilding, Lesley Darke, Gary Hotine, John Lowes, David Allen, John Brockwell, Les Burnett, James Furse, Jacqui Lyttle and Sally Taylor.

2. **Declaration of Interests**

Nil.

3. **Minutes of the Last Meeting held on the 17th December 2014**

The minutes were approved as an accurate record of the meeting held on the 17th December 2014.

4. **Quality Assessment Tool**

Sharon Goldsworthy gave the following presentation:

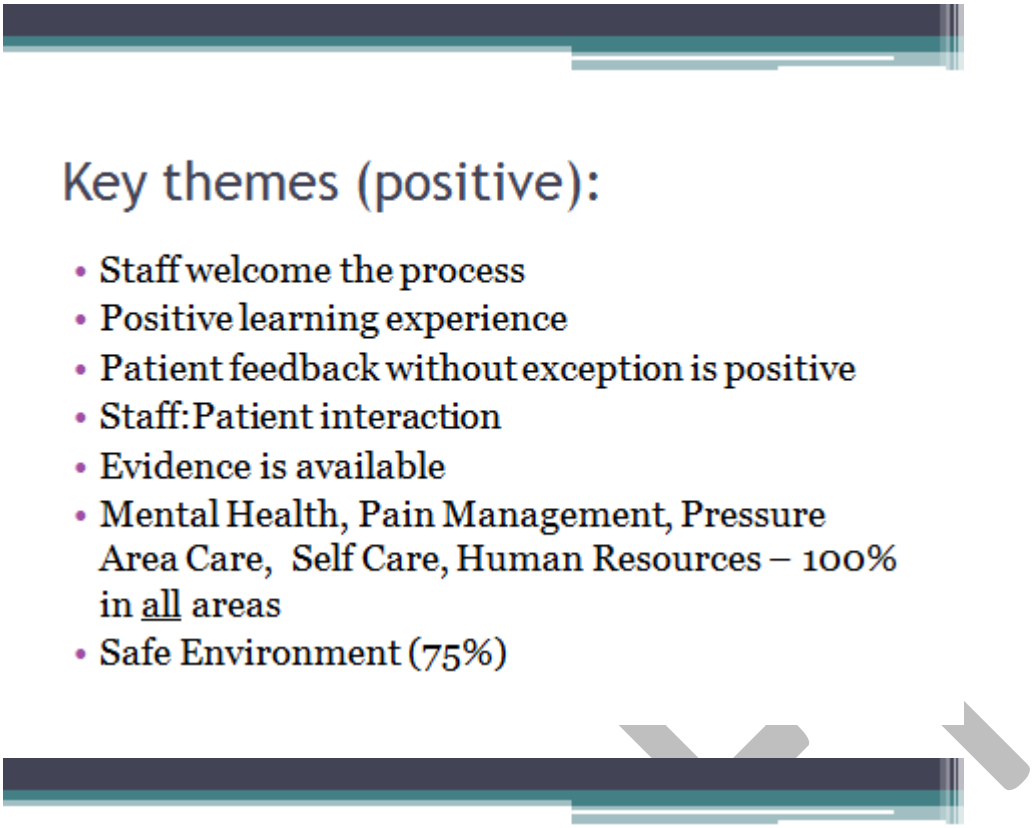
SO FAR:

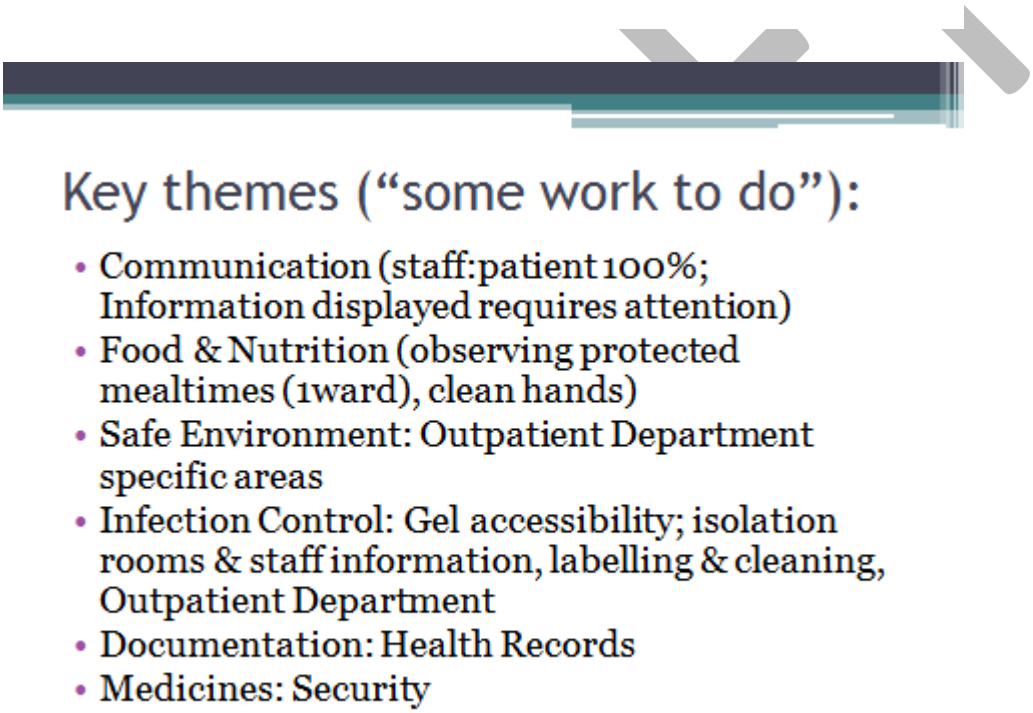
3 Wards (2 medical, 1 surgical)

Outpatients (Level 2 only)

Plan for 2 – 3 per month

Cover all CQC "core services"





- Terry Bannon said that he felt signage throughout the Trust remained an issue; however Sharon said that this had not been raised as part of mock inspections so far.

- Carol Day suggested it would be helpful for those Governors who were involved in the mock inspections to receive some training around what to expect and how to deal with any unexpected issues. Sharon agreed that this would be helpful.

- Rick Hillier queried the issue around security of medicines and Sharon explained that it was around procedures not being followed, rather than not having a procedure. She added that there had only been some odd lapses.

- Jon Welch raised a concern around health records and the comment Sharon had made in her presentation that 'it had always been an issue' and was also a national issue.

- Lynne Hookings said that when she had been involved in a visit she had found that two staff members had not been able to use their electronic devices due to a lack of signal.

- When the CQC did visit, it would assess the community as an ICO and would bring with them around 100 inspectors. Ratings were similar to the ones used by Ofsted and would range from 'inadequate' up to 'outstanding'.

- Finally it was noted that this was an ongoing assessment process and would not stop once the CQC visit had taken place.

5. **Integrated Care Update**

Paul Cooper gave the following briefing:

- The Monitor assessment was continuing and the Trust was having a feedback session with them tomorrow when Monitor would discuss the issues they would be raising at the formal Board to Board on the 8th May.

- The process with the Trust Development Agency (TDA) was increasing in pace, and work was underway to prepare papers for the TDA Board at the end of May where, it was hoped, Gateway 3 would be approved.

- The risk assessment from Monitor was now not expected until mid-June and therefore the meeting arranged for the 28th May would not now be taking place. A meeting would be called as soon as Monitor had confirmed the date for receipt of the risk assessment.

- Work continued to identify the right mix of transaction funding.

- Mairead McAlinden added that the TDA had stated the Trust should seek to move as much as function as possible into joint management from the 1st June and that the transaction funding would be required to support this.

6. **Approve the Name of the Integrated Care Organisation**

Although a majority decision was taken by Governors present on 11th March 2015 regarding the new name for the Integrated Care Organisation, one Governor had queried the 'call to meeting' request and therefore the same paper presented in March had been brought back to the April meeting to eliminate any further challenges in the future.

The Council of Governors then approved the new name of the Integrated Care Organisation as 'Torbay and South Devon NHS Foundation Trust'.

7. **Chairman's Report**

Richard Ibbotson reported on the following:

- Governors were reminded that it was a year ago that Richard commenced the selection process for his role. He said that he had enjoyed his first year at the Trust and that it should be proud of its staff. He added that the Trust was on the edge of exciting new developments that were moving in the right direction.

- A lot of work had been taking place to improve flow through the hospital, some of which was now starting to take effect.

- The Trust had reported a deficit at year end, in line with forecast, however Richard asked Governors to keep this in proportion compared to the financial performance of the Trust's neighbours.

- Richard said there was a tangible air of new confidence around the Trust and he felt this was because staff understood the ICO was close to completion and that there was a strong substantive leadership team now in place.

- Richard and Mairead participated in the selection process for a new Chief Officer for the Clinical Commissioning Group and Dr Nick Roberts would be commencing in post on the 1st July.

- Richard and Mairead had also met with the Mayor and Council officers last week and agreed plans for working more closely together.

8. **Report of the Chief Executive**

Mairead started by saying how happy she was to have commenced in post and that she had been given a very warm welcome by everyone she had met. She said that the felt the Trust was a very positive organisation, and that the challenge for such a high–performing organisation was to make the next step to integration and maintain performance through this change. She said that she had already provided some bite-sized sessions for staff around the ICO and that staff were enthusiastic for change.

Mairead said that her job was to support and lead the executive team and be clear in the Trust's focus and to provide 'certainty in uncertain times'. She added that the Trust needed to be clear in its message around the ICO to its staff and to that end, in conjunction with the Care Trust, stated that there would not be any compulsory redundancies due to the organisational change process and a vacancy freeze had been put in place for non-clinical staff.

Work was taking place around how to prioritise the care model, particularly without the availability of Vanguard funding and to focus on priorities.. An area that still required attention were Referral to Treatment (RTT) times, in particular Ophthalmology and a decision had been made to bring in a Vanguard unit to increase Ophthalmology capacity.

The Trust's performance in terms of the Friends and Family Test remained a concern, despite many initiatives to try to improve performance and Mairead asked the Governors to consider whether they had any ideas that might help improve performance.

Terry Bannon queried recruitment and retention and Mairead said that the issue for the Trust was how to bring two organisations together whilst maintaining staff security. She added that she hoped that integration would give the new organisation a stable financial base and would be a more attractive employment proposition.

Cleo Allen queried the length of the vacancy freeze and Mairead said, from her experience of merging four organisations into one, the first worry staff had was whether they would still have a job at the end of the process. She wished to give this guarantee. In terms of timelines, the freeze would continue for as long as necessary. Cathy French queried the Care Trust and Mairead said that the freeze was also being implemented by them. Mark Procter stated that the CCG had fully endorsed this course of action.

Paul Cooper then reported the following in terms of the financial element of the paper:

- The Trust's accounts showed an end of year overall deficit of £8.6m, which included impairments, and was slightly ahead of the £10m planned deficit. This confirmed the Trust's risk rating at a 3.

- It was noted that the Care Trust had ended the year with a £700,000 surplus.

Liz Davenport then gave the following performance briefing:

- Performance against the four hour target had improved following actions taken over the last few months. The main change was to the pathway for GP expected admissions and this had already improved performance.

- Community colleagues had been working with the Trust to help discharge patients at times of high demand and to also look at different ways of improving patient flow.

- It was noted that the numbers of patients presenting at the Emergency Department had not changed, but rather the patients had more complex conditions and required admittance.

- Work continued to improve the RTT performance, in particular focussing on pathways.

- The Trust's stroke performance required improvement – this was the need to have 90% of patients spending 90% of their time on a specialist stroke unit. The Trust needed to ensure its stroke beds were ring-fenced, but given the recent pressures this had been difficult.

9. **Lead Governor Report**

The Lead Governor displayed the draft letter below which outlined initial support for integration following extensive engagement with the Trust.

Dear Sir Richard

REFERENCE : INTEGRATED CARE ORGANISATION

I write on behalf of the Council of Governors' to express our thanks to members of the project team. They have spent a considerable amount of time explaining the complexities of the scheme to us, and have provided us with excellent documentation.

We greatly appreciate their help and feel we have gained invaluable insight into the running of the Trust as a result. CF

We would also like to extend to the Board, our qualified approval of the proposed acquisition. When we are asked to make a decision, we will do so in light of circumstances pertaining at the time.

In the meantime we wish you and the Board well in taking the Integrated Care Project forward
Yours sincerely

Mrs C. French
Lead Governor

The Governors discussed whether there was a need for the letter to be sent or not, and whether it was actually 'jumping the gun'. After some discussion, the letter was approved to be sent with an amendment being made to the following sentence:

*We would also like to extend to the Board, our **qualified approval** of the proposed acquisition. When we are asked to make a decision, we will do so in light of circumstances pertaining at the time.* To be amended to read '…….. ***approval in principle*** ….'

10. **Secretary's Report**

Richard Scott asked the meeting to note his report and highlighted the two recommendations it contained as follows:

- Council of Governors accept the Governor priorities for 2015/16
- Council of Governors agree to a dementia presentation on 22nd July 2015.

The Council of Governors approved both recommendations.

11. **Quality and Compliance Committee Report**

Cathy reported that the Committee was meeting later in the week. Barrie Behenna had stood down as chair, so a new chair would need to be elected.

It was noted that in the future that the Council of Governors would receive minutes of sub-committees, rather than chair briefings, to provide more information for those Governors who did not attend the meetings.

12. **South Devon and Torbay Clinical Commissioning Group**

Mark Proctor apologised as the CCG had not been able to provide an officer to attend for this item. He gave a quick update and explained he was the Director of Corporate Affairs and Medicine Optimisation. He then gave the following briefing:

- The CCG had formally been in existence for around 18 months and was a GP-led organisation with each GP practice being a member.
- There were 211 CCGs in England, with differing structures.
- The CCG covered a similar footprint to that which the ICO would cover and

had a budget of around £380m.

- The CCG was very embedded to the development of the ICO and Care Model as a tool to delivering sustained healthcare in difficult financial circumstances and to also bring together primary and social care in a more coherent manner.

- The CCG did not directly commission primary care as it was a GP-led organisation, however this was starting to change nationally and to also include pharmacies.

- Rick Hillier queried where mental health sat in the new structure and Mark explained that the CCG commissioned most mental health and learning disability services, apart from specialist functions. He acknowledged that it had not been at the forefront of their work, however the CCG was working on providing an equal path and single process for patients whether they had mental health issues or not.

- Cathy French queried the use of the Fernworthy Unit as it was currently empty. Paul Cooper explained that it was leased to Devon Partnership Trust.

13. **Membership Development Report**

The Committee noted the report and approved the Improvement Plan for 2015/16.

14. **Rotation of Committees/Group Memberships**

Following a request for nominations to sit on committees and a ballot process, the Committee noted the outcome in respect of unopposed seats.

Committee / Workstream / Group	Governor	Term	Other
Nominations Committee	Lesley Archer (staff seat)	1 year	1 more seat available
	Terry Bannon	2 years	
Remuneration Committee	Roy Allison	1 year	2 more seats available
Mutual Development Group	Sylvia Gardner-Jones	1 year	2 more seats available
	Lynne Hookings	1 year	
	Cleo Allen / Helen Wilding	1 year	
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

Richard Scott then informed the meeting that Carol Day had been elected to Torbay Pharmaceuticals and Alan Hitchcock to Quality and Compliance.

Sally Rhodes expressed disappointment at Cathy French's comments earlier in the meeting in respect of so few Governors putting their names forward to sit on Committees. She said that she had a full time job and had looked at the time commitment attached to each committee and realised that she would not be able to join a committee without then having to give apologies for some meetings, which was something she did not wish to do. This was acknowledged.

It was also noted that many new governors opted to spend a year getting to know their role and observer positions on offer before committing themselves in year two.

Anne Harvey suggested it would be helpful if Richard Scott emailed the Governors detailing those meetings that still had vacancies and how often they met and he agreed to do this. RS

15. **Urgent Motions or Questions**

Nil.

16. **Motions or Questions on Notice**

The following questions were placed on notice, with responses detailed below:

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.***

Outpatient Appointments*:*

GP referrals are booked via Choose and Book with appointment windows open up to 11 weeks. The average wait per specialty is monitored in line with RTT targets.

Follow Up appointments are booked based on clinical need as dictated by the clinician

during the patients' previous attendance.
All patients where the specialties appointments are managed by the Patient Access Centre are contacted by telephone and offered an appointment. If patients are unable to accept a date offered, we book an appointment of their choice and record as such on PAS, we do not amend their position on the pending list.

Patients wishing to cancel and rebook their appointment are able to do so in line with the Patient Access Policy.

Patient Cancellation - Outpatients

- *Cancellation of any appointment – the patient will be able to re-book their appointment and the referral to treatment clock will continue. The cancellation should be recorded on PAS with the correct PAS Code and comment.*
- *If the patient cancels a second time, the consultant should be asked to review to decide if a further appointment should be made.*
- *If a patient cancels a third time, they should be discharged back to their GP, the Patient and GP should be informed in writing with a copy of the letter to the consultant*

All patients are managed in line with RTT targets and, where we identify any issues, these are discussed at weekly RTT meetings.

Inpatient/Daycase patients

Patients are managed in line with the Patients Access Policy.

Reasonable Offer of date for Admission

The patient should be given two reasonable offers of an admission date (dates cannot be on the same day). If these dates are not accepted they should be appointed for a date of their choice and the decision details recorded. This is the only situation in which it is possible to pause the referral to treatment clock. The clock is paused for the duration of the time between the first earliest reasonable offer date (EROD) and the date from which the patient says they are available (Available from Date). The first ' to come in date offered should be recorded in the Earliest Reasonable Offer field on PAS. This will allow the start of any pause to be calculated (the second date offered should be recorded in the PAS Comments Field.)

Where a patient makes themselves unavailable for admission for a period of time up to six weeks, then this may mean that offering actual dates which meet the reasonableness criteria would be inappropriate (as the patient would be being offered dates that the provider already knew they couldn't make). In these circumstances, the clock should be paused from the date of the earliest reasonable offer that the provider would have been able to offer the patient.

If a patient is unavailable for more than six weeks they will be removed from the waiting list and their GP will be informed.

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.***

Response:

- *The Trust expects to move to a position of sustainable compliance with target by the end of June 2015 (Q1)*
- *It is acknowledged that the current performance can result in a poor experience for people who use our services*
- *A plan has been developed in conjunction with our community colleagues and is being overseen by commissioners through the Urgent Care Board*
- *The plan has been informed by an independent review completed by the Emergency Care Intensive Support Team(ECIST) and has been developed in response to weekly review of breach data, a deep dive investigations into low performing periods and an analysis of performance over the Easter weekend period*
- *The plan is broad ranging with a large numbers of actions that have been implemented these include:*
  - *Introduction of ambulatory care on EAU 3 in line with best practice guidance*
  - *Discharge Lounge opened to support timely discharge and improved turnover of beds*
  - *Changes to handover protocols*
  - *Re allocated patient flow coordinators to busier periods*
  - *Increased level of Consultant clinical decision making capacity at weekends*
  - *Increased phlebotomy capacity to reduce time taken for clinical decision making*
  - *Secured additional Emergency Care practioners to support now up to establishment*
  - *Reduced the length of review clinics to allow more clinical time in the ED department*
- *In addition to the above the following initiatives are commencing:*
  - *Introduction of Medical assessment unit (MAU) to provide an alternative pathway for people who have been referred by their GP*
  - *' Breaking the cycle' week planned for 8 June 2015 in acute and community hospitals testing the benefit of introduction of the safer care bundle standards*
  - *Pilot being developed to employ a GP at the front door as an alternative to self-presenters going through ED where clinically appropriate*
- *The performance for the month up to and including 21 April 2015 is 93.9%*
- *During the month of April we have met or exceeded target on 13 out of 21 days*

David Brothwood said that the questions were raised in the context of Governors being asked the questions by Trust members, and not Governors being critical and this was noted.

17. **Date and Time of Next Meeting**

3.00 pm, Wednesday 22nd July 2015, Anna Dart Lecture Theatre

South Devon Healthcare NHS
NHS Foundation Trust

Council of Governors

Wednesday 22 July 2015

Agenda Item:	7
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 Topical areas of interest covering finance and performance issues presented by the Deputy Finance Director arising since the last Council of Governors meeting on 22 April 2015.

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

1.3 The dashboard as at attachment two shows May's performance figures; all figures that were available as at 15 July 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 July 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.

South Devon Healthcare NHS
NHS Foundation Trust

REPORT SUMMARY SHEET PUBLIC

Meeting Date:	1 July 2015
Title:	Finance and Performance Report Month 2 2015/16
Lead Director:	Paul Cooper - DFPI and Liz Davenport – Chief operating Officer
Corporate Objective:	Safest care; No delays; Best experience; Promoting health; Delivering improved value. To ensure the Trust meets its financial duties and performance metrics.
Purpose:	Assurance

Summary of Key Issues for Trust Board

1)Financial Performance against the COSRR for Monitor, including exceptions to plan. A full report is provided to the Finance Committee.

2)The purpose of this report is to brief members of the committee on the exceptions to the delivery of the key standards and performance assessments. Performance against key standards are summarised in the performance dashboard. The full performance report is presented to the Finance Committee.

Key Issues/Risks and Recommendations:

The Performance Report highlights the following:

1.0 Quality Indicators

- There are no CQC regulatory actions in place.
- CQC intelligent monitoring remains at 3.
- Reported VTE assessment on admission is not meeting expected levels

2.0 Monitor compliance

- 31 day to subsequent treatment – surgery is not achieved in May and remains a risk for Q1 – This will count as a point of the quarterly governance declaration. All other cancer indicators are achieved and forecast to achieved standard in Q1
- 4 hour target 89.8% achieved represents a deterioration in performance to previous month with impact of infection control measure across the hospital a major factor.
- RTT admitted pathways (76.5%) not meeting the 90% performance standard
- RTT incomplete pathways (91.7%) not meeting the 92% performance standard
- Q1 Governance declaration forecast is for a score of 4 and hits the threshold outlined by Monitor for a governance concern.

3.0 CQUIN schemes

- No exceptions to report.

4.0 Performance and Quality Requirement – Contract indicators

- Contract penalties against performance standards have been applied in May – a summary breakdown is given in the report.
- Admitted RTT - The mobile theatre to increase capacity of cataract surgery has arrived on site and commenced operations on 16th June.
- Outsourcing is in place for Plastic surgery, Ophthalmology and some General Surgery cases.

5.0 Financial Performance-

Month 2 financial position at National Tariff at national terms and conditions shows;

- Continuity of Service Risk Rating of 2 in line with the Annual Plan
- delivery of the Annual Plan income and expenditure position for the for the year to date with an over delivery of £0.2m
- within this the Trust has managed the operational pressures:
    - under performance on clinical contracts
    - increased staff costs associated with escalation and community associated infection
    - slow recurrent CIP delivery, non-recurrent cost reduction/ deferment is significantly in excess of plan.
- capital plan behind annual plan more than

Summary of ED Challenge/Discussion:

Performance Actions

- Action plan developed in response to IMAS RTT diagnostic including the establishment of a RTT Risk and Assurance group commencing July 2015
- Ophthalmology Vanguard Theatre operational as of week commencing 15th June
- Recruitment to increased ophthalmology capacity started in line with Board approved business case
- Increased short-term capacity agreed to address diagnostic waiting times with plan to be compliant by end of July 2015
- Action Learning sets (ALS) in place with commissioners to redesign pathways for services with demand pressures including Ophthalmology , Dermatology and Upper GI with a request that a Pain ALS is established
- Dermatology plan and business case developed for Executive Team review on 30 June 2015
- Perfect week initiative, part of the NHS England Breaking the Cycle programme held the week beginning 17 June

Financial result actions

- Operational teams are reviewing the clinical contract delivery for month 2 to confirm the reasons for the elective underperformance
- CIP delivery being reviewed by operational and finance teams to maximise the non- recurrent benefits seen to date and to consider moving to CIP
- Investment timings being reviewed with operational teams
- Review nursing reserve use by operational teams with nursing leadership and planning to close escalation facilities in the hospital.
- Operational teams reviewing penalty position to formulate actions to mitigate for future
- CQUIN scheme position being taken to Senior Business Management Team with proposed actions to mitigate any down side.

Internal/External Engagement including Public, Patient and Governor Involvement:

Finance Committee Members:
NEDS.
Governor Representative
Chairman Observer
Finance Performance and information Teams as required
Director of FPI
Director of Operations
Director of IT

The Performance standards are shared across the executive team with exceptions to key targets and monitor indicators highlighted on a weekly basis. A copy of the performance report is shared with the board of governors.

Divisional Teams weekly and monthly.
Directorate and Divisional Boards

Equality and Diversity Implications:

This Committee/Group will observe the requirements of the Freedom of Information Act 2000 which allows a general right of access to recorded information held by South Devon Healthcare, including minutes of meetings, subject to the specified exemptions

Board of Directors

Section 1: Public Board Report

Report Title: Quality, Performance and Finance Exception Report Month 2 – May 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 31st May 2015.

1. Quality indicators - Safety, Quality, Experience:

1.1 Quality indicators incorporated into the performance dashboard.

These indicators give the board assurance on the quality and safety of care given to patients. The quality section of the performance report identifies any new performance variances and performance highlights, approved and presented by the Director of Professional Practice, Nursing and People's Experience.

1.2 Performance Highlights

1.2.1 CQC regulation compliance assessment

There are no CQC regulatory concerns being reported.

1.3 Performance variances

1.3.1 CQC intelligent Monitoring rating.

The Published CQC rating remains at 3 as reported in last report. Actions to address areas of risk are being monitored by the Executive team. These actions are on track and there are no areas identified for further escalation. The next assessment of CQC intelligent monitoring rating will be available in September.

1.3.2 Stroke pathway time spent on a dedicated stroke ward.

The number of patients admitted with acute stroke spending 90% or more of their hospital stay on the stroke ward did not achieve the standard of 80% in May. May performance is 51%. This is a result of the bed pressures experienced and not being able to maintain the 'ring fence' beds policy on the stroke ward during periods of high demand for emergency inpatients beds.

1.3.3 VTE assessment on admission.

Reported compliance for VTE assessment on admission remains below the national standard of 95% with 89% reported in May. This level of performance has triggered a level of penalties in the contract. The cumulative penalty for April and May is £123k.

2.0 Monitor Compliance

The Monitor Annual Plan for 2015_16 declared risks against the following target indicators.

- A+E 4 hour performance – plan to be compliant from the end of Q1
- RTT admitted performance – plan to be compliant from the end of Q2.

- Q1 governance score of 2.

In May, performance variances are reported against:

1. Cancer 31 days for subsequent treatment in Surgery
2. 4 hour standard for time spent in A+E with 89.8% achieved against the target of 95%.
3. RTT admitted patients treated with 76.5% achieved against the 18 week standard of 90%
4. RTT incomplete pathways with 91.7% against the standard of 92%.

The Q1 Governance declaration forecast is for a score of 4 and hits the threshold outlined by Monitor for a governance concern.

2.1 Performance Variances

2.1.1 Clostridium Difficile (*C. difficile*)

The "Monitor Compliance Framework" reports against the number of C.difficile cases, following root cause analysis (RCA) that can be attributed to a 'lapse in clinic care'.

The Target set for 2015_16 is 18 cases of C.difficile with a lapse in care.

In May, there were four confirmed C.difficile cases. One of these cases has been assessed as being due to a 'lapse in care'.

A further 4 cases have been reported in June (up to the 15th June), giving a cumulative position of 11 cases with 4 due to a lapse in care.

2.1.2 Cancer Performance Indicators.

In May, all the cancer standards with the exception of the '31 days wait for second or subsequent treatment – surgery', are forecast to be achieved, with the final validation and data submission to be completed.

The table below shows the number of patients and performance against each of the standards.

		April 2015				May 2015			
		Target	No. Seen	Breached	%	Target	No. Seen	Breached	%
14day 2ww ref		93.0%	723	39	94.6%	93.0%	0	0	100.0%
14day Br Symp		93.0%	85	1	98.8%	93.0%	0	0	100.0%
31day 1st trt		96.0%	154	2	98.7%	96.0%	155	2	98.7%
31day sub drug		98.0%	42	0	100.0%	98.0%	46	0	100.0%
31day sub Rads		94.0%	49	2	95.9%	94.0%	47	2	95.7%
31day sub Surg		94.0%	25	1	96.0%	94.0%	27	2	92.6%
31day sub Other		-	19	0	100.0%	-	7	0	100.0%
62day 2ww ref		85.0%	73.5	3	95.9%	85.0%	77.5	7.5	90.3%
62day Screening		90.0%	9.5	0	100.0%	90.0%	11	0	100.0%
62day Upgrade		-	3	0	100.0%	-	10.5	0	100.0%

For Q1, it is forecast that the 31 day to treatment for subsequent treatment - surgery, will not be met.

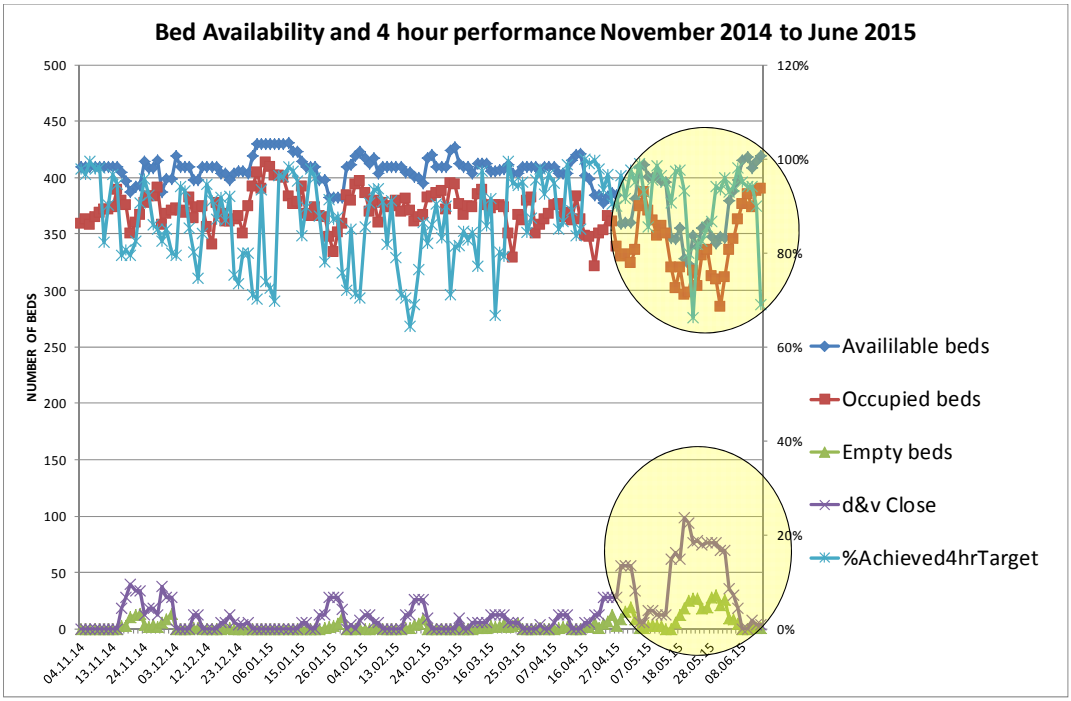
A total for 5 breaches for the period have now been confirmed against an anticipated tolerance of 4 patients not meeting the standard to achieve target.

2.1.3 Four hour standard for time spent in Accident and Emergency (A+E).

The four hour standard of 95% has not been achieved in May with 89.8% reported. During May, there have been a number of norovirus type infections that have closed ward bays and whole wards to new admissions. These closures severely restricted bed capacity and delayed patient pathways for admission and assessment, with overcrowding and delays in the A+E department.

The bed pressures experienced have meant that the clinical areas for ambulatory assessment pathways of care recently established have at times in this period been used as general ward overflow to manage the bed capacity pressures.

The Infection Prevention and Control Team have worked closely with all staff to bring the Outbreaks under control. There were regular outbreak meetings during this time to plan discharges of patients which would allow prompt cleaning of the environment. This cleaning allowed patients to move into a safer environment preventing further cases and the ward to reopen. There is going to be a trustwide meeting on 18 June looking at what went well and what could be done better. However the teamwork throughout the trust has allowed this outbreak to come to a conclusion in a very timely safe manner.



The above chart shows the impact of infection and infection control measures on the number of available beds in the period.

It is interesting to see that despite having so many beds being unavailable (equivalent of a whole ward empty for much of this period) the actual performance against the 4 hour standard has been maintained at around 90%. This is higher than previous periods when there has been full bed capacity.

The GP pathway to ambulatory care for emergency admissions is one of the system changes believed to have increased resilience to maintaining patients flow despite having to operate with a reduced number of available beds.

The community bed capacity has also been restricted in this period as well as having delayed discharges on acute wards due to patients being ill with the norovirus type symptoms, and being unable to be discharged to a community setting until clinically recovered.

On 15th June all wards were free from any infection controls, this being the first time since April.

The Emergency Care Intensive Support team (ECIST) have continued to validate our plans and provide feedback on areas of further resilience and focus within the hospital.

Biweekly meetings are being held with commissioners, community provider and social care to review progress against the community wide emergency care action plans.

2.1.4 Referral to Treatment (RTT) Targets

Admitted Pathways
The Admitted, RTT standard is not achieved in May.

Additional capacity is scheduled for Quarter 1 in Plastic Surgery (outsourcing) and Ophthalmology (outsourcing and mobile theatre). This activity is necessary to achieve the improvement trajectory to deliver aggregate compliant RTT performance from the end of Q2 against all standards.

Ophthalmology
The mobile theatre has been commissioned with the first lists commenced on 16th June. The expected impact is to treat an additional 60 patients a week. Staffing for all the available lists for the whole period is being confirmed, with this being reliant on several locum surgeons joining the team for the anticipated 10 weeks duration the unit will be on site.
Once the backlog of long waiting patients are cleared, end of Q2, there remains a requirement to continue to at a slightly higher level of activity to maintain this position. This will be achieved with additional nursing recruitment to improve list throughput as well as estate works, now commissioned, to plan additional theatre capacity. Outsourcing will continue to be used in this period to further support the additional activity required.

Outsourcing of activity is in place with three providers being Mount Stuart Hospital, Plymouth Hospitals NHS Trust and a new recently CQC approved provider Medical Eye Centre in Exeter.

The Ophthalmology 'Action learning set' has now met several times and progress is being seen. This includes the development of revised guidance to referrers and criteria for second cataract together with the sharing of ideas to help best use available capacity across all the pathways of care, to best meet patient needs.

Plastic Surgery - Outsourcing of patients has continued to help manage the backlog position for plastic surgery. The latest forecast is for 60 patients to be outsourced in Q1. The outsourcing together with several additional in-house lists, indicates that the backlog will reduce to less than 40 by the end of June, and on track to achieve the agreed trajectory.

General Surgery – Additional capacity is now being scheduled with the running of additional all day Saturday lists to end of September. There are currently 9 confirmed lists and planning for a further 9 lists with total capacity to see 90 additional patients in this period. The additional capacity will start to show an improvement in the backlog position in June to the end of Quarter 2. The forecast is that the incomplete performance will remain below standard however, unless further additional list are run for the remainder for the year. A more resilient longer term plan has been submitted as part of the Divisions business planning priorities and seeks to invest in additional staffing to support extended day operating in main theatres as well as additional consultant cover for the emergency and elective services. These plans are under review as part of the wider business planning process for 15-16.

A Surgery 'Action learning set' has been established with GP,s and commissioners. This will support a wider review of demand management and the challenges being faced to increase capacity to meet demand and the RTT standards.

2.1.5 RTT Performance summary – May 2015

- Admitted pathways - The overall percentage of admitted patients with first definitive treatment commenced within the 18 weeks is 76.5% against the target standard of 90%.

- Non-admitted pathways - The overall percentage of non-admitted patients with first definitive treatment commenced within the 18 weeks is 95.2% against the target standard of 95%.

- Incomplete pathways - The percentage of incomplete RTT pathways under 18 weeks is 91.7% against the standard of 92%.

3. Commissioning for Quality and Innovation (CQUIN)

3.1 **2015_16 CQUIN – No exceptions to report**

4. Performance and Quality Requirement – Contract indicators

These performance indicators reflect the key performance measures that are included in the provider contract. This is a mixture of nationally prescribed indicators (only those not already covered in the Monitor section) and locally agreed quality indicators that have been included in the contract schedules.

Performance Highlights

4.1.1 Single Sex Accommodation

After validation for justified clinical circumstances, there are no breaches of the single sex accommodation standard in May.

4.2 Performance Variances

4.2.1 Contract penalties

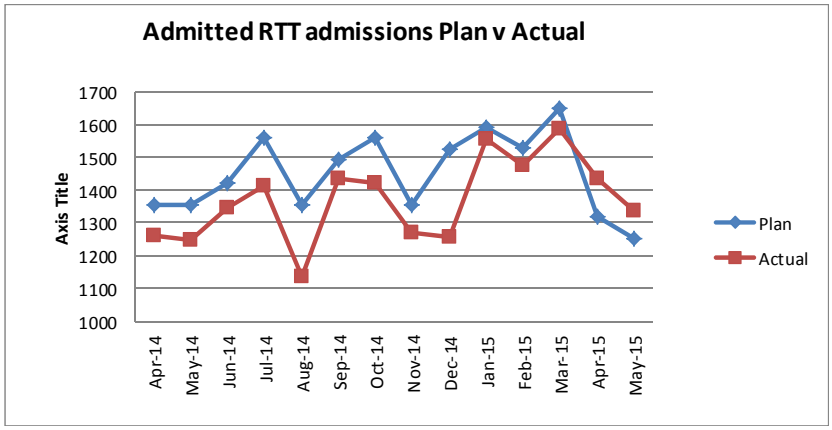
The contact penalties expected for May and cumulative for the year to end of May are summarised below:

Contract Penalty forecast M2

Indicator	April	May	Cumulative
RTT Admitted	£ 63,000	£ 92,800	£ 155,800
RTT non Admitted	£ 7,300	£ 9,000	£ 16,300
RTT incomplete	£ 105,000	£ 93,000	£ 198,000
A+E 4 hour	£ 8,600	£ 40,600	£ 49,200
Ambulance handover	£ 4,000	£ 8,000	£ 12,000
VTE assessment	£ 70,200	£ 53,000	£ 123,200
Diagnostic Tests > 6 weeks	£ 29,000	£ 30,000	£ 59,000
Total	£ 287,100	£ 326,400	£ 613,500

4.2.3 RTT activity against plan

The RTT activity against plan to the end of April can be seen in the chart below.



4.2.5 Diagnostic Waits Over 6 Weeks

In May, there were a total of 102 patients waiting over 6 weeks against the monitored diagnostic tests. This represents 2.5% of the total number of patients waiting for diagnostic tests above the National tolerance of 1%.

The longest waits are being seen in radiology for Ultrasound, CT and MRI.

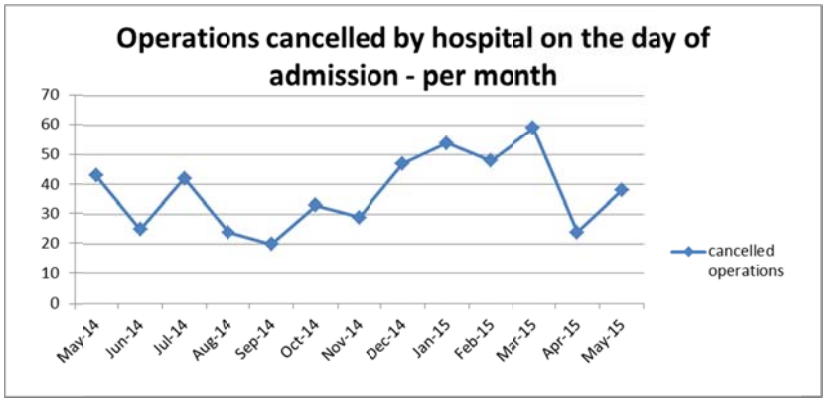
Annual growth in demand remains a challenge in these areas and business cases have been submitted to provide increased capacity to meet the on-going demand. Performance will remain a risk whilst additional sessions continue to be needed to support the routine capacity.

4.2.6 Cancelled operations

During May, 38 patients were cancelled by the hospital on the day or after admission. This number of cancellations represents 1.3% (target maximum threshold 0.8%) of total elective admissions in the period. The table below sets out the reasons for cancellation.

Reason for cancellation	Number
Emergencies / priority patient / trauma	12
Insufficient Theatre time	6
No ICU / HDU bed	4
No Bed	2
Staffing	6
Equipment	5
Admin	3
Total	38

Cancelled operations by hospital on day or after admission



4.2.7 Cancellations by hospital "on the day of admission" and not readmitted within 28 days.

Three patients requiring readmission in May did not meet the 28 day standard for returning for their surgery. The contract payment for this admission will fall as a penalty.

4.2.8 Timeliness of care planning summaries

Performance for the timeliness of care planning summaries within 24 hours of discharge has remained below target in May for both the weekday and weekend measures. In May 56% completed care planning summaries were completed and communicated to the patients GP within 24 hours.

6. Attached to this report

Appendix 1 – Performance dashboard Month 1 – The performance dashboard shows the Trust position for a rolling 12 month period to the end of May 2015 against key Quality and Performance targets. The dashboard summarises the cumulative year to date position against the same period the previous year.

7 Finance Section - Monitor Risk Rating and Other KPI Measures

7.1 This report sets out the Trust's Income and Expenditure position for the period ended 31st May 2015. This has been produced on a full national tariff and full national terms and conditions basis.

7.2 The Trust has, for the two months of the 2015/16 financial year, delivered a £1.4m deficit against a planned deficit of £1.6m, £0.2m better than the annual plan. The EBITDA (Earnings before interest, tax, depreciation and amortisation) is £622k surplus, against a planned surplus of £518k.

7.3 The table below shows the Trust summary of EBITDA and Total Performance against plan:

Summary of Position at 31 May 2015			
	PLAN YTD £'000	**Actual YTD £'000**	**Variance to Plan £'000**
Total Gross Income	-40,796	-40,730	66
Penalties	583	620	37
Total Net Income	-40,213	-40,110	103
Operating Expenditure	39,695	39,488	-207
EBITDA	**-518**	**-622**	**-104**
Financing Costs	2,201	2,055	-146
Donated Asset Income	-33	0	33
Impairment Costs	0	0	0
	2,168	*2,055*	*-113*
Grand Total	**1,650**	**1,433**	**-217**

8.0 Monitor Risk and Other KPI Measures – (Detailed KPI's in Appendix A)

8.1 KPI's are as per 2014/15 measures and are for agreement at the Finance Committee meeting

DESCRIPTION KPI's AGAINST PLAN		THRESHOLD	YTD PLAN	YTD ACTUAL	RED/ GREEN	See Appendix	See Section	Change
MONITOR FINANCIAL RISK RATING	Risk Rating per Plan or above	-	2	2	GREEN	App. A	Sect 1	↔
EBITDA VS PLAN	Variance to Plan	> 10.0% adverse variance	(518)	(622)	GREEN	App. A	Sect 1	↑
CONTRACT INCOME PERFORMANCE AGAINST PLAN (Excl Penalties)	Variance to Plan	> -0.1% adverse variance	(34,407)	(34,022)	RED	App. D	Sect 3	↓
COST IMPROVEMENT PLANS IN YEAR			986	123	RED	App. E	Sect 6	↔
CORPORATE FINANCE MEASURES	> 2 Red				GREEN	App. H/I/J/K	Sect 8	↔

8.2 The overall COSRR of the Trust is a 2 as at 31 May 2015, in line with Plan. Within this:

(a) The COSRR for liquidity is 3, in line with Plan.

(b) The COSRR for Debt Service Cover is 1, in line with Plan.

9.0 SoCI (Statement of Comprehensive Income) Summary

9.1 Income and Expenditure Statement for May 2015 can be seen at Appendix B. This statement summarises the Trust's income and expenditure (I&E) into Monitor categorisations.

The Trust is £217k better than plan at Month 2.

Within this position the Trust has managed the following operational pressures:

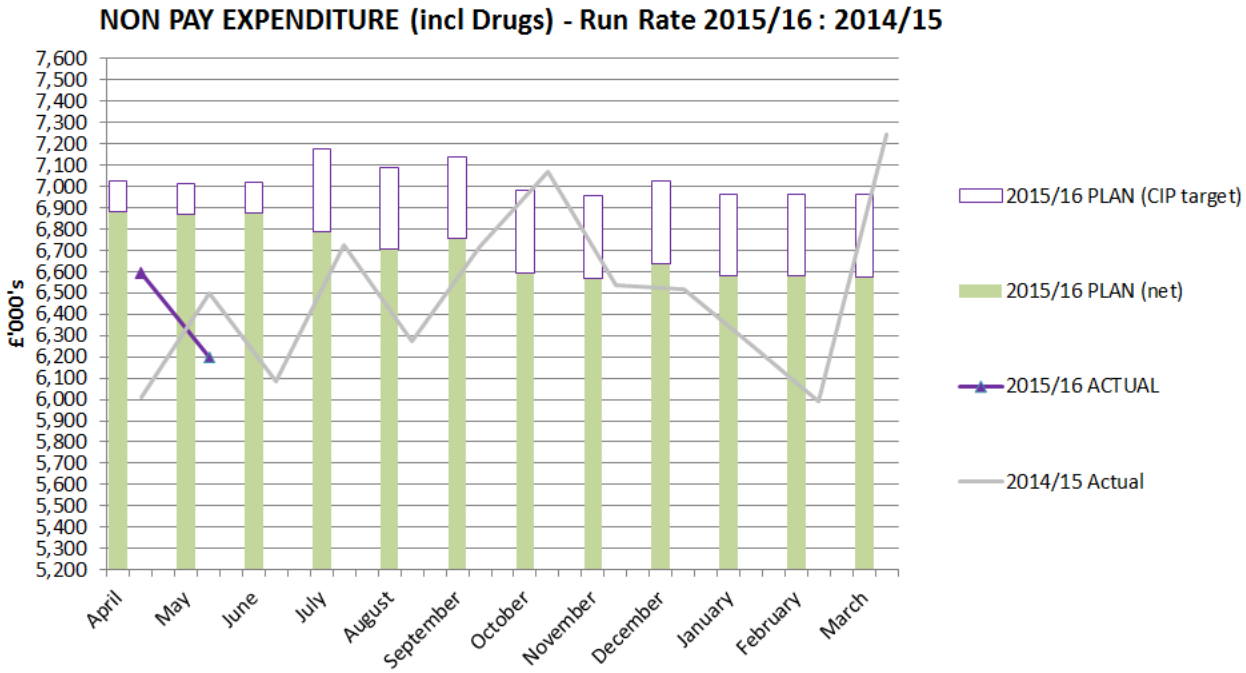
- Clinical income moving from an over performance in month 1 to an under performance in month 2; a £690k swing in the month. This reflects the emergency pressures and infection control related ward closures experienced, particularly in the latter part of the month.
- Escalation and nursing cost is in excess of what was planned for the first two months.
- Delivery of recurrent CIP is behind plan , delivery of non-recurrent spend slippage is above plan
- Non-pay reflects underspending on clinical supplies and services, drugs (offset by pass through income reduction), outsourcing to the independent sector not yet being taken up by patients.

Category		**Plan YTD £'000**	**Actual YTD £'000**	***Variance YTD £'000***
Contract Income		(33,702)	(33,402)	*300*
Other Income		(6,511)	(6,708)	*(197)*
Pay	Substantive	25,367	25,097	*(270)*
	Bank, Locum & Agency	825	1,590	*765*
Drugs		4,476	4,034	*(442)*
Clinical Supplies		4,069	3,658	*(411)*
Other Operating Expenses		4,959	5,109	*150*
EBITDA		**(518)**	**(622)**	***(104)***
Non-Operating Expenses		2,168	2,055	*(113)*
Total		**1,650**	**1,433**	***(217)***

9.2 Non Pay Expenditure for Month is set out in the table below:

Division	**Plan YTD £'000**	**Actual YTD £'000**	***Variance YTD £'000***
Medical Services	4,532	4,082	*(450)*
Surgical Services	2,902	2,718	*(184)*
Women's, Children's & Diagnostics	1,321	1,314	*(7)*
Estates Facilities Management	1,356	1,284	*(72)*
Support & Reserves	2,582	2,579	*(3)*
Torbay Pharmaceutical (TP)	783	818	*35*
Internal Audit	27	5	*(22)*
Total	**13,503**	**12,800**	***(703)***

The divisional variances reflect the non-pay controls in place.
The chart below tracks non Pay expenditure against plan and the deliverable CIP target throughout the year.

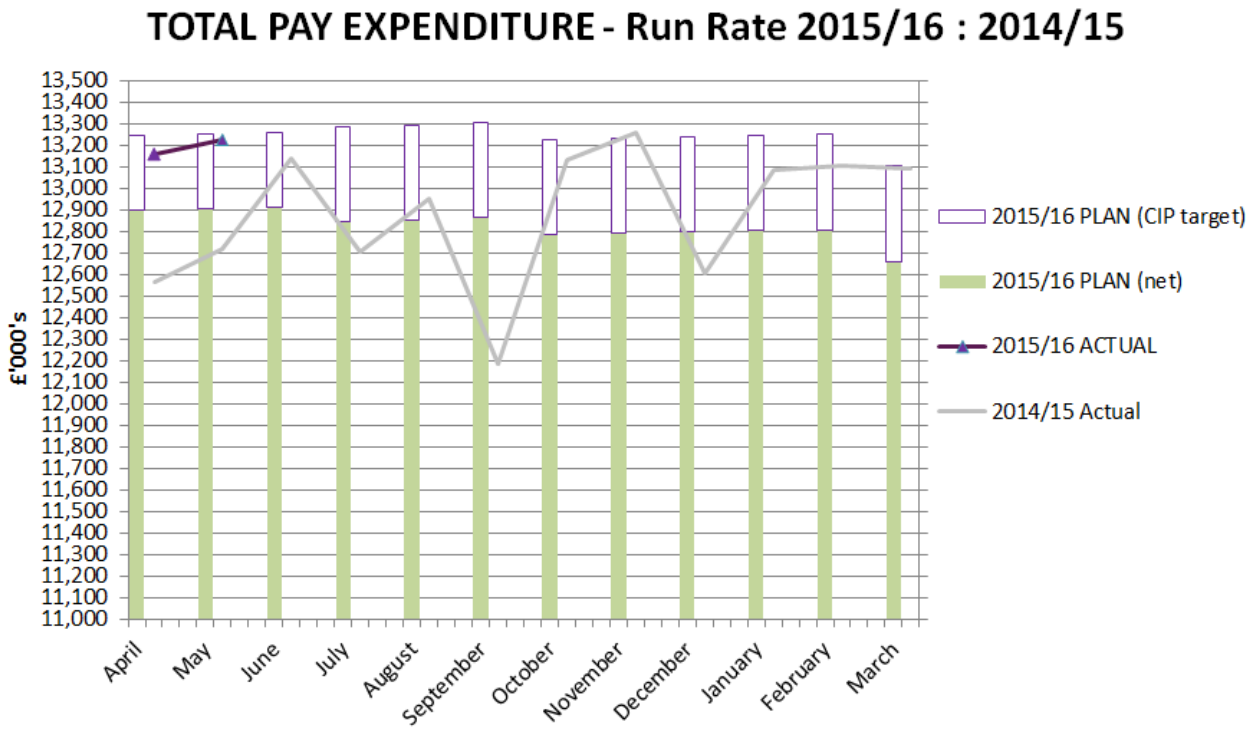


9.3 Total Pay Expenditure (including Agency) for Month 2 is set out in the table below.

Division	**Plan YTD £'000**	**Actual YTD £'000**	***Variance YTD £'000***
Medical Services	6,225	6,749	*524*
Surgical Services	6,950	7,079	*129*
Women's, Children's & Diagnostics	5,858	5,897	*39*
Estates Facilities Management	1,554	1,583	*29*
Support & Reserves	4,625	4,416	*(209)*
Torbay Pharmaceutical (TP)	647	661	*14*
Internal Audit	332	302	*(30)*
Total	**26,191**	**26,687**	***496***

The pay pressure reflects the operational challenges of the urgent and emergency system, enhanced during the recent D&V outbreak, and manifest in the opening of escalation capacity throughout April and May.

The underspend on support and reserves reflects the controls in place on administrative posts.



9.4 Temporary Staffing

The following table analyses medical staff agency spend by Division;

Division	**Plan YTD £'000**	**Actual YTD £'000**	***Variance YTD £'000***
Medical Services	105	207	*102*
Surgical Services	30	108	*78*
Women's, Children's & Diagnostics.	0	44	*44*
Non Clinical Divisions	162	1	*(160)*
Total	**296**	**360**	***64***

The main agency medical pressures are in Radiology and Orthopaedics.

10.0 Other Income

Income arising from contracts with commissioners is detailed below in Section 3.

The table below describes a level of non contract other income of £165k in excess of plan:

	Plan YTD	**Actual YTD**	**Variance YTD**
	£'000	**£'000**	**£'000**
Education & Research	(1,495)	(1,503)	(8)
Site Services	(314)	(348)	(34)
Non-patient services to other bodies	(1,677)	(1,712)	(35)
Miscellaneous other income	(2,810)	(2,898)	(88)
Total Other Income	**(6,296)**	**(6,461)**	**(165)**

11.0 Contract Income Reporting and Analysis by Commissioner

11.1 Healthcare Contract Income shows an adverse variance to budget of £422k. This adverse variance represents a significant movement of £690k from the £268k positive variance reported last month.

11.2 A more detailed analysis of variance by Commissioner & category is set out in the table below.

Commissioner	Electives £,000	Non-Electives £'000	Day Cases £'000	Outpatients £'000	A&E £'000	PTP £'000	Other Adjustments £'000	Total Variance £'000
SD&T CCG	140	(106)	162	488	135	75	(678)	216
New Devon CCG	(29)	(21)	7	29	(3)	(9)	(35)	(61)
SWSCG	77	92	(16)	194	0	253	(201)	398
NCA	29	(52)	0	(1)	19	(1)	(88)	(94)
DCIOS	2	(2)	17	(91)	0	0	(10)	(84)
Torbay Council	0	0	0	0	0	0	0	0
Devon County Council	0	0	0	0	0	0	0	0
TDH	0	(5)	0	0	1	0	0	(4)
Prisoner Health	3	(3)	1	2	(0)	0		3
Wessex AT - CDF						26		26
Sub Total	**222**	**(98)**	**171**	**620**	**152**	**344**	**(1,012)**	**400**
Timing difference								22
Total Healthcare Income	**222**	**(98)**	**171**	**620**	**152**	**344**	**(1,012)**	**422**

()= more income than plan

The value above includes a reduction for penalties of £620k over the first two months (month 1 £276k). This is made up as follows: -

Measure	Penalty £'000
RTT – Surgery	363
RTT – Medicine	14
RTT – WCD	0
Diagnostics	59
Four Hour Target	49
Ambulance Handover Times	12
VTE Risk Assessments	123
TOTAL	**620**

The Divisions are undertaking a review of the activity performance levels achieved during April and May to enable a clearer picture to be built of the likely impact this reduction has had on the RTT performance. This review will also enable a clearer prediction of the level of income that would accrue under National Tariff for the full year. Some of the causes for the movement will include the ward closures as a result of norovirus and the impact this has had on elective activity levels.

12.0 Cost Improvement Programme (CIP)

12.1 The Trust's Annual CIP Target for 2015/16 is £8.9m for the stand alone acute trust.

12.2 Cash Delivery & Delivery Assurance

The Trust has delivered non-recurrent cost reduction against the Monitor Plan in the first two months, which is covering the recurrent target and operational pressures.

	CIP 2015/16 Delivery		
	Current Yr Month 2	Current Yr Months 1 to 12	Recurrent FYE
	£m	£m	£m
Target	0.99	8.93	8.93
Delivered	-0.12	-0.88	-0.40
Shortfall	**£0.87**	**£8.05**	**£8.53**

With effect from Month 3, we will be better able to make a forecast delivery assessment for the CIP Schemes already identified.
In the interim, a schedule follows of the schemes delivering as at Month 2 closedown:

Scheme	Yr end CYE Delivery
	£'m
• EFM Slippage	£0.020
• Discretionary N/R Spend (Incl. Training)	£0.600
• EFM Management Review	£0.187
• Pharmacy budget setting	£0.069
Total	£0.876

13.0 Forecast Position to 31 March 2016

13.1 The Trust is planning to achieve a deficit of £4.9m in the year as a stand-alone organisation, with an EBITDA surplus of £8,040k. The quarter 1 planned deficit is £2,477k, with an EBITDA surplus of £535k.

13.2 At Month 2 the Trust is on plan but has operational pressures that are being covered by slippage.

14.0 Corporate Finance

14.1 As measured against the revised Plan submitted to Monitor, seven out of eight corporate service Indicators are risk rated as green. The only indicator risk rated as red is capital expenditure (year to date).

15.0 Capital summary:

YTD Capital Plan (revised) £'000	Spend to Date £'000	Variance £'000
2,579	**2,081**	**498**

The Trust submitted its 2015-16 Annual Plan to Monitor during May 2015. The Annual Plan incorporated a total Capital Expenditure Plan for the Integrated Care Organisation totalling £29.1m. Of this £29.1m, £25.0m relates to Capital Expenditure planned on South Devon Healthcare NHS FT sponsored projects. Appendix H to this report contains a detailed analysis of the South Devon Healthcare Sponsored schemes. The planned expenditure for Torbay and Southern Devon's sponsored capital programme will be added to the Appendix H upon integration.

As at 31st May 2015 there is a variance between planned capital expenditure and actual expenditure incurred totalling £0.5m (19.3%). This variance is outside of the 15% tolerance set by Monitor. The most significant underspend component relates to the new Critical Care Unit build. Finance is currently obtaining from scheme leads expenditure profiles for the month of June 15 to determine whether the 15% tolerance to phased Plan will be breached at the end of quarter one.

As in previous year's the Trust's capital programme is funded from two sources of finance. One being from internally generated cash through revenue activities and the other being from external sources of finance. Internally generated sources of finance are reliant upon the Trust delivering its planned Continuous Improvement Programme (CIP).

CIP progress will be closely monitored during the course of the year. If the delivery of CIP is slower than planned, this will have an adverse impact on either the Trust's liquid resources (i.e. principally cash) and consequently the Trust's planned Continuity of Service Risk Rating for liquidity or alternatively may necessitate a reduced capital expenditure program in order to maintain the planned liquid resource position.

A number of the planned capital expenditure schemes for 2015-16 are also reliant upon external finance. External finance has already been secured to support the following schemes in 2015/16 from the Independent Trust Financing Facility (ITFF).

	Planned 2015/16 Spend £'000
Critical Care Unit and new Hospital Front Entrance	6,700
Radiotherapy; New Bunker and replacement Linear Accelerator	4,914
On – site Car Parking Facilities	1,780
Sub-total	**13,394**

The following schemes are also reliant upon external finance which has yet to be secured. Finance will work closely with scheme leads to develop business cases for these projects to ensure that these are prepared as soon as possible and submitted to the ITFF for funding consideration.

	Value of expenditure reliant upon external finance £'000
Phase 1 : Electronic Document Management System – part of the IM&T Strategy	925
Phase 1 : Emergency Department - Reconfiguration	215
Phase 1 : Mortuary Works and Fracture Clinic	200
Sub-total	**1,340**

Within the Annual Plan, design fees have been budgeted to enable the enhancement of the on-site Ophthalmology Surgical facilities. However the cost of the construction works themselves have not been incorporated into the planned spend. Once the requirements of the service have been finalised and the design of the facility has been fully costed, the Trust will have one or two choices to fund the development. Namely the use of a circa £1.8m contingency fund incorporated into the capital expenditure program or securing further additional external finance from the ITFF. The potential to secure additional finance to support the Trust's capital program will be kept under close review and further discussions will take place with the ITFF.

A significant number of the capital schemes contained within the Board approved outline capital programme for 2015/16 have been fully authorised for progression, but a number of schemes still require formal approval before funds other than costs necessary to prepare a business case, can be committed.

It should also be noted that the Trust's ICO financial plan relies upon other sources of external finance in order to maintain its liquidity position, this principally being the receipt of £8.2m of PDC from the Trust Development Authority and repayment of the long term social care debt on Torbay and Southern Devon Health and Care Statement of Financial Position totalling circa £2m from Torbay Council.

16.0 Cash and Balance Sheet Summary

Cash balances are £1,745k higher than the revised Plan. This is due to the following reasons: -

		Cash impact £'000
	Planned cash position	**10,597**
i)	I&E position above/(below) revised Plan	216
ii)	Less capex elements within I&E variance (depreciation, donated asset income, impairment)	(85)
iii)	Receipt of PDC higher/(lower) than Plan	0
iv)	Capital expenditure (above)/below Plan	498
v)	Non-current Debtors (above)/below Plan	(298)
vi)	Stock (above)/below Plan	(122)
vii)	Current Debtors (above)/below Plan	2,055
viii)	Current Creditors (excl loan) above/(below) Plan	(594)
ix)	FTFF loan above/(below) Plan	(27)
x)	Non-current provisions above/(below) Plan	(25)
xi)	Other working capital variances	127
	Actual cash position	**12,342**

Current Debtors are £2.1m lower than plan principally due to debt and collection clinical activity levels being below plan.

SDHFT Performance Report - May 2015

Appendix 1 - Performance report

	Target 2015/16	Jun 14	Jul 14	Aug-14	Sep 14	Oct-14	Nov-14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May-15	YTD 14/15	YTD 15/16	Red	Amber	Green
QUALITY																		
Safety Thermometer - % Harm Free	> 95%	98%	98%	97%	98%	98%	98%	99%	99%	99%	98%	99%	99%			<95%		>=95%
Safety Thermometer - Falls		2	6	4	2	1	0	2	2	3	5	1	7	4	8	>=4	Between	<3
Safety Thermometer - VTE		1	1	2	1	4	1	2	2	1	1	1	1	0	2	>=1		<1
Safety Thermometer - Catheters and UTI		1	0	0	1	0	0	0	0	1	0	0	2	0	2	>=1		<1
Pressure Ulcers - Category 2		2	1	5	3	4	5	0	1	3	3	1	1	9	2	>=3		<3
Pressure Ulcers - Category 3		0	0	0	0	0	0	0	0	0	1	0	0	0	0	>=1		<1
Pressure Ulcers - Category 4		1	0	0	0	0	0	1	1	0	0	0	0	2	0	>=1		<1
Infection Control - MRSA cases		0	0	0	0	0	0	0	0	0	0	0	0	0	0	>=1		<1
Infection Control - MSSA cases		2	1	1	1	2	1	0	0	0	0	0	0	1	0	>=2	Between	<1
Infection Control - E-Coli cases		2	1	1	0	3	4	0	0	0	0	0	0	3	0	>=3	Between	<2
Infection Control - Bed Closures		108	18	30	12	0	252	124	141	156	104	358	955	90	1313	> 170	Between	<100
Infection Control - Hand Hygiene		95.5%	96.0%	99.0%	98.0%	95.2%	96.0%	92.1%	98.4%	98.3%	100.0%	92.5%	n/a			<95%		>=95%
Transfers Between 22:00 and 06:00		22.4%	19.9%	22.6%	19.8%	20.8%	17.3%	18.3%	16.8%	17.4%	16.0%	19.7%	23.6%	22.1%	21.5%	> 20%		<20%
Discharges Between 22:00 and 06:00		3.5%	3.7%	3.3%	3.5%	3.1%	4.0%	3.1%	3.5%	3.6%	3.3%	3.7%	3.7%	3.7%	3.7%	> 4%		<4%
Reported Incidents - Total		573	557	533	529	598	623	526	543	819	512	461	501	1110	962	> 550		<550
Reported Incidents - Moderate		31	26	25	42	29	31	28	17	28	33	34	35	84	69	> 150	Between	<100
Reported Incidents - Major		0	2	1	0	3	1	4	2	1	1	3	2	5	5	> 20	Between	<5
Reported Incidents - Catastrophic		0	0	0	0	0	0	0	0	2	1	0	0	0	0	>=1		<1
Never Events		0	0	0	0	0	0	0	1	0	1	0	0	0	0	>=1		<1
Early Warning Trigger Tool - Trust Average		5.13	5.63	5.65	5.27	4.97	5.19	5.54	4.28	4.38	4.41	5.09	6.13			>=5		<5
Written Complaints - Number Received		19	45	17	27	33	24	22	23	28	38	29	27	47	56	> 30		<30
Written Complaints - Number Outstanding (>8 week at month end)		6	9	7	12	8	11	11	5	6	7	7	3	19	10	>=6		<6
CQC Compliance																		
Fracture Neck Of Femur (Best Practice)		41%	52%	71%	54%	78%	81%	67%	28%	37%	30%	30%	n/a	70%	30%	<90%		>=90%
Stroke patients spending 90% of time on a stroke ward		68%	57%	66%	64%	80%	67%	44%	62%	60%	60%	71%	51%	68%	62%	<80%		>=80%
VTE - Risk assessment on admission		92%	92%	92%	92%	90%	91%	90%	82%	89%	90%	89%	90%	91%	89%	<95%		>95%
Choose and Book - % of slot unavailability		17.4%	20.0%	34.7%	21.8%	19.6%	18.6%	16.4%	9.4%	14.7%	20.7%	24.1%	30.1%	18.6%	27.5%	> 10%		<10%
Clinic letters timeliness		91%	95%	100%	86%	95%	95%	73%	68%	95%	91%	82%	86%	89%	84%	<95%		>=95%
Medication errors		15	34	16	20	10	21	8	16	25	16	7	0	25	7	> 20	Between	<15
MONITOR compliance framework indicators																		
Number of Clostridium Difficile cases - Lapse of care		0	0	0	0	0	0	0	1	1	0	1	1	2	2	>=1		<1
Cancer - Two week wait from referral to date 1st seen	93%	93.6%	95.0%	91.6%	96.4%	98.2%	98.1%	97.9%	96.8%	97.2%	96.4%	94.6%	93.7%	97.1%	94.1%	<93%	Between	>93.5%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	93%	95.7%	92.2%	76.9%	95.5%	99.0%	100.0%	98.3%	93.9%	98.9%	96.8%	98.8%	95.5%	97.2%	97.1%	<93%	Between	>93.5%
Cancer - 31-day wait from decision to treat to first treatment	96%	98.6%	98.3%	96.7%	99.4%	98.2%	97.3%	97.6%	96.5%	100.0%	98.0%	98.7%	98.1%	99.1%	98.4%	<96%	Between	>96.5%
Cancer - 31-day wait for second or subsequent treatment - Drug	98%	100.0%	100.0%	97.8%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	<98%	Between	>98.5%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	94%	100.0%	100.0%	95.9%	98.3%	100.0%	98.8%	98.4%	98.3%	100.0%	98.4%	95.9%	95.7%	93.8%	95.8%	<94%	Between	>94.5%
Cancer - 31-day wait for second or subsequent treatment - Surgery	94%	93.8%	91.2%	93.3%	100.0%	100.0%	96.4%	100.0%	100.0%	100.0%	97.1%	96.0%	92.9%	97.0%	94.3%	<94%	Between	>94.5%
Cancer - 62-day wait for first treatment - from 2ww referral	85%	93.9%	87.8%	88.1%	87.4%	87.2%	95.6%	91.0%	87.2%	86.4%	85.2%	95.9%	89.4%	90.9%	92.5%	<85%	Between	>85.5%
Cancer - 62-day wait for first treatment - from consultant screening service referral	90%	100.0%	88.9%	92.3%	100.0%	100.0%	90.0%	100.0%	72.7%	71.4%	91.7%	100.0%	100.0%	100.0%	100.0%	<90%	Between	>90.5%
Referral to treatment waiting times – admitted	90%	76.0%	92.1%	84.0%	77.0%	88.4%	74.5%	77.5%	76.7%	75.0%	76.3%	82.4%	76.5%	83.9%	79.7%	<90%		>=90%
Referral to treatment waiting times – non-admitted	95%	95.2%	95.9%	95.5%	95.4%	95.6%	95.0%	95.6%	95.1%	94.7%	95.8%	95.0%	95.2%	95.8%	95.1%	<95%		>=95%
Referral to treatment - % Incomplete pathways	92%	95.2%	94.5%	94.0%	93.9%	93.3%	92.7%	92.3%	92.0%	92.1%	92.1%	91.3%	91.7%	94.5%	91.5%	<92%		>=92%

SDHFT Performance Report - May 2015

Appendix 1 - Performance report

	Target 2015/16	Jun 14	Jul 14	Aug-14	Sep 14	Oct-14	Nov-14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May-15	YTD 14/15	YTD 15/16	Red	Amber	Green
A&E - patients seen within 4 hours	95%	84.2%	82.0%	90.6%	93.9%	95.4%	90.4%	83.2%	86.9%	81.0%	88.2%	93.9%	89.8%	83.7%	91.8%	<95%		>=95%
Compliance with requirements for people with a learning disability																		
Performance and quality requirements contract indicators																		
Diagnostic tests longer than the 6 week standard		19	17	16	33	17	36	116	123	41	42	186	102	60	288	> 30		<30
Diagnostic tests longer than the 6 week standard		0.6%	0.5%	0.5%	1.0%	0.5%	1.2%	3.2%	3.2%	1.0%	1.0%	4.5%	2.5%	0.9%	3.5%	> 1%		<1%
Mixed sex accomodation breaches of standard (reported on UNIFY)		0	0	0	0	0	2	1	0	1	0	0	0	0	0	>=1		<1
On the day cancellations for elective operations (hospital initiated)		0.8%	1.4%	0.9%	0.8%	0.9%	1.0%	1.5%	1.5%	1.5%	1.6%	0.7%	1.3%	1.4%	1.0%	> 0.8%		<0.8%
Cancelled patients not treated within 28 days of cancellation		1	3	3	2	0	3	5	7	1	2	4	3	4	7	>=4		<4
RTT - percentage of treatment functions achieving 90% RTT (Admitted)		57.1%	76.9%	66.7%	46.7%	73.3%	60.0%	57.1%	56.3%	50.0%	56.3%	56.3%	58.8%	58.1%	57.6%	<80%	Between	>=85%
RTT - percentage of treatment functions achieving 95% RTT (Non-admitted)		64.7%	76.5%	64.7%	70.6%	64.7%	52.9%	58.8%	56.3%	52.9%	70.6%	58.8%	58.8%	73.5%	58.8%	<80%	Between	>=85%
RTT - percentage of treatment functions achieving 92% RTT (Incomplete)		100.0%	94.1%	88.2%	76.5%	76.5%	82.4%	76.5%	70.6%	76.5%	82.4%	76.5%	72.2%	94.1%	74.3%	<80%	Between	>=85%
RTT incomplete pathways > 52 weeks		0	0	0	0	0	0	0	0	0	0	0	0	0	0	>=1		<1
Ambulance handover delays > 30 minutes		88	106	40	24	27	34	56	55	72	34	23	39	135	62	> 75	Between	<50
Ambulance handover delays > 60 minutes		4	4	2	1	0	0	1	0	6	4	0	1	10	1	> 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	>=1		<1
Care Planning Summaries % completed within 24 hours of discharge - Weekday		70.7%	64.6%	71.5%	66.5%	65.5%	62.9%	57.3%	59.8%	45.1%	55.8%	57.0%	56.0%	73.0%	56.5%	<77%		>=77%
Care Planning Summaries % completed within 24 hours of discharge - Weekend		54.2%	38.4%	37.4%	40.7%	41.7%	47.1%	38.8%	40.3%	30.6%	41.0%	34.0%	27.0%	48.5%	30.5%	<60%		>=60%
Data book local indicators not included elsewhere																		
A&E - Total visit time (95th percentile)		06:03	06:13	05:13	04:37	04:00	05:24	06:31	05:55	07:14	05:48	04:35	05:26			>04:00		<=04:00
A&E - Percentage of patients with a visit time of less than or equal to 4 hours		84.2%	82.0%	90.6%	93.9%	95.4%	90.4%	83.2%	86.9%	81.0%	88.2%	93.9%	89.8%	83.7%	91.8%	<95%		>=95%
A&E - Unplanned reattendance rate		4.8%	4.5%	4.9%	5.1%	5.0%	5.0%	5.3%	5.2%	5.5%	5.8%	6.3%	5.7%	4.6%	6.0%	> 5%		<5%
A&E - Percentage of patients who leave without being seen		4.5%	5.9%	3.4%	2.6%	2.4%	2.2%	2.9%	1.9%	3.2%	3.0%	2.5%	2.3%	3.8%	2.4%	> 5%		<5%

South Devon Healthcare NHS
NHS Foundation Trust

Council of Governors

Wednesday 22 July 2015

Agenda Item:	8
Report Title:	Lead Governor's Report
Report By:	Lead Governor
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

1.1 Topical areas of interest presented by the Lead Governor arising since the last Council of Governors meeting on 22 April 2015.

2. Main Report

2.1 We have our full complement of governors, with the possible exception of Torbay Council. Welcome to new Staff Governors and Nominated Governors, we all look forward to working with you.

2.2 The Governor Constituencies are experiencing problems with meeting together. It would be ideal to meet before each CoG so that matters can be discussed at that meeting. If this proves impossible, an overview from the lead would be helpful. Richard has produced a "Constituency Summary Sheet" which we will trial and discuss at the next CoG.

2.3 Our main business continues to be the I.C.O.- and we are trying to keep abreast with issues, so as to be able to make an informed decision if asked to do so.

2.4 Work has started on the New Intensive Care Unit and the installation of the new scanner is almost complete.

2.5 The latest "PLACE" assessment has shown that the Hospital is a well maintained and welcoming place. Congratulations to everyone concerned. Several governors have taken part in the mock inspections (Monitor) organised by Sharon Goldsworthy. Again, thanks are due to the governors who are involved. Personally, I find the process extremely interesting. If anyone wishes to be included please contact me.

2.6 The question for us is, how do we make meetings sufficiently interesting to boost attendance. This applies to members' meetings as well as Board to Council meetings. I hope the "any questions" style item was stimulating and will provoke thought for future events. We need to find more ways to engage with the public. In the meantime I hope you all continue to enjoy the summer weather.

3.	Recommendations
3.1	Council of Governors to accept the report.
4.	**Decisions Needed to be Taken**
4.1	Note and comment on the information outlined above.

South Devon Healthcare NHS
NHS Foundation Trust

Council of Governors

Wednesday 22 July 2015

Agenda Item:	9
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 22 April 2015.

2. Main Report

2.1 **Autumn Elections 2015:** The Trust would like to give advance notice of the annual elections to our Council of Governors, which take place each autumn. Anyone who is part of our membership, or who wants to join, can put themselves forward to stand in the elections. The Trust will have a number of seats available across all public constituencies and the staff constituency, where the current governors (some of who are eligible for re-election) are coming to the end of their elected terms. Anyone living within our constituency boundaries or is a member of staff is welcome to contact our Foundation Trust ffice (01803 655705 / foundationtrust.sdhct@nhs.net) to find out more.

2.2 **Governors decision on the integrated care organisation:** Further details to follow on 22 July, but it is likely that a meeting date will be sought during the second week of September 2015.

2.3 **Governor observer vacancies:** Governors are reminded that there are still governor observer seats available, particularly workstream two (patient experience and community partnerships) and governors are asked to contact the Foundation Trust Office if interested in taking on this role. The Company Secretary is discussing the workstream four observer seat with one of the publicly elected governors during week commencing 20 July.

2.4 **Public Constituency template:** A new template has been issued to all public governors for use at their respective constituency meetings. The forms will help formulate future agendas for governor meetings as well as identify key issues and governor themes etc. Any feedback on the use of the forms is welcomed once they have been used.

2.5 **Governor travel claims:** Please submit your travel claim as soon as possible or before three months have passed. Governors are reminded that claims which are more than three months old will not be paid unless there are extenuating circumstances.

2.6 **Integrated Care Organisation (ICO) Constitution:** Following feedback from Monitor a revised ICO Constitution will be taken to the September Board meeting and then the extra Council of Governors meeting in September (item 2.2 above) for approval.

2.7 **Membership recruitment video:** A new membership recruitment video is being developed withthe support of the Mutual Development Group. Once complete, a trial will take place in maternity, fracture clinic, and the services offered out of Torbay Assessment Investigation and Rehabilitation Unit (TAIRU - diabetes, rheumatology and podiatry).

2.8 **Representing the interests of members and the public:** A publication has been produced by Monitor and GovernWell in association with the Department of Health, NHS Providers, Care Quality Commission and Independent Panel for advising governors. Mutual Development Group members asked me to circulate the following information at the Council of Governors meeting in July.

Representing a large constituency

Governors may feel that they are small in number but represent a large constituency. However, each interaction between governors and members of the trust or the public can make a difference and should not be under-estimated. It is important to give constituency members the opportunity to speak to their elected governors even if only a small number of people take this up.

The governor as a representative

Governors can sometimes be unclear about exactly who it is that they represent - the Trust (and therefore the Trust's Board), the Council of Governors, or just their own member constituency. To be clear, governors represent the interests of trust members and the public; governors do not represent the Trust itself. Representing the interests of the Trust members and the public is one of the core statutory duties of the Council of Governors alongside holding non-executive directors to account for the performance of the Trust Board. It will help for governors to remind themselves of their statutory responsibilities as governors of the Trust and also to ensure they are familiar with any Trust policies which apply to them (such as a code of conduct or similar guidance).

Different perspectives on healthcare matters

Governors are often interested in healthcare matters across the whole of the local health economy, not just in the Trust itself. Boards may therefore find that governors have a wide perspective that can be helpful. Some governors may feel that they need to represent a particularly strongly held view of one part of their constituency. The chair of the Council of Governors has a responsibility to channel their concerns in an appropriate way. Governors need to make sure that they always listen to and represent the full range of viewpoints of their members and the public and not just one viewpoint. Incorporating different perspectives can help lead to more effective and sustainable services for patients and service users.

2.9 **Annual Members Meeting (AMM):** The AMM will be held on Friday 25 September 2015.

Due to the work leading up to the integrated care organisation, the Company Secretary, with support from the Mutual Development Group is recommending to the Council of Governors a shorter format to this year's AMM. It is suggested that the AMM take place for the usual 1.5 hours, but to have

informal refreshments with the members after the AMM and to not have the staff displays in the Horizon Centre as per the last two years.

NB: If the above format is adopted at the Council of Governors meeting and the time for the AMM remains the same, then governors may like to start the formal Council of Governors meeting later in the day. The CoG meeting was scheduled for 10.30am and the AMM to start at 3pm.

2.10 **Governor 'get to know you' session:** Prior to the Board-to-Council meeting on 19 August 2015, it has been suggested that the Foundation Trust Office organise a room for governors to meet an hour before the meeting in order to get to know one another. The Company Secretary will arrange this if agreed at today's meeting.

2.11 **August Board-to-Council meeting:** At the suggestion of the Lead Governor a panel has been arranged for the August meeting so that governors and Board members have the opportunity to ask about social care delivery both in the home setting and in residential care (care home or hospital). Please come prepared with your questions.

2.12 **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:

- 5 August (Riviera Centre);
- 2 September;
- 7 October;
- 4 November;
- 2 December.

2.13 **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.

3. Recommendation

3.1 As per 2.9 above, Council of Governors accepts the revised format for this year's Annual Members Meeting.

3.2 As per 2.10 above, Council of Governors agree to meet formally before the Board-to-Council meeting on 19 August 2015.

3.3 As per 2.11 above, governors are asked to come prepared with their questions for the social care panel taking place at the Board-to-Council meeting on 19 August 2015.

4. Decisions Needed to be Taken

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

South Devon Healthcare NHS
NHS Foundation Trust

Council of Governors

Wednesday 22 July 2015

Agenda Item:	11
Report Title:	Membership Development Report
Report By:	Lynne Hookings
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 now 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.

2.2 Attachment one refers to the final notes of May's meeting for your reference and information.

2.3 Attachment two refers to the draft notes of July's meeting for your reference and information.

3. Recommendations

3.1 Council of Governors support the current work of the Mutual Development Group.

4. Decisions Needed to be Taken

4.1 Comment and receive the attached information.
4.2 Approve the recommendation outlined above.

5. Attached to this Report

Attachment one - Final notes of the May MDG meeting
Attachment two - Draft notes of the July MDG meeting

South Devon Healthcare NHS
NHS Foundation Trust

NOTES OF THE MUTUAL DEVELOPMENT GROUP (MDG) MEETING

HELD IN THE BOARDROOM, HENGRAVE HOUSE

AT 1PM ON FRIDAY 15 MAY 2015

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* Cathy French (CF)
* Cleo Allen (CA)
* Roy Allison (RA)
* Christina Carpenter (CC)
* Sylvia Gardner-Jones (SGJ)
* Lynne Hookings (LH)
  Helen Wilding (HW)

In attendance
Company/Corporate Secretary (CS)

* Denotes member present

ACTION

1 Apologies

Apologies received from H Wilding.

2 Appointment of the Chair for April 2015 to April 2016

It was **agreed** that Lynne Hookings would chair the meeting until April 2016.

3 Notes of the Last Meeting

The notes of the last meeting held on 18 February 2015 were confirmed as accurate.

The Group thanked Sally Rhodes for her ideas and contributions over the past year having stood down from the Group in April 2015.

4 Patient Services Department (complaints & PALS) reports

It was noted that the members were slightly confused by the latest reports as some of the information appeared to be duplicated and/or in the wrong place. Members also **agreed** that it would be helpful to draw better comparisons where the information collated would support this. — PEL via CS

5 Update from the Working With Us Panel

CS read the following email from the Trust's Experience and Engagement Lead:
The panel continues to provide the patient perspective by supporting patients to complete the real-time patient experience survey daily on the wards and encouraging the completion of the friends and family test. They are involved in the Patient-Led Assessments of the Care Environment (PLACE) inspections, the Horizon Institute day in June and reviewing information that is sent to patients. This year they have been helping to pilot and feedback the use of the webpage for logging volunteer activity (ViCTOR - Volunteering in Care Torbay project). We have lost a few stalwart members recently and are hoping to be back in full strength shortly.

6 Agreed to discuss following two points at last MDG meeting

Devon Studio School - Members reminded the CS that they would like to visit the Devon Studio School. The members agreed that being in attendance rather than a private visit would suffice. As part of the visit governors would like the opportunity to discuss growing the Trust's membership for those aged above 16 years and to know a bit about how the Trust and the Studio School support one another. CS

Involving Staff – CS stated that he was keen to involve Trust staff in feedback on a more regular and formal basis i.e. similar to the public annual membership survey, but making sure staff governors did not duplicate annual staff survey etc. The Lead Governor was keen to know how the publicly-elected governors could support the staff governors and CA was asked to consider this and report back at the next meeting. It was **agreed** that the CS would speak with his secretary to ensure the staff governor meetings with the chairman had been scheduled in for the foreseeable future. The CS was keen to point out that staff governors should be encouraged to meet on a regular basis and not just rely on the meetings with the chairman. CS

7 Membership recruitment

The CS stated that he had made some progress with the new membership video. His next meeting was due to take place on 9 June with the developer and it was **agreed** that the CS would report back at the next meeting. CS

The Trust's Facebook page(s) was mentioned and that CA was a regularly user / receiver of information from the Trust and that she found the information useful. It was **agreed** the CS would circulate Facebook details to all governors. CS

8 Discuss/agree way forward consultation(s) - public / staff

The friends and family test was raised by RA and in particular that he had to hunt for the forms on a recent visit to accident and emergency. All members felt that individual departments need to do more to promote the use of the forms.

The survey from last year was discussed with the following points noted:

- ensure section 1.1 does not cause a problem i.e. one hospital in the past, several under integration including social care and/or acute care etc.
- Improve section 2.1 if re-used i.e. explain what 'discharged' means.
- Member happy to have another question on dementia.

9 Representing the interests of members and the public

It was **agreed** that the information on page six should be taken to the July Council of Governors meeting. CS

10 Preparation for joint Board-to-CoG meetings

It was **recommended** that one item on the agenda should cover 'representing the interests of members and the public. CS

11 Membership newsletter

CS asked for topics of interest that could be in the next newsletter and the following was noted:

- Friends and family test
- Capital developments update e.g. intensive care unit.
- Update on different departments which could be rotated.

12 Discuss material for the Annual Members Meeting

The CS proposed a slight change to previous years due to the date for integration being so close to September.

It was **agreed** that if the annual members meeting goes ahead without the review of services on offer, then the following topics would be welcomed:

- 10 minute presentation on integrated care organisation.
- 10 minute presentation on dementia
- 10 minute from the league of friends.

It was **agreed** that one of the next agenda items should be 'value of constituency meetings'. CS

13 HealthWatch

Nothing to report.

14 Any Other Business

Medicine for Members – it was noted that no event had been organised as it had been agreed to pull the newsletter in January 2015 to help the Trust make some efficiency savings.

Social meeting – It was **agreed** that the CS would ask governors to convene an hour before the next Council of Governors meeting to help governors to get to know one another. CS

Details of next meetings

3 July, 11am – 12.30pm, Members Room, Hengrave House.

South Devon Healthcare NHS
NHS Foundation Trust

NOTES OF THE MUTUAL DEVELOPMENT GROUP (MDG) MEETING

HELD IN THE MEMBERS ROOM, HENGRAVE HOUSE

AT 11AM ON FRIDAY 3 JULY 2015

Cleo Allen (CA)
* Christina Carpenter
* Sylvia Gardner-Jones (SGJ)
Helen Wilding (HW)
* Roy Allison
* Cathy French (CF)
* Lynne Hookings (LH) - Chair

In attendance
* Company/Corporate Secretary (CS)
* Note taker (JB)

* Denotes member present

ACTION

1 Apologies

Cleo Allen, Helen Wilding.

2 Notes of the Last Meeting

The notes of the last meeting held on 15 May 2015 were confirmed as accurate.

Matters arising:

Agenda item 6
Devon Studio School
It was **agreed** that MDG members would make the initial visit and then invite the remaining governors in the Autumn. — JB

Involving Staff
It was **agreed** that JB would arrange quarterly meetings for the Staff Governors to meet with the Chairman. — JB

Agenda item 7
Membership recruitment
The Trust's Facebook account can be found by searching for SDHCT. It was **agreed** that all governors would benefit from a written guide instructing them how to log on to Facebook and the process for finding Facebook users. JB to arrange with the Communications Team a short user guide for governors. — JB/CS

Agenda item 14
AOB: Social meeting
It was **agreed** the CS would ask governors at the July Council of Governors (CoG) meeting if they would like a social meeting to get to know one another e.g. one hour before the Board-to-CoG in August. — CS

3 Value of Constituency Meetings

LH stated that Torbay constituency is questioning the value of these meetings. The CS handed out copies of a 'constituency summary sheet' at the meeting and asked if this form would broadly capture the various discussions and topics of interest. The information collated from the three constituencies would then help drive future agendas and issues for the Board to consider.

After reading the draft handout the members stated this would be a useful document for constituency meetings and it was **agreed** that the summary sheet would be circulated to all governors to see if it can be used in future. CS/JB

4 Patient Services Department (Complaints & PALS) report

The CS stated that at the last MDG meeting all relevant reports had been circulated. Due to workstream two being cancelled in June no additional reports were available at this time.

5 Update from the Working With Us Panel

Nothing to report due to the Experience and Engagement Lead (EL) being on leave.

LH reminded the CS that MDG governors would like to be members of the Working With Us Panel. The CS apologised for the delay in setting this up and it was **agreed** that JB would send details to the (EL). JB

6 Membership recruitment

The CS has met with a company working with the education department regarding the creation of a membership recruitment video. The company sent a draft script to the CS yesterday evening which was circulated to the group. The group and CS felt the script could be more positive and gave some suggestions. MDG members **agreed** to take away the script to think about the wording and feedback to the CS before the next CoG meeting. It was **agreed** that the CS would then email suggestions to all governors. ALL / CS

It was noted that the CS had an earlier discussion in the week with another member of staff who has access to all the display screens around the hospital. CS has been promised an electronic membership poster and will share this with the group once received.

7 Discuss/agree way forward consultation(s) - public / staff

The CS informed the group that the integrated care organisation was unlikely to go ahead in August and therefore the annual survey will continue to focus on Torbay Hospital rather than community hospitals as well. The CS handed out copies of the most recent HealthWatch survey for information.

RA had some suggestions on patient experience:

- Outpatients – how near to the time given for your appointment were you seen?
- Waiting time from GP referral to appointment.
- What's your experience of referral between departments?
- A&E has a new system where patient brings letter from GP – has it worked for you?

12pm – a one-minute silence was observed at this point for the Tunisia incident.

The group reviewed the HealthWatch survey and the CS noted some further suggestions. He reminded members that a two-sided survey was probably ample for trust members to complete and that online responses in the past had been poor i.e. c 100 out of a possible 800.

It was **agreed** the survey should have a section focussing specifically on one or more of the following: ophthalmology / fracture clinic / outpatients / access to the hospital / discharge.

8 Preparation for joint Board-to-CoG meeting – 19 August

The following was noted:

- Include a standing item – A member of the Board of Directors to give a critical overview of Trust activities.
- Board to CoG agenda items. CS
- Representing the interest of the general public.

CF stated that she would like to encourage more non-executive directors to attend Board to CoG meetings.

9 HealthWatch

This was discussed in item 7.

10 Any Other Business

CS suggested the Torbay Hospital News could be reduced to one publication a year and sent out with the annual report and accounts + survey as a cost saving initiative. It was noted that the CS would work with the Communications Team on more electronic methods of communication to fill the gap left from not issuing information on paper.

LH suggested the Herald Express have a column once a month about Torbay Hospital. CS **agreed** to raise this with the Communications Lead. CS

The date for the Devon Studio School visit was agreed as Wednesday 8 July at 1.30pm.

Details of next meetings

13 November 2015, 11.00am – 12.30pm, Members Room, Hengrave House.