Torbay and South Devon NHS Foundation Trust

TSDFT Board of Directors

Public Board of Directors

Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital, TQ2 7AA

04 November 2015 13:30

AGENDA

1 Apologies - G Hotine
Owner : Chairman

Note

2 Minutes of the Board Meeting held on the 7th October 2015 and Outstanding Actions
Owner : Chairman

Approve

15.10.07 - Board of Directors Minutes Public.pdf 5

3 Declaration of Interests
Owner : Chairman

Note

4 Quality, Patient Safety and Experience

4.1 Report of the Director of Professional Practice, Nursing and People's Experience
Owner : DPPNPE

Information/Assurance

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4.2 Report of the Medical Director
Owner : MD

Discussion/Assurance

Report of the Medical Director.pdf 25

5 Strategy and Vision

5.1 Report of the Chairman
Owner : Chairman

Note

5.2 Report of the Chief Executive
Owner : CE

Discussion/Assurance

9 Assurance
Owner : Chairman

10 Governors' Question Time
Owner : Chairman

Discussion/Assurance

11 Date of Next Meeting - 1.30 pm, Wednesday 4th November 2015
Owner : Chairman

Note

12 Exclusion of the Public
Owner : Chairman

Torbay and South Devon NHS
NHS Foundation Trust

MINUTES OF THE SOUTH DEVON HEALTHCARE FOUNDATION TRUST BOARD MEETING HELD IN THE ANNA DART LECTURE THEATRE, HORIZON CENTRE TORBAY HOSPITAL ON WEDNESDAY 7TH OCTOBER 2015

PUBLIC

Present:	Sir Richard Ibbotson	Chairman
	Mr D Allen	Non-Executive Director
	Mr J Brockwell	Non-Executive Director
	Mr L Burnett	Non-Executive Director
	Mr J Furse	Non-Executive Director
	Mrs J Lyttle	Non-Executive Director
	Mrs S Taylor	Non-Executive Director
	Councillor J Parrott	Torbay Council Representative
	Mrs M McAlinden	Chief Executive
	Mr P Cooper	Director of Finance, Performance and Information
	Mrs L Darke	Director of Estates and Commercial Development
	Ms L Davenport	Chief Operating Officer
	Mr G Hotine	HIS Director (part)
	Dr J Lowes	Medical Director
	Mr M Ringrose	Interim Director of Human Resources
	Mrs J Viner	Director of Professional Practice, Nursing and People's Experience
In Attendance:	Mrs S Fox	Board Secretary
	Dr W Forbes	ST8 Paediatrics
	Mrs J Gratton	Interim Director of Communications
	Mrs S Manton	Operational Lead for Community Services
	Mr R Muskett	Deputy Director of Finance
	Mrs J Phare	Deputy Director of Nursing, Professional Practice and Standards
	Mr R Scott	Corporate Secretary
	Mrs M Trist	Corporate Governance Manager

Mrs C French	Lead Governor	Mr R Allison	Governor
Mr D Brothwood	Governor	Mrs C Carpenter	Governor
Mrs S Gardner-Jones	Governor	Mrs A Hall	Public Observer

The Chairman commenced the meeting, which was the first as the new Integrated Care Organisation and he thanked Mrs Manton and Mrs Phare for attending to support continuity to the Board on the service issues related to health and social care. Dr Adam Morris, the legacy Care Trust's Medical Director, had also been invited to attend however he was unable to do so due to clinical commitments.

ACTION

152/10/15 **Apologies**

Apologies were received from Mr J Welch.

153/10/15 **Minutes of the Meeting held on the 2nd September 2015 and Outstanding Actions**

The minutes were approved as an accurate record of the meeting held on the 2nd September 2015.

The following actions were discussed:

- **GMC Survey** – the results had not yet been formally published so could not be publicised. MD
- **Trust Sickness levels** – it was planned that a report would be ready to be presented to next month's meeting. IDHR
- **Medical Devices** – this issue was being managed through Workstream 1, along with the action in respect of post-operative haemorrhage.
- **How the target in respect of in and out of hospital deaths would be monitored in the ICO** – The Medical Director advised that there was no easy way to capture the data in respect of out of hospital deaths so this was not an action that could be addressed easily or quickly.
- **ED IT post-implementation review** – this would be presented to the Board once completed.
- **CIP Performance Data** – this would be included in the new performance report that would be brought to the November Board meeting.
- **Draft ICO Constitution** – actioned.
- **Committee Terms of Reference** – actioned.

154/10/15 **Declarations of Interest**

Nil.

Quality, Patient Safety and Experience

155/10/15 Report of the Director of Professional Practice, Nursing and People's Experience

The Director of Professional Practice, Nursing and People's Experience highlighted the following from her report:

a) **CDiff**

The Trust was above trajectory for its CDiff target. To date there been 18 cases, with 7 lapses in care, against a year-end target of 18. Work was taking place with the CCG to look at the definition of a lapse in care, as there was a perception that organisations in the peninsular applied the criteria differently, and the Trust was keen to move to a consistent peninsula-wide approach.

The Board approved the recommendation for the Infection Prevention and Control Team to continue to work closely with the CCG and peninsular colleagues to ensure internal processes reflected best practice.

b) **Deprivation of Liberty Safeguards (DoLs)**

There was an ongoing challenge to respond to DoLs applications once an assessment of risk was completed, in particular in the community. Some extra resource had been put in place to manage urgent referrals.

Councillor Parrott queried reporting lines and the Director of Professional Practice, Nursing and People's Experience explained that the Trust's internal meetings fed through into the multi-agency Safeguarding Boards, with shared action plans etc.

The Board approved the recommendation to continue to have close monitoring of the process through the ICO Integrated Safeguarding Group and the ICO Quality Assurance Committee to evaluate the effect of the increased resource.

c) **Safer Staffing Guidance**

The report provided a six-monthly update and provided assurance in terms of the Trust's performance against national standards. There were some challenges for the Trust in respect of balancing a substantive workforce vs the flexibility needed from bank and agency workforce and managing higher patient acuity needs. The key areas for action were changes to the yellow card scheme, GP concerns re the discharge process and Monitor guidance. It was noted that as this was a look back it did not include community issues, but would do so in the future.

Mr Brockwell asked how the Trust ensured that agency staff were trained to the same levels as permanent staff. It was noted that the Trust had the same procedures/checks in place for temporary nursing staff as for medical staff.

d) **Medications Errors Update**

The Board noted the work to date as set out in the paper presented to the Board. Mrs Carpenter queried the information around missed doses as it appeared to be quite high, and the timescale it covered. The Director of Professional Practice, Nursing and People's Experience explained that it covered Quarter 4 2012/13 to Quarter 2 2015/16 and was impacted by an audit process and improved reporting in terms of medication incidents. The workplan addressed the themes raised by those incidents.

e) **CQC Visit**

Mr Allen queried the statement in the report that the CQC Assurance Group was keen 'not to focus on preparation for a visit, but an ongoing compliance and improvement'. He said he felt it was both and that the Trust needed to look for assurance ready for when the CQC inspection took place. The Director of Professional Practice, Nursing and People's Experience agreed but that the work must also be about embedding quality and safety in the Trust.

156/10/15 Report of the Medical Director

The Medical Director reported that Dr David Sinclair was unable to undertake his role as RO for GMC Revalidation and he asked the Board to approve him taking up this role. This was approved.

The Medical Director added that at a recent review of the Trust's Revalidation Process, the Trust's structure of the Medical Director not being the RO was increasingly outwith the approach recommended at regional and national level.

Strategy and Vision

157/10/15 Report of the Chairman

The Chairman reported the following:

- He thanked the Board for their support and hard work to deliver the ICO. He also thanked the legacy Care Trust Board and its staff for their unwavering

determination and support to reach this point.

- The interviews for the Director of Strategy were planned to take place on the 28th October and Director of Workforce on the 3rd November. Formal interviews for the Medical Director had taken place on Monday of this week and Dr Rob Dyer had been appointed as the Trust's new Medical Director.

- The Chairman took the opportunity, on behalf of the Board, to thank John Lowes for his support and dedication as Medical Director over the past few years.

- The inquest that was taking place in respect of the young gentleman involved in a motorbike accident had been adjourned until early November.

158/10/15 Report of the Chief Executive

The Chief Executive highlighted the following to the Board:

- Sincere thanks and appreciation to Board, Council of Governors and members for their hard work in terms of the ICO. She also welcomed staff previously employed by the Torbay and Southern Devon Health and Care Trust to the new organisation. The Chief Executive highlighted the invaluable work of the ICO Champions to help support the transition, and particularly thanked them for their work to develop the Trust's Statement of Purpose.

- The Chief Executive echoed the comments of the Chairman in respect of Dr Lowes and in particular the support he had given to her since she had commenced in post.

- She advised that the Doctors' and Dentists' Review Body had visited the Trust on 1st October and had highlighted the concerns of junior doctors in respect of their contract negotiations. Although the Trust could not influence national negotiations, there needed to be awareness of the concerns and sense of value of the Trust's junior doctor workforce.

- There had been some media reporting in terms of nursing agency spend in the peninsula and it was noted that this Trust's spend was at the lower end of the scale.

- NHS Improvement had appointed a new Chief Executive from the 1st November – Mr Jim Mackey from Northumbria NHS Healthcare Trust.

- The Prime Minister had recently announced that GPs would be offered voluntary contracts to provide a 7-day service. This Trust had been highlighted as a leading site in terms of its progress on 7-day services.

159/10/15 Torbay and Southern Devon Health and Care Trust Legacy Document

The Chairman commended the Care Trust's legacy document to the Board and encouraged everyone to read it if they had not already done so. Mr Allen wished to pass on his congratulations to the staff involved in compiling the document and that as a member of the Board he felt a responsibility in terms of stewardship of the legacy of the achievements of Torbay and Southern Devon Health and Care Trust.

160/10/15 Improving and Sustaining Cancer Performance

The Chief Operating Officer reminded the Board of the national drive to improve performance on the cancer 62 day RTT standard, as there had been deterioration in performance nationally over the last few years. Trusts had been asked to undertake a self-assessment against 8 key priorities and this Trust was compliant with all the

standards. The self-assessment had been signed off by the Trust's clinicians and also stress-tested by the CCG. As part of the process, 3 key service priorities had been agreed – Upper GI, Colorectal and Lung clinical pathway.

The Chief Operating Officer then asked the Board to approve the updated Cancer Waiting Times Operational Policy. The Board formally approved the Policy.

161/10/15 ePrescribing Full Business Case (FBC)

The Project Manager for the FBC was in attendance and gave the Board the following briefing:

- A rigorous procurement exercise had been undertaken to identify a suitable supplier for the project.
- The FBC had been presented to the Finance Committee and supported.
- There was a need to ensure the benefits of the project were clearly defined and funding was provided as part of the project to do this in the form of analyst support.
- Many benefits were non-cash releasing around efficiency and to free up clinical time to provide care. There was clear evidence from other sites that used the system that it supported improved patient care and freed up clinical time.
- The system would remove current complicated processes around discharge where errors can and do occur. This was particularly in respect of TTAs on discharge.
- Clinical support was very important and the IT project element needed to be seen as supporting clinical improvement.
- Finance Committee had challenged not just the costs, but also the patient safety benefits and these needed to be quantified so that they could be measured post-implementation and it must be robustly implemented.
- The cost and time to properly train staff in the new system must not be underestimated and the Director of Nursing, Professional Practice and People's Experience asked if this cost had been included in the FBC. It was confirmed that costs to give training had been included and also for some nurse secondments and a contingency allowance. It was noted that, in terms of training, different staff groups required different levels of training and that classroom, eLearning and ward based training would all be provided.
- Mrs Taylor queried the interface of the programme between this Trust and organisations in the community and the Project Lead said that the project aimed to identify and resolve the interface gaps that currently existed. Mrs Taylor raised in particular community pharmacies and SWAST. It was advised that SWAST were keen to use the system, however the Trust had no influence over community pharmacies.
- Mr Burnett said that the Finance Committee had spent some time debating the FBC and he reflected that whilst there were concerns about the cost savings in the short-term, it was recognised that there was huge potential in terms of patient safety. He added clinical buy-in was critical to make it work and realise the benefits and he wished to be assured that this was the case. The Director of Professional Practice, Nursing and People's Experience said that the nursing staff involved in the project were very impressed with its functionality, but there was work to do around wider communication. The

Medical Director said that the system would address many of the key safety issues in respect of prescribing and transitions of care and the need to ensure information was accurate and errors minimised. The Trust's current prescribing systems presented, he felt, by their very nature a risk – especially as there was currently a mix of paper and electronic systems.

- The Torbay Council Representative suggested that a presentation to the Health and Wellbeing Board about the new system would be valuable and this was agreed. CE

- Mr Allen raised a concern around the current Junior Doctor engagement. He also asked if the system interfaced with other Trust systems and the HIS Director confirmed that it would.

- It was noted that funding for the system was included in the Trust's financial model for the ICO and final sign off would be by the Department of Health.

The Board then approved the ePrescribing FBC and gave delegated authority to either the Chief Executive or Director of Finance to sign the contract.

Workforce and Organisational Development

162/10/15 Report of the Interim Director of Human Resources

The Interim Director of Human Resources reported that all workforce issues in respect of the transfer of Care Trust staff to the ICO had been successfully concluded.

a) **Organisational Development (OD) Strategy and Plan (including vision, purpose and values)**

Endorsement of the OD Strategy was sought from the Board. It had been updated to reflect the new organisation, and had focus on the engagement and visibility of senior staff. It also included a purpose for the ICO, which had been written with the involvement of the Trust's ICO Champions, and had their endorsement:

"To provide high quality, safe health and social care at the right time and the right place to support the people of Torbay and South Devon to live their lives to the full."

The Board approved the proposed Purpose Statement.

b) **Integrated Workforce Strategy**

The strategy proposed a way forward to manage the Trust's workforce into the future.

The Board approved the Integrated Workforce Strategy.

Both the strategies had implementation teams in place and progress would be reported via Workstream 4.

Engagement and Partnerships

163/10/15 Council of Governor Issues

The Chairman took the opportunity to thank Governors for their vision to take a risk and approve the ICO and to also understand that investment would need to be made to make whole-system changes to improve services in the future.

Performance

164/10/15 Monthly Finance and Performance Report

a) **Performance (Acute)**

- There had been a MRSA Bacteraemia. A root cause analysis had been undertaken and reported through the Serious Adverse Events Sub-Committee.

- A lot of work had been undertaken to improve the Dementia Find target and identify patients with dementia early. Challenges remained, but some improvement had been made.

- In response to a question at the July Board in terms of medication errors, it was noted that there had been over 300 incidents reported in a small time period, but this was because they were part of an audit process.

- Mr Furse queried the fact that some targets had been scored red for a year and therefore whether they were unrealistic. The Director of Professional Practice, Nursing and People's Experience said that this had been discussed and the effect it had on teams if a target was felt to be unachievable was recognised. She added that, for example, the Dementia Find target was a national target so could not be amended. One target that was being considered was the complaint response target which had been reduced from 8 to 6 weeks and had not been achieved – but it had tested the process and driven teams to respond more quickly.

- In terms of the dementia find target, the Chief Executive asked whether a process could be put in place for GPs to share dementia information with the Trust to reduce duplication of effort. The Director of Professional Practice, Nursing and People's Experience said that work had been undertaken to try to encourage GPs to share information, but without much success. She added that this would be a benefit of a shared IT system.

- Mr Brockwell queried the stroke pathway as it continued to be of concern. This was acknowledged by the Chief Operating Officer who said that the move to ring-fence beds earlier in the year had improved performance, but not to the expected level. It was known that delays occurred in the evenings and at weekends. The Night Management Team were now the bleep holders for stroke and it was hoped this would improve performance as the person holding the bleep would co-ordinate that patient's care. In addition to this, a significant number of people remained on the stroke ward while waiting to be transferred to specialist rehabilitation and this impacted on the Trust's stroke capacity. The issue had been escalated to the CCG and work was taking place with Specialist Commissioners to improve the pathway for patients who required specialist rehabilitation which would then improve the Trust's stroke capacity.

- There had been some improvement in Fractured Neck of Femur performance, but not to the required level. Work was taking place with the Orthopaedics team to look at clinical and theatre capacity. The virtual Fracture Clinic was also being enhanced.

- The 4-hour A&E performance had improved, following the implementation of the new ED IT system, but only to 90%, with 95% being the target. A deep dive had been undertaken, the results of which had been shared with the CCG. From that further actions were agreed including looking at the workforce with Health Education South West. Two new consultants had just

been appointed and job changes agreed to move some middle grade posts to associate specialist roles. Interviews for GP hybrid roles were taking place later in the month. In addition, the nursing establishment had been strengthened with some additional Band 7 posts and an enhanced nurse practitioner role to work in Minors. Finally, some external resource had been obtained (Almanac) who had just commenced and would help with the work to improve performance.

- The cancer 31 days for subsequent radiotherapy treatment had not been met, but involved a small number of patients, and would be met at the end of Quarter 2.

- The RTT incomplete pathway target had been met at the end of August, but challenges remained for some specialities, in particular Ophthalmology.

- Improvements in performance against the Diagnostics target had been made, but there was ongoing increased demand, in particular for the use of CT. The Trust was working with NHS England and Monitor to identify additional capacity.

- Mr Allen stated that, in respect of A&E performance, the target had not been met by the end of September, but it was starting to improve. He took assurance from the fact that new staff had been appointed and that the CCG had not thus far imposed any sanctions on the Trust.

b) **Performance (Community)**

- There were three key performance risks that had been highlighted in the Care Trust's Legacy document in respect of CAMHS performance, domiciliary care and availability of key workforce and qualified nurses in primary care.

- There were challenges in terms of the number of domiciliary care packages available, and a primary provider had been appointed (Mears). A fuller report on this issue would be brought to a future meeting.

- Challenges also remained in terms of meeting CAMHS waiting times. Additional resource had been provided to help manage this and Dr Adam Morris was leading the work on the action plan to improve performance.

- Councillor Parrott informed the Board that he had recently visited Mears in terms of domiciliary care and had seen the innovative work they were undertaking. He was also hoping to visit the CAMHS service in the near future.

- Delays in discharge from community hospitals remained a red rating and was due to the lack of available alternatives in the community – this accounted for around 70% of the total delays.

- Two of the Social Care indicators were red, and were related to timeliness of assessment. Generally around 75% of cases were assessed in 28 days. The second red rated target was due to overdue assessments of which there were two when the report was written. These had now both been completed.

- A final red target related to safeguarding and the need to have a formal meeting within 7 days of a referral. Only 38% were held within 7 days however immediate action was taken when a referral was received to investigate and a meeting arranged as quickly as possible. The number of people required to be involved in a meeting was usually the main reason it could not be arranged within the target timescale.

- Councillor Parrott raised the issue of patients choosing Paignton Hospital to provide their end of life care. Mrs Manton said that this was an issue and was putting pressure on the system. This was being addressed through the End of Life Committee.

- Mr Brockwell asked if some 'quick wins' could be identified in the community area and Mrs Manton said she would provide some information. COO/ OLCS

- The Chief Executive added that the Trust now had a 50-50 financial risk share arrangement in respect of Adult Social Care, whereas before the ICO it sat with the Council. She wished the Board to be aware of the corporate nature of this risk.

c) **Finance (Acute)**

- The Trust's Continuity of Service Risk Rating of 2 was in line with the Annual Plan.

- Annual Plan income and expenditure position for the for the year to date had maintained an over-delivered position by £0.02m after providing a £1.4m discount on the National Tariff to Southern Devon and Torbay CCG.

- Within this the Trust had managed the following operational pressures:

  - increased staff costs associated with escalation, discharge lounge and RTT delivery, resulting in Agency spending £1.5m above plan; and

  - slow recurrent CIP delivery, offset by non-recurrent cost reduction/ deferment significantly in excess of plan.

- Capital plan spend was behind annual plan by £2.8m.

d) **Finance (Community)**

- The Finance position was reported as virtually on plan as at Month 5.

- Within this there was pressure in the Adult Social Care budget but the nature of the risk share until the 30th September 2015 was that the Council covered any over spend on social care placements and the CCG covered overspends on health placements.

- The CIP position was behind plan.

- There were income assumptions that required formal agreement and/or clarification for the closure of the accounts if this position was to be maintained.

165/10/15 <u>Report of the Director of Estates and Commercial Development – Emergency Preparedness Response and Resilience Assurance</u>

The Board noted that the assessment covered both the acute trust and community. Of the 55 standards, 46 were green and 9 amber. An action plan was in place and it was anticipated that all standards would be green by the end of the year. One amber rating related to a rota for CBR training, however the approach had been taken to use staff that had chosen to be involved rather than an active rota.

The Director of Estates and Commercial Development advised that the Care Trust's role in an emergency was different to that of the hospital services in that it was a Category 2 responder and had a role in respect of social care and supporting the local authority. Work was taking place to include these roles into the Emergency Plan, but had not yet been finalised.

The Board then formally acknowledged the status of the EPPR performance and preparedness and endorsed the signing of the assurance letter for NHS England.

Assurance

166/10/15 Standing Orders, Standing Financial Instructions and Scheme of Delegation

The Board formally approved the above documents which had been amended to reflect the new organisation.

167/10/15 Public Service Document

The Board was asked to consider the Trust's involvement in a Public Services Trust (PST) as a vehicle for partners within Torbay to develop children's services (SWIFT)

It was intended that the PST would host a number of projects and joint ventures between partners. Each of these would be considered on their individual merits with this Trust and other PST partners being under no obligation, approving and engaging in those projects that it chooses as they developed.

No such projects were yet proposed. At this stage, the Trust was being asked to consider committing to be a partner in the PST as a vehicle only.

Mrs Taylor queried why a charity had not been set up instead as it would a have a wider source of funding available and it was noted that the PST had been driven by Department of Education guidance.

The Board approved the Trust as a partner in the Public Services Trust and the Trust's proposed shareholding.

168/10/15 Banking – Banking Indemnity

It was expected that in the short term the Trust would continue to receive cheques and other forms of payments made payable to "South Devon Healthcare NHS Foundation Trust", and "Torbay and Southern Devon Health and Care Trust".

The banks would not credit these payments to the accounts once the names had been changed unless the Board provides the bank with indemnity to do so.

Therefore, the Board was asked to agree to indemnify the banks against any losses arising from them crediting payments made payable in the previous names of the two Trusts, into the accounts with the new organisation name.

The Board approved the bank indemnity.

169/10/15 **Governors' Question Time**

Mr Allison asked whether the eprescribing system would help improve the poor performance in respect of discharge Care Planning Summaries (CPS). The Medical Director said that it would help in respect of the TTA elements of the CPS, however improving overall CPS performance had proved very difficult and poor performance was a very good indicator of pressures within the hospital. He said that he had been leading a working group to try to identify areas of improvement and they had | MD

admitted that they had run out of new ideas. He said that he would bring this issue back to the Board for further discussion.

Mrs Carpenter asked the following question:

Further to my question at last month's Governors' meeting, I have a constituent waiting for 10 weeks for readmission following a failed operation in June. Different equipment was needed to be borrowed from Plymouth (I think). The surgeon said he (the patient) would be readmitted as an emergency. The delay has caused emergency hospital admission for intravenous antibiotics for an infection, disruption to the family and frustration as no date has been given for the final procedure. The ambulance admission/treatment could have been avoided. I note that in both September Board notes and our Governors meeting, 'equipment' has been cited as the cause of 5 cancelled operations. Is this same 5 piece of equipment?

For the delayed operations, has any contact with the patients taken place?

There is great frustration not having an explanation or dates for treatment.

It was agreed that this would be explored outside the meeting and that Mrs Carpenter would ascertain if the patients involved would be happy to provide their details so that their experiences could be investigated. CC/COO

Mrs French raised the Associate Practitioner Programme and the impact that would have on staffing levels in the future. The Medical Director explained that the Trust had been working with Plymouth University on a post-graduate Associate Physician diploma and they were about to start their second year and would have placements in this organisation. The role would function between a foundation level doctor and junior registrar and work in a range of environments.

The Director of Professional Practice, Nursing and People's Experience said that the Assistant Practitioner role was a nursing career pathway and a programme for this role had been in place for some time.

Mrs French also queried the Studio School and work experience. The Director of Nursing, Professional Practice and People's Experience explained that the Trust would not benefit from those studies for at least a couple of years and the School covered vocational and more academic pathways.

Mrs French wished to convey her congratulations to the Trust in terms of these initiatives.

170/10/15 **Date of Next Meeting**

1.30 pm, Wednesday 4th November 2015.

Exclusion of the Public

It was resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

ACTION SHEET

BOARD OF DIRECTORS

PUBLIC

7TH OCTOBER 2015

No	Issue	Lead	Progress since last meeting	Matter Arising From
1	Results of GMC Survey to be publicised	MD	**Awaiting formal publication of the survey**	2/9/15
2	Report on Trust sickness to be provided	IDHR	**Report should be ready to present to November meeting**	2/9/15
3	Health and Wellbeing Board to be contacted to ascertain if eprescribing presentation could be made to the Board	CE	**H&WB Board have indicated not appropriate to their agenda**	7/10/15
4	'Quick Wins' in the community to be identified	COO/ OLCS	**Presentatin to Trust board November meeting**	7/10/15
5	Issue of Care Planning Summary performance to be brought to Board	MD		7/10/15
6	C Carpenter question in respect of cancelled operations and availability of equipment to be discussed outside of the meeting	CC/ COO	**Complete** **Full review undertaken and report prepared**	7/10/15

Torbay and South Devon NHS
NHS Foundation Trust

REPORT SUMMARY SHEET

Meeting Date:	04 November 2015
Title:	Director of Nursing, Professional Practice and Peoples Experience Portfolio Report: • Monitor Safe Staffing and Agency guidance • Infection Control • CQUINS / Quality Account update • Multi-Agency Safeguarding Hub (MASH) • Safe Staffing – Community Hospitals
Lead Director:	As above
Corporate Objective:	Safest Care / No delays
Purpose:	01 Assurance Monitor Safe Staffing and Agency guidance 02 Assurance Infection Control 03 Information CQUINS / Quality Account 04 Information Multi-Agency Safeguarding Hub (MASH) 05 Information Safe Staffing – Community Hospitals

Summary of Key Issues for Trust Board

Strategic Context:

1 Monitor safe Staffing & Agency Rules. Throughout 2015 The increasing pressure on NHS finances has led to a greater focus on safe staffing with particular regard to the use of agency staff. Monitor and the TDA have completed a national review of agency use and concluded that there is inefficiency and potential for reductions in use.

02 Infection control.

Key Issues/Risks

01 Safe Staffing – the former SDHCT was allocated a cap of 4% with immediate effect moving to 3% in 2016/17 and 3% on-going. The former TSD agency cap is profiled as: 2015/16 - 8%, 2016/17 - 6%, 2017/18 - 4%, 2018/19 - 3%. We await clarity on the ICO profile.

During Q1 37.2% of our agency use was Thornbury to cover ITU, escalation and Registered Mental Health Nurse (RMN) requirements. If Thornbury are not approved on the National Agency Framework, these specialist areas are likely to be affected. We are reviewing existing staff rotas, recruitment and enhancing shift flexibility to mitigate risk.

02 Infection control. Position remains at 19 with 9 lapse in care and 1 lapse directly related to the C-Diff incidence.

Recommendations:

01 Safe Staffing - Implement the agreed actions as set out in the October action plan to deliver safe staffing and a reduction in agency use. Operations and Professional Practice Team to determine the best way to staff escalation.

02 Infection control - complete the action plan outlined in section 3 below.

Summary of ED Challenge/Discussion:

01 An action plan has been developed to deliver:

- Compliance with Monitor Safe Staffing guidance
- Compliance with Monitor agency cap of (3%) and (6%)

Balancing achievement of the above with the need to achieve the ED / RTT performance and other quality and safety standards will be a challenge. Management of daily safe staffing and framework agency use is managed at the Control Room meetings by clinical and operational leads.

02 Infection control – a review of existing estate and options to increase the provision of side rooms in the short-term is underway.

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

N/a

Equality and Diversity Implications:

N/a

PUBLIC

01	Monitor Safe Staffing and Agency guidance
1.1	**Monitor Safe Staffing Guidance**: Safe Staffing has been on the agenda for some time. The publication of the National Quality Board Safe Staffing guidance in November 2013 by the Chief Nursing Officer set out 10 expectations to achieve safe staffing. A Trust response and plan to achieve the 10 standards was presented to the Board in June 2014. This was followed by the publication of the National Institute for Health and Care Excellence (NICE) guidance in July 2014 with a number of recommendations progress against which has been reported in subsequent Board reports. Throughout 2015 The increasing pressure on NHS finances has led to a greater focus on safe staffing with particular regard to the use of agency staff. Monitor and the TDA have completed a national review of agency use and concluded that there is inefficiency and potential for reductions in use. To this end they have published guidance on the use of registered nurse agency setting out their expectations. Monitor confirm that responsibility for safe staffing rests with Boards but requires assurance that the organisation has a clear plan to deliver reduced RN agency spend. Key messages form the Monitor RN safe staffing guidance are: • Providers should be able to demonstrate that they are able to ensure safe, quality care for patients and that they are making the best use of resources. • It is important to look at staffing in a flexible way which is focused on the quality of care, patient safety and efficiency rather than just numbers and ratios of staff. • Monitor stress that a 1:8 ratio is a guide not a requirement • Whilst the CQC assess staffing levels as part of their rating, they use a range of indicators; staffing ratios are never the sole determinant of a rating. Ward staffing is not determined by numbers and rations alone. In 2014 a comprehensive review of ward and community hospital staffing was undertaken using the best methodologies available. This was informed by the Nursing Quality Board recommendations, NICE guidance and best practice from the Shelford Group including use of the Hurst Tool. Earnst Young reviewed the establishment work to date and concluded that it was utilising sound methodology. We have since introduced a monthly dependency audit and undertaken activity follows to ensure registered nurse time is utilised effectively. Areas of inefficiency have been identified including Rostering. A detailed programme of work for 2015/16 was agreed by the October Finance Committee and discussed at Board in October to ensure that safe staffing encompasses the needs of patients, changing service requirement and affordability. The Trust is participating in the next stage of the Carter review. This requires participation in a month long data collection exercise on staffing and bed occupancy. This produces a daily position of nursing hours per patient, per day, per ward / speciality. The data is submitted to the DoH and it will be used to inform development clearer guidelines on safe staffing.
1.2	**Monitor Agency Rules**: In August 2015, Monitor and the NHS Trust Development Authority (TDA) announced the launch of a joint set of rules for nursing agency spend on the 1st September. The new approach to nursing agency spend is part of a national programme of work to assist NHS foundation trusts and NHS trusts to meet the complex workforce challenges facing the sector and to help improve patient safety. They apply to agency spend on registered nursing, midwifery and health visiting staff only and rules on other agency staff will follow shortly. Due to staffing mix, the spend ceiling will not apply to ambulance trusts. However, all other rules will apply to ambulance trusts. The overall aim is to increase trusts' bargaining power when negotiating with agencies and to encourage a move among nurses back to permanent and bank working. In addition, Monitor and the TDA implemented the mandatory use of agencies on approved frameworks only. Framework owners were asked to submit their frameworks for approval by 14 September 2015. The Peninsular Purchasing and Supply Alliance (PPSA) managed agency procurement for 16 organisations

across the Peninsular. On October 9th, Monitor confirmed that the PPSA framework agencies were not approved. As a result, each individual organisation formerly within the PPSA agreement were required to submit an 'application of variance' form to request the continued use of non-framework agencies for specialist areas such as ITU. Monitor granted Trusts who were members of the PPSA an extension until 12th October to complete their applications for variance. From 19 October 2015, all procurement of nursing agency staff must be through approved frameworks (unless otherwise authorised by Monitor and TDA). We await the outcome of this submission.

Monitor have now published a consultation on agency price caps to ensure that agencies are not able to exert a monopoly over NHS organisations.

02 **Infection Control**

2.1 Summary and Action Plan for increased incidence of Clostridium difficile (CDiff) September 2015

Torbay and South Devon NHS Foundation Trust (TSDFT) has experienced an increase in CDT infections specifically in acute bed based settings. April-September 2014/15 - 11 cases
April-September 2015/16 -19 cases

The community hospitals and localities have not experienced a change to the normal profile. There has been an increase in admissions of approximately 10% in both > 75 year old and > 85 year old patients. This correlates with the increase in E.coli bacteraemia which has led to a corresponding increase in broad spectrum antibiotic use (Tazocin).

Public Health England have released data showing an increase in antibiotic use owing to last year's flu vaccines ineffectiveness which has caused a national increase in C diff.

TSDFT had a major outbreak of Norovirus from April - June which is known to be predisposed to an increase in C diff.

Action Plan

2.2

ACTION	BY WHOM	TIME SCALE	UPDATE OF ACTION	BY WHOM	TIMESCALE
Benchmark with colleagues in the South West representing the commissioners regarding the definition for reportable lapses in care	LC	30/09/15	TSDFT continue reporting to PHE total number of lapses in care (as per DH guideline). However the CCG will report to PHE / NHSE whether the lapse contributed to the acquisition or development of CDI.	LK/ LC	Complete
Benchmark against SW Microbiologists for Antimicrobial Guidelines (some have stopped Co-Amoxiclav).	SH	30/11/15	Only 1 Trust has stopped co-Amoxiclav. All but 2 Trusts use Tazocin as empirical treatment for sepsis (5 Trusts). No need to change current antibiotic guidelines from Tazocin for first line sepsis management. Co-amoxiclav use over last 3 years is static.	SH	Complete
Application to SBMT to introduce NICE approved FMT (faecal microbiota transplant) service for	SH	12/10/15	SBMT approved	SH	Complete

recurrent C diff					
Business case submitted for new HPV machines (Deprox) to allow 24 hour cleaning	KR	09/15	One machine purchased awaiting approval for further machine. Rotas are being reviewed to ensure 24 hour experienced cover for HPVs.	KR	
Explore options to allow HPV of side rooms and bays as not achieving in a timely manner owing to bed pressures.	SH/CG	On-going	Take to patient flow board	SH	31/10/15
Check with Colleagues in the South West what cleaning products they are currently using. TSDFT introduced Tristel May 2014.	L.K	02/10/15	Information received and all using sodium hypochlorite for cleaning C diff areas. TSDFT must review which cleaning products will be used.	SH	Complete
RAG rate side rooms on Friday and send to Control for Friday PM and weekend/BHs.	IPCT	30/09/15	Side room data is not updated by wards. Ward clerks on ward do not know how to change. PAS trainers to be contacted.	JF	10/10/15
Check if an increase in stool specimens sent	SH	30/9/15	There was an increase in April/ May but over a longer period of 3 years numbers are static.	SH	Completed
Continue to highlight requirement for Increased numbers of Ainslie ward & Hetherington block side rooms.	LD	On-going	Work underway led by COO & Director EFM to review space utilisation across wards and identify potential for increasing SR.	LDv	Update due November
TSDFT meet with CCG & GP representatives to do a community-wide campaign to reduce C-diff	SH/LC	On-going	Meet quarterly to formulate and review action plans	SH	

03 **CQUINS / Quality Account**

3.1 There are 5 Trust wide quality Improvement priorities. At month 6 the project leads have reported the following :

Patient safety	Transfers of care	Aim: create and test a 'transfer of care bundle' across a number of pathways with direct patient/carer involvement	
Patient experience	Single Point of Contact	Establish a single point of contact for people to access community based health and social care services in Torbay	
Patient experience	Carers	Improve the involvement of carers in the management of medications on admission and at discharge at Torbay Hospital and at our community hospitals	
Clinical effectiveness	LMATs	Develop and extend the multi-disciplinary teams in Torbay and South Devon, through integrated working with clinicians in Torbay Hospital and developing care partnerships with local agencies and voluntary sector.	
Clinical effectiveness	Ambulatory care	Create a reliable and consistent ambulatory emergency care service available 7 days a week for patients coming to Torbay Hospital.	

		Improve community based intermediate care services through developing a standardised crisis assessment process.	

3.2 **Highlights:**

Transfers of care:

- Clinical handover document has been created.
- Document shared with Nerve Centre the new forthcoming clinical handover tool.

Single Point of Contact

- Two interim SPOCs (Paignton & Brixham & Torquay) with on-going tests of change to improve % of calls taken over the phone, current & future workloads of long term team and complex care team
- Planned merger into one SPOC by end of Q4

Carers

- Medication pilot extended to wards at Torbay Hospital to improve potential cohort numbers.
- Medicines Optimisation team have run a session for Young Adult Carers to improve their knowledge and understanding about the medication of the people they care for.

LMATs

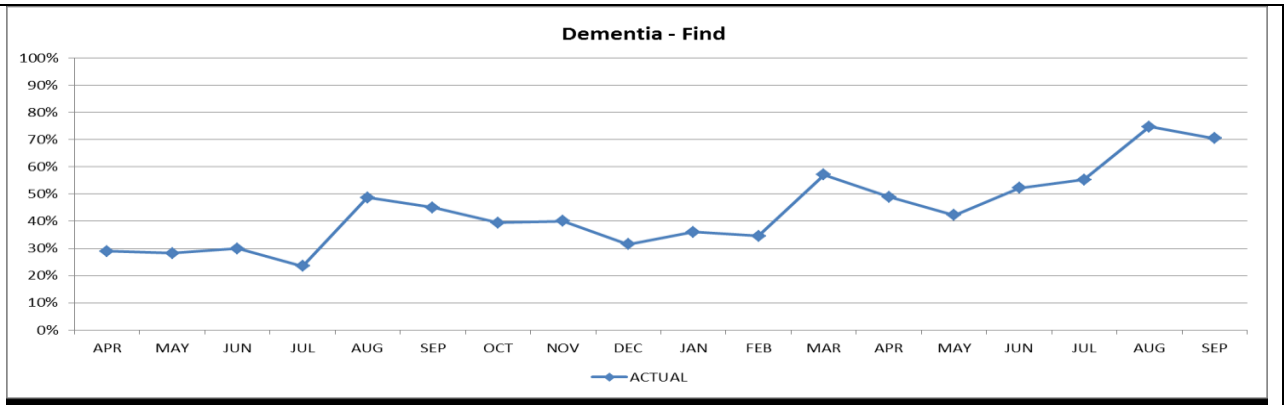
- Scoping work of all five localities nearing completion
- Core functions defined
- Two first phase localities (Paignton & Brixham & Torquay) testing LMAT principles.

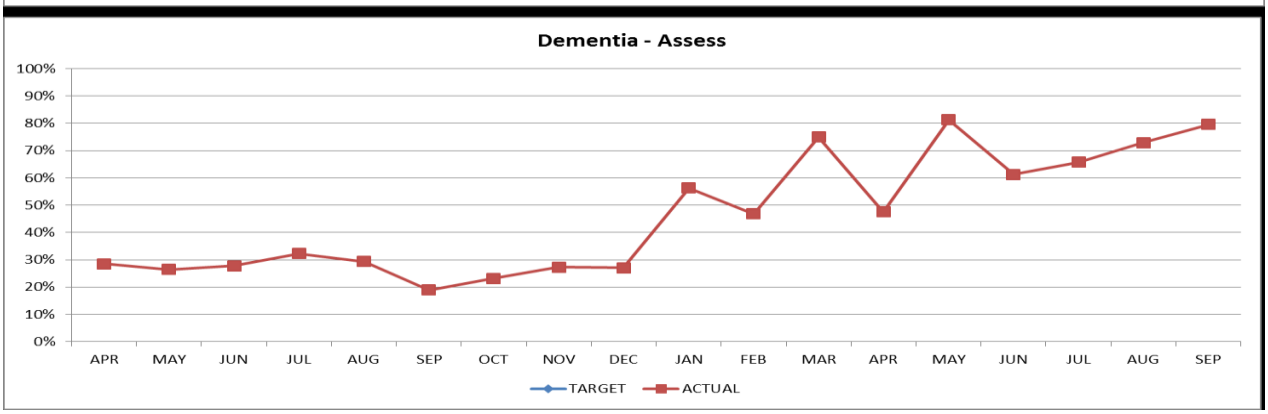
Ambulatory care:

- AMU has now been running for 6 months; the official pilot period is over and a report has been requested for SBMT to inform a final decision on the future of the unit. Data is currently being collated to support this.
- The use of AMU over the weekend continues to be promoted. Patient feedback is very positive.
- Beds in the department during escalation does still impact on the effective running of the Unit.
- Significant work has been done in looking at the shared therapy assessment to support intermediate care.

CQUIN – 6 month update:

The Trust are reporting green to the CCG on all its CQUIN's excepting dementia which is not hitting the 90% target. There have been several tests of change which cumulatively are having a systematic positive impact on performance. Compliance is hindered by underperformance on completion of the Care Plan Summary record. Work to improve compliance is being led by the Medical Director and has been reported to the Board.





Quarter 3 actions include:

- Visible leadership re dementia – via matrons walk around & Executive support via all managers
- Harmonisation of acute and community systems – record information once
- Nerve centre project – mobile solution piloting early Q4.

Recommendations:

Continued updates & actions on LMAT & SPOCs via ICO Executive Steering Group to ensure 'tangible' service changes by end of the financial year.

Continued updates & actions for ambulatory care reported via Patient Flow Board and Dementia via CMG & Junior Doctor Forum.

4.0	**Torbay Multi-Agency Safeguarding Hub (MASH)**
4.1	The overall aim of a Multi-Agency Safeguarding Hub (MASH) is to offer a joined up service tackling child sexual exploitation, domestic violence and safeguarding using a robust and consistent risk assessment across the agencies. Munro's review of Child Protection has recently reported recommendations that systems must be more focused on the needs of individual, using assessment processes that enable professional judgement to be exercised. Domestic Abuse is a constant feature of Child Protection cases and Serious Case Reviews therefore; it continues to be a priority for Torbay Children's services, the Torbay Safeguarding Children's Board and all agencies. The inclusion of adult safeguarding provides additional opportunity for systematic information and intelligence sharing processes and practice responses across adult and children's services. In the long term it is hoped the MASH will also allow for more cost efficient and sustainable services, as well as a proactive message as to how partnership agencies are working together to support people at risk of harm.
4.2	**Information Sharing** The MASH Intelligence process is a multi-disciplinary review of information held by key partners. It is conducted within a fire-walled environment and it delivers an 'Intelligence product' to inform investigative, assessing and intervening services. The purpose is to identify both risk and mitigation within the family and wider network and to enable the partnership to be clear as to which service / team, is best placed to take professional responsibility for addressing the needs of the individual child/ren and their

families including the 'need for protection'

4.3 **Safeguarding Adults**

The Safeguarding Adult Single Point of contact service now sits within the same offices as other MASH colleagues. This in itself will allow for further development of partnership arrangements and quicker relevant information sharing.

4.4 **Governance**

The MASH governance is currently owned by Torbay Council MASH Strategic group. The sub-group will take responsibility to review the current service and make recommendations to both Children's and Adult Boards.

5.0 Safe staffing – Community Hospitals

5.1 Monthly data of staffing levels in our nine Community Hospitals is collated and published on our public website including both registered nurses and skilled not registered staff. On NHS Choices website the number of registered nurses only is published against each Community Hospital. The table below demonstrates where staffing levels are either greater than 120% or less than 80% of planned establishment for registered nurses and the reason.

The organisation requested to temporarily suspend eight inpatient beds within Brixham hospital reducing the inpatient bed number for twenty to twelve in June 2015. This position continues at present due to difficulty in the provision of medical cover.

HOSPITAL	SHIFT	FILL RATE	REASON
Brixham	Late	127%	Staff realignment as beds reduced during June from 20 to 12 due to insufficient medical support availability.
Dawlish	Late	143%	Skill mix alterations to support RN on late shift
Newton Abbot (Templar)	Early	142%	Additional RN on early shift to support patient need.

Appendix 1 provides the board with the complete data set for both registered nurses and skilled non registered staff in community hospital inpatient wards. During September 2015 fill rates have for both registered nurses and skilled not registered staff aligned to the establishment of the hospital wards. A daily escalation report for all hospital wards is completed which reflects the acuity and dependency of patients and facilitates timely adjustments where required. The daily escalation report is also shared across the foot print of the organisation as we work to ensure patient flow across the care pathways.

Our monthly staffing data is complemented with information to the public on the other key parameters than demonstrate our performance. This includes incidents, complaints, compliments, mandatory training compliance and appraisals completed.

5.2 Special Care Baby Unit continues to experience recruitment challenges which reflects the national shortage of this specialist group. The Associate Director for Women's, Childrens and Diagnostics is exploring the Assistant Practitioner role and enhancing shift flexibility. Ella Rowcroft includes the high care area which as a pilot has not been included as part of the establishment and reports as a variance.

Torbay and South Devon NHS
NHS Foundation Trust

REPORT SUMMARY SHEET

Meeting Date:	4th November 2015
Title:	Medical Director's Report
Lead Director:	Dr John Lowes, Medical Director
Corporate Objective:	To update the Board on developments that is within the responsibility of the Medical Director.
Purpose:	Information

Summary of Key Issues for Trust Board

Strategic Context:

1. Informing Board of Significant Events

Key Issues/Risks and Recommendations:

To provide assurance to the Foundation Trust Board with links to corporate objectives.

Summary of ED Challenge/Discussion:

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

Governor and patient attendance at Work Stream 1 meeting.

Equality and Diversity Implications:

Many of the issues raised will include or provide assurance about our equality and diversity work and our involvement work.

PUBLIC

Medical Director's Report

1. Medical Equipment

Until 2 years ago the trust had in place a rolling replacement programme for core elements of medical equipment. Financial constraints in the last 2 years have meant that this has had to be curtailed and "in year" failures met from a contingency fund. There has been no routine replacement of equipment in this time frame. Small items of equipment that are commonly used in many areas of the hospital are difficult to risk score, individually they are of low value, and single item failure is of low consequence. This approach has led to a growing problem of a body of ageing equipment at increasing risk of failure. The estimated backlog costs are of the order of £12-15m. A number of different risk scoring mechanisms have been reviewed by the medical electronics team, but the preferred method of risk assessment that is preferred by the team has been a measure of actual age-predicted life expectancy. As this method is out with the risk scoring matrix for other capital expenditure, it is proposed to review the rolling replacement programme, and consider using this modified risk assessment process. This proposal will be taken forward through the Business Planning Round.

2. Physician Associates

Introductory meeting held with PUPSMD and trainee PAs on 21/10/2015.
Strong vanguard group of trainees, robust debate with some trainee doctors in the audience, as well as community nursing professionals around relative roles and responsibilities.
Next cohort currently under recruitment- unto 10 sponsored candidates.

3. Health Education South West

2015 GMC National Training Survey Executive Summary – Appendix 1

Health Education South West

Health Education South West 2015 GMC National Training Survey Executive Summary

June 2015

We are the Local Education and Training Board for the South West

1. PURPOSE:

This report provides an overview of the 2015 GMC National Training Survey (NTS) outcomes for Health Education South West (HESW) which includes Peninsula Postgraduate Medical Education (PPME – formerly Peninsula Deanery) and Severn Postgraduate Medical Education (SPME – formerly Severn Deanery).

2. BACKGROUND:

Conducted annually, the GMC NTS gathers feedback from doctors undertaking postgraduate medical training, in order to monitor the quality of medical education and training in the UK.

The NTS comprises of a core set of approximately 85 questions, with additional questions being included from relevant educational bodies for specific programmes.

Questions within the NTS are linked to the indicators of:

1. Overall Satisfaction
2. Clinical Supervision
3. Clinical Supervision Out of Hours
4. Handover
5. Induction
6. Adequate Experience
7. Supportive Environment
8. Work Load
9. Educational Supervision
10. Access to Educational Resources
11. Feedback
12. Local Teaching
13. Regional Teaching
14. Study Leave

In 2015 there are two new indictors, Clinical Supervision out of hours and Supportive Environment.

Since 1st April 2013 LETBs have replaced Deaneries in England, however to provide comparative results over time reporting structures prior to April 2013 are still used for the GMC NTS.

3. RESPONSE RATES:

A total of 53,138 / 53,874 trainees in the UK completed the NTS giving a national response rate of 98.6%. With 1457 /1489 trainees completing the survey in PPME, and 2021/2026 in SPME, the response rates were 97.9% and 99.8%, respectively.

4. INDICATOR SUMMARY:

This section provides a brief summary of each indicator for both SPME and PPME.

SPME and PPME achieved means above the national UK average on 6 of the fourteen indicators.

Both SPME and PPME ranked within the top 5 in the UK for: Access to Educational Resources, Adequate Experience, Overall Satisfaction and Supportive Environment. In addition, PPME ranked favourably for Clinical Supervision (2nd), Feedback (3rd) and Induction (2nd).

Indicator	Region	2015	National UK mean	HEE Ranking
Access to Educational Resources	PPME	71.48	69.24	1
	SPME	70.19		4
Adequate Experience	PPME	83.70	82.14	2
	SPME	82.63		4
Clinical Supervision	PPME	90.55	89.19	2
	SPME	89.07		6
Clinical Supervision Out of Hours	PPME	89.66	88.44	2
	SPME	88.69		6
Educational Supervision	PPME	89.95	89.82	7
	SPME	89.15		10
Feedback	PPME	78.52	77.01	3
	SPME	74.90		12
Handover	PPME	67.98	69.67	9
	SPME	68.99		12
Induction	PPME	87.07	85.33	2
	SPME	85.28		6
Local Teaching	PPME	63.16	63.90	11
	SPME	62.92		13
Overall Satisfaction	PPME	83.03	81.74	2
	SPME	82.07		4
Regional Teaching	PPME	69.09	70.98	11
	SPME	69.89		9
Study Leave	PPME	65.56	70.17	11
	SPME	64.34		12
Supportive Environment	PPME	78.00	76.14	3
	SPME	77.15		4
Work Load	PPME	47.51	47.25	6
	SPME	47.41		8

5. OVERALL SATISFACTION:

This section of the report will focus on the Overall Satisfaction indicator which combines general questions about the quality and usefulness of the training post, to provide a global satisfaction score.

The questions which form the Overall Satisfaction indicator are:

- How would you rate the quality of teaching (informal and bedside teaching as well as formal and organised sessions) in this post?
- How would you rate the quality of clinical supervision in this post?
- How would you rate the quality of experience in this post?
- How would you describe this post to a friend who was thinking of applying for it?
- How useful do you feel this post will be for your future career?

5.1. OVERALL SATISFACTION BY DEANERY:

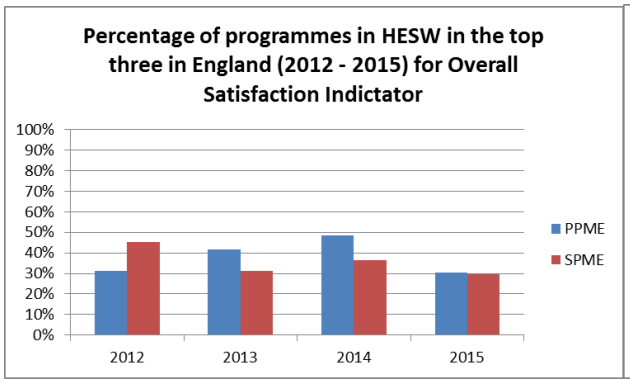
PPME (2nd) and SPME (4th) were ranked within the top four in England for Overall Satisfaction by Deanery (out of 13). Over the last four years PPME and SPME have both ranked within the top four Deaneries in England, demonstrating a consistently high level of performance.

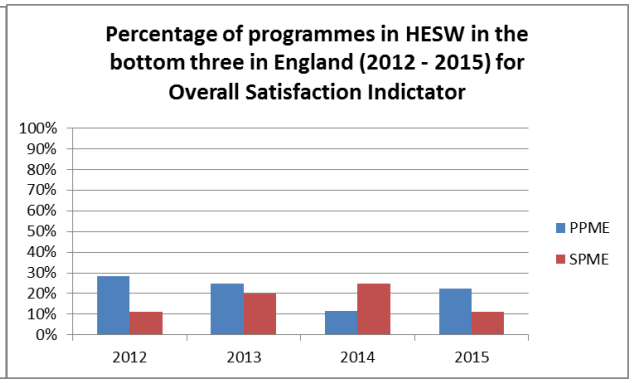
Postgraduate Medical Education Departments/Deanery	2012		2013		2014		2015	
	Mean	HEE Rank	Mean	HEE Rank	Mean	HEE Rank	Mean	HEE Rank
Northern Deanery	81.8	1	82.4	1	82.9	1	83.5	1
PPME	81.2	4	82.2	2	82.6	2	83	2
Wessex Deanery	81.3	3	80.7	7	81.9	3	82.8	3
SPME	81.4	2	81	3	81.6	4	82.1	4
Mersey Deanery	80.9	5	81	4	81.4	6	82	5
Oxford Deanery	80.7	6	80.1	10	80.6	10	81.8	6
London Deanery	80.1	8	80.8	6	81.3	8	81.8	7
North Western Deanery	80	9	80.9	5	81.5	5	81.7	8
NHS West Midlands Workforce Deanery	80.4	7	80.7	8	81.3	7	81.4	9
Yorkshire and the Humber Postgraduate Deanery	79.8	10	80.5	9	80.8	9	81.4	10
East of England Multi-Professional Deanery	79.7	11	79.9	11	80.6	11	81.2	11
East Midlands Healthcare Workforce Deanery	79.1	12	79.6	12	79.9	12	80.4	12
Kent, Surrey and Sussex Deanery	78.9	13	79.5	13	79.3	13	80.3	13

National Mean	80.4	2012
	80.8	2013
	81.2	2014
	81.7	2015

5.2. OVERALL SATISFACTION BY PROGRAMME:

The proportion of programmes ranked within the top three in England in 2015 is substantially higher than the proportion of programmes falling within the bottom three for both PPME and SPME. This trend has been consistently observed since 2012.





In 2015 thirteen programmes in HESW are ranked 1st in England for Overall Satisfaction and 28% (24 of 85) are ranked in the top three.

Region	Programme	Overall Satisfaction Mean Score (%)	England rank	Rank Denominator
PPME	Acute Care Common Stem	86	1	13
SPME	Broad Based Training	88	1	7
SPME	Child and Adolescent Psychiatry	95	1	12
PPME	Clinical Oncology	93	1	12
SPME	Core Psychiatry Training	88	1	13
PPME	Endocrinology and Diabetes Mellitus	91	1	13
PPME	General Practice (Acute care setting)	81	1	13
PPME	General Practice (Primary care setting)	94	1	13
SPME	General Psychiatry	90	1	13
PPME	Obstetrics and Gynaecology	84	1	13
SPME	Ophthalmology	90	1	13
PPME	Rheumatology	91	1	13
SPME	Trauma and Orthopaedic Surgery	92	1	13
SPME	Clinical Genetics	87	2	6
SPME	Clinical Oncology	89	2	12
PPME	Core Psychiatry Training	86	2	13
SPME	Core Surgical Training	81	2	13
SPME	General Practice (Acute setting)	80	2	13
SPME	Histopathology	90	2	12
SPME	Medical Microbiology and Virology	90	2	9
SPME	Oral and maxillo-facial surgery (Over-arching programme)	90	2	12
PPME	Otolaryngology	95	2	13
PPME	Clinical Radiology	88	3	13
PPME	Foundation	80	3	13

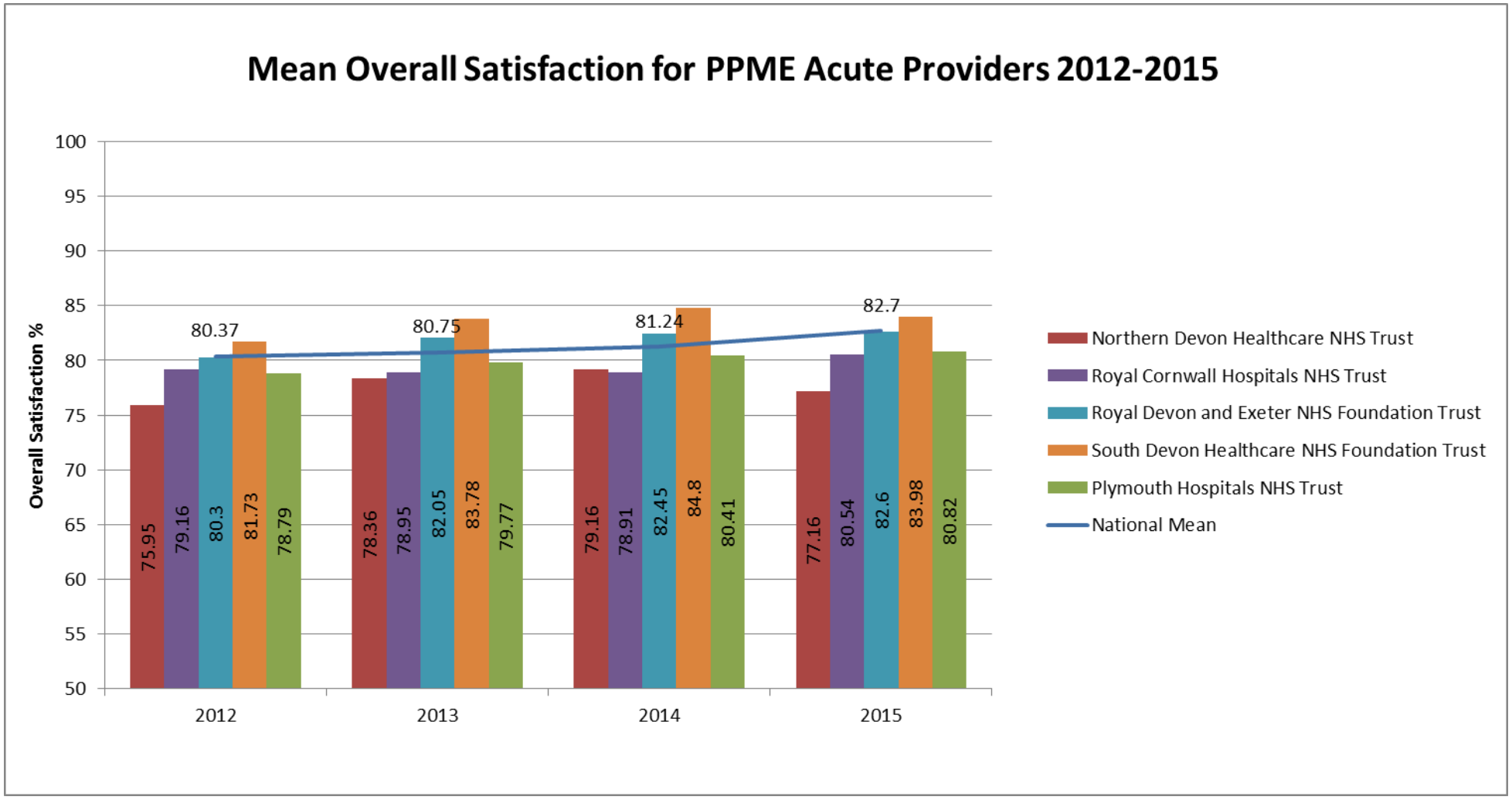
In contrast 15% (13 out of 85) of programmes across HESW are ranked within the bottom three in England for Overall Satisfaction.

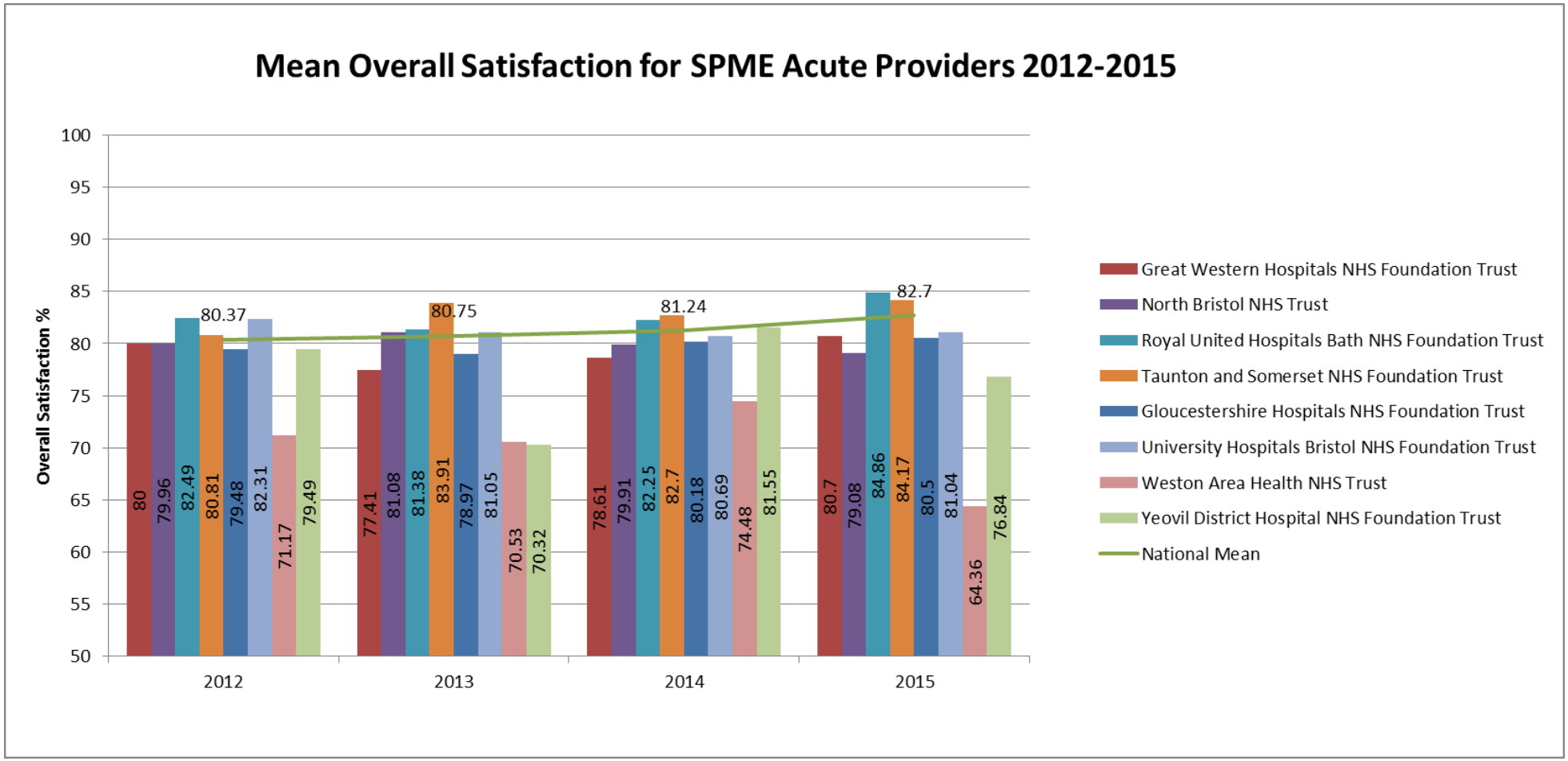
Region	Programme	Overall Satisfaction Mean Score (%)	England Rank	Rank Denominator
SPME	Paediatric Cardiology	75	4	4
PPME	Child and Adolescent Psychiatry	84	10	12
SPME	Haematology	81	10	12
SPME	Acute Care Common Stem	79	11	13
PPME	Emergency Medicine	78	11	13
SPME	Foundation	78	11	13
PPME	Histopathology	79	12	12
PPME	Urology (over-arching programme)	80	12	12
PPME	Paediatrics	80	12	13
PPME	Acute Internal Medicine	68	13	13
SPME	Clinical Radiology	76	13	13
PPME	Core Surgical Training	74	13	13
PPME	Ophthalmology	81	13	13

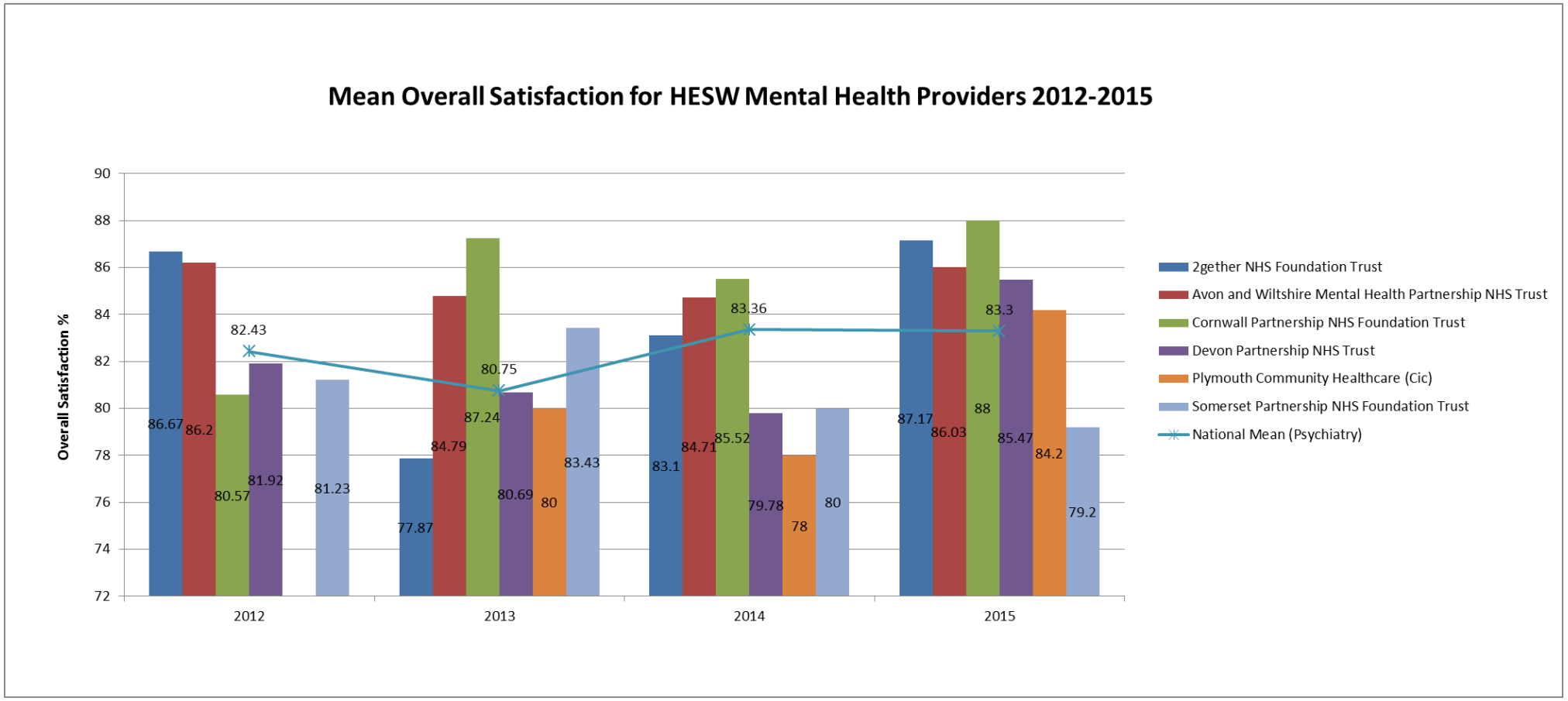
NB. In this table, the ranking denominator is the number of Deaneries. The ranking of programmes may change in individual School reports when the ranking denominator is the number of Schools.

5.3. OVERALL SATISFACTION BY PROVIDER:

The chart on the next page depicts Overall Satisfaction for Local Educational Providers (LEP) split by Acute Providers in PPME and SPME and Mental Health Providers across HESW compared to the National UK average.


Mean Overall Satisfaction for PPME Acute Providers 2012-2015
Overall Satisfaction %
100
95
90
85
80
75
70
65
60
55
50
2012
2013
2014
2015
80.37
80.75
81.24
82.7
75.95
79.16
80.3
81.73
78.79
78.36
78.95
82.05
83.78
79.77
79.16
78.91
82.45
84.8
80.41
77.16
80.54
82.6
83.98
80.82
Northern Devon Healthcare NHS Trust
Royal Cornwall Hospitals NHS Trust
Royal Devon and Exeter NHS Foundation Trust
South Devon Healthcare NHS Foundation Trust
Plymouth Hospitals NHS Trust
National Mean


Mean Overall Satisfaction for SPME Acute Providers 2012-2015
Overall Satisfaction %
100
95
90
85
80
75
70
65
60
55
50
2012
2013
2014
2015
80
79.96
82.49
80.81
79.48
82.31
71.17
79.49
77.41
81.08
81.38
83.91
78.97
81.05
70.53
70.32
78.61
79.91
82.25
82.7
80.18
80.69
74.48
81.55
80.7
79.08
84.86
84.17
80.5
81.04
64.36
76.84
80.37
80.75
81.24
82.7
Great Western Hospitals NHS Foundation Trust
North Bristol NHS Trust
Royal United Hospitals Bath NHS Foundation Trust
Taunton and Somerset NHS Foundation Trust
Gloucestershire Hospitals NHS Foundation Trust
University Hospitals Bristol NHS Foundation Trust
Weston Area Health NHS Trust
Yeovil District Hospital NHS Foundation Trust
National Mean


Mean Overall Satisfaction for HESW Mental Health Providers 2012-2015
Overall Satisfaction %
90
88
86
84
82
80
78
76
74
72
2012
2013
2014
2015
86.67
86.2
80.57
81.92
81.23
77.87
84.79
87.24
80.69
80
83.43
83.1
84.71
85.52
79.78
78
80
87.17
86.03
88
85.47
84.2
79.2
82.43
80.75
83.36
83.3
2gether NHS Foundation Trust
Avon and Wiltshire Mental Health Partnership NHS Trust
Cornwall Partnership NHS Foundation Trust
Devon Partnership NHS Trust
Plymouth Community Healthcare (Cic)
Somerset Partnership NHS Foundation Trust
National Mean (Psychiatry)

6. OUTLIERS BY PROVIDER:

Local Education Providers	Trend of Positive Outliers	Number of Positive Outliers				Ratio of Positive outliers to number of trainees in 2015	Trend of Negative Outliers	Number of Negative Outliers				Ratio of Negative outliers to number of trainees in 2015
		2012	2013	2014	2015			2012	2013	2014	2015	
2gether NHS Foundation Trust		1	0	0	5	1:5		1	0	0	0	0
Avon and Wiltshire Mental Health Partnership NHS Trust		4	7	2	6	1:13		1	1	1	1	1:75
Cornwall Partnership NHS Foundation Trust		0	2	1	0	0		0	1	1	1	1:20
Devon Partnership NHS Trust		22	2	0	3	1:13		1	1	3	0	0
Gloucestershire Hospitals NHS Foundation Trust		15	8	12	4	1:74		13	25	7	20	1:15
Great Western Hospitals NHS Foundation Trust		7	10	5	8	1:19		7	14	16	13	1:12
North Bristol NHS Trust		21	27	23	14	1:24		16	12	24	32	1:11
Northern Devon Healthcare NHS Trust		6	3	11	7	1:12		5	5	4	10	1:8
Plymouth Community Healthcare (Cic)		0	1	0	3	1:7		0	3	3	3	1:7
Plymouth Hospitals NHS Trust		0	17	13	18	1:20		6	29	29	35	1:10
Royal Cornwall Hospitals NHS Trust		11	11	6	11	1:21		14	15	19	29	1:8
Royal Devon and Exeter NHS Foundation Trust		13	12	17	17	1:15		15	18	9	11	1:23
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust		2	3	2	1	1:4		0	1	0	1	1:4
Royal United Hospital Bath NHS Trust		13	20	9	15	1:14		7	15	13	16	1:13
Somerset Partnership NHS Foundation Trust		0	2	0	1	1:15		1	1	2	0	0
South Devon Healthcare NHS Foundation Trust		28	17	31	24	1:7		7	5	4	10	1:18
Taunton and Somerset NHS Foundation Trust		4	15	14	22	1:8		7	7	2	3	1:56
University Hospitals Bristol NHS Foundation Trust		24	28	23	35	1:11		22	33	23	35	1:11
Weston Area Health NHS Trust		2	0	3	0	0		18	20	7	46	1:1
Yeovil District Hospital NHS Foundation Trust		7	1	6	6	1:11		7	17	13	9	1:7
Grand Total		**180**	**186**	**178**	**200**			**148**	**223**	**180**	**275**	

N.B Benchmark group = post specialty groups

An Outlier is where the survey score falls into the bottom or top quartile and with a mean outside the 95% confidence intervals of the national mean.

7. FURTHER INFORMATION:

The data contained within this report will be triangulated with other information, to enable the quality management of the training programmes across HESW, by identifying potential areas of good practice and development.

More detailed analysis of the 2015 NTS data is contained within the supplementary Trust/Programme Reports which will be sent out by July 2015. Should you require any further information on the contents of this report please approach your local Quality Team contact.

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Prepared by:
Andy Gadsby, Quality Data Specialist
June 2015

Chief Executive's Business Report
27 October 2015

Internal

Performance Risks - Emergency Department (ED) 4 hour target
There continues to be a high degree of focus on delivery of improved performance against this target. The Trust has engaged ALAMAC, who have a proven track record in supporting organisations to better understand performance variance and to deliver sustainable improvement. In the first two weeks in October there was improvement in performance against target. However, over the past two weeks, significant pressures have been experienced which have negatively affected patient waiting times.

In response to this on-going underperformance, South Devon and Torbay CCG has issued a contract performance management notice requiring an updated action plan for improvement. This letter and the Action Plan are included in the Performance Report for Board consideration, and the factors which are impacting on performance will be detailed by the Chief Operating Officer under this item. From 1 October, as an integrated care organisation, performance reporting against this target will include Minor Injury Units which consistently perform at 100 per cent.

ED performance remains a significant corporate risk with a high degree of Executive action and oversight. Our staff across our hospitals and community continue to work extremely hard to achieve improvement, and I wish to recognise and show appreciation of their efforts.

Vision and Purpose
At the October Board meeting the organisational purpose for the ICO was agreed. Building on this we have been working with staff, and in particular the ICO Champions, to produce a vision and strapline that captures our aspirations. These are included in the Director of Organisational Development and Human Resources Report for approval at this meeting.

Executive Team Portfolio
The outcome of the review of individual Director portfolios and some revisions to titles are set out in Appendix 1 of this report for noting by the Board. The interviews to appoint to the vacant Director of Strategy and Improvement took place on 28 October.

OFSTED Inspection – Safeguarding
Torbay Council are currently having planned visit from OFSTED as part of their inspection of service for children in need of help and protection, children looked after and care leavers, which includes services provided by the Trust. The inspection has not yet concluded and the outcomes will be reported to the Board by the lead Director for Safeguarding, Jane Viner.

Letter from Monitor - Safe staffing and efficiency
Monitor has written to Trusts to provide clarity on what is meant by safer staffing. The letter states that current safe staffing guidance has been designed to support decision makers at the ward/service level and at the Board to get the best possible outcomes for patients within available resources. The guidance supports - but does not replace - the judgements made by experienced professionals at the front line. The responsibility for both safe staffing and

efficiency rests, as it has always done, with provider Boards. The letter makes it clear that providers should be able to demonstrate that they are able to ensure safe, quality care for patients and that they are making the best use of resources, looking at staffing levels in a flexible way which is focused on the quality of care, patient safety and efficiency rather than just numbers and ratios of staff, specifically stating that the 1:8 ratio of nurses to patients is a guide. The Director of Nursing Report to today's Board meeting provides information to the Board in relation to this issue.

Rheumatology Best Practice Awards 2015/16

Our Rheumatology Department has been shortlisted for a British Society for Rheumatology best practice award. They were shortlisted for their work on a project known as HOVER, which stands for a Holistic OVERview of the services using to improve the following key components aimed at improving the service our patients receive:

1. patient outcomes
2. processes
3. cost
4. capacity (both of staff and facilities e.g. clinic space, medications etc.)

Our sincere congratulations to the staff involved for this prestigious recognition of their improvement work.

Apprenticeship Awards

Apprentices at the Trust were well represented at the South Devon College annual apprenticeship award ceremony on 10 September 2015. Congratulations to Chris Winnington-Ingram, nominated for Best Electrical Installation Engineer. Special congratulations go to Kayleigh Prattle, winner of the Marketing Apprentice category; Louise Freeman winner of the Health and Social Care category and to Suzie Hubbard who won the award for Best Apprentice Ambassador. The Trust employs 190 apprentices as an apprenticeship delivery partner with South Devon College and was pleased to also be the event partner of this year's ceremony.

Patient Leadership Network

The local health community across Torbay and south Devon is working with the NHS South West Leadership Academy and the Centre for Patient Leadership to take part in a pioneering programme training 'patient leaders'. This is not traditional patient involvement. The programme offers specific training to the participants to enable them to take part in strategic conversations about service redesign working in collaboration with clinicians and managers. Seven patient leaders have been recruited and trained and will be involved in projects which go across all sectors of healthcare, enabling service users to be meaningfully involved in health and social care decision making, creating the opportunity for a different relationship with patients to help design or input into projects across the Trust.

Media

The Communications Team is in regular contact with local media to ensure a positive relationship is maintained. A six week campaign has been agreed with the Herald Express which will include supplements and double page spreads to positively communicate the story of integration and what it will mean for local people. The campaign will include interviews

with staff and patient stories to demonstrate how integration is already improving the care and lives of local people. The Editor of the Herald Express met with Executive Directors on 20 October to talk about the type of positive stories his readers would be interested in. TV, radio and print media coverage of Trust over the past month includes:

- ICO launch
- Trauma triage clinic launch
- Research praise for rheumatology
- Mouth cancer awareness
- Queens Nurse Award for Claire Hellier
- Dawlish WI thoughtful donation of cushions
- Blue Shield aware nominations now open
- Living with cancer and beyond
- Medical director appointment
- LivingWell@Home finalist, forthcoming national LaingBuisson Awards
- Supporting Flu and Stay Well campaign
- Devon Life interview for Jan edition – Day in the Life of an ED Consultant
- BBC Inside Out filming TB in lab

Chief Executive Leadership Visibility

Internal	External
Critical Care Unit Medical Staff Committee AGM Volunteering in Health, Teignmouth Deep Cleaning Team Welcome to Medical Students Bovey Tracey Hospital Ashburton Hospital Ainslie Ward Horizon Institute Team ICO Project Team Cancer Services H&WB Event Clinical Directors All Managers Meeting ICO Champions meeting	Ageing Well Programme Board CCG Chief Officer/Chair meeting Red Cross Healthwatch Devon Dean, Plymouth School Medicine and Dentistry GM, Mount Stuart Hospital Torbay Council Health and Wellbeing Board Kevin Foster, MP Joy Youart, CEO, Kernow CCG League of Friends Trafalgar Ball Chairman of Torbay Council Civic Church Service

External

Junior doctors to vote on strike action

The BMA has announced that a strike ballot of junior doctors over a contract dispute will start on 5 November and last for two weeks. Health Secretary Jeremy Hunt and the BMA leadership have since met in an attempt to resolve the dispute but it now appears more than 50,000 medics will get the chance to vote on taking action. Depending on the result and the impact locally we will ensure full plans are in place to ensure we are able to continue to provide our services.

Stephen Dorrell - Chair of the NHS Confederation

Former Secretary of State for Health and the first elected chair of the Health Select Committee, Stephen Dorrell, has been appointed as Chair of the NHS Confederation He takes over from Michael O'Higgins at the end of his three year tenure. Mr Dorrell is keen to meet with members directly, particularly with Chairs and non-executive directors in the NHS and will be seeking support and input from non-executive director colleagues in his new role.

Party Conference Round Up

Appendix 2 is a summary, provided by NHS Providers, of the key health speeches and announcements at recent Party Conferences. The Conservative Party Conference covered issues such as an aspiration that seven day working is nation-wide by 2020, equal access to excellent care, as well as achievements such as a million more operations every year, maximum waiting times for mental health services and increased cancer survival rates. Opposition parties' commitments and pledges such as increased spending on mental health services and the promotion of integrated care organisations are also detailed.

Plymouth University - Vice-Chancellor

The University has announced the appointment of its next Vice-Chancellor, Professor Judith Petts, CBE, who will succeed Professor David Coslett when she takes up the role in February 2016. Professor Petts is currently Vice-Chancellor Research and Enterprise at the University of Southampton.

GP support for fully salaried service

An article in Pulse magazine states that in a recent survey the number of GPs supporting the idea of a fully salaried service has almost doubled in two years, while half of GPs believe partnerships won't exist in ten years' time. The survey of 633 GPs found that 26 per cent are in favour of a fully salaried service – compared with 14 per cent two years ago. Just over half – 54 per cent - said they were against a fully salaried service, but this represents a significant decrease from the level of 76 per cent against in the 2013 Survey.

Cancer diagnoses varies across the country

Cancer Research UK has said that a study shows cancer sufferers living in the South West have the best chance of an early diagnosis. Cancer Research believes ending what they describe as the unacceptable postcode lottery in cancer diagnosis could save the lives of up to 10,000 sufferers a year. The study shows that patients in some parts of the country are 20 per cent more likely to have cancer detected early. Researchers found starker variations when they compared different cancers; for example, women with breast cancer were twice as likely to be diagnosed late in London compared to Leicestershire and Lincolnshire. They said that too often, GPs were failing to refer patients for tests when symptoms may indicate cancer, while in other cases, people were slow to visit their doctor.

Monitor taking action over finances at Taunton NHS Foundation Trust

Monitor has announced action against Musgrove Park Hospital in Taunton due to their predicted deficit of £8.3m this year. Monitor has stated that, following its investigation into the Trust's finances, it has reasonable grounds for concern that the Trust may be in breach of its licence. Monitor said the problems are fairly recent and the Trust has not developed the right plans to tackle its financial problems so they are stepping in early to ensure that the Trust can quickly get its finances back on track.

2015 PARTY CONFERENCE ROUND UP

NHS Providers attended the Liberal Democrat, Labour and Conservative 2015 party conferences, the first since the May general election and since Tim Farron and Jeremy Corbyn were elected as party leaders. We held a series of fringe events, roundtables and meetings to represent members' priorities, maintain a productive dialogue with each party and to discuss how the NHS can respond to challenges facing the system.

This briefing provides an overview of the key health announcements made at each conference, along with summaries of our events.

CONSERVATIVE PARTY CONFERENCE

Key speeches and announcements

On the first day of the Conservative conference, prime minister David Cameron made announcements on seven day access to GPs and secondary care, stating that improving access to primary care would relieve pressure on A&E and other emergency services within the NHS:

- A new voluntary GP contract, for federations or practices covering over 30,000 patients, offered on a phased bases to support doctors to deliver seven day services and integrated care, to be funded from within the £10bn of additional NHS investment, based on the principles of:
  - More money for primary care
  - More control for GPs over the way they work
  - More time to care for patients and provide services seven days a week
  - Reducing the "bureaucratic box ticking of the 2004 contract", highlighting proposals within an NHS Alliance and Primary Care Foundation report on reducing bureaucracy, such as better use of technology and wider use of other primary care staff.
- All patients to have access to seven day GP care by 2020, to be guaranteed by NHS England and CCGs. Delivery milestones are to be set out in the coming months.
- Seven day hospital services rolled out to half the country by 2018, with:
  - a quarter of the population able to access the same level of consultant assessment and review, diagnostic tests and consultant-led interventions seven days a week by 2017, including those living in Northumberland and the north east, Greater Manchester, Leicester, Leicestershire and Rutland, Southampton and north-west London.
  - complete coverage to be achieved by 2020.
- A £750m primary care investment fund over the next three years to fund improvements in premises, technology and modern ways of working, including support for federations and larger practices in providing seven day services. The fund will be subject to a bidding process with the first schemes approved in 2016.

Further details: Prime inister pledges to deliver 7-day GP services by 2020

The **prime minister's speech** to conference focused around national security, migration, Europe, economic security and home ownership, but referenced healthcare: "If you want an NHS that's there for everybody…the party you need is the party right here".

The **chancellor George Osborne**, reiterated the Conservative's pre-election position: "You cannot have a properly funded National Health Service unless you have a properly run economy. Put another way: it's only because we were willing to take difficult decisions on spending in other departments that we are able to increase the NHS budget every year of this Parliament."

Secretary of state for health, Rt Hon Jeremy Hunt MP, quoted Nye Bevan's ambition to "universalise the best" in his speech, and outlined his vision for the service as follows:

- Variation in care: "if the NHS is about equity, it has to be about excellence", identifying the variation in care between "richer and poorer areas", and pledging that Conservative governments and councils "will never allow young people to have their future taken away by accidents of birth, or debt, or dependency, or addictions".
- NHS achievements: Highlighting improvements in recent years, the health secretary cited cancer survival rates at record high, maximum waiting times introduced for mental health, a million more operations every year, public satisfaction at near record levels and last year's independent Commonwealth Fund report.
- Social care: Recognised the work of local government and social care, stating "let's recognise those working for local authorities to support our vital social care sector and public health programmes. As you struggle with the pressures of a rapidly ageing population, you too have had many successes".
- Seven day services: Reiterated the Government's commitment to seven day services, and that it was not just about the "convenience of evening and weekend GP appointments" but about tackling "the weekend effect", which he said causes "11,000 excess deaths each year".
- Doctors' contracts: On junior doctors' pay, Hunt stressed the Government is "not asking [junior doctors] to work longer hours and that it was not their intention to cut pay. Rather, the Government sought to support those doctors who do work weekends "with properly staffed shifts, safe working hours and seven day diagnostic services so that patients are not put at risk.
- Targets: Emphasised that he would not scrap targets outright, but did "believe peer-review, transparency and openness about performance is a better way to drive up standards than endless new targets".
- Transparency: From next May, the Government plans to "go further with assessments on MyNHS about the overall quality of mental health and cancer care, area by area, and because we still have too many avoidable deaths we'll also publish avoidable death rates hospital by hospital".

See the full speeches:

- The secretary of state for health, Rt Hon Jeremy Hunt MP: http://bit.ly/1Na7hoM
- The prime minister, Rt Hon David Cameron MP: http://ind.pn/1Q7pNi8
- The chancellor, Rt Hon George Osborne MP: http://bit.ly/1R8NaYS

NHS Providers' presence at the Conservative conference

1) Fringe event, in partnership with the Health Foundation and the Royal College of Physicians

Straw, sticks or bricks: building an NHS to last: *The event brought together the key parliamentarians, NHS stakeholders and party members to focus on how local and national bodies can work together to deliver the transformative change that is needed, while increasing efficiency and maintaining safe, high-quality care for patients and their families.*

Chairing the event was Elisabeth Davies, chair of Patient and Carer Network, Royal College of Physicians. Speakers are outlined below, with a summary of their key points:

Rt Hon Jeremy Hunt MP, secretary of state for health:

- The health secretary acknowledged the current challenging circumstances, and believes that dealing with them requires an understanding of the long-term direction of travel
- Hunt acknowledged that finances were the biggest challenge facing the NHS, followed by bringing the workforce with us and managing patient expectations. He described his priorities as:
  - Excellence – access to healthcare, and raising standards to the level of the best
  - Efficiency – increasing efficiency while improving quality across health and social care

- e-Health –improved use of technology to increase efficiency and quality

- He would like to see a move to a three to four year tariff to help long term planning in the NHS by stabilising income, and separately, he sought opinions on further transparency that would help to raise quality
- On the purchaser provider split, Hunt was not wedded to the policy as long as national standards were adhered to. He saw a blurring of the split to be likely as budgets were devolved, yet he would want the government to retain the right to intervene
- He acknowledged that staff work long hours and that better support was needed and, specifically, on junior contracts, to have further discussion
- On new care models, he argued that the pace of change in the NHS needs to be fast, while recognising that this will be an unprecedented feat. There is energy, excitement, enterprise and buzz around NHS vanguards and other pioneering work in the NHS.

Chris Hopson, chief executive, NHS Providers:

- Highlighted the need for an honest and realistic spending review that sets out a framework for the NHS for the coming years
- He underlined that appropriate support and investment would be necessary to ensure the necessary transformation.

Professor Jane Dacre, president, Royal College of Physicians:

- Stated that joined up care is crucial, but to achieve this, structural barriers need to be removed
- Outlined some of the issues affecting seven day service provision, including the costs of locum doctors
- Sees public health as an essential component to the health and care system, and asks the Government to promote its role
- In response to Jeremy Hunt's three priorities, Dacre stated that e-health may be important, but the focus should be on the patient, and technologies which most help patients may be simple.

Dr Jennifer Dixon, chief executive, Health Foundation:

- Stated that we spend less on healthcare as a percentage of our GDP, at 8.7%, than other comparable countries. Decreasing spending further, while making efficiencies is the key task at hand
- Argued that we have a number of assets and leavers to make use of, including an intrinsically motivated workforce, but we must give health professionals appropriate support and tools to do the job
- On transformation, Dixon felt that professionals have in the past wanted to change the way they deliver services towards more patient focused care but haven't always been able to do so.

2) Roundtable, in partnership with the Royal College of Surgeons (Chatham House rules)

The event provided an opportunity for senior politicians and stakeholders to discuss practical solutions to the key challenges facing the NHS, including integrated care, urgent and emergency care and NHS performance and funding.

Attendees included minister for care quality, Ben Gummer MP, and representatives from the Royal College of GPs, Royal College of Nursing, Royal College of Physicians, Local Government Association, MIND, Age UK, NHS Confederation, and NHS Clinical Commissioners.

Discussion points:

- Integrating care: this requires increasing resources, capabilities and efficiencies; a multi year cycle; access to meaningful, smart data; addressing workforce issues; and embracing local leadership.

- NHS finances: the spending review needs to help the NHS tackle the financial challenges, whilst improving efficiencies and transforming care.
- Technology: improved technology would help support integration. For example, research shows that eight per cent of A&E appointments could be dealt with at a pharmacy, but this requires joined up services, appropriate technology and training.
- New care models: the 37 vanguards are doing great work across the country, but devolution can provide an opportunity to further join up services.

3) Roundtable, in partnership with Royal College of Emergency Medicine and the Royal College of Psychiatrists (Chatham House rules)

Right care, right place, right time: optimising NHS quality and efficiency: *This private roundtable brought together senior politicians, healthcare leaders and policy influencers to discuss the challenges and opportunities to improve care pathways across physical and mental health, and in community settings.*

Attendees included the Rt Hon Alistair Burt MP, minister for care and support, Professor the Baroness Finlay of Llandaff, Oliver Colville MP and health select committee members Maggie Throup MP and Helen Whately MP. We were also joined by representatives from the Centre for Mental Health, Royal College of Surgeons, Royal College of GPs, National Voices, the British Medical Association, NHS Confederation and the Royal College of Nurses.

Discussion points:

- The spending review needs to give the NHS a clear funding settlement
- The NHS workforce is demoralised and under constant pressure, it needs to be supported, morale improved and the number of agency staff reduced
- The vanguards have been undertaking interesting work, but no one model of care will be sufficient, there needs to be a range of models across the country
- Health care records need to be digitised, so that they are available to those who need them across health and social care, including pharmacies and potentially to patients
- Pharmacies could take on an increased role as part of primary care services, but to do so they need appropriate support and technology.

LABOUR PARTY CONFERENCE

Key speeches and announcements

Jeremy Corbyn MP used his first conference speech as Labour leader to set out his priorities stating that ,"Just because I've become the leader of this party, I'm not going to stop standing up on those issues or being that activist." He highlighted national security, human rights, climate change, welfare and employment. Mental health was also raised as a key concern:

- Corbyn pledged that the Labour party would make mental health a "real priority", stating "let's end the stigma, end the discrimination, treat people with mental health conditions as you would wish to be treated yourself. That's our pledge." Corbyn stated he would challenge the Government to make parity of esteem for mental health a "reality not a slogan" which would include increased funding, especially for CAMHS.

Heidi Alexander MP, newly appointed shadow health secretary, told the Labour conference that her party needed to "create a health and care service centred on people and their families, with mental health at the centre, not the fringes":

- **NHS finances and efficiencies:** Alexander stated that the NHS was in "deep trouble"…[the Government] talk about more money in 2020 – but the NHS needs extra support now … A Labour Government would have delivered an emergency budget to save the NHS". Of the £22bn of efficiencies expected to be achieved by the NHS by 2020, she said "savings on this scale cannot be delivered without putting patient care at risk… these "efficiencies" will mean cuts to staff, cuts to pay, rationing of treatments". Labour would not agree to "plans to squeeze the NHS when those who work in the NHS say this would harm services".
- **Workforce:** "Public servants who treat our loved ones as if they were their own – and we must never, ever stop thanking them for that … This Government is punishing staff for their own financial mismanagement of the health service. It is bad for staff and bad for patients. It must not go on."
- **Non-NHS care provision:** In her main conference speech, the shadow health secretary told delegates, "The NHS belongs to the people. It is our NHS and it is not for sale. Not now, not ever" , and separately, at fringe events referred to the "marketization of the NHS" and Labour's intention of repealing s75 while being open to working with the third sector.
- **Complaints handling:** Alexander wants to see reform of how the NHS handles complaints and responds to whistleblowers.
- **Social care:** She believes significant action would be needed to care for older people and support their carers. Alexander is seeking a long-term solution within this parliament to pay for older people's care. She questioned "How is it right that when dementia takes hold of someone's mind, they have to pay for their care with everything they have worked for – their home, their pension, their savings?"
- **Public health:** The shadow health secretary said that "big changes" were needed to "break the vicious, vicious cycle linking poverty and poor health".

See the full speeches:

- Shadow secretary of state for health, Heidi Alexander MP: http://bit.ly/1WZBaNd
- Labour leader and leader of the opposition, Jeremy Corbyn MP: http://bit.ly/1k1BrRu
- Shadow chancellor, John McDonnell MP: http://bit.ly/1Oz6clK

NHS Providers' presence at the Labour conference

1) Fringe event, in partnership with the Health Foundation and the Royal College of Physicians

Straw, sticks or bricks: building an NHS to last: *The fringe event focused on how local and national bodies can work together to deliver the transformative change that is needed while increasing efficiency and maintaining safe, high-quality care for patients and their families. Speakers covered how the NHS can leverage funding, commissioning, targets and new ways of delivering care in order to ensure the health service continues to deliver world class care.*

Chairing the event was Sir Sam Everington, chair of NHS Tower Hamlets CCG . Speakers are outlined below, with a summary of their key points:

Karin Smyth MP, parliamentary private secretary to the shadow health secretary

- Outlined her three priorities for health and care: accountability, prevention and whole person care
- On NHS finances, she felt further political honesty was needed on the scale of the NHS's problems, along with a public debate to raise understanding of the costs of delivering high quality care
- Argued that patients and service users should be at the forefront of all discussions on the future of the NHS, with services designed around them to treat the whole person and ensure long-term solutions.

Dr Andrew Goddard, registrar, Royal College of Physicians:

- Reminded the panel that seven day services are a reality for many clinicians already, and that there are cost pressures and workforce pressures in developing these services .

Richard Taunt, director of policy, Health Foundation:

- Raised the issue of healthcare spending as a percentage of GDP, and noted we are spending less than the majority of other EU countries
- Felt that cutting research and public health is "the falsest of economies"
- Called for improved alignment of the 24 different bodies currently regulating the NHS.

Saffron Cordery, director of policy and strategy, NHS Providers:

- Highlighted the need for a new relationship between national policy makers and local leadership. She explained that local solutions are key to successful implementation of new care models, but as part of this, local autonomy remains vital
- Stated that a very fast, very thorough action plan is needed to tackle both short term and long term issues in the NHS. Discussions involving patients and service users, as well as a focus on prevention, will be fundamental.

2) Roundtable, in partnership with the Royal College of Surgeons (Chatham House rules)

Attendees included Angela Smith MP, Age UK, the Royal College of Physicians and the Royal College of Nursing

Discussion points:

- There is a need for certainty on the future of finances for health and care and for a system-level focus on the long term
- The importance of effective discharge planning, including the interface between primary and secondary care, as well as relationships with third sector agencies, was highlighted.
- There was consideration of the merits of merged health and social care budgets, either across the whole population or focusing on one sector at a time, such as the frail elderly, and the practical implications.
- Attendees questioned how to most effectively utilise staff time and to harness their goodwill and drive to change the system to deliver patient focussed care.
- The importance of sharing good practice, such as a discharge to assess model currently used in Sheffield, was highlighted, as was the improved use of technology to support quick transfer of data between the appropriate care providers.
- The NHS needs to initiate a debate with the public on the increasing costs of providing care for a population that was living longer and with greater instances of long term conditions, and on the need for double running costs in order to transform.

3) Roundtable, in partnership with Royal College of Emergency Medicine and the Royal College of Psychiatrists (Chatham House rules)

Right care, right place, right time: Optimising NHS quality and efficiency

Attendees included Lord Hunt of King's Heath, shadow health minister and Sir Kevin Barron MP, chair of the All Party Health Group. We were also joined by representatives from the Centre for Mental Health, the British Medical Association, the Royal College of Nursing and the Royal College of General Practitioners.

Discussion points:

- The NHS needs a clear funding settlement was emphasised, and there was also discussion on whether £22bn efficiency savings expected of NHS by 2020 are achievable, particularly given reductions in the public health budget
- There was consideration of whether the current architecture and regulation of the NHS allow for sufficient focus on local accountability
- There is a need for greater leadership and responsibility for patient flow in areas seeking to integrate their services
- Squeezed mental health budgets have worsened pressures across the system, particularly A&E. There is a lack of understanding of the importance of mental health in all areas and the need for a stronger voice for the sector
- Innovation in the NHS is being stymied, and areas of good practice should be encouraged to speak to other providers to spread their learning.
- NHS staff are often demoralised. Staff should be champions for the services however many are not currently empowered in their roles and do not have enough time to develop new services.
- There needs to be a system-level view of pressures facing the health and care system, particularly workforce issues.
- More upstream interventions are needed at community level given that long term conditions currently account for 70 per cent of the NHS budget.

LIBERAL DEMOCRAT PARTY CONFERENCE

Key speeches and announcements

Rt Hon Normal Lamb MP, Liberal Democrat health spokesperson, set out his party's vision for the NHS:

- Improving efficiency and quality of care:
  - *Taking advantage of new technology* including an "upfront fund" to link up primary, secondary and ambulance services and "first and foremost" giving patients the right to control their medical records.
  - *Focusing on preventing disease.* Stopping deterioration of health, through local authority and the NHS working together to help better self-management of conditions to both improve wellbeing and save money.
  - *Integration of health and social care and more extensive work with the third sector.* Recognition was needed that the NHS "can't do everything by itself" and for integrated care organisations to be promoted to end "silo culture" within health and social care. Lamb stated his party must "make the case for change and to demonstrate the importance of confronting inefficiency, to come up with ways of delivering better care, to put people in charge – both people who work in the NHS through applying the Liberal principles of mutualism and people who use the NHS, by giving them much more control over use of resources available for their care. "
- NHS finances: Lamb stated that he knew from his own time in government that the Conservative Government's promise for £10bn of extra funding for the NHS was not enough, and highlighted that France and Germany spent around a third more on healthcare than the UK. He insisted that we could not delay dealing with the NHS deficit or "the system will crash". He criticised, that despite apparent agreement pre-election to establish his proposed non-partisan commission to come up with a new settlement for the NHS and care, no action had been taken. As a result he would start his own national conversation on the "emerging crisis in care", to consider "both the need for more resources AND for change" and would involve patients, carers, local authorities, charities, health leaders, doctors and nurses, public, private and voluntary sector.

- Alternative funding and devolution of powers: Lamb was "very interested" in the creation of a dedicated NHS and care contribution, separated out from the rest of taxation. He would consult within his party and externally on granting local areas the power to raise additional fund for NHS and care where supported by the local community.
- Mental health: Lamb told conference that it was his own personal and his party's mission to "end the historic injustice suffered by those with mental ill health" and to ensure everyone suffering from mental ill health has a right to receive treatment on time. Lamb called a "new Beveridge report for the 21st century" which considered, protection and help into work, with more of the "vast" welfare budget to be used "creatively", such as through ensuring immediate support for those out of work with mental ill health to help them "recover, rebuild their self-esteem and get back to work.
- Social care: Lamb spoke of the "vital" nature of social care, which was the "very hallmark of a civilised society". However it was in the "shadow" of the NHS and he warned of a "growing divide" which would result in "great care for those who can afford it. Corners cut, rushed visits or nothing at all for the rest".

See the full speeches:

- Liberal Democrat health spokesperson, Rt Hon Norman Lamb MP: http://bit.ly/1K6tKyt
- Liberal Democrat leader, Tim Farron MP: http://bit.ly/1LiFmA9

NHS Providers at Liberal Democrat conference

1) Roundtable event, in partnership with the Health Foundation and the Royal College of Physicians

Straw, sticks or bricks: building an NHS to last

Attendees included Rt Hon Norman Lamb MP, Liberal Democrat health spokesperson; Baroness Walmsley, Liberal Democrat Lords health spokesperson; Baroness Jolly; Dr John Pugh MP, public accounts committee member. We were also joined by representatives from the British Psychological Society, Age UK, the Nursing and Midwifery Council and the Local Government Association.

Discussion points:

- Attendees raised questions about the sustainability of the NHS and social care in the short, medium and long term and alternative funding mechanisms, including hypothecated taxes and local authority powers to raise additional taxes for health and social care.
- There is a need for renewed local-national partnerships, allowing for flexibility to build local solutions whilst retaining a national framework of standards.
- Attendees raised concern around potential cuts to the funding of training and the impact this would have upon quality of patient care.
- A shift in focus from repair to prevention is needed and funding levels for community health and care services should reflect this.
- There is a need for all incentives within the health and care system to be designed around the patient and aligned towards preventing ill health.
- There was recognition that the NHS cannot tackle of health and care challenges on it own. The third sector should be enable to play a greater role and had been seen to deliver productivity gains and improve quality.

Torbay and South Devon NHS
NHS Foundation Trust

Sir Richard Ibbotson
Chairman


Les Burnett


John Welch


James Furse


Sally Taylor


Jacqui Lyttle


David Allen OBE


John Brockwell

Non-Executive Directors

Mairead McAlinden
Chief Executive Officer
(CEO)

John Lowes
Medical Director

Liz Davenport
Chief Operating Officer

Vacant Post
Director of Social Care

Paul Cooper
Director of Finance, Deputy Chief Executive

Jane Viner
Chief Nurse

Vacant Post
Director of Strategy and Improvement

Martin Ringrose
Director of Organisational Development (non-voting)

Lesley Darke
Director of Estates and Commercial Development (non-voting)

Core Responsibilities

- Patient safety, quality and experience
- Medical workforce development
- Research and development
- Caldicott Guardian
- Medical revaildation
- Human Tissue Act
- Postgraduate medical education
- Undergraduate medical school links

- Planning and operations for all health and social care services:
  - Surgical
  - Medical
  - Women & Children's
  - Diagnositc & Therapies
  - Community

- Social care strategy & planning
- Social care market development

- Finance
- Contracting
- Procurement
- IT, data protection and FOI
- Counter fraud
- Health records
- Torbay Pharmaceuticals

- Patient safety, quality and experience
- Professional Practice
- Infection control
- PALS & complaints
- Clinical audit & effectiveness
- Whistleblowing
- Safeguarding
- Equality & Diversity
- Professional education & training (non-medical professionals)

- Strategic Planning and Development
- Transformation and Service improvement
- Partnerships with other organisations
- Horizon Institute
- Performance and information

- Workforce
- Organisational development
- Education & training (leadership and management staff)
- Human Resources
- Voluntary Services
- Occupational Health
- Employee relations
- Recruitment
- Temporary staffing

- Estates management
- Facilities management including:
  - Security
  - Car Parking
  - Catering
  - Cleaning
- Capital projects
- Emergency planning, resilience and response
- Corporate health and safety

Torbay and South Devon NHS
NHS Foundation Trust

REPORT SUMMARY SHEET

Meeting Date:	4th November 2015
Title:	Integration of Children's Services Across Torbay
Lead Director:	Chief Executive
Corporate Objective:	Safest Care
Purpose:	Decision

Summary of Key Issues for Trust Board

Strategic Context:

The integration of children's social care services into the ICO is a wholly logical step for our Trust at some stage. This paper sets out a measured approach to the consideration of this, and seeks Board approval to initiate detailed consideration against Monitor's Risk Assessment Framework including a detailed due diligence process.

Key Issues/Risks

- A detailed description of the benefits of an integrated approach to children, young people and families, and the measurable improvements to be achieved.
- The funding position within Children's Social Care and any forward projections, assumptions and plans.
- The legal agreement/contract for the transfer of responsibilities.
- The HR implications and the process/timeline for the transfer of staff.
- The statutory duties of the Local Authority and how these would be governed and discharged.
- The outcome of the ongoing OFSTED inspection of Torbay Council's Children's Services.

Recommendations:

The Board is asked to consider and decide on whether the ICO should undertake an evaluation of the benefits and risks – for the organisation, our workforce and the patients and clients we serve – of bringing Torbay Council's provision of Children's Social Care into the new Torbay and South Devon NHS Foundation Trust, thus creating a single provider organisation for the delivery of health and social care across the life-course of the population of Torbay. This Evaluation will comply with Monitor's Risk Assurance Framework and include detailed due diligence.

Summary of ED Challenge/Discussion:

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

Approval already given via Torbay Council full Council meeting.

Equality and Diversity Implications:

PUBLIC

INTEGRATION OF CHILDREN'S SERVICES ACROSS TORBAY

Proposal for TSDFT to Provide Children's Services on behalf of

Torbay Council

Context

The integration of children's social care services into the ICO is a wholly logical step for our Trust at some stage. This paper sets out a measured approach to the consideration of this, and seeks Board approval to initiate detailed consideration against Monitor's Risk Assessment Framework including a detailed due diligence process.

Background

Torbay Council approved the report 'Children's Social Care – The Way Forward' at the 26th February 2015 Full Council Meeting. The report outlines the strategy areas and objectives of the SWIFT project (Social Work Innovation Fund Torbay) that was submitted to the Department of Education and which has been awarded £1.25 million for implementation of three key elements;

1) The creation of a Torbay Public Services Trust (TPST);

2) Exploring the potential for the integration of Torbay Children's Social Care into TSDFT Integrated care Organisation; and

3) Delivery of community focused Early Help Practices (EHP).

The Board of TSDFT gave approval to becoming a strategic partner within Torbay Public Services Trust at the October Board meeting.

The Executive Director nominated to represent the ICO as a member of the TPST Strategic Board is Jane Viner. Other Member organisations include The Community Rehabilitation Company, Torbay Council, Torbay and South Devon Clinical Commissioning Group, Devon and Cornwall Constabulary, the Police and Crime Commission, Schools, and Devon Partnership NHS Trust.

A team of enablers (known as Integration Champions) are in place to develop integration and working practices. This is a multi-agency group of professionals including an Early Help Social Worker, a Teacher, Health Visitor, Community Engagement Coordinator, Community Safety Police Sergeant, a Specialist Public Health Midwife and a General Practitioner. This group is shaping integrated working, identifying pathways, barriers and enablers, whilst developing practical interventions alongside the community that will support the priority work of the ICO around Local Multi Agency Teams (LMATs).

Proposition for Board Consideration

The proposition is that the ICO should undertake an evaluation of the benefits and risks – for the organisation, our workforce and the patients and clients we serve – of bringing Torbay Council's provision of Children's Social Care into the new Torbay and South Devon NHS Foundation Trust, thus creating a single provider organisation for the delivery of health and social care across the life-course of the population of Torbay. Recent changes in legislation have now created the opportunity for the operational delivery of Children's Social Care to sit outside the Local Authority. The proposition to explore the opportunities of transferring Children's Social Care into the new Foundation Trust seeks to take advantage of this opportunity, looking to mirror the benefits that have been gained from the integration of Adult Social Care, in particular with an emphasis on prevention and early intervention.

The scope of the Torbay Council's provision of Children's Social Care is an annual budget of c£29 million, 447 staff (273.16 FTE) and encompasses social care services related to Child Protection, Looked After Children and Early Help Services. These services would, it is proposed, benefit from being delivered in a more integrated way, facilitated by bringing them under a single organisational arrangement to integrate with Health Visiting, Maternity and Child Health and CAMHs services currently provided by TSDNHSFT.

In principle only, this proposition has been agreed by Torbay Council and is seen as a strategically coherent direction of travel by the ICO Executive Team for consideration by the Board, while fully acknowledging the risks and challenges of this area of service provision. However, to progress this to a decision, a comprehensive assessment against the Monitor Risk Assessment Framework (RAF) including a due diligence process must be completed before the Board and Council could be assured that this further expansion of the ICO provider function has sufficient merit. Only at this point could such a proposal be recommended to our Board of Governors.

The Monitor RAF defines a clear process from strategic outline case (considering strategic fit) through outline to full business case. As part of this, a due diligence process will include a range of issues and risks that need to be fully explored and mitigated before final consideration by the parties (TSDFT and Torbay Council), including:-

- A detailed description of the benefits of an integrated approach to children, young people and families, and the measurable improvements to be achieved.
- The funding position within Children's Social Care and any forward projections, assumptions and plans.
- The legal agreement/contract for the transfer of responsibilities.
- The HR implications and the process/timeline for the transfer of staff.

- The statutory duties of the Local Authority and how these would be governed and discharged.
- The outcome of the ongoing OFSTED inspection of Torbay Council's Children's Services.

There may be other considerations identified such as the relationship at central government level between the Department for Education and the Department for Health.

If agreed to proceed, the costs of the above RAF and Due Diligence process will be met by the SWIFT implementation fund. The work would be co-ordinated by the Lead Director for the ICO. As the work progresses, it would be critical to have input from the (currently vacant) Director of Social Care post and consideration needs to be given to an interim appointment until the outcome of this proposition is agreed.

The delay in progressing the Director of Social Care post within the ICO structure is due to the ongoing discussion with our local Councils about the role and responsibilities of this post, and the inclusion of a service portfolio such as that described in this proposal would give a greater degree of confidence that this Director level post is merited and could be recruited to.

Timeline

The proposed timeline for the Due Diligence process, if agreed by the Board, is as follows:

Nov '15	RAF including Due diligence agreed by TSDNHSFT Board
	Terms of Reference formally agreed
	Lead Director and Project Team established
Dec '15	RAF and Due Diligence process mapped out and agreed
	Proposition shared with Board of Governors
Jan – May '16	RAF and Due Diligence undertaken
June'16	Recommendations to Board and Council for decision

Assuming decision to proceed

Oct 16 – March 17	Shadow period
April '17	Go Live/transfer of provider responsibilities.

The Board is asked to consider and decide on whether the ICO should undertake an evaluation of the benefits and risks – for the organisation, our workforce and the patients and clients we serve – of bringing Torbay Council's provision of Children's Social Care into the new Torbay and South Devon NHS Foundation Trust, thus creating a single provider organisation for the delivery of health and social care across the life-course of the population of Torbay. This Evaluation will comply with Monitor's Risk Assurance Framework and include detailed due diligence.

REPORT SUMMARY SHEET

Meeting Date:	4 November 2015
Title:	Workforce and OD report
Lead Director:	Martin Ringrose, Interim Director of Human Resources
Corporate Objective:	Safest Care/Promoting health/Personal, fair and diverse/Delivering improved value
Purpose:	Information/Assurance

Summary of Key Issues for Trust Board

Strategic Context:

- To update the Board on the activity and plans of the Workforce and Organisational Development (OD) Directorate as reported and assured by the Workforce and Organisational Development Committee/Workstream 4.
- To provide the Board with assurance on workforce and organisational development issues.

Key Issues/Risks:

Issues

The Workforce and Organisational Development Committee have agreed targets for the following workforce metrics:

- Vacancy factor
- Turnover
- Sickness absence
- Appraisal
- Mandatory Training

Details of the full set of workforce metrics included in the report and details of any that are outside of the agreed target range are included in secion 4 of this report.

Risks

- The Master Vendor Medical Agency Contractor have issues meeting the contract -which may impact on agency costs - section 7.2.1 refers.
- Monitor's Agency Capped Rates consultation on price caps closes on 13th November 2015 with a proposed implementation date of 23rd November 2015.
  Work to inform the risk assessment on this issue is ongoing – section 7.2.2 refers.
- The Occupational Health Service will be affected by the retirement of the consultant physician at the end of November – section 7.6.2 refers

Recommendations:

1. The Board is asked to endorse the values, vision and strapline contained in section 11 of this report.
2. The Board is asked to note the contents of this report.

Summary of ED Challenge/Discussion: The workforce numbers should be reported on a monthly basis to provide information on the progress to deliver the workforce reductions under cost improvement programme (CIP). A risk assessment of workforce recruitment challenges, identifying those professions and specialties experiencing difficulties, the action plans to address and the risk impact of associated vacancies to be reflected in risk registers. Martin Ringrose to confirm the timescale to complete this work.
Internal/External Engagement including Public, Patient and Governor Involvement: Governor Observer on Workforce and Organisational Development Committee (Workstream 4)
Equality and Diversity Implications: None.

PUBLIC/~~PRIVATE~~ (delete as appropriate)

Board of Directors
Workforce and Organisational Development Directorate
4th November 2015

1.0 Purpose and Content of the Report

1.1 Report Purpose

- To update the Board on the activity and plans of the Workforce and Organisational Development (OD) Directorate as reported and assured by the Workforce and Organisational Development Committee (Workstream 4).
- To provide the Board with assurance on workforce and organisational development issues.

1.2 Report Content

- A summary of the workforce and OD corporate objectives for 2015/2016
- A summary of progress on key performance indicators. These performance indicators are included in the Trusts monthly workforce and OD scorecards in the appendices and include key targets and monthly trends.
- Detail on actions and initiatives linked to the objectives and key performance indicators.

2.0 Workforce and OD Corporate Objectives

2.1 Planned Objectives

The Directorate have agreed the following overarching objectives for 2015/2016 and they are included at the start of this report as they help set the context for the support to be provided.

2.2 Workforce Plan

To develop, implement and monitor a robust workforce plan to deliver a safe, high quality and efficient workforce for the ICO. This plan will include workforce redesign, education and development and change strategies.

2.3 Leadership and Culture

Develop leadership and culture throughout the organisation to ensure the values and beliefs of the organisation are embedded.

2.4 Friends and Family Test for Staff

Continue to embed the friends and family test survey for staff in parallel with the national staff survey and data interrogation ensuring actions are taken to improve outcomes.

2.5 Sickness Absence Management

Measurably reduce sickness absence rates by performance management and support including targeting areas with high rates.

2.6 Mandatory Training

To continuously improve interventions and mechanisms to ensure compliance and quality of mandatory training.

3.0 ICO

3.1 All staff employed by TSDHCT received a letter transferring their employment to the ICO effective from the 1st October 2015. All staff currently employed by SDHCFT received a 'Dear Colleague' letter informing them that the name of their employer has changed at the same time.

3.2 All staff are clear where they fit into the new structure, although it is recognised that many of the structures will change to reflect the new care pathways and integration of corporate services.

3.3 The Joint Leadership Group has agreed a refreshed Organisation Development Strategy relating to the creation of the ICO. Activity in respect of this strategy is included in section 11 of this report.

3.4 A Joint Consultative Committee for the two organisations is now in place and has met on two occasions. This group consists of senior staff and Trade Union representatives from both organisations.

3.5 No individual greviences or disputes have been submitted as a consequence of the creation of the ICO

4. Progress on Key Performance Indicators

4.1 Combining the Key Performance Indicators for TSDFT

Following the creation of the ICO future reports will include performance data for the one Trust. However as this report uses September performance data the following reports to monitor key workforce metrics for September 2015 are included.

- Appendix A – The final annual scorecard for SDHFT – Organisational monthly metrics for the last year to show trends.
- Appendix B – The final annual scorecard for TSDHCT – Organisational monthly metrics for the last year to show trends.
- Appendix C – Key Metrics for TSDFT – Combined monthly metrics for what were previously two separate Trusts for the current financial year to show trends for the new Trust.

4.2 Workforce Targets for 2015/2016

The targets and thresholds for key metrics included in the above reports were reviewed and agreed by the Workforce and Organisational Development Committee and are reflected in the RAG ratings of the scorecards. The changes to the targets agreed by the Workforce and Organisational Development Committee are seen to be challenging and these are detailed below for clarity.

- Sickness Absence – From the 1st October 2015 the sickness absence rate target is 4.15% or below and reducing to 4.00% by the end of the financial year.
- Mandatory Training – Each of the key modules to be at 90% compliance from November 2015, with the exception of Information Governance which already has a target compliance rate of 95%.

Any of the key performance indicators that were outside of the agreed target range in September 2015 are highlighted in this section of the report.

4.3 Staff Appraisals

The combined appraisal compliance rate for September 2015 and for what is now one Trust was 84%. This is a reduction from the previous month and a change to the previous upward trend.

4.4 Mandatory Training

Of the nine key modules all were rated green in September 2015 for what were two Trusts, with the exception of both Trusts being rated amber for Information Governance and SDHFT being rated amber for Child Protection level 1 and Safeguarding Adults Level 1. Overall and as shown in appendix C the combined average compliance was rated green. However as indicated in 4.2 above the targets will be more challenging in October and November and beyond.

4.5 Sickness Absence

The sickness absence rate at TSDHCT was 4.24% in August 2015 which is just below the target of 4.25%. At SDHFT the rate was 4.12% which is below the target of 4.15%. However as indicated in 2.2 above the Trust target in October is 4.15% and the combined August rate was 4.20%. Further information on sickness absence action and activity is included in section 7.1 of this report.

4.6 Turnover

The turnover rate of 17.00% at what was TSDHCT in September 2015 remains above the target range of 10 to 14%. When the combined rate is provided next month it is likely that it will be within the range. However the Workforce and Organisational Development Committee have received further analysis including that the turnover rate for all NHS organisations in the South West was 13.29% in 2014/2015. In addition confirmation that the rationale for the range of 10% to 14% was agreed following a literature reviews that identified this as a reasonable expectation. Further analysis of exit questionnaires is being considered.

A recruitment and retention group is being planned that will report to the Workforce and Organisational Development Committee and turnover rates will be a consideration for that group.

4.7 Vacancy Factor

The vacancy factor for both previous Trusts was above the 4% target in September 2015. However as previously reported this is partly as a result of managing vacancies. Work to report on vacancies is being reviewd by the Workforce and Organisational Development Committee and will again be a consideration for the planned recruitment and retention group.

4.8 Performance Management of Key Workforce Metrics

As previously reported in addition to the monthly scorecards included as appendix A, B and C Directors and Managers receive a very comprehensive Monthly Staff Details Report that monitors performance of a wide range of workforce metrics. In addition a report comparing three key metrics, namely appraisals, sickness absence and average mandatory training compliance have been extracted from the Monthly Staff Details Report. These reports which are included at appendix D and E of this report show the performance

for each unit in these metrics including their RAG rating. These reports are presented separately this month for what were previously two separate Trusts.

These metrics are also being reported separately at divisional performance management meetings.

5. Workforce Plan

5.1 Integrated Workforce Strategy

The Integrated Workforce Strategy was included in the October 2015 Board report. The intention of the strategy is to offer clarity in respect of changes to provide and ensure a workforce to deliver the Trusts services. The most significant facet of the Strategy is the recognition of the need to redesign the workforce and the potential roles to support this.

The Strategy includes the governance arrangements as detailed below and the first meeting of the Workforce Redesign network has already been held.

Torbay and South Devon NHS Foundation Trust Board
⇧
Workforce and OD Committee (Workstream 4)
⇧
Workforce Redesign Network
⇧
Task and Finish Groups

The following in respect of the work of the committee and actions to deliver the strategy were agreed and endorsed by the Workforce and Organisational Development Committee.

- Draft terms of reference were reviewed and will be agreed prior to the next meeting.
- The network recognised the need for a common understanding of the future service model that would dictate the demand for the workforce and that this should be further explored at the next meeting.
- That the workforce planning part of the business planning process should be redesigned and energised to ensure it reflects the Integrated Workforce Strategy.
- That the business planning process should enable managers and staff to consider both the demand and supply for and of the workforce. That this would include facilitation to help identify gaps and how they could be filled including the use of new and amended roles as intended in the strategy.
- The business planning process will therefore enable managers to consider the future service and what that means for workforce demand. They will be provided with the profile of their workforce including age, turnover, sickness absence etc. to enable them to project the future supply and to build a workforce plan that can be used to identify the roles, education and training needs for the future workforce.
- The Workforce Redesign Network will be responsible for ensuring consistency with the strategy and the Trusts overall business plans and the delivery of a Trust wide workforce plan.

5.2 Scrutiny and Vacancy Panel Process

The Scrutiny and Vacancy Panel continues to operate and as well as control vacancies will be key to the delivery of the Integrated Workforce Strategy. As workforce plans are developed the Panel will be able to ensure that new and amended roles are utilised.

To ensure the Panel is able to concentrate on its key roles there is no longer a ratification process via the Executive Team and only vacancies and changes that will affect establishment are now referred to the panel. The following are the categories used for those vacancies and changes that do go to panel.

Category	Definition	Examples
Category A	Clinical front line posts and those that directly support clinical activity up to band 5.	• Clinical band 1 to 5 • Waiting list management • Ward clerks • Clinical coding • Community team administration entering/monitoring care records • Ward support
Category B	Clinical posts band 6 and above and non-clinical posts including those that do not directly support clinical activity.	• Clinical band 6 and above • Personal Assistant and Secretary • General administration
Category C	Corporate posts and those posts that are not working directly with front line teams.	• All posts in corporate departments • Posts in operations divisions that are designated as project leads • Posts in operations divisions that are exclusively part of the divisional management team

Approval for each of these categories by the Panel is on the following basis:

Category A – Based on service need, whether the post is within establishment, the budget is balanced and CIP plans are in place.

Category B – As above for category A plus evidence of redesign that makes the request the only potential option. The expectation is that managers will review and consider alternative roles/skill mix that will provide an alternative option to seeking to recruit to “hard to fill” posts and/or potentially reduce costs.

Category C – As above for category A and B although the assumption will be that for category C posts only absolute exceptions will be approved.

To further reduce recruitment time adaption to the process for category A posts is being considered.

6.0 Pay and Pensions

6.1 Staff Expenses System

Staff from what was previously SDHFT currently use the electronic Software Europe system for claiming expenses. It had always been intended to roll out the same system for those staff that transferred to what is now TSDFT, once the ESR systems are merged. However there is now a national plan for an expenses system to be available free of charge on ESR at some point in the future. We are therefore revisiting our options.

6.2 Pensions Auto-enrolment

As previously reported the Trust was required to auto-enrol eligible staff not in the NHS Pension Scheme transferring to the ICO on the 1st October 2015. This exercise is underway and all staff have been written to setting out their options. Options include the right to opt back out although Trusts are not permitted to encourage staff to do so. There is a potential cost to the ICO which has been included in the Long Term Financial Model (LTFM). Of those auto-enrolled 108 have been enrolled into the NHS Pension Scheme and 36 into NEST our alternative scheme.

6.3 NHS Pension Scheme Year End Processing 2015

NHS Pensions (NHSP) reports on the percentage of data transactions that have been successfully updated at the year-end. NHSP set a target of 96% recognising that there will always be a certain level of errors due to time differentials.

The successful transaction rate for TSDHCT was 93.35% and for SDHFT 93.81%. Nationally 71.61% of NHS Organisations achieve a success rate of 90% or above. The 96% target is recognised as challenging but we are aiming is to achieve it in the current financial year for the Trust. In addition since taking responsibility for the Pension Service to Northern Devon Healthcare NHS Trust and Yeovil District NHS Foundation Trust we have improved their successful transition rates from 87.49% to 95.77% and 60.93% to 91.93% respectively.

7.0 Human Resources

7.1 Managing Sickness Absence

7.1.1 Sickness Absence Policy

We have recently undertaken a review of the Sickness Absence Policy which is a policy that is already harmonised, this having been done well in advance of the integration of the two Trusts. Following the review we are satisfied that it is consistent with policies used in other Trusts in the Region and adheres to ACAS guidance. This position is supported by the outcome of a recent Internal Audit Report conducted for SDHCFT immediately before integration. This concluded that *'the Trust has in place sickness absence policies that are clearly written, well structured and well supported by manager toolkits to aid in the management of both short and long term sickness*'. The design of sickness management controls was therefore given a green rating. It is not therefore felt that there is a need for a further overhaul of the Sickness Absence Policy.

However, whilst the policy is fit for purpose, it is the level of adherence to the policy and consequently how well sickness absence in managed that affects the level of sickness absence. In order to have the optimum impact on sickness absence rates, the application of the policy must be consistent, thorough and well supported. Our focus therefore will be to maintain and expand existing initiatives in the management of sickness absence e.g. close support to managers and the use of 'drop in' sessions. More emphasis will be placed

on face to face training of managers and the use of 'Buzz TV' sessions. In addition, there will be a greater focus on the management of long term sickness absence.

For additional context, the table below indicates the position of both organisations, prior to integration, when compared with other NHS organisations within the region. As a very broad guide, the table indicates that the rates, which are calculated on an average basis, compare positively with the majority of the other organisations in the region.

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Organisation	Absence Rate	Absence Rate	Absence Rate	Absence Rate	Absence Rate	Absence Rate	Absence Rate	Absence Rate	Absence Rate
South West Amb F	4.96%	4.75%	5.60%	5.29%	5.43%	5.17%	5.38%	6.03%	5.66%
2gether Gloucs F	6.20%	4.62%	4.74%	5.02%	4.74%	5.08%	5.46%	5.33%	5.47%
Plymouth Community						5.01%	4.71%	4.89%	4.84%
Devon Partners	5.98%	5.31%	4.89%	5.86%	5.64%	5.34%	5.41%	5.39%	4.81%
North Bristol	4.52%	4.46%	4.22%	4.14%	4.11%	4.27%	4.01%	4.50%	4.77%
Somerset Partners F	4.92%	4.49%	5.18%	4.27%	4.40%	4.70%	4.91%	4.96%	4.77%
North Somerset Community					5.27%	4.36%	3.96%	4.11%	4.64%
Royal Cornwall	4.69%	4.86%	4.81%	4.29%	4.35%	4.42%	4.42%	4.69%	4.63%
Avon & Wilts MH	6.24%	6.17%	5.60%	4.97%	5.08%	4.89%	4.77%	4.44%	4.55%
Gloucestershire Care Services NHS Trust							4.20%	4.73%	4.51%
Royal United Bath	4.01%	3.93%	3.98%	3.64%	3.61%	3.95%	3.80%	3.81%	4.42%
Bristol Uni F	4.09%	4.18%	4.22%	4.34%	4.09%	4.36%	4.10%	4.10%	4.30%
Weston	4.51%	4.00%	4.18%	3.62%	3.69%	3.81%	3.65%	4.18%	4.17%
Royal Devon & Exeter F	4.29%	4.50%	4.59%	4.31%	3.63%	3.76%	3.92%	3.99%	4.05%
South Devon F	4.07%	4.16%	3.96%	3.76%	3.91%	4.07%	3.78%	4.21%	4.02%
Torbay & S Devon Health & Care							4.22%	4.37%	4.02%
Plymouth Hosp	5.19%	4.93%	4.74%	4.47%	4.13%	4.47%	3.87%	3.81%	3.91%
Taunton & Somerset F	3.81%	3.66%	3.28%	3.04%	2.97%	3.31%	3.33%	3.67%	3.60%
Gloucestershire Hosp F	4.25%	4.27%	3.92%	3.86%	3.92%	3.89%	3.87%	3.66%	3.59%
North Devon	4.21%	3.95%	3.70%	3.55%	3.31%	4.02%	3.91%	3.38%	3.55%
Great Western Hosp F	4.59%	4.46%	4.65%	4.00%	3.08%	3.98%	3.81%	3.68%	3.52%
Bristol Community					4.68%	4.92%	3.89%	3.14%	3.33%
Yeovil District F	3.96%	4.10%	3.79%	3.30%	3.43%	3.78%	3.58%	3.55%	3.24%

7.2 Medical HR

7.2.1 Master Vendor Medical Agency

The project has uncovered some issues and the consortium met with the Master Vendor Supplier, A&E on 8th October to discuss the following:

- **IT**: is not to the specification required to incorporate, and work with Direct Engagement. Problems remain unresolved with the IT provider (Fieldglass).
- **Supply Chain**: There is a list of 31 CCS Agencies in the supply chain, 3 agencies which have said "Yes" so far to supporting the contract: Holt, RIG, Athona. There is a "top 4" list of agencies that as a Consortium we heavily rely on (ID Medical, Interact, Medacs, Total Assist) of these, so far Interact are the only agency which have said "Yes" but, this is a conditional response with a requirement for priority tiering, which is not the approach that the consortium have agreed.
- **A&E`s Doctor Pool Recruitment for the Contract:** We are advised by A&E that this has not been as successful as they were hoping, partly due to the lack of success to identify recruiters to the Exeter office to work, and establish themselves to start to attract the Doctor market.

A&E are of the opinion that considering these issues the only way forward in order to make the contract work are to review the commission and rates of the contract. This was refused by the consortium and a decision has been requested from A&E with regards to whether they still wish to continue with progressing the contract; this decision was requested by Thursday 15th October.

A&E then came forward with a "new" proposal which entailed going live with one Trust at a time, then if successful moving onto the next Trust. This new proposal is yet to be formally submitted and will be considered by the consortium at the next meeting on 29th October, but initial reaction is this would not work and contradicts the purpose of a consortium/Master Vendor approach.

The next consortium meeting will review the new proposal by A&E and we will be inviting CCS and Bevan Brittan to ensure we understand the issues with absolute clarity. The consortium will also need to review the viability of a Master Vendor in light of the capped rates from Monitor (see 7.2.2).

7.2.2 Monitor Agency Capped Rates (Medical Staff)

The consultation document on price caps for agency staff, to include medical, clinical and non clinical staff was published on 15 October 2015 and closes on 13 November with a proposed implementation date of 23 November 2015. We are urgently assessing the implications of this by considering the amount of agency usage at present and projected use over the winter months based on the information available. This will inform our risk assessment and consideration of alternative options available

The consultation document "Price caps for agency staff: proposed rules and consultation", is summarised below:

- Monitor/TDA proposes to introduce caps on the total amount trusts can pay per hour for an agency worker (including bank).
- The price caps apply to all staff groups.
- The price caps for each agency staff role have been calculated by adding a percentage to the maximum NHS national pay rate for substantive roles.
- The objective is to bring agency workers' pay in line with substantive workers by 1 April 2016.
- From 1 April 2016 trusts would not be able to pay more than 55% above the relevant national pay rate for an agency worker; employed via agency or direct engagement (no additional payments will be permitted).
- The price caps can be overridden in the interests of patient safety, after all possible alternative strategies have been explored and within an approved escalation process sanctioned by the board. Overrides that were a result of inadequate staff rostering or poor planning of overall workforce would not be accepted.
- We would be required to report at shift level any payments in excess of the price caps and explain why these were necessary. The overrides will be scrutinised by Monitor/TDA and trusts inappropriately overriding the price caps would be subject to regulatory action.
- Price caps will be introduce on 23 November 2015 and then reduces in two further stages.
- Agency capped rates for non-medical staff are reported in section 7.6.1.
- The proposed capped rates for medical staff are detailed below.

Proposed Capped Rates:

		Maximum total rate per hour applicable from:		
		23 Nov 2015	**1 Feb 2016**	**1 Apr 2016**
Grade	**Hours**	**Basic plus 100%**	**Basic plus 75%**	**Basic plus 55%**
Consultant	Core	£97.28	£85.12	£75.39
	Unsocial	£129.40	£113.23	£100.29
Associate Specialist	Core	£82.28	£72.00	£63.77
	Unsocial	£109.42	£95.74	£84.80
Specialty doctor/ Staff Grade	Core	£66.48	£58.17	£51.52
	Unsocial	£88.42	£77.37	£68.53
Registrar (SP1-2)	Core	£45.80	£36.64	£28.40
	Unsocial	£54.95	£43.96	£34.07
Registrar (SP3+)	Core	£57.10	£45.68	£35.40
	Unsocial	£68.53	£54.82	£42.49

Current Locums and cost:

Grade	**Specialty**	**Current Hourly Rate**	**Difference with capped rates (core) 23 Nov 2015**	**Difference with capped rates (core) 1 Feb 2016**	**Difference with capped rates (core) 1 Apr 2016**	**End date of booking**
Consultant	Acute Medicine	£115	£17.72	£29.88	£39.61	31 Jan 2016
Consultant	Ophthalmology	£124.41	£27.13	£39.29	£49.02	20 Nov 2015
Consultant	Dermatology	£128	£30.72	£42.88	£52.61	22 Jan 2016
Consultant	Emergency Medicine	£102	£4.72	£16.88	£26.61	31 Dec 2015
Consultant	Stroke	£120	£22.72	£34.88	£44.61	31 Jan 2016
Registrar	General Surgery	£79.95	£34.15	£43.31	£51.55	27 Nov 2015

7.2.3

Proposed rules and consultation on price caps for agency staff (Non Medical)

Monitor and the NHS Trust Development Authority (TDA) have published the proposed rules and a consultation on the introduction of caps on the total amount trusts can pay per hour for all types of agency staff.

The information published:

- sets out in detail the proposed price cap rules
- launches a consultation on the principle and detail of the rules.

Under the proposed rules, from 1 April 2016, Trusts would not be able to pay more than 55 per cent above the relevant national pay rates for an agency worker, employed either via an agency or direct engagement. The 55 per cent uplift would account for:

- employment on-costs including employer pension contribution
- employer national insurance
- holiday pay to the worker
- a modest administration fee / agency charge.

The aim is to introduce the proposed price caps on the 23 November 2015 and then, subject to monitoring, reduce them in two further stages so that by 1 April 2016 capped agency rates would be equivalent to national NHS pay rates for substantive staff.

The Trust is in the process of analysing agency rate cards against the proposed capped rates to understand the potential impact.

A response to the consultation document is being drawn up. Work to consider the impact of these arrangements is also being undertaken. Although it should be noted that these proposals do not preclude the Trust from using agencies that exceed the capped rates. However we will be required to report to Monitor on a shift by shift basis if this is the case. Arrangements are being put into place to suport this requirement.

The Director of Professional Practice, Nursing & People's Experience reports on monitor agency rules surrounding framework agencies.

7.3 Staff Friends and Family Test *(CQUIN for 2014/15)*

The Staff FFT has been completed in:

- Q1 by Medical Services Division (SDHCFT) and Corporate Services, Public Health and Professional Practice (TSDHCT).

- Q2 by Surgical Services Division and Community Hospitals.

Due to resource issues, findings have presently only been received for Medical Services Division (below). Whilst there has been a small reduction in the response rate, the findings for both care and work have improved from last year.

	% Response Rate	**% staff extremely likely or likely to recommend SDHCFT to friends and family if they needed care/treatment**	**% staff extremely likely or likely to recommend SDHCFT to friends and family as a place to work.**
2014	35	89	76
2015	26	92	77

The findings have been provided to the Division at specialty level, where available. The findings include; the quantative data; the comments report for recommendation of work and care; and a summary report which identifies common themes. Managers are asked to ensure the findings are shared with staff, together with any resulting action plans.

Quarter 3, December 2015 – Women's, Children's, Diagnostics and Therapies.

To keep in line with last year's submission for the Staff FFT in the plan is to go live in the final quarter for Continuing Health-Medical and Community Services in February 2016.

7.4 Staff Experience CQUIN 2015/16

As previously reported the staff experience CQUIN aims to improve overall staff experience through the establishment of a Multi-Agency Staff Experience Network (MASEN).

As part of this CQUIN we continue to implement the Staff Survey action plan which has been developed to improve those areas identified for development within 2014 NHS Staff Survey (attached). We also continue to progress three 'Always events' as outlined below.

'See something, say something'

'You said, we did' - Is in an initiative designed to communicate actions that have been taken as a result of staff feedback. Actions taken in this quarter include;

- The HR Director has been identified as the figure head for the initiative and has completed an executive blog (11th September) detailing the initiative.
- The initiative together with departmental examples of the initiative were publicised at the Wellbeing event on 7th September.
- A web page has been drafted to include a template poster which will enable managers to display locally the actions they have taken as a result of staff feedback.
- The initiative has been communicated through Board and Divisional reports.
- Additional questions focusing upon integration have been designed for inclusion in this year's staff survey

'Hello, my name is' - Is an initiative to encourage staff to introduce themselves to patients/visitors and colleagues. This work is being undertaken in partnership with the Patient Experience team as 'hello my name is' is also a patient experience CQUIN. Communications and the Hi are also supporting this CQUIN. Actions taken within the quarter include;

- Photographs have been taken of staff at the wellbeing event
- Communications team are walking the hospital taking photographs of staff holding 'Hello my name' is posters
- Introduction at Wellbeing Event in September, Introduced by Trust Chairman Sir Richard Ibbotson. https://vimeo.com/hiblio/review/140938974/5c77dae327
- Encouraging introductions at meetings, training, events etc.

The Quarter 2 CQUIN report is due to be submitted by 31st October 2015 and will report a green RAG rating – 'Project on plan'

7.5 Recruitment

7.5.1 Nursing included on the shortage occupation list

The Home Secretary has agreed to the inclusion of nursing on the shortage occupation list.

This is an interim measure whilst the Migration Advisory Committee (MAC) conducts a review of nurse supply and demand to determine whether nursing should be included on the list beyond this interim period.

The interim measure to recognise nursing as a shortage occupation means:

- Applications for Restricted Certificates of Sponsorship (RCoS) will be prioritised by the UKVI point's allocation system - increasing the likelihood of nursing applications being granted. Applications will be considered as part of the shortage occupation list from the December 2015 UKVI allocation panel.
- Employers can issue a certificate of sponsorship to an individual from outside of the EEA for a nursing role without the need to demonstrate that a resident labour market test (RLMT) has been carried out.
- The requirement to earn £35,000 or more to qualify for permanent settlement in the UK (indefinite leave to remain) will not apply to individuals for whom nursing has appeared on the shortage occupation list at any time during their employment in a nursing role. They will still need to meet all the other settlement criteria.

The Trust had already begun a scoping exercise for non-EU nurses but had been put on hold due to the difficulties in obtaining work permits, this will now be revisited.

7.5.2 Language requirements for EU nurses and midwives

From 18 January 2016, new language requirements for Economic European Area (EEA) trained nurses and midwives joining the Nursing and Midwifery Council (NMC) register come into effect.

Designed to strengthen public protection, the new controls mean that nurses and midwives will be asked to demonstrate that they have the necessary knowledge of English to practice safely in the UK.

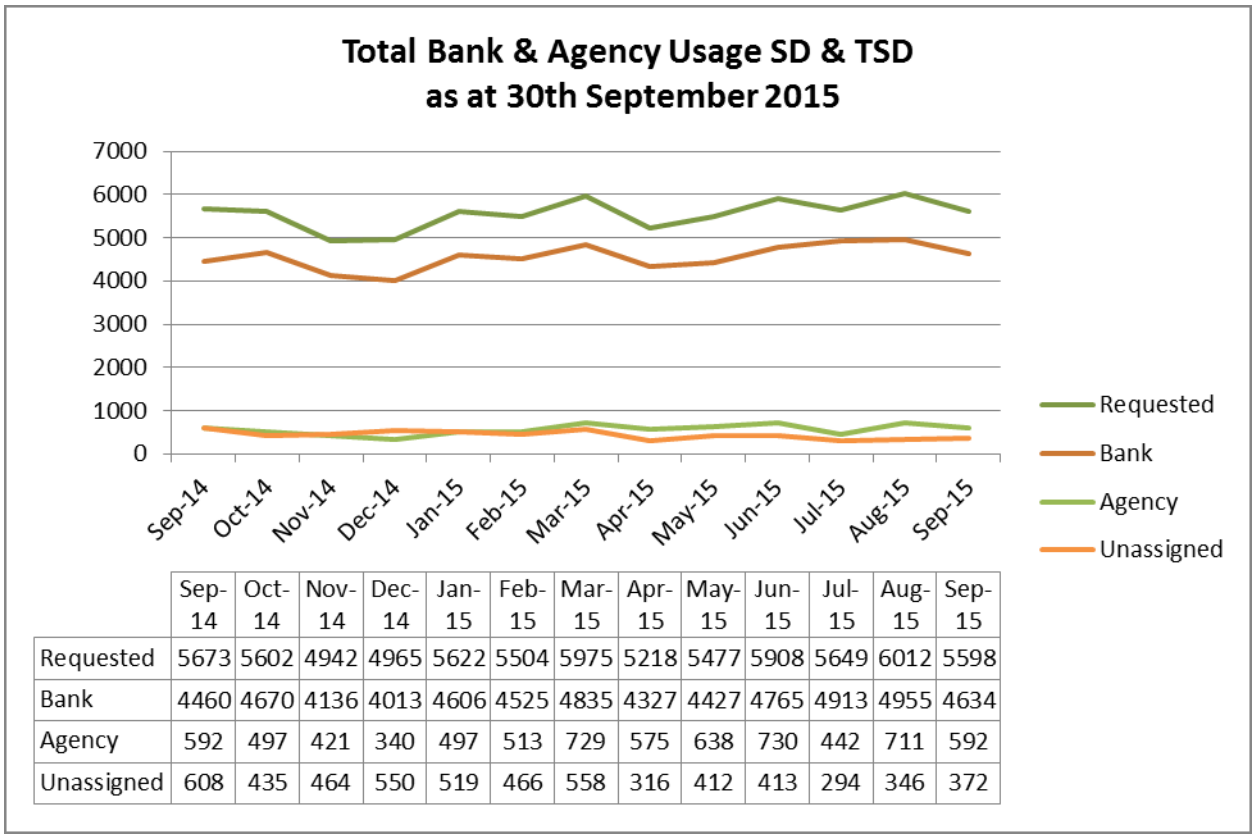
Key changes to the requirements are as follows:

- The regulatory body has announced that from January, EEA nurses and midwives will be asked to prove that they have sufficient evidence of English language skills, for example having worked or trained in an English-speaking country. If a nurse or a midwife is unable to demonstrate these requirements, he or she will be asked to complete an English language assessment.
- Nurses and midwives who have already completed one of the NMC's pre-registration courses will automatically meet the new requirements.

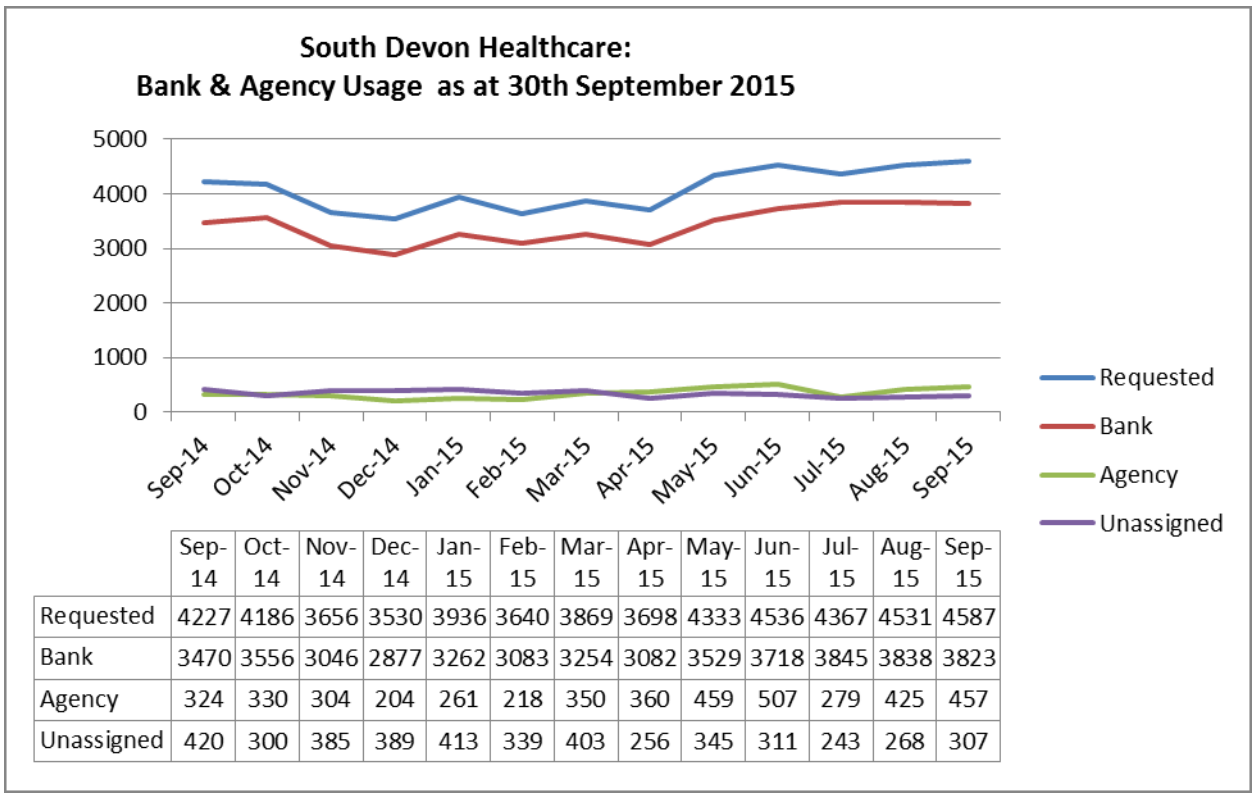
- New legislation will also give the NMC powers to investigate a nurse or midwife whose fitness to practice has been called into question over their ability to communicate effectively in English.
- The Trust will need to build this additional step into the recruitment process of the EU nurses and discussions are currently underway with the Recruitment Agency.

7.6 Temporary Staffing Activity

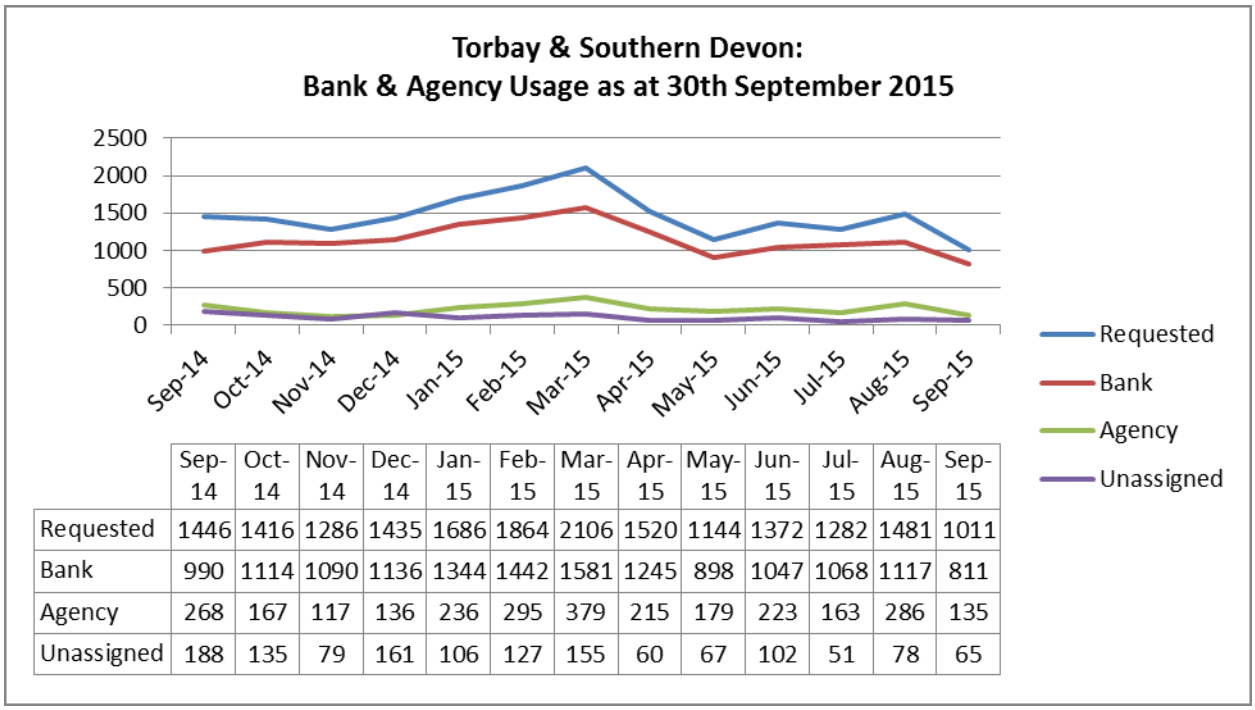
The Temporary Staffing Team continues to strive to fill the demand for shifts within both organisations. In September 2015 the Temporary Staffing Team was able to fill 93% (5226) of the shifts through a combination of bank and agency.



	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Requested	5673	5602	4942	4965	5622	5504	5975	5218	5477	5908	5649	6012	5598
Bank	4460	4670	4136	4013	4606	4525	4835	4327	4427	4765	4913	4955	4634
Agency	592	497	421	340	497	513	729	575	638	730	442	711	592
Unassigned	608	435	464	550	519	466	558	316	412	413	294	346	372



	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Requested	4227	4186	3656	3530	3936	3640	3869	3698	4333	4536	4367	4531	4587
Bank	3470	3556	3046	2877	3262	3083	3254	3082	3529	3718	3845	3838	3823
Agency	324	330	304	204	261	218	350	360	459	507	279	425	457
Unassigned	420	300	385	389	413	339	403	256	345	311	243	268	307



	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Requested	1446	1416	1286	1435	1686	1864	2106	1520	1144	1372	1282	1481	1011
Bank	990	1114	1090	1136	1344	1442	1581	1245	898	1047	1068	1117	811
Agency	268	167	117	136	236	295	379	215	179	223	163	286	135
Unassigned	188	135	79	161	106	127	155	60	67	102	51	78	65

8.0 Occupational Health

8.1 Service Provision

The service provision will be affected with the retirement of the Occupational Health Consultant. The Consultant retires at the end of November from his substantive post in

Bristol and will also relinquish his four sessions with this trust. A range of actions have been undertaken to cover this role. These include advertising twice, which resulted in a shortlist where the only candidate withdrew on the day.

The post is being advertised again, and a range of other options are also being progressed i.e. trying to attract a GP with an interest in occupational health, potentially advertising a Devon split post, with another trust locally who are also advertising such a vacancy, which may attract someone into the west country that would be looking for a full time post .

The Occupational health nurse is relocating to Bristol. The post has been advertised without attracting applicants . Contact has been made with an occupational health agency who are able to provide an experienced OH nurse for a period of time, starting week commencing 2nd November.

Meanwhile we are reviewing the longer term options available. Work still continues with another NHS Trust locally to consider setting up a partnership, merger to manage occupational health provision. At the same time contact has been made with IMAS an Occupational Health provider to look at outsourcing some of our occupational health services.

9.0 Workforce and OD Systems

9.1 ICO Project Plan

We have been working to a project plan for developing our Workforce and OD systems to provide workforce information and pay staff from day one of the ICO. Because the Electronic Staff Record (ESR) is a national system we had to request a slot to merge the SDHFT and TSDHCT ESR accounts. We made this request as soon as we received final sign off for the ICO and as planned we have reserved a merge slot for February 2016 in time for the new financial year. In the meantime we are adjusting our existing systems and payroll accounts to reflect one organisation. In effect we will have two systems for one organisation but employees and statutory organisations will know us as one organisation. This is obviously a complex situation but our plans and experience of previous mergers should ensure risks are minimised.

9.2 E-rostering

The business case for a new e-rostering and time and attendance system is planned to be submitted to the November Finance Committee. If agreed a project plan and group will be formed to take the plans forward. This will enable project plans to be developed and any procurement issues resolved before the new financial year.

9.3 Nurse Revalidation

We are currently working with nursing colleagues reviewing appropriate systems to provide the Trusts with a process for managing nurse revalidation. Nurse revalidation will require every nurse to provide evidence of practice every 3 years to maintain their registration. System options include an in-house solution or an external provider. We are currently discussing with procurement our preferred option.

9.4 Electronic Staff Record (ESR)

The previous Board report included details of the enhancements IBM are planning for the National Electronic Staff Record (ESR). This now includes upgrading ESR to Internet

Explorer 11. An IT programme to rebuild Vista machines with Windows 7 which they hope to complete in February/March 2016 should improve access to ESR for those managers currently using Vista

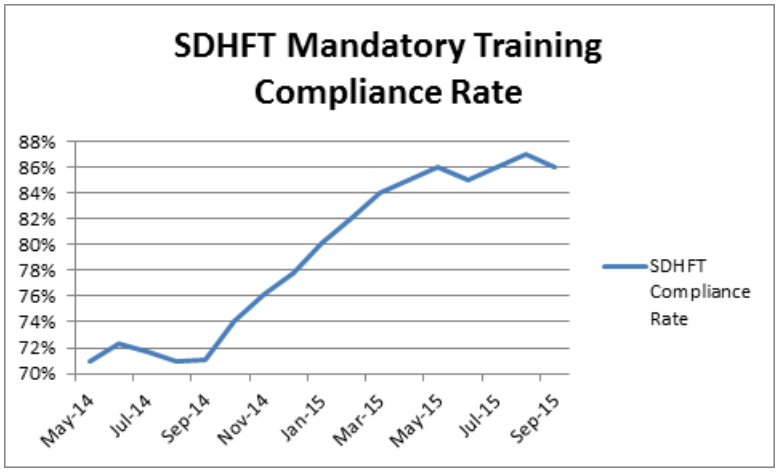
This is an important development as we continue to roll out the self-service modules on ESR to staff and managers. Self-service enables managers to view live reports on workforce metrics and their staff, and for staff to use ESR for e-learning.

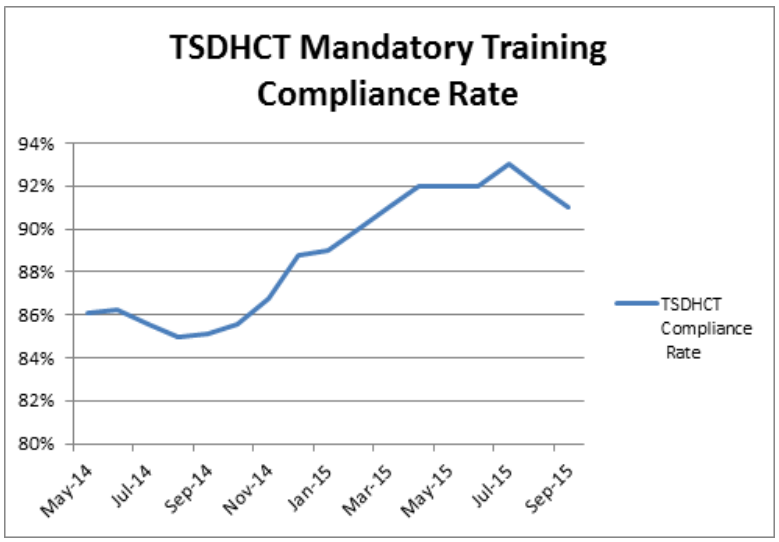
9.5 Annual Employment Declaration Form

The Trust must comply with NHS employment checks standards and Trust policies to monitor any changes to an individual's circumstances that may impact on their employment or be a safeguarding issue. To satisfy this requirement we are developing an annual employment declaration form that each employee will complete with their line manager. This form will include updates on criminal records disclosures, standards of business conduct declarations etc. In addition we will use the opportunity to update other key information included in ESR. We are currently reviewing options for implementing this including the possibility of including it as part of the appraisal process and using the Share Point workflow system so managers can complete via ICON.

10.0 Education and Development

10.1 Mandatory Training





Hotel services for the acute hospital have made a tremendous effort to move their compliance rates in a positive direction supported by Mandatory team delivering training outside hours when required.

Safeguarding Adults and Children level 1 are available via available hiblio and e-learning and are being promoted as such by the mandatory training team who are supporting departments.

10.2 Medical Education

10.2.1 HESW Postgraduate medical Education Conference 8th October

Dr Helen Waters, DME and Jess Piper were invited to present at the annual joint education conference run by HESW Postgraduate Medical Education. This was to present how and why Torbay continuously performs highly in the national GMC trainee survey and share ideas and good practice. This was mainly as a result of the Trust being ranked 1st in the Peninsula for overall satisfaction for training for the 4th year in a row. We demonstrated how we are an integrated undergraduate and postgraduate medical education and HR team, which means we have a shared approach and trainees and clinicians alike are supported by one team. We also highlighted how we have a very positive culture for education and training and trainees are given opportunities to put ideas in to practice innovatively. This was a great opportunity to showcase Torbay and the success of postgraduate training at the Trust.

10.2.2 Undergraduate Year 5 Programme

The new cohort of Year 5 medical students of the PCMD has commenced. It has been agreed that the last cohort of PCMD students (intercalating students returning) will all be based at Torbay for their final year. We are unsure what the exact student numbers will be at this time but if we require a top up due to significantly low numbers Plymouth have agreed to allocate some additional new school students here. There are two more cohorts of PCMD before the new schools year 5 programmes are delivered here from 2018. We have just appointed a Project Support Manager to implement the new programmes who will be in post initially for 18 months with a view to extend until the new programmes have been running for one cohort (12 months).

10.2.3 Postgraduate

We have recently had confirmation that we have been successful in our bid to have Broad Based training posts here from August 2017. This will also help us with our plans to meet the requirements of the Broadening the Foundation programme.

The Trust GMC action plan has been submitted to HESW for GMC submission. Dr Waters and the Team are working closely with departments in addressing any required areas of concern.

General surgery has received their provisional Quality Panel Report for Core Surgical Training, which the College Tutor is currently addressing and this was presented at the last Surgical Directorate meeting. There are some areas of concern for Core Surgical Training which will need to be addressed. Dr Helen Waters is aware and Medical Education are supporting the College Tutor with a response and appropriate plan of action.

10.2.4 Medical Education Team

Mr Raju Ramesh has been appointed as Director of Undergraduate Medical Education (Clinical Sub Dean) and replaces Dr Rebecca Aylward/Dr Ben Benjamin.

10.2.5 Medical Workforce developments

The last Medical Workforce review meeting arranged during September was cancelled. Matt Halkes is currently discussing how best to proceed with the Workforce Redesign Network.

The Physician Associate Programme starts in January 2016. There have been some initial problems which we are currently addressing (e.g. programme organisation and accommodation). Dr Matt Halkes is the lead, supported by Jess Piper. There is a PA Event on the 21st October which is being organised by the Physician Associate students starting in January. Notification of the event has been on the Intranet and will be in this weeks all staff bulletin. Email invites have also been sent to DGM's, CD's, ADN's and Community leads. Sponsorship interviews are taking place on the 19th October for the cohort starting at Torbay in 2017. We have up to 10 sponsored places available.

10.2.6 Revalidation NHS England Visit and Report

The Trust has just received its draft verification visit report from NHS England who visited the Trust on the 21st September as part of the quality assurance process for revalidation. There were some concerns raised about the RO not being the Medical Director but recently the RO arrangements have changed to fit the recommended requirements. The Trust performed very well in the report, ranking between 'compliant' and 'excellence' for all domains assessed.

10.3 Professional Practice

10.3.1 Mask Fit Training

The Education team now has 6 trainers who have been trained to undertake Mask Fit training.

The Education and Health and Safety Team have developed a Mask Fit training day. Intended participants, due to their ability to be able to respond when needed are Matrons, Ward and Unit managers, Band 6 team leaders, 110 Bleep holders, Hospital at Night

Team and Physiotherapy Team leaders. Their names, roles and training/ assessment dates will be recorded and they will be updated yearly.

There has been a slow uptake to attend the course owing to the course being a day in length. The course does need to be a day due to 14 criteria being taught and assessed before signing off the participants as competent. The timing of the day has been altered for some courses starting 7.30am - 2pm and as a result the numbers are slowly increasing but not at the rate required to ensure compliance for a pandemic.

10.3.2 Mentorship

The Trust continues to be short of registered nurse mentors to mentor the number of student nurses we currently have in the workplace. The ARC system, which hosts the live mentor register, will now deactivate those who are not up to date. Additionally the system will only link students to mentors on the live register. Mentors must not only have a yearly mentor update but also a triennial review in order to remain active on the register and able to mentor students.

If the trust is unable to provide mentors to support the students we are contracted to mentor, this will have a serious effect, not only on future staffing but also the level of healthcare that we will be able to deliver in the South West. Additionally, registered nurses will need to revalidate in order to remain on the NMC professional register and part of this revalidation will include evidence of mentoring and supporting learners.

Over the last 2 months, despite having run additional mentor update sessions, the Placement Development Team are still not getting the number of mentors attending updates, meaning that mentors are being removed from the live mentor register and unable to mentor the students. With this in mind we propose to add the Mentorship Update (2 hours) to the annual mandatory training programme for registered nurses ensuring that as many as possible get an annual update, are therefore able to remain on the register and mentor our students.

10.3.3 Clinical Supervision

The audit is now complete and being analysed and an action plan in place by the end of November.

10.4 Vocational Training

10.4.1 Apprenticeships

This year there has been a 50% increase in clinical and non-clinical apprenticeships. The Trust delivered over 200 apprenticeships in Health and Care, Accounting, Marketing, Plumbing, Customer Service, Business Admin, IT, Catering and Hospitality, Management and many more. The services that we deliver are also responsive to the wider community across both Health and Health and Social Care.

An apprenticeship award ceremony led by South Devon College was held on 10th September for organisations across Torbay and South Devon. Our organisation won a total of 4 awards that included:

- Best Marketing Apprentice; Kayleigh Pattle, Horizon Centre
- Best Health and Social Care Apprentice; Louisa Freeman, HCA - Simpson Ward
- Best Business Administration Apprentice; Daniella Elsden, Medical Records Clerk

- Best Apprenticeship Ambassador, Employer Award; Suzy Hubbard, Apprenticeship Co-ordinator

10.4.2 Apprentices

We have recruited 21 new HCA apprentices into the organisation to support the existing workforce including HCAs to specialise in areas such as end of life and dementia. These apprentices have been funded as a result of the increased outcomes and targets last year. We exceeded our targets substantially and as a result, we were able to generate additional income to support pressured front line services. New higher apprenticeships in management are being launched on the 19th November. The new degree will also be on offer as will the new BTECH for senior managers.

10.4.3 Care certificate

We have delivered a series of care certificate assessor training workshops within the Trust and now have over 100 staff are now care certificate assessors across the acute and community. Health Education South West (HESW) has informed us that we are the first Trust to have a robust process in the peninsular.

10.4.4 Talent for Care

Following another audit we have come out as the gold standard for the second year running.

We now have in place a full time dedicated person co-ordinating work experience across the organisation for schools including Devon Studio School. This will enable us to drive the Talent for Care agenda forward to increase more opportunities with a real focus on careers in schools.

Our employability Hub continues to grow and we are looking at developing a new paid work experience scheme. We now have over 10 stakeholders including The Prince's Trust and Young Carers.

11.0 Organisational Development (OD)

11.1 Vision, Values, Purpose and Strapline

A refreshed OD Plan was produced last month and as part of this work the purpose, vision and values have been agreed through the ICO Champion group. It was decided that the 6 NHS Constitution values would continue to be adopted by the new organisation and no further values needed to be added. These values are;

- Respect and Dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

The ICO Champions suggested that in order to start bringing the values to life and to make them meaningful to this organisation the description for each one would be created by staff as part of the values workshops that will run across the community.

The draft vision for the Trust is:

A community where we are all supported and empowered to be as well and as independent as possible, able to manage our own health and wellbeing, in our own homes. When we need care we have choice about how our needs are met, only having to tell our story once.

In addition a strapline for the organisational is being developed . All staff have been given the opportunity to vote for one of four straplines. These four were chosen from over 200 submissions from staff who are keen to participate in this key process. The straplines staff are voting for are:

- Working with you, for you
- Your health, your care, your choice
- Right time, right place, right care
- Your community, your care

11.2 Managers Toolkit

A programme for new managers (from band 3 upwards to also include Clinical Director's) has been devised that includes an introduction into what Leadership and Management means in this organisation together with high-level introduction into key topics. The first session will run during December as a pilot and will include; HR policies and procedures, finance and budgets, governance and risk. To further support there are a number or short workshops on communication and conversation (includes difficult conversations), feedback and wellbeing. All these workshops are designed to be highly practical together with underpinning knowledge. In addition there are further workshops that can be accessed that are useful in your role to that include; time management, influencing and negotiating and assertiveness. Any of these topics can be accessed by any manager who may also want to refresh their practice, knowledge and skills.

11.3 OD Plan - Values

The ICO Champion group are a representative group of approximately 30 staff that have are engaged in sharing opinion and cascading information relating to the ICO and OD Plan. This group were asked to review the existing organisational values (NHS constitution values) and present their views as to whether they felt they were fit for purpose or needed adding to. The view shared by the group was that the existing values were fit for purpose but that the associated descriptions should be re-written to reflect a local meaning. This will become part of the values workshops running across the community during November and December that will form the beginning of an organisational values framework to support the living of the values and engaging with staff during that process.

11.4 Leadership Visibility

Following the initial visits on the 1 October from the Executive Team to a number of departments there is a rolling programme over the next few months with the intention of reaching departments right across the organisation. This will then inform a business as usual approach to senior leadership visibility within the organisation.

11.5 Shadowing and Buddying

Shadowing and buddying had been a suggestion from staff in the ICO engagement sessions and by the ICO Champions as a way of creating a better understanding of the

organisation and the services and roles within in it to address perceptions and promote an open culture.

Two ICO Champions are piloting a system and process by which they are going to buddy up and shadow each other in their roles with the permission of their managers this system can then be replicated for others to use across the organisation.

11.6 Team Talk

This is a proposed framework in the form of a document to support managers in organising and running team meetings. It has been shared with the ICO Champions who welcomed the concept and have proposed some changes to the language and style. This document will be presented to the Executive Team and subsequently The Board as a proposal for implementation across the Trust.

SDHFT Workforce and OD Scorecard 2015/2016 **Appendix A**

Sep-15

Indicator and (Target)	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Bank/Agency Spend Total	£4,874,108	£5,769,532	£6,771,561	£7,556,792	£8,090,180	£8,900,611	£9,589,122	£737,624	£1,590,091	£2,498,486	£3,388,102	£4,383,581	£5,430,808
Bank Monthly	£423,416	£357,079	£401,661	£299,997	£280,678	£392,172	£319,911	£321,918	£394,001	£366,133	£375,545	£451,147	£373,237
Agency Monthly	£564,986	£538,345	£600,368	£485,234	£252,710	£418,259	£368,600	£415,706	£458,466	£542,262	£514,071	£544,332	£673,990
Staff Headcount Number	4171	4206	4245	4256	4274	4268	4255	4255	4255	4262	4256	4262	4276
Staff Establishment WTE								3866.41	3872.03	3819.94	3844.10	3855.00	3887.31
Staff in Post WTE								3615.57	3599.98	3597.75	3594.88	3682.92	3638.56
Cumulative Vacancies WTE								250.84	272.05	222.19	249.22	172.08	248.75
Vacancy Factor (4% or below)								6.49%	7.03%	5.82%	6.48%	4.46%	6.40%
Starters (Exc Junior Doctors)	67.7	57.2	73.8	23.7	35.5	26.7	21.5	20.1	19.9	16.5	24.3	32.4	48.3
Leavers (Exc Junior Doctors)	43.9	34.7	29.9	23.6	24.5	32.0	42.2	26.2	32.5	21.3	36.3	36.3	41.8
Bank Usage (WTE)	183.94	122.89	179.30	133.13	125.20	173.34	154.08	144.73	172.97	155.70	165.76	204.57	166.33
Agency Usage (WTE)	65.41	55.37	45.84	27.66	50.15	24.53	57.37	58.51	81.36	65.74	47.38	44.60	92.58
Staff Turnover Rate % (Between 10% - 14%)	11.00%	11.23%	11.63%	11.45%	10.94%	10.96%	10.80%	10.78%	12.80%	11.00%	11.17%	11.05%	11.09%
Sickness Absence Rate % (4.15% or less)	4.18%	4.24%	4.25%	4.27%	4.21%	4.26%	4.23%	4.19%	4.18%	4.16%	4.13%	4.12%	
Bradford Score % over 250 Points	11.89%	11.83%	12.10%	12.10%	11.86%	12.41%	12.54%	12.53%	12.76%	12.38%	12.53%	12.23%	
Sickness Cost	£4,316,092	£4,385,121	£4,383,289	£4,362,063	£4,328,006	£4,356,680	£4,325,483	£4,288,033	£4,269,085	£4,223,943	£4,184,439	£4,172,131	
Skill Mix (Registered/Non-registered)	54/46	54/46	54/46	54/46	54/46	54/46	53/47	54/46	54/46	54/46	54/46	54/46	54/46
Staff appraised in last year (90% or above)	60%	69%	74%	83%	82%	83%	82%	83%	83%	84%	85%	85%	83%
Age Profile - % of staff over 55 years of age	21.0%	20.0%	20.0%	20.0%	20.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%

Training and Development - Percentage of staff compliant

Information Governance Training (95% or above)	69%	77%	80%	81%	83%	79%	85%	85%	85%	84%	85%	87%	87%
Fire Training (80% or above)	65%	70%	73%	74%	77%	79%	81%	82%	83%	83%	83%	84%	84%
Child Protection L1 (90% or above)	70%	73%	75%	77%	78%	81%	85%	85%	86%	86%	86%	87%	87%
Infection Control (80% or above)	65%	67%	69%	71%	76%	77%	79%	81%	81%	80%	81%	82%	82%
Equality & Diversity (80% or above)	75%	77%	79%	81%	83%	86%	88%	89%	90%	90%	90%	91%	90%
Conflict Resolution (80% or above)	75%	76%	78%	80%	81%	83%	85%	85%	87%	88%	87%	89%	87%
Health & Safety (80% or above)	84%	86%	86%	87%	88%	89%	89%	89%	88%	88%	87%	88%	86%
Manual Handling (80% or above)	67%	69%	71%	73%	77%	79%	81%	82%	83%	82%	83%	84%	84%
Safeguarding Adults L1 (90% or above)	69%	71%	74%	76%	78%	81%	85%	86%	87%	88%	88%	88%	88%
Average Compliance	**71%**	**74%**	**76%**	**78%**	**80%**	**82%**	**84%**	**85%**	**86%**	**85%**	**86%**	**87%**	**86%**

TSDHCT Workforce and OD Scorecard 2015/2016 **Appendix B**

Sep-15

Indicator and (Target)	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Bank/Agency Spend Total	£1,880,576	£2,218,724	£2,491,945	£2,760,007	£3,052,136	£3,478,204	£4,003,197	£266,254	£529,799	£776,792	£1,044,757	£1,305,053	£1,619,430
Bank Monthly	£136,258	£142,005	£156,160	£132,446	£110,552	£231,773	£220,080	£143,043	£140,044	£118,123	£119,405	£163,767	£167,227
Agency Monthly	£228,560	£196,143	£117,061	£135,616	£181,577	£194,295	£304,913	£123,210	£123,501	£128,871	£148,559	£96,529	£147,150
Staff Headcount Number	2053	2055	2040	2037	2037	2045	2037	2022	1990	1778	1766	1758	1759
Staff Establishment WTE	1,821.16	1,821.04	1,821.04	1,808.28	1,815.81	1,815.81	1,815.81	1,817.01	1,801.67	1,600.90	1,583.92	1,587.76	1,587.76
Staff in Post WTE	1,748.76	1,741.97	1,748.96	1,729.42	1,740.56	1,735.62	1,743.44	1,724.32	1,715.51	1,519.94	1,510.58	1,501.56	1,512.69
Cumulative Vacancies WTE	72.40	79.07	72.08	78.86	75.25	80.19	72.37	92.69	86.16	80.96	73.34	86.20	75.07
Vacancy Factor (4% or less)	3.98%	4.34%	3.96%	4.36%	4.14%	4.42%	3.99%	5.10%	4.78%	5.06%	4.63%	5.43%	4.73%
Starters	22.96	16.06	19.18	10.18	20.55	11.99	17.31	15.15	11.04	16.73	7.99	10.99	20.03
Leavers	21.10	16.97	33.44	16.99	15.35	11.26	26.63	22.05	214.75	11.60	21.93	17.85	19.57
Bank Usage WTE	59.93	62.09	66.48	56.15	47.38	70.20	74.24	76.63	73.56	47.60	52.28	66.81	59.37
Agency Usage WTE	38.39	34.60	21.55	24.20	35.53	34.30	53.58	24.89	24.69	28.01	31.38	22.77	34.02
Staff Turnover Rate % (Between 10% - 14%)	14.37%	14.68%	15.46%	15.72%	15.72%	15.40%	14.26%	15.26%	18.36%	16.54%	16.85%	17.05%	17.00%
Sickness Absence Rate % (4.25% or less)	4.36%	4.33%	4.37%	4.39%	4.36%	4.37%	4.38%	4.43%	4.51%	4.33%	4.24%	4.24%	
Bradford Score % over 250 Points	10.75%	11.96%	12.08%	12.08%	16.71%	12.32%	12.17%	12.34%	12.60%	12.34%	12.23%	11.31%	
Sickness Cost	£2,248,636	£2,238,518	£2,261,403	£2,284,695	£2,277,278	£2,281,351	£2,293,185	£2,087,639	£2,079,721	£2,001,596	£1,964,482	£1,960,505	
Skill Mix (Registered/Non-registered)	57/43	57/43	57/43	57/43	57/43	57/43	57/43	58/42	58/42	57/43	58/42	58/42	58/42
Staff appraised in last year (90% or above)	78%	86%	91%	91%	87%	87%	85%	85%	87%	89%	89%	88%	87%
Age Profile - % of staff over 55 years of age	26%	26%	26%	25%	26%	26%	26%	26%	25%	25%	26%	26%	26%

Training and Development - Percentage of staff compliant

Information Governance Training (95% or above)	86%	87%	89%	91%	90%	90%	91%	94%	93%	93%	94%	94%	92%
Fire Training (80% or above)	77%	78%	78%	82%	83%	87%	86%	89%	90%	89%	90%	89%	87%
Child Protection L1 (90% or above)	93%	93%	95%	94%	95%	95%	95%	95%	96%	95%	96%	95%	95%
Infection Control (80% or above)	75%	75%	76%	79%	80%	83%	83%	86%	86%	86%	87%	87%	86%
Equality & Diversity (80% or above)	86%	87%	89%	92%	92%	93%	93%	94%	95%	94%	95%	95%	92%
Conflict Resolution (80% or above)	88%	89%	90%	92%	92%	92%	92%	93%	93%	93%	93%	93%	91%
Health & Safety (80% or above)	92%	92%	92%	93%	93%	94%	94%	94%	94%	94%	94%	93%	90%
Manual Handling (80% or above)	80%	80%	81%	83%	84%	86%	87%	88%	88%	87%	89%	87%	87%
Safeguarding Adults L1 (90% or above)	89%	89%	91%	92%	92%	92%	95%	95%	96%	95%	96%	96%	96%
Average Compliance	**85%**	**86%**	**87%**	**89%**	**89%**	**90%**	**91%**	**92%**	**92%**	**92%**	**93%**	**92%**	**91%**

Appendix C

OUTTURN	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Sickness Absence - All ICO Staff	4.3%	4.3%	4.2%	4.2%	4.2%							
Community BU Total	4.8%	5.0%	4.7%	4.5%	4.5%							
Medicine BU Total	3.9%	3.9%	3.8%	3.8%	3.8%							
Surgery BU Total	4.4%	4.4%	4.5%	4.5%	4.4%							
WCD BU Total	3.6%	3.6%	3.6%	3.5%	3.5%							
Staff Appraisals - All ICO Staff	83.8%	84.5%	85.7%	86.2%	86.3%	84.3%						
Community BU Total	84.4%	85.5%	88.9%	88.6%	86.3%	86.0%						
Medicine BU Total	84.3%	83.0%	86.3%	86.7%	85.8%	86.4%						
Surgery BU Total	83.2%	81.6%	83.9%	86.5%	89.7%	88.9%						
WCD BU Total	81.0%	84.3%	85.5%	84.7%	85.0%	79.2%						
Mandatory Training - % Completion of 9 competencies - All ICO Staff	86.9%	87.4%	87.3%	87.7%	88.2%	87.3%						
Community BU Total	92.5%	92.6%	91.4%	92.0%	92.2%	91.5%						
Medicine BU Total	83.0%	83.6%	83.7%	83.2%	86.1%	85.3%						
Surgery BU Total	84.7%	85.5%	85.6%	85.6%	87.1%	85.9%						
WCD BU Total	89.9%	89.9%	89.7%	90.1%	90.1%	88.8%						

Appendix D

SDHFT	Sickness	Appraisal	Training (Average)	Staff	FTE
Division/Directorate	Aug-15	Sep-15	Sep-15	Sep-15	Sep-15
CHARITABLE FUNDS DIVISION	2.20%	56%	87.58%	34	20.09
Dir - Chief Executive	7.47%	100%	90.12%	9	8.04
Dir - Education & Development	3.64%	86%	91.30%	69	64.56
Dir - Finance, Performance & Information	3.24%	89%	89.96%	274	244.02
Dir - Medical Director	6.21%	100%	100.00%	3	2.35
Dir - Nursing & Quality	2.13%	91%	90.03%	39	34.91
Dir - Operations	6.73%	99%	81.60%	97	85.91
Dir - Pharmacy Services	4.42%	47%	85.06%	85	72.46
Dir - Workforce	3.06%	91%	89.17%	77	63.04
CORPORATE SERVICES DIVISION	3.94%	85%	88.19%	653	575.29
Dir - Estates & Facilities	4.44%	76%	94.53%	63	61.64
Dir - Hotel Services	6.69%	80%	72.29%	359	268.41
ESTATES & FACILITIES MANAGEMENT DIVISION	6.28%	79%	75.61%	422	330.05
Dir - Cancer Services - Medicine	4.49%	88%	85.43%	181	158.58
Dir - Care of the Elderly - Medicine	5.70%	74%	77.46%	138	124.43
Dir - Derm, Rheum, Neurology, Thoracic- Medicine	0.84%	68%	90.43%	35	28.56
Dir - Emergency Services	3.75%	95%	89.89%	240	203.26
Dir - Gastoenterology/Endocrinology- Medicine	2.72%	78%	83.18%	105	92.42
Dir - General Medicine	2.15%	78%	87.35%	70	61.68
Dir - Heart & Lung- Medicine	3.51%	93%	84.67%	189	159.08
MEDICAL SERVICES DIVISION	3.80%	86%	85.33%	958	828.02
PHARMACY DIVISION (Manufacturing)	3.05%	63%	90.92%	115	106.87
RESEARCH & DEVELOPMENT DIVISION	5.28%	73%	89.40%	40	32.03
Dir - General Surgery	4.86%	91%	82.87%	261	221.65
Dir - Head & Neck	1.71%	86%	93.31%	98	73.56
Dir - Ophthalmology	5.05%	94%	81.03%	98	82.53
Dir - Surgical Division	3.43%	90%	88.89%	73	66.16
Dir - Theatres, Anaesthetics and ICU	4.95%	84%	86.17%	401	356.36
Dir - Trauma and Orthopaedics	3.86%	97%	87.24%	160	136.03
SURGICAL SERVICES DIVISION	4.40%	89%	85.91%	1091	936.29
Dir - Breast Care	4.15%	94%	92.43%	47	37.24
Dir - Child Health	3.22%	71%	86.68%	157	128.09
Dir - Lab Medicine	3.23%	68%	90.13%	125	109.47
Dir - Obs & Gynae	5.03%	84%	87.65%	214	172.14
Dir - Radiology & Imaging	3.62%	76%	88.80%	133	114.69
Dir - Sexual Health	3.63%	57%	94.18%	42	31.75
Dir - Therapies	2.13%	88%	87.82%	213	174.48
Dir - Women's, Children's and Diagnostics	2.06%	89%	96.06%	31	29.69
WOMEN'S, CHILDREN'S & DIAG' DIVISION	3.46%	79%	88.80%	962	797.55
Grand Total	4.12%	83%	85.95%	4275	3626.19

Appendix E

TSDHCT	Sickness	Appraisal	Training (Average)	Staff	FTE
Division / Directorate	Aug-15	Sep-15	Sep-15	Sep-15	Sep-15
545 Dir - 24/7 Nursing/Rapid Response (SD)	8.30%	77%	92.88%	38	31.89
545 Dir - Dawlish & Teignmouth Zone (SD)	1.84%	90%	97.90%	37	30.45
545 Dir - Moorland Zone (SD)	3.31%	81%	94.97%	21	16.37
545 Dir - Newton Abbot Zone (SD)	5.37%	67%	82.35%	30	24.89
545 Dir - Other (Teignbridge) (SD)	3.73%	93%	95.82%	52	39.28
545 Dir - Totnes & Dartmouth Zone (SD)	3.98%	91%	96.42%	35	29.95
545 Div - Community Services - Southern Devon	4.30%	85%	93.69%	213	172.83
545 Dir - Baywide Services	4.81%	81%	91.60%	41	35.69
545 Dir - BEST	2.50%	100%	94.97%	20	14.94
545 Dir - Brixham Zone	3.79%	81%	87.46%	63	50.10
545 Dir - MSK	2.22%	78%	93.39%	39	30.42
545 Dir - Older Peoples Mental Health	3.35%	77%	92.06%	15	11.03
545 Dir - Other Social Care	4.79%	90%	93.83%	36	33.09
545 Dir - Paignton Zone	4.53%	88%	92.21%	107	91.30
545 Dir - Torbay Community Support	3.73%	88%	90.99%	26	24.28
545 Dir - Torquay Zone	7.03%	83%	86.77%	151	128.52
545 Div - Community Services - Torbay	4.81%	85%	90.15%	498	419.37
545 Div - Continuing Healthcare	2.07%	76%	93.65%	28	25.41
545 Dir - Board & Headquarters	2.23%	94%	87.13%	18	16.85
545 Dir - Finance & Corporate Services	2.14%	92%	86.75%	50	46.25
545 Dir - HR & Training	0.36%	74%	95.40%	29	25.81
545 Dir - Operations Support	1.16%	84%	85.49%	49	45.68
545 Div - Corporate Services	1.46%	86%	88.07%	146	134.59
545 Dir - Ashburton Hospital	8.09%	76%	87.50%	22	16.61
545 Dir - Bovey Tracey Hospital	4.49%	75%	84.66%	21	16.60
545 Dir - Brixham Hospital	4.72%	93%	93.02%	36	27.80
545 Dir - Dartmouth Hospital	3.04%	96%	93.97%	35	27.40
545 Dir - Dawlish Hospital	1.26%	95%	97.22%	28	23.39
545 Dir - MIU Services	3.15%	93%	96.03%	28	22.99
545 Dir - Newton Abbot Hospital	4.95%	77%	87.76%	116	96.56
545 Dir - Paignton Hospital	4.98%	98%	94.82%	58	45.85
545 Dir - Teignmouth Hospital	5.14%	97%	80.10%	43	31.76
545 Dir - Totnes Hospital	3.63%	97%	94.70%	43	34.02
545 Div - Hospital Services	4.40%	89%	90.58%	430	342.98
545 Div - Medical	6.46%	96%	98.02%	28	24.60
545 Dir - Allied Health Professionals	3.31%	96%	89.20%	76	62.83
545 Dir - Professional Practice	3.14%	80%	92.62%	79	65.66
545 Div - Professional Practice	3.23%	87%	90.96%	155	128.49
545 Dir - Health Visiting & School Nursing	4.84%	89%	89.09%	108	83.05
545 Dir - PH Provider Services	4.11%	99%	91.67%	92	76.69
545 Div - Public Health	4.49%	93%	90.28%	200	159.75
545 Dir - Independent Sector (Mental Health)	3.37%	25%	86.67%	10	9.52
545 Dir - Inhouse Services LD	7.60%	88%	87.15%	51	37.01
545 Div - Torbay Social Care Specific	6.98%	78%	87.07%	61	46.53
Grand Total	**4.24%**	87%	90.67%	**1759**	**1454.55**

Torbay and South Devon NHS
NHS Foundation Trust

REPORT SUMMARY SHEET PUBLIC

Meeting Date:	4 November 2015
Title:	Finance and Performance Report Month 6 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 highlights together with the performance dashboard and data book for performance to the end of September has been reviewed by the Finance committee on 27th October.

The Performance Report highlights the following:

Section A – Acute Performance (Monitor as regulator)

1.0 Quality Indicators
- There are no CQC regulatory actions in place.
- CQC intelligent monitoring remains at 3.
- C-diff 19 cases with 9 lapses in care identified in period Apr – Oct 2015 increase over previous year.

2.0 Monitor compliance
- The A+E standard has not been met in September (90.24%) and against the Q2 Monitor risk assessment framework return. CCG contract performance notice received 9th October.
- The RTT standard for incomplete pathways has been achieved in September and for Q2 risk assessment framework return
- All cancer standards achieved in September and against the Q2 Monitor risk assessment framework return.

3.0 CQUIN schemes
- No new exceptions to report.

4.0 Performance and Quality Requirement – Contract indicators
- No new risks identified

5.0 Performance and Quality Requirement Local indicators
No new risks identified

Torbay and Southern Devon Care Trust Key performance Issues at month 6 (Trust Development Agency Regulator)

- MIU 4 hour wait target 100% compliance against target of 95%
- Community hospitals performance measures impacting on system flow:
  Delayed Discharges1241 days over target or 110%
  Length of Stay and bed occupancy 14.74 days at 10% over target but those over 30 days 40 % over target.
- Timeliness of social care assessments- reduction in performance in month
- CAMHS waiting times for assessments improving but not meeting target for routine assessment
- Safeguarding
  Strategy meetings not meeting target 7 day time lines 43% below target.
- Work Force
  Staff turnover up to 17% against target of 10-14%

6.0 South Devon Healthcare NHS Foundation Trust Month 5 financial position (assuming a local terms and conditions contract)

- Continuity of Service Risk Rating of 2 in line with the Annual Plan

- Annual Plan income and expenditure position at the Earnings before Depreciation Interest Tax Depreciation and Amortisation level for the for the year to date (excluding the planning variances related to the acquisition which was planned for the 1st August in the original plan) is on plan after providing a £1.6m discount on the National Tariff to Southern Devon and Torbay CCG.
- Within this the Trust has managed operational pressures:
  - increased staff costs associated with escalation, discharge lounge and RTT delivery Agency spending £1.5m above plan
  - slow recurrent CIP delivery, offset by non-recurrent cost reduction/ deferment significantly in excess of plan.
  - The Trust has classified expenditure relating to the acquisition as Restructuring costs amounting to £690K (with the agreement of the Regulator and consistent with the yearend treatment)
  - The bottom line as would be assessed by the regulator a position £486k better than plan (excluding planning variances relating to the acquisition)
- capital plan behind annual plan by £3.2m

Torbay and Southern Devon Health and Social Care Trust Regulated by the Trust Development Agency

The Trust has had to undertake a full year end accounts preparation and these results are subject to Audit.

- the year to date actual is a deficit of £2,190, which is a variance of £2,387k behind plan.
  Within this figure this there is an impairment of the Single Community Care Record asset amounting to £528K which is not related to operational performance but the change in focus of the capital project.
  The main movements relate to contractual differences with commissioners and a new Injury Benefit claim.
- The operational pressures remain consistent with previous months:
  - in the delivery of CIP in both Adult Social Care and Health budgets.

- Employees costs related to the escalation facilities and bank and agency costs including supportive observations.
- The Trust received £2m PDC relating to the acquisition in month 6 that and the revised capital plan gives a variance on the External Funding Limit. (the External Funding Limit is a control total used to manage the cash flows of NHS Trusts)

Summary of ED Challenge/Discussion:

Performance Actions

Ophthalmology remains our major risk for RTT after continued increase in referrals and the challenge in retaining appropriate agency staff to complete the planned volumes through the temporary unit. In order to deliver the backlog reduction a further period of the temporary unit and continued outsourcing will be required. The team is finalising estates plan to build additional theatre and clinic capacity to deliver a sustainable solution. New clinical guidance has been implemented with the support of our clinicians.

Cardiology- The Exec Team has asked for a review of waits in cardiology as there has been an increase in people waiting for clinic appointments. This will consider outcome of a review of cardiology services being published by the Clinical Network in November 2015

4 Hour wait- work has continued to recruit additional staff to medical and nursing posts. The workforce plan is being reviewed to take account of recruitment issues in the hospital ad MIU services. The plan includes action across the hospital and community system. The Executive Team will review the initial feedback from ALAMAC and response. An action plan has been submitted to the CCG in response to the Contract Performance Notice.

The Executive team has supported the work aimed at improving sustainability of our 62 day target with an agreement to pilot and new GI pathway.

The winter escalation plan has been submitted to NHS England and Monitor with ongoing work aimed at addressing domiciliary and intermediate care capacity

Financial result actions

- Income performance continues to over perform against plan both in clinical and non-clinical areas
- Executive Directors have Identified additional project management resource to improve CIP delivery by operational and finance teams continue to review the non- recurrent benefits seen to date and to consider moving to CIP an extra £0.2m has been moved from slippage to CIP in month.
- Monitor have set targets for nursing agency staff spend for all FT's and the Trust Development Agency has done the same for NHS Trusts. Both Trusts have produced action plans to address spend levels. The systems have been put in place to require executive director approval of all non-approved agency usage, but at this stage we are awaiting Monitors response to our request to have our local contract approved.(Monitor previously rejected the contract when the PPSA applied on behalf of South West Trusts)

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. The Financial position is shared at Business Unit level at: Divisional Teams weekly and monthly. Directorate and Divisional Boards Senior Business Management Team quarterly
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 6 – September 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 30th September 2015.

Overview of Performance as identified in the Performance Dashboard

1. Quality Framework indicators

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. The latest CQC intelligent monitoring report (May 2015) maintains an overall score of 3 with 9 risks identified. A provisional date in February 2016 has been announced for the formal CQC site inspection visit.

VTE assessment on admission

VTE assessment is reported on a quarterly basis. The forecast for Q2 is for the target performance of 95% to be achieved. The continued improvement follows an emphasis on highlighting at ward level, incomplete recording of assessment on the care planning summaries, currently used to collect the data. To achieve the final Q2 position however, the VTE clinical team had to undertake further audit of notes to achieve the Q2 reported score. This has again highlighted that there is good compliance with clinical practice and further improvement required with the collection of the data. The pilot of the new "Nerve Centre" clinical system is expected to pick this up as one of its benefits.

1.3 Performance variances

1.3.1 Stroke pathway time spent on a dedicated stroke ward

The number of patients discharged in September having been admitted with acute stroke spending 90% or more of their hospital stay on the stroke ward did not achieve the standard of 80%. The September performance is 61%. Analysis of breaches indicate that access to the specialist stroke team out of hours and at weekends remains a significant factor along with delays for confirmed diagnosis and transfer to the specialist stroke ward. In response to continued under performance an action plan informed by a thorough breach review process has been completed by the operational team. These actions focus on the early identification of patients for transfer to the stroke ward. Overall the availability of ward beds in the stroke unit has become less of a constraint following actions taken in July to support the ring fence

beds for the unit. The plan will be further developed in response to the findings of a report on stroke services completed by the clinical network being published in November 2015.

1.3.2 Dementia – The improvement seen in August has levelled off with September performance reported as 70% against the 90% target. The Dementia working group will continue to review performance at ward level. The pilot of the "Nerve centre" clinical system is expected to make it easier to record this information and track the status of dementia assessments for qualifying patients.

1.3.3 Follow up outpatient appointments waiting passed the intended to be seen by date (TBS). The data book gives the detailed breakdown of the numbers by specialty. This remains a risk in several areas and is being escalated through the Chief Operating officer and the regular RTT meetings.

2.0 Monitor Compliance

2.1 <u>September update against monitor plan and Q2 Monitor compliance</u>

All indicators have been achieved with the exception of "time spent in A+E over 4 hours", and the "Referrals to Treatment" (RTT) indicator for admitted patients. The RTT 'admitted' indicator will be dropped in future risk assessment returns with the single indicator for RTT 'incomplete' pathways being the sole indicator for monitor assessment. As previously reported against the 4 hour target, Monitor will take into account in the risk assessment for Q2, the challenges with accuracy of recording waiting times coupled with delays from managing the clinical change process during the transition to the IT new system in the Emergency Department.

2.1.2 The Monitor Annual Plan for 2015_16

Annual Plan 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.

Q2 update against declared risks

i. 4 hour standard for time spent in A+E - The standard is not achieved in Q2 and is in variance to our declared Monitor plan. Performance in September 90.24% however is a significant improvement over previous months and is starting to demonstrate greater resilience across the whole pathway of care and patient flow. Further improvement is expected, with progress being made across several of the key actions in the recovery plan informed by the work of the local team and ALAMAC. These include recruitment to senior clinical and nursing positions and implementation of improvement pilots within the Emergency department and wider system. The winter escalation plan has been approved and builds on learning gained over the last 9 month and emphasises the role of community wide escalation to maintain domiciliary care and intermediate care capacity and maintaining flow through critical high turnover areas, including the Emergency Assessment units and Acute Medical Unit. The action plan agreed with commissioners is for a return to the operational standard of 95% in Q3.

ii. RTT incomplete pathways – The standard has been achieved September and for Q2. Significant risks remain with several specialties. Whilst the Q2 performance is in line with our Monitor plan there remains a critical focus on the delivery of additional capacity to maintain this standard at aggregate level. Action plans to return to compliance at specialty level are being managed by the Chief Operating Officer.

iii. Cancer standards - all standards have been achieved in Q2 in line with the monitor plan.

iv. C-diff - There has been an overall increase in cases of c-diff over the previous year in Q1 and Q2 (11 cases 14_15; 19 cases 15_16) as well as an increase in lapse in care (2 cases 14_15; 9 cases 15_16). At the end of Q2 the number of lapse in care (9 cases) is below the de minis value (12 cases) set for triggering the risk assessment "not met". The creation of the ICO will now lead to a revised target for Q3 monitor assessment. This is currently under review and we are awaiting confirmation from Monitor and Public Health England.

3. Commissioning for Quality and Innovation (CQUIN)

3.1 2015_16 CQUIN

No new risks have been escalated against the CQUIN schemes in September. The Q2 reports will be collated in early October.

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 and locally agreed quality indicators that have been included in the contract schedules.

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

The continued run of performance below the operational standard of 95% to the end of September triggered the CCG to issues a contract performance notice on 9th October. In line with contract performance processes a contract management meeting has taken place to agree action plan and or joint performance review process.

The action plans shared in the September board report remain the basis of our plans moving forward. The updated plan is attached as Appendix III to this report. The monitoring of progress against this plan and new challenges is now embedded both internally and with the CCG.

Performance for September is 90.24%

Performance in October has improved further. As at 20th October 91.13% achieved. The standard of 95% met on 9 separate days in this period. There continues to be increased confidence against achieving consistent levels of improved performance.

4.2.2 Referral to Treatment (RTT) Target

The % of 'incomplete RTT' pathways is now the only standard to measure referral to treatment times nationally and for future Monitor risk assessment framework monitoring

purposes. Internal performance management is maintaining a weekly RTT issues log picking up on current and emerging risks. The monitoring of the longest waits is still closely managed.

In September 92.15% of patients waiting less that 18 week against the incomplete target, with one patient reported as waiting over 52 weeks for treatment at the end of September.

The areas of greatest risk continue to be in Ophthalmology and Cardiology with a number of other specialties being highlighted in the weekly RTT issues log and being the subject to recovery plans managed through the RTT assurance group meeting held biweekly and chaired by the Chief operating Officer.

4.2.3 RTT 52 week wait – At the end of September one patient remained untreated having waited over 52 weeks.

4.2.4 Diagnostic Waits Over 6 Weeks

In September, there were a total of 101 patients waiting over 6 weeks at the month end census against the monitored diagnostic tests. This represents 2.7% of the total number of patients waiting for diagnostic tests above the National tolerance of 1%. The highest number of patients waiting over 6 weeks, are for CT (59) scans and in particular the more complex scans for CT colonoscopy. Staffing has been a main factor limiting the capacity for these specialist scans. The CCG have requested a detailed plan to provide further details and a trajectory for recovery. The mobile CT scanner has been commissioned to provide immediate capacity to clear the backlog in this area and recruitment has been successful. The recruitment will allow additional extended lists to be built into routine capacity from January 2016.

4.2.5 Single Sex Accommodation

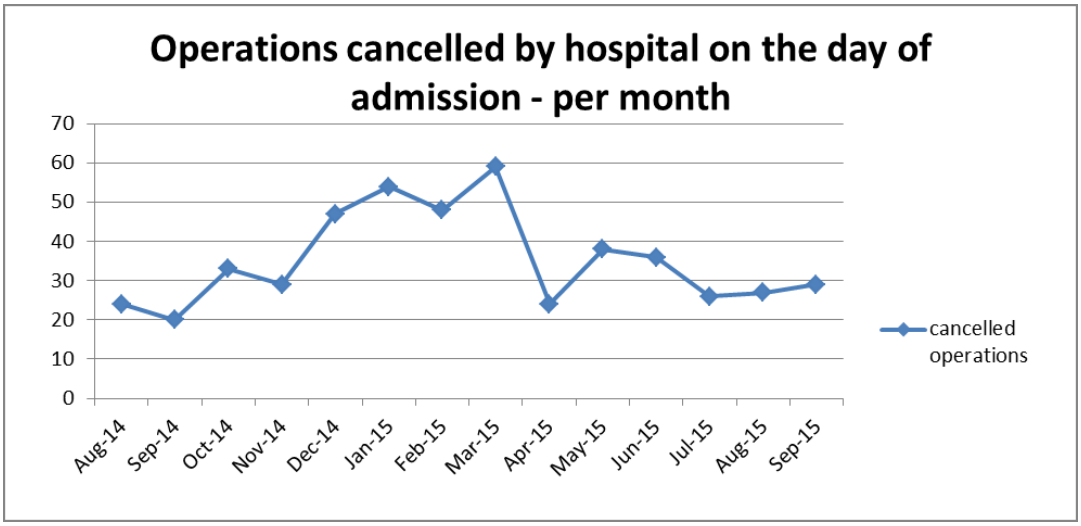
After validation for justified clinical circumstances, there are three breaches of the single sex accommodation standard in September.

4.2.6 Cancelled operations

During September, 29 patients were cancelled by the hospital on the day or after admission. This represents 0.8% (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	9
Insufficient Theatre time	7
Equipment / support	4
Staffing	4
ITU / HDU Bed	3
Admin	2
Ward bed	1
Total	29

Cancelled operations by hospital on day or after admission



5.0 Community Performance- Torbay and Southern Devon Care Trust Key performance Issues at month 6 (Trust Development Agency Regulator)

These performance indicators reflect the key performance measures that are included in the Community health and social care dashboard. This is a mixture of nationally prescribed indicators and locally agreed indicators. The intention is to integrate this report from December 2015.

The following issues have been highlighted by exception through the Service Delivery Unit Performance Review meeting.

- Community hospitals performance measures impacting on system flow:

  Delayed Discharges1241 days over target or 110%,

  Length of Stay and bed occupancy14.74 days at 10% over target but those over 30 days 40 % over target.

- Timeliness of social care assessments- there has been a drop in performance as a result of staff vacancies and increasing demand and patient complexity. The teams are ensuring that there is a clear process of prioritisation.
- CAMHS waiting times for assessments for routine assessment within 18 weeks has improved but remains below target. The CAMHS Transformation Team is working with the CCG to develop local services and stream line access pathways.

- Safeguarding

  Strategy meetings not meeting target 7 day time lines 43% below target. The service has provided assurance that immediate safeguarding plans are put in place for all individual subject to safeguarding process.

- Work Force

  Staff turnover has increased to 17% against a target of 10-14%. Work is underway to understand the reasons for the variance.

6. Attached to this report

Appendix I – Acute Performance dashboard Month 6 – The performance dashboard shows the Trust position for a rolling 12 month period to the end of September 2015 against key Quality and Performance targets. The dashboard summarises the cumulative year to date position against the same period the previous year.

Appendix II – RTT backlog and performance trajectory to end of September 2015.

Appendix III - Community Performance dashboard Month 6

7 Finance Section - Monitor Risk Rating and Other KPI Measures

7.1 The Acquisition of Torbay and South Devon Health and care Trust happened on 1 October 2015 and not the 1 August 2015 as was envisaged at the time the Annual Plan was submitted. For the purposes of this report the elements of the plan relating to the Acquisition have been excluded as these are merely planning variances at month 6. The detail of those planning variances are shown in 2.3 below. This report sets out the Trust's Income and Expenditure position for the period ended 30th September 2015 for South Devon healthcare NHS Foundation Trust as a standalone organisation. These accounts have been produced under a local terms and conditions contract basis for Southern Devon and Torbay CCG and national terms and conditions for other commissioners.

7.2 The Trust has, for the first half of the 2015/16 financial year (excluding items excluded in assessing financial performance by Monitor), delivered a £2.82m deficit against a planned deficit of £3.31m, £0.49m ahead of the annual plan. The EBITDA (Earnings before interest, tax, depreciation and amortisation) is £3.16m surplus, against a planned surplus of £3.16m.

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

Summary of Position at 30 September 2015

	PLAN YTD £'000	Actual YTD £'000	Variance to Plan £'000
Total Net Income	-122,062	-125,735	-3,673
Discount to SDT CCG	0	1,651	1,651
Total Net Income	-122,062	-124,084	-2,022
Operating Expenditure	118,901	120,925	2,025
EBITDA	**-3,162**	**-3,159**	**3**
Restructuring Costs	0	690	690
Financing Costs	6,471	5,982	-489
Donated Asset Income	-100	-41	59
Impairment Costs	0	0	0
	6,371	*6,630*	*260*
Grand Total	**3,209**	**3,472**	**263**
Monitor Total (Excl Restructuring Costs & Donated Asset Income)	**3,309**	**2,823**	**-486**

8.0 Monitor Risk and Other KPI Measures

8.1 KPI's are are consistent with those used in 2014/15

DESCRIPTION KPI's AGAINST PLAN		THRESHOLD	YTD PLAN	YTD ACTUAL	RED/ GREEN	See Appendix	See Section	Change
MONITOR FINANCIAL SUSTAINABILITY 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	(3,162)	(3,159)	GREEN	App. A	Sect 1	↓
CONTRACT INCOME PERFORMANCE AGAINST PLAN	Variance to Plan	> -0.1% adverse variance	(101,916)	(102,678)	GREEN	App. A	Sect 3	↔
COST IMPROVEMENT PLANS YTD IN YEAR			3,961	1,807	RED	App. A	Sect 6	↑
CORPORATE FINANCE MEASURES	> 2 Red				GREEN	App. B	Sect 8	↔
CAPITAL SPEND	Variance to Plan	15% or less variance to YTD Plan	9,994	6,737	RED	App. B	Sect 1	↔

8.2 The overall Financial Sustainability Risk Rating ('FSRR') for the Trust is a 2 as at 30 September 2015, which is in line with Plan.

In the month 5 Income and Expenditure report, the Committee was advised that there would be significant variances against the Monitor Plan in month 6, due to the postponement of the ICO start date (which had originally been anticipated to take place during Q2).

These significant variances can be summarised as follows:

	YTD variance vs Monitor Plan at month 6		
	Standalone element	**ICO element**	**Total**
	£k	**£k**	**£k**
Income (within EBITDA)	(2,022) FAV	66,802 ADV	64,779 ADV
Expenditure (within EBITDA)	2,025 ADV	(68,249) ADV	(66,224) AV
EBITDA	3 ADV	(1,447) FAV	(1,445) FAV
Items outside EBITDA	260 ADV	(1,895) FAV	(1,634) FAV
Total Surplus/Deficit	263 ADV	(3,342) FAV	(3,079) FAV

The key issue is that the Plan assumed that the ICO element would have an adverse impact on EBITDA and the bottom line in Q2. The postponement of the ICO start date

has therefore resulted in a significant favourable variance against YTD Plan as highlighted above.

9.0 SoCI (Statement of Comprehensive Income) Summary

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

The Trust is £486k better than plan at Month 6 (after donated income and restructuring costs are adjusted).

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

- Clinical income continues to over perform in month 6; year to date over performance against plan is £762k. This income position is £1,651k lower than a full National Tariff terms and conditions contract would deliver for the Trust.
- Escalation and nursing pay cost is in excess of that planned for the first half of the financial year.
- Bank, locum and agency costs reflect the opening of the temporary eye theatre with the associated agency / locum staffing costs above planned levels. Agency costs are £2,058k over plan; medical agency costs represent 31.2% and nursing 51.5% of this overspend. A large proportion of this spend is to cover vacancies in the year as shown in the substantive under spend on nursing. (See the workforce section of Appendix A).
- Delivery of recurrent CIP is behind plan, delivery of non-recurrent spend slippage is significantly above plan, neutralising the impact of the non delivery.
- Non-pay reflects underspending on clinical supplies and services, drugs, bloods & devices

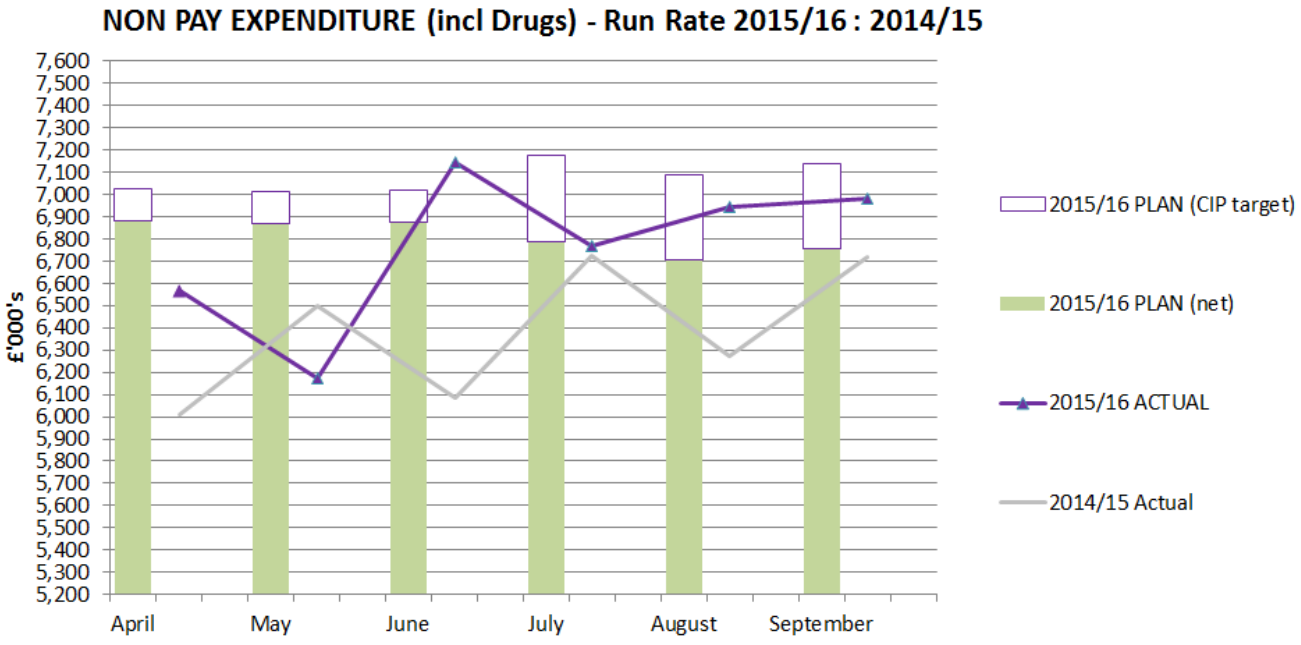
Category		**Plan YTD £'000**	**Actual YTD £'000**	***Variance YTD £'000***
Contract Income		(101,916)	(102,678)	*(762)*
Other Income		(20,146)	(21,407)	*(1,261)*
Pay	Substantive	76,193	74,810	*(1,383)*
	Bank, Locum & Agency	2,288	5,431	*3,143*
Drugs, Bloods & Devices		14,163	13,881	*(282)*
Clinical Supplies		11,078	10,787	*(291)*
Other Operating Expenses		15,178	16,017	*839*
EBITDA		**(3,162)**	**(3,159)**	***3***
Non-Operating Expenses		6,371	6,631	*260*
Total		**3,209**	**3,472**	***263***

9.2 Non Pay (including Drugs) Expenditure for Month 6 is set out in the table below:

Division	**Plan YTD £'000**	**Actual YTD £'000**	***Variance YTD £'000***
Medical Services	13,399	13,460	*61*
Surgical Services	8,692	9,025	*333*
Women's, Children's & Diagnostics	3,856	3,993	*137*
Estates Facilities Management	4,030	3,956	*(74)*
Support & Reserves	8,077	7,680	*(397)*
Torbay Pharmaceutical (TP)	2,284	2,465	*181*
Internal Audit	81	105	*24*
Total	**40,419**	**40,684**	***265***

Support and reserves variance is below planned levels mainly due to the underutilised RTT reserve at month 6; some of this spend is within Clinical Divisions as shown by the adverse variances. The Trust is forecasting spend over and above this reserve in future months for both Ophthalmology and Trauma and Orthopaedics.

The chart below tracks non pay expenditure against plan and the deliverable CIP target throughout the year.

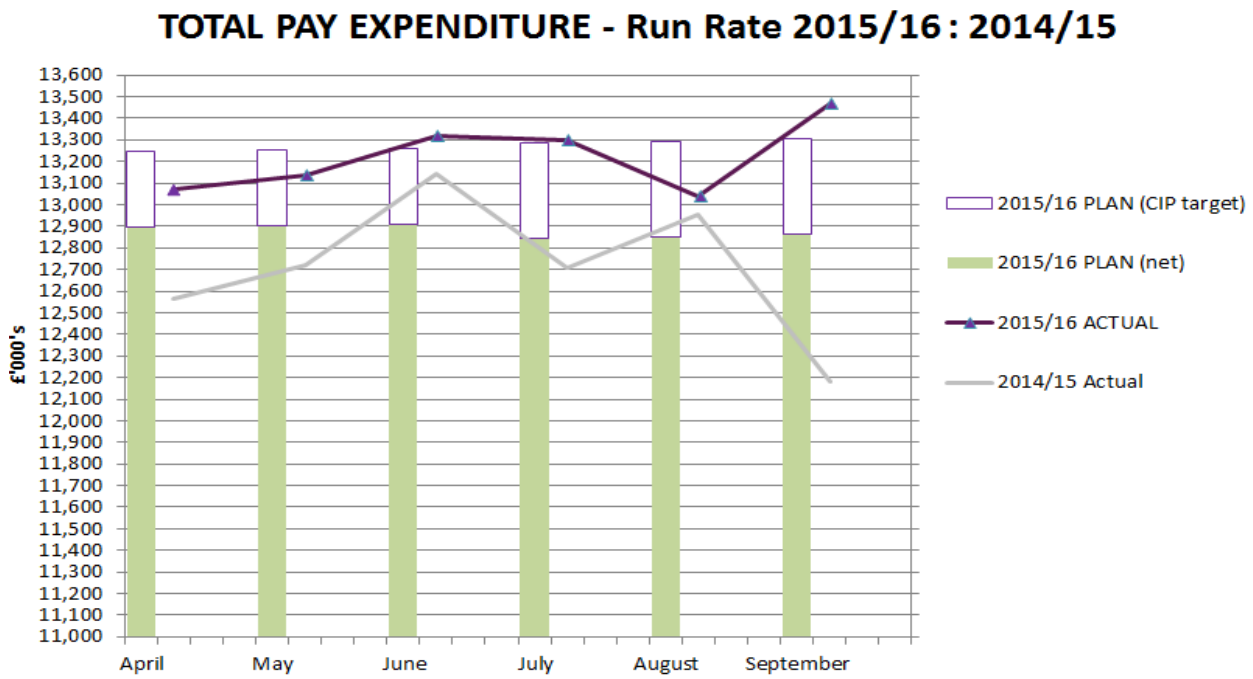


9.3 Total Pay Expenditure (including Agency) for Month 6 is set out in the table below.

Division	**Plan YTD £'000**	**Actual YTD £'000**	***Variance YTD £'000***
Medical Services	18,400	20,585	*2,185*
Surgical Services	20,586	21,677	*1,091*
Women's, Children's & Diagnostics	17,455	17,934	*479*
Estates Facilities Management	4,598	4,764	*166*
Support & Reserves	14,460	12,338	*(2,122)*
Torbay Pharmaceutical (TP)	1,985	2,031	*46*
Internal Audit	997	912	*(85)*
Total	**78,481**	**80,241**	***1,760***

The pay pressure reflects the operational challenges of the urgent and emergency care system, including the escalation ward and discharge lounge, hiring of the mobile eye theatre unit, along with un-achievement of recurrent CIP.

The Support & Reserves variance includes slippage in the first 6 months for Approved Business Cases not yet incurring any expenditure plus Nursing / Specialling and Resilience favourable variance, offsetting spend that has occurred within the clinical divisions. The escalation and ambulatory care ward that was not originally planned for has an adverse variance within Medicine of £501k.



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	301	736	*435*
Surgical Services	83	460	*377*
Women's, Children's & Diagnostics.	0	133	*133*
Non Clinical Divisions	307	5	*(302)*
Total	**691**	**1,334**	***643***

The main agency medical pressures are:
Medical Services – Consultant Medical costs within Dermatology, Emergency and Stroke.
Surgical Services – Junior Medical costs in Orthopaedics, Locum costs in General Surgery and Consultant Medical costs in Ophthalmology for RTT recovery.

Non clinical Division is the reserves held for medical agency pay costs and medical staffing maternity cover, contributing to the Trust's slippage where not specifically required for this purpose.

10.0 Other Income

Income arising from contracts with commissioners is detailed below in Section 11.

The table below describes a level of non contract other income of £1,159k in excess of plan:

	Plan YTD	**Actual YTD**	**Variance YTD**
	£'000	**£'000**	**£'000**
Education & Research	(4,484)	(4,816)	(332)
Site Services	(906)	(993)	(87)
Non-patient services to other bodies	(5,030)	(5,506)	(476)
Miscellaneous other income	(9,081)	(9,345)	(264)
Total Other Income	**(19,501)**	**(20,660)**	**(1,159)**

Education & Research includes Apprenticeship funding income above planned levels.

Non patient services to other bodies has additional income from recharges for CAMHS services provided on the wards through agency nursing; re-categorisation from block contract income to other income re services provided for Bone Marrow Transplant and Cystic Fibrosis. Miscellaneous income includes above planned levels of pharmacy sales and grants from NHS bodies within Therapies and Education (Clinical Excellence Awards & NVQ Training).

11.0 Contract Income Reporting and Analysis by Commissioner

11.1 Healthcare Contract Income shows a favourable contract variance of £879k. This represents a £407k movement from the £472k favourable variance reported last month. The Contract with South Devon and Torbay CCG reflects an expected local contract arrangement which gives the main commissioner a £1,651m benefit.

11.2 A more detailed analysis of contract variances 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	Emergency Adjustment/ QIPP/Penalties	Total Variance £'000
SD&T CCG	0	0	0	0	0	0	0	0
New Devon CCG	7	(78)	18	110	4	1	(55)	7
SWSCG	161	202	(213)	116	0	271	(762)	(225)
NCA	21	(245)	(10)	7	41	(2)	(99)	(288)
DCIOS	12	(23)	(10)	(49)	0	0	(32)	(103)
Torbay Council	0	0	0	0	0	0	0	0
Devon County Council	0	0	0	0	0	0	0	0
TDH	4	(9)	1	1	10	0	0	7
Prisoner Health	3	(19)	14	0	1	0		(1)
Wessex AT - CDF						(36)		(36)
Sub Total	**207**	**(172)**	**(200)**	**185**	**56**	**233**	**(948)**	**(639)**
M13 wash up income, CDF from 14/15, SBV								(240)
Total Healthcare Income	**207**	**(172)**	**(200)**	**185**	**56**	**233**	**(948)**	**(879)**

()= more income than plan

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

	2015/16 Delivery		
	Current Yr Months 1 to 6	Current Yr Forecast	Recurrent FYE
	£m	£m	£m
Target	3.96	8.93	8.93
Delivered	-1.81	-2.79	-0.69
Forecast Delivery		-1.15	
Shortfall	**£2.15***	**£4.99**	**£8.24**

****This shortfall has been covered by slippage in the first 6 months***

Following last month's £1m current year end delivery position improvement, this month sees a marginal £200k increase in delivery.

The Current year-end forecast, again, remains unchanged at £5m shortfall

The recurrent FYE position is also unchanged at £8.24m shortfall.

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.

As an ICO the combined planned deficit in the LTFM for 15/16 is £13.9m, normalised at £7.4m. Please note this is for a full 12 months as a combined organisation, and will be revised on an absorption methodology within the next month when the Trust resubmits it's revised plan.

13.2 At Month 6 the Trust is £263k away from its planned position but has operational pressures including undelivered CIP that are being covered through non-recurring underspends that will need to continue or be converted to recurrent CIP in order to deliver the annual plan deficit position.

14.0 Corporate Finance

14.1 As measured against the revised Plan submitted to Monitor, six out of eight corporate service Indicators are risk rated as green. The only indicators risk rated as red are capital expenditure (year to date) and creditors < 1 year.

14.2 Capital summary:

YTD Capital Plan (revised) £'000	Spend to Date £'000	Variance £'000
9,994	**6,737**	**3,257**

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 B 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 B as part of the October 2015 Finance Committee papers.

As at 30th September 2015 there is a variance between planned capital expenditure and actual expenditure incurred totalling £3.3m (32.6%). This variance is outside of the 15% tolerance that has traditionally been used by Monitor as a trigger point for the submission of a revised capital expenditure plan. However, Monitor during July 2015 issued guidance that implied that the forecast full year outturn on capital expenditure is now of more interest in comparison with in year performance. Therefore a resubmission of the capital expenditure plan should and has not been necessary to date.

The most significant year to date underspend components relate to the new Critical Care Unit build (£1.0m) where there was a slight delay in works commencing further compounded by the recent identification of ground work problems and on the PMU Expansion program (£0.6m), where equipment has been ordered but not yet delivered to site.

Finance with the assistance of capital scheme leads has now prepared a revised year end forecast. The revised year end capital expenditure forecast now totals £23.9m and is set out in detail in Appendix B. Within this £23.9m projected capital expense is a contingency sum of £1.7m. Finance understands that subject to business case approvals, most of this contingency will be spent on an Ophthalmology Theatre expansion program and on Minor works EFM compliance schemes. In comparison with the original plan, expenditure slippage has been identified on a number of IM&T strategy schemes as well as a number of planned construction projects.

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).

	Forecast 2015/16 Spend £'000
Critical Care Unit and new Hospital Front Entrance	6,386 [1]
Radiotherapy; New Bunker and replacement of the first aging Linear Accelerator	4,982
On – site Car Parking Facilities	1,852
Sub-total	**13,220**

The following planned schemes were/are also reliant upon external finance which has yet to be secured.

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

Finance has been advised that the latter two projects, i.e. initial costs for the ED reconfiguration and the Mortuary Area/Fracture Clinic are unlikely to progress in 2015/16. There has also been a delay in the preparation of the business case for EDMS, whilst costs have continued to be incurred. The Independent Trust Financing Facility (ITFF) will only award

[1] The original planned expenditure for 2015-16 was £6,700k. As loan drawdown is only possible against actual spend, the loan drawdown permissible in 2015-16 will therefore reduce by £314k.

loan funding for prospective expenditure, therefore it is likely that at the point in time that the Trust is in a position to apply for a loan to support EDMS that the drawdown possible will be less than that originally planned.

Consequently, although the capital expenditure is forecast to be £1.1m lower in comparison with the original plan, the cash benefit is only likely to be circa £0.2m.

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. The current business case approval status of each scheme is listed on Appendix B. Appendix B also indicates the forums that the business cases will be reviewed and if appropriate approved.

It should also be noted that the Trust's ICO financial plan relied upon other sources of external finance in order to maintain its liquidity position, this principally being the receipt of £21.0m working capital loan funding from the ITFF, £2m of PDC funding, £0.5m of revenue support from Torbay Council, £6.2m of revenue support from NHS England / CCG 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. The working capital loan has now been received (October 2015) from the ITFF. Torbay and Southern Devon NHS Trust have received the £2m PDC funding (September 2015) and South Devon Healthcare has been paid a sum of £3.3m (September 2015) from Torbay Borough Council to buy out the entire long term social care debt on Torbay and Southern Devon Healthcare's Statement of Financial Position. The business transfer document addresses the Revenue Support required from Torbay Council £0.5m and from NHS England / CCG £6.2m.

14.3 Cash and Balance Sheet Summary

Cash balances are £2,218k higher than Plan. This is due to the following reasons:

		Cash impact £'000
	Planned cash position	**9,041**
i)	I&E position above/(below) revised Plan	(263)
ii)	Less capex elements within I&E variance (depreciation, donated asset income, impairment)	(422)
iii)	Receipt of PDC higher/(lower) than Plan	0
iv)	Capital expenditure (above)/below Plan	3,257
v)	Non-current Debtors (above)/below Plan	249
vi)	Stock (above)/below Plan	(173)
vii)	Current Debtors (above)/below Plan	(2,185)
viii)	Current Creditors (excl loan) above/(below) Plan	2,100
ix)	FTFF loan above/(below) Plan	(721)
x)	Non-current provisions above/(below) Plan	45
xi)	Other working capital variances	331
	Actual cash position	**11,259**

Current Creditors are risk rated as red, principally due to the receipt of £3,200k from Torbay Council in respect of the purchase of the Community's Adult Social Care debtor. As this

relates to the Community but was received in advance of the formation of the ICO, it has had to be treated as a creditor as at 30 September 2015.

B Torbay and Southern Devon Health and Care Trust (as at 30 September 2015)

The purpose of this report is to: -

1. Inform the Board of the Torbay and Southern Devon Health and Care Trust's financial performance for the period ending 30th September 2015.

2. Provide the Board with a detailed forecast of the Trust's financial performance, the strength of its underlying financial position, and assessment of financial risks.

3. Other financial matters that need to be brought to the attention of the Board.

1) Financial performance for the period to 30th September 2015 - Overview

Table 1 sets out Trust performance against the key financial metrics:

Table 1 – Key financial metrics

Key metric	Annual Plan £000	Plan for period £000	Actual for period £000	Variance (A)/F £000	Variance %
The Trust will achieve a surplus of 1% on its health sector operations	780	198	-2190	-2,388	-1206.1%
The Trust will manage health expenditure within budget – cumulative position	72,312	37,528	39,099	-1,571	-4.2%
The Trust will manage health expenditure within budget – in month position	-	4,845	6,735	-1,890	-39.0%
The Trust will manage ASC LD & IS expenditure within budget – cumulative position	40,092	19,880	20,753	-873	-4.4%
The Trust will manage ASC LD & IS expenditure within budget – in month position	-	3,968	3,492	476	12.0%
Achievement of health sector CIP target	5,100	2,550	2,597	47	1.8%
Achievement of ASC sector CIP target	3,895	1,948	1,474	-474	-24.3%
Continuity of Services Rating	3	3	2	-	-
The Trust will fully implement its capital investment plan within available resources	6,347	588	294	294	50.0%

Summary of Performance

The planned year to date surplus at the end of September is £198k, the year to date actual is a deficit of £2,190k (£1,662 excluding the impairment), which is a variance of £2,387k behind plan (£1,859k excluding the impairment).

Health operating expenditure is reporting a net year to date overspend of £1,613k. This comprises a £266k overspend on pay related costs, largely resulting from staffing of escalation beds at the beginning of the year and on-going pressures with temporary staffing (bank and agency) being used to manage complex patients in hospital (specialling).

The Trust was acquired on 1 October 2015 and the full year end accounts process is being under taken including assessment of provisions and carrying value of assets, agreement of balances and income and expenditure positions with commissioners. This has resulted in an overspend in non-pay costs of £1,347k. The main areas are cost efficiencies not achieved due to a reduction in Better Care Fund income £600k, Injury Benefit claim provision £325k, and other operational cost pressures.

The Placed people budget is reporting a year to date position of £703k overspend. This has increased by £134k from the previous month. The Trust will recover £288k of income from South Devon & Torbay CCG to offset against this overspend.

The Adult Social Care (Independent Sector and In House Learning Disability) budget has a year to date over spend against expenditure of £873k and client income has over recovered by £426k, giving a net overspend of £447k. For the first six months of the 2015/16 financial year the Council was responsible for 100% of the financial risk of In-house Learning Disability and the Independent sector. A full closure of accounts has been undertaken and based on this the full £447K overspend (table below) has been funded by the Council.

	Budget	Actual	Variance
In House Learning Disability	928	1,028	100
Independent Sector	14,236	14,583	347
Total	**15,164**	**15,611**	**447**

The ASC position is facing specific pressure from the full year effect of Ordinary Residency clients that entered the system late in the 2014/15 financial year and some very challenging CIP schemes. Based on current activity levels and progress in delivering savings the over spend could increase to £1.607m by year end. The financial position is being closely monitored and senior management will continue to develop plans to mitigate the above overspend.

Progress on the delivery of CIP continues with £4m being delivered in total to date across NHS and ASC schemes. The CIP programme remains a significant risk. Currently there are £2.2m of savings are expected to be achieved on a non-recurrent basis until recurrent plans are identified to substitute them.

Statement of Comprehensive Income

The Trust's Statement of Comprehensive Income for the period compared with plan is set out in Table 2 below.

Table 2 – Statement of Comprehensive Income

	Annual Plan £000	Plan for Period £000	Actual for Period £000	Variance (A)/F £000
Income				
South Devon & Torbay CCG	76,988	38,255	38,543	288
NEW Devon CCG *	1,936	1,936	1,936	0
NHS England	4,148	2,074	2,074	0
Torbay Council	41,778	20,599	21,046	447
ASC Client income	9,482	4,716	5,142	426
Other income	8,456	4,723	4,850	127
Total income	**142,788**	**72,303**	**73,591**	**1,288**
Expenditure				
Employee related costs	54,833	27,625	27,891	-266
Operating costs	12,137	7,224	8,571	-1,347
Placed People	29,604	14,698	15,401	-703
ASC Independent sector	38,102	18,952	19,725	-773
ASC Learning Disability	1,990	928	1,028	-100
Total Operating Costs	**136,666**	**69,427**	**72,616**	**-3,189**
Earnings before Interest, Taxation, Depreciation & Amortisation (EBITDA)	**6,122**	**2,876**	**975**	**-1,901**
Depreciation	2,350	1,178	1,156	22
Interest Receivable	-24	-12	-12	0
Finance cost including Interest on PFI/Leases	1,438	724	719	5
Contingent Finance Cost PFI	391	196	196	0
PDC Dividend	1,187	593	584	9
(Gains)/Losses on disposals	0	0	-6	6
Surplus/(Deficit) before exceptional items	**780**	**198**	**-1,662**	**-1,859**
Provision for impairments	0	0	528	528
Net Surplus/(Deficit)	**780**	**198**	**-2,190**	**-2,387**

The table below explains changes to the Plan on a month to month basis:

	Previous Plan	Latest Plan	Variance (A)/F	Notes
Income				
Contract Income	125,506	124,850	-656	BCF, misc income
Other Income	17,737	17,938	201	
Total Income	**143,243**	**142,788**	**-455**	
Operating Costs	137,121	136,666	-455	Budgets realigned to offset income
EBITDA	**6,122**	**6,122**	**0**	
Finance costs	**5,342**	**5,342**	0	
Surplus/(Deficit) before exeptional items	**780**	**780**	**0**	
Provision for Impairments				
Net Surplus/(Deficit)	**780**	**780**	**0**	

Please note the following comments of variance from plan as shown in table 2:

- The income variance at the end of September relates to additional ASC income £447k, ASC client income £426k above plan, and £288K for Placed People from South Devon & Torbay CCG

- Placed people expenditure is reporting an overspend of £703k at month 6, and income is expected to cover £288k of this. The remaining overspend of £415k is due to the appeal cases that are currently in process up to 30th September 2015 for which the Trust had accrued for.

- Employee costs are overspent by £266k against plan. This is mainly due to the cost of staffing additional escalation beds in the health community for the early part of the financial year, and also additional one to one specialling costs recently incurred in the community hospitals.

- Non pay costs are currently £1,347k overspent. The main areas being £600k due to cost efficiencies not achieved from the reduction of income for the Better Care Fund, Injury Benefit claim provision £325k, overheads, and operational cost pressures.

- The remaining value of the SCCR project of £830k has been reviewed. Of this £528k has been impaired due to obsolescence and not being transferrable to current projects. This does not affect the operational financial position of the Trust

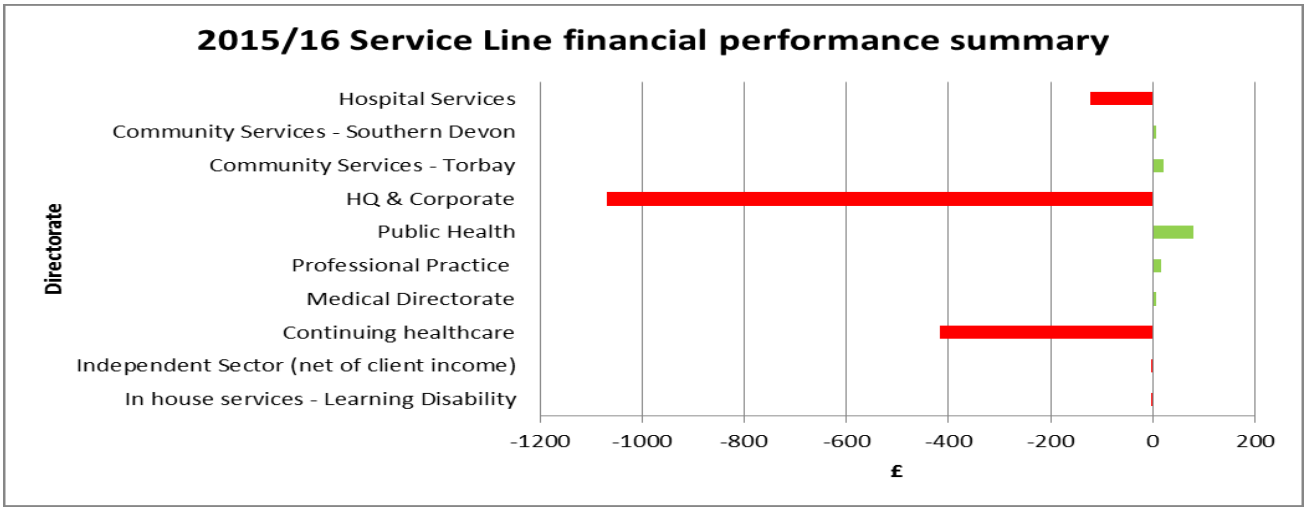
The table below reconciles the financial control total reported to the Trust Development Authority (TDA) and the Board for 2015/16. The Board will note that the financial performance reported to the TDA is adjusted for a number of items to ensure consistency of accounting treatment across government departments.

Reconciliation	Plan £000	Actual £000	Variance £000	
Board : Surplus/(Deficit before exceptional items)	780	-1,589	-2,369	Financial issues, operational cost pressures,
TDA: Adjusted financial performance Retained Surplus/(Deficit)	4,262	2,421	-1,841	
Difference:	**3,482**	**4,010**	**528**	
PFI related depreciation	480	480	0	
PFI interest	1,844	1,844	0	
PFI service charge	895	895	0	
PFI impact on PDC dividend	35	35	0	
Impairment		528	528	SCCR
Depreciation on donated assets	228	228	0	
	3,482	**4,010**	**528**	

The revised plan reflects the updated FIMS plan submitted to the TDA in May 2015.

Service Line Financial Performance

The table below shows the position by service line as at 30th September 2015.



The financial performance of each service area is set out in Appendix 1. Please note the following comments:

- The HQ & Corporate overspend is due to Impairment of SCCR £528k, Injury benefit claim £325k.
- The hospital services position £121k overspend reflects the additional costs due to the escalation issues experienced in the health community in the early part of the year. There are however additional costs incurred for bank and agency to support additional one to one care required (specialling) for complex patients in hospital, and vacant posts. This is increasingly commonplace and work is underway to identify more cost effective options to manage this increased patient complexity.

- The CAMHS service is currently spending within resources due to additional funding agreed with the CCG which has been agreed until September. Further work is underway with the CCG to redesign the service and increase capacity.

- Current costs incurred to support acquisition are £34k at the end of September

Workforce plan

Table 3 compares worked WTE for the month of September compared with the funded workforce plan:

Table 3 – Workforce plan

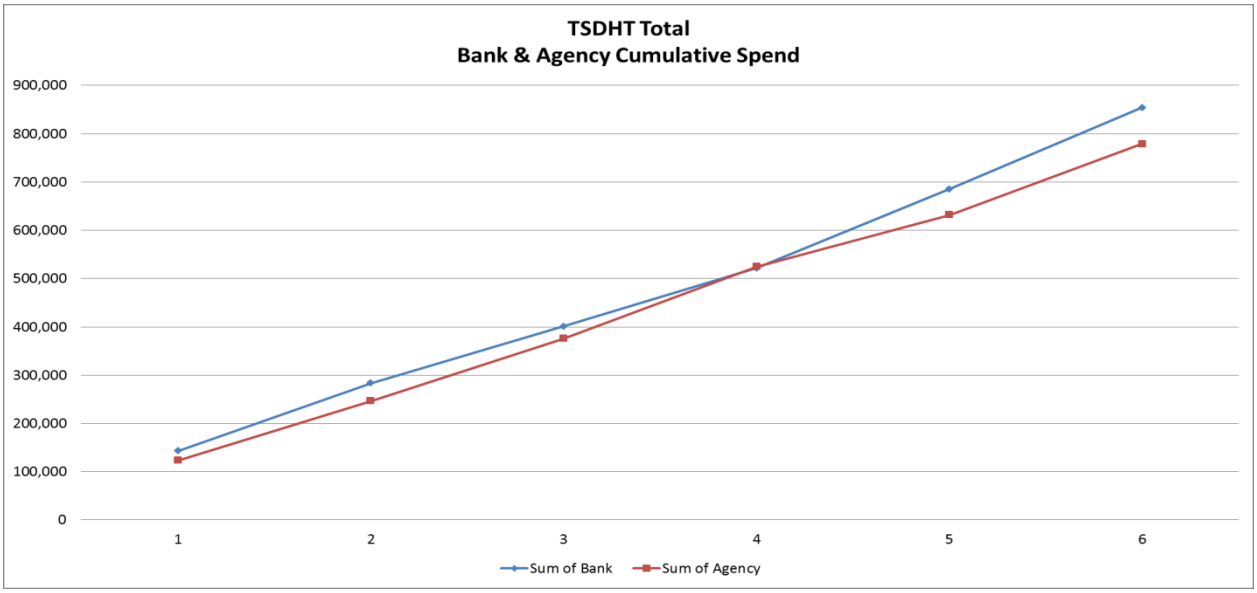
Service Area	Plan WTE	Worked WTE	(Over)/Under WTE	%	Aug Worked WTE	Change Aug-Sept WTE
Hospitals	407.57	388.55	19.02	4.7%	391.55	-3.00
South Community	204.55	177.10	27.45	13.4%	180.23	-3.13
Torbay Zones	430.77	411.98	18.79	4.4%	416.57	-4.59
Provider HQ	164.28	166.98	-2.70	-1.6%	170.02	-3.04
Professional Practice & Public Health	284.69	287.94	-3.25	-1.1%	285.91	2.03
Independent Sector	24.99	24.91	0.08	0.3%	24.65	0.26
Medical Directorate	28.21	24.40	3.81	13.5%	25.14	-0.74
HEALTH	**1,545.06**	**1,481.86**	**63.20**	**4.1%**	**1,494.07**	**-12.21**
Social Care	14.64	16.57	-1.93	-13.2%	16.23	0.34
In House LD	41.20	40.87	0.33	0.8%	39.37	1.50
SOCIAL CARE	**55.84**	**57.44**	**-1.60**	**-2.9%**	**55.60**	**1.84**
TOTAL TRUST - WTE	**1,600.90**	**1,539.30**	**61.60**	**3.8%**	**1,549.67**	**-10.37**

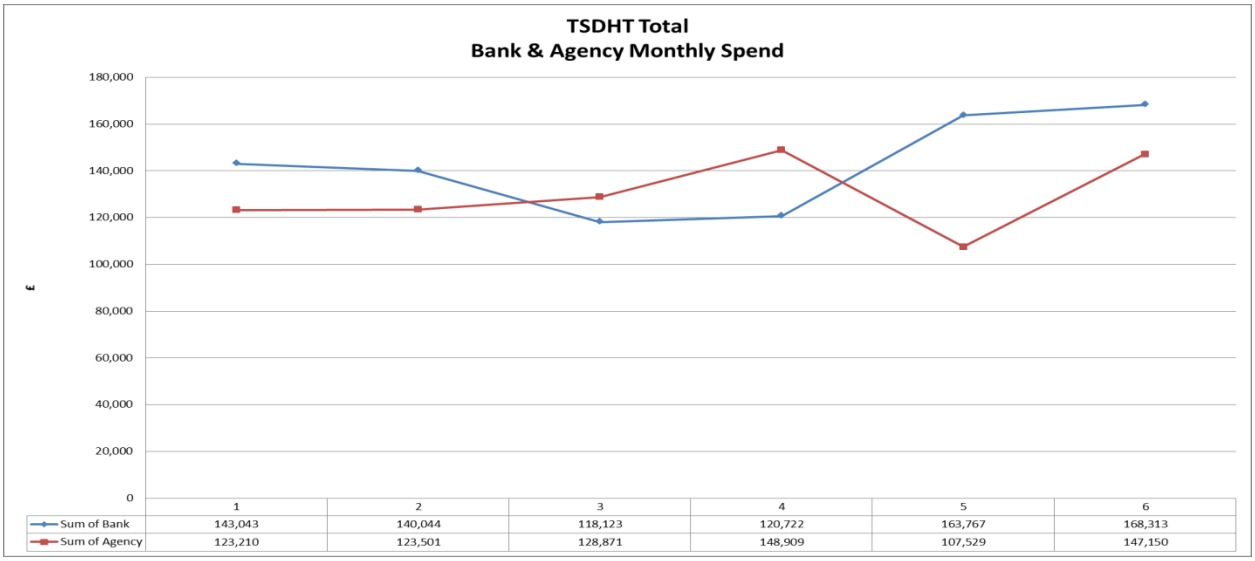
Overall there has been an increase of 10.37wte in vacant posts month 6 mainly in the Torbay and Southern community zones and hospitals, and Provider HQ. There are other minor variations within other services that are within the normal range of variation.

The Trust continues to take action to improve recruitment to key front line vacancies and in particular registered and unregistered nursing vacancies. A more detailed analysis of workforce trends compared with plan is set out in Appendix 3.

The following graph (Table 4) sets out the trend of expenditure on bank and agency staff.

Table 4 – Bank & Agency analysis





Total bank spend as at the 30th September was £854k, and agency expenditure was £779k. Bank spend has increased £4k, and agency spend by £40k from the previous month.

Total year to date spending on bank and agency is £1,633k, the equivalent figure for the same period 2014/15 was £1,879k and in 2013/14 £1,101k. Spend to date is only showing a small reduction on the previous year and the trust will need to ensure that measures continue to be in place to manage this spending during the financial year and that it continues to explore options to manage this spend back down to 2013/14 levels. Winter pressures will place additional demands on the use of bank and agency to ensure capacity is maintained across the health system.

Continuous Improvement Programme (CIP)

The progress to date in implementing the CIP programme is summarised below in Table 5.

Table 5 – CIP Summary

Sector	2015/16 Target	Delivery in current year	CIP O/S F/(A)
	£'000	£'000	£'000
Health	5,100	2,597	2,503
ASC - Ind Sector & L Dis	2,761	760	2,001
ASC - Integrated Teams	1,134	714	420
Total	**8,995**	**4,071**	**4,924**
Placed People	508	764	-256
Total	**9,503**	**4,835**	**4,668**

A further breakdown of CIP performance by service area is set out in Appendix 4.
Progress on CIP delivery continues with the total achieved to date of £4,835k. This consists of £2,597k for Health schemes, £1,474k ASC/Integrated Teams and £764k within Placed People. September delivery was £609k in total, comprising £430k NHS schemes, £179k ASC schemes, and £54k Place People.

At this stage £2.2m of NHS savings are forecast as being delivered non-recurrently. Although there continues to be strong oversight of the programme and delivery continues, there remains a significant level of risk in delivering the full programme and there is likely to be a continuing reliance on non-recurrent savings.

ASC schemes are currently forecast to undershoot by £1.3m but work is ongoing to identify additional schemes and mitigating actions to improve this position are being discussed with the Council. The Trust is planning to review non-statutory services in order to determine the level of saving potential, however due to the complexity of these reviews; savings are likely to fall into 2016/17.

Capital Investment Plans

Table 6 provides an update of the capital investment plan for 2015/16 with spending to date on the key programme areas:

Table 6 – Capital Investment Plan summary

	2015/16 plan b/f	Change to plan	15/16 Updated Plan	Plan for period 15/16	Spend to Date 15/16	Var (A)/F	Forecast	Variance to plan (A)/F	2016/17 forward look
Source of Funds									
Depreciation on fixed assets	1,978	-231	1,747	874	874	0	1,747	231	2,087
Depreciation on PFI schemes	75	0	75	38	38	0	75	0	262
Loans received	3,847	-3,847	0	0	0	0	0	3,847	1,153
Loans repaid	-125	125	0	0	0	0	0	-125	-250
Working capital	0	0	0	0	0	0	0	0	320
I&E Surplus	572	-572	0	0	0	0	0	572	500
Total	**6,347**	**-4,525**	**1,822**	**911**	**911**	**0**	**1,822**	**4,525**	**4,072**
Application of Funds									
Capital element of PFI unitary charge	75		75	38	37	1	75	0	262
New Paris	1,500	-753	747	128	45	83	747	753	1,438
St Kilda	3,847	-3,797	50	25	11	14	50	3,797	1,522
Equipment	145		145	145	31	114	145	0	100
ICT equip/infrastructure	220		220	145	138	7	220	0	250
Estates	560	25	585	107	32	75	585	-25	500
Total	**6,347**	**-4,525**	**1,822**	**588**	**294**	**294**	**1,822**	**4,525**	**4,072**

The following points are for information**:**

- Capital expenditure at month 6 is £294k and is £294k behind the plan of £588k. The plan has been revised and updated to reflect the current pause on the St Kilda project.

- The new Paris project has been adjusted to reflect the recently approved final business case. Spend is expected to increase as other programs are rolled out throughout the year.

- A number of tenders are currently in progress for a variety of estates works

Statement of Financial Position- Torbay and South Devon Health and CARE NHS Trust

The Statement of Financial Position (Balance Sheet) as at 30th September 2015 is set out in Table 7 together with the forecast position at the year end.

Cash in hand at the 30th September 2015 was £2,841k.

Table 7 Statement of Financial Position

STATEMENT OF FINANCIAL POSITION (BALANCE SHEET)	As at 31.03.15 £000s	As at 30.09.15 £000s	Forecast 31.03.16 £000s
NON CURRENT ASSETS			
Property, Plant and Equipment	64,010	62,128	67,899
Trade and Other Receivables	2,353	2,067	2,467
TOTAL NON CURRENT ASSETS	**66,363**	**64,195**	**70,366**
CURRENT ASSETS			
NHS Trade and Other Receivables, Current	5,839	7,461	5,862
Cash and Cash Equivalents	5,878	2,841	1,701
TOTAL CURRENT ASSETS	**11,717**	**10,302**	**7,563**
TOTAL ASSETS	**78,080**	**74,498**	**77,929**
CURRENT LIABILITIES			
Trade and Other Payables, Current	(13,698)	(10,337)	(9,696)
Provisions	(81)	(325)	0
TOTAL CURRENT LIABILITIES	**(13,779)**	**(10,662)**	**(9,696)**
NET CURRENT ASSETS (LIABILITIES)	**(2,062)**	**(360)**	**(2,133)**
NON CURRENT LIABILITIES			
Provisions	0	0	(81)
DH Capital Investment Loan	0	0	(3,472)
PFI Borrowings	(21,126)	(20,850)	(20,725)
TOTAL NON CURRENT LIABILITIES	**(21,126)**	**(20,850)**	**(24,278)**
TOTAL ASSETS EMPLOYED	**43,175**	**42,985**	**43,955**
TAXPAYERS' EQUITY			
Public dividend capital	(2,351)	(351)	(2,351)
Retained Earnings (Accumulated Losses)	29,506	27,321	30,286
Revaluation Reserve	16,020	16,015	16,020
TOTAL TAXPAYERS EQUITY	**43,175**	**42,985**	**43,955**

The non-current trade and other receivables balance of £2,067k in M6, comprises £1,652k of secured client debt and £415k of finance lease receivables (3 Ambulance stations at Brixham, Ashburton and Kingsbridge).

Cash Plan

Monthly cash flows from the start of the financial year to 30th September 2015 are set out in Appendix 5. The Trust has retained a healthy and positive cash balance throughout the financial year.

External Financing Limit (EFL)

The EFL is a control on the cash flows of NHS Trusts. It sets a limit on the level of cash that a NHS Trust may either draw from external sources or its own cash reserves – positive EFL, or repay to external sources or increase cash reserves – negative EFL.

Forecast Outturn External financing	2015-16 Plan £'000	2015-16 Forecast £'000	Variance £'000	Notes
External Financing Limit (EFL)	7,237	3,515	3,722	
Cash flow financing	7,237	3,515	3,722	
Finance leases taken out in year	0	0	0	
Other capital receipts	0	0	0	
External financing requirement	7,237	5,515	1,722	Revised capital plan, loan not required
Under/(Over) Spend against EFL	0	2,000	0	PDC received

Continuity of Services Rating

Continuity of Service Rating	Financial Metric	Month 6		Forecast Outturn	
		Plan £000s	Actual £000s	Plan £000s	Forecast £000s
Liquidity Ratio (days)	Working Capital Balance	203	(360)	(2,133)	(269)
	Annual Operating Expenses	68,800	72,620	134,452	138,622
	Liquidity Ratio Days	1	(1)	(6)	(1)
	Liquidity Ratio Metric	**4**	**3**	**3**	**3**
Capital Servicing Capacity (times)	Revenue Available for Debt Service	2,889	967	6,323	4,256
	Annual Debt Service	1,843	1,829	3,872	3,693
	Capital Servicing Capacity (times)	**2**	**1**	**2**	**1**
	Capital Servicing Capacity metric	**2**	**1**	**2**	**1**
Continuity of Services Rating	**Continuity of Services Rating for Trust**	**3**	**2**	**3**	**2**

The continuity of services risk rating incorporates two common measures of financial robustness and effectively replaces the financial risk rating used under the previous performance framework:

i) **Liquidity**: days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown; and

ii) **Capital servicing capacity:** the degree to which the organisation's generated income covers its financing obligations.

Year to date performance shows a continuity of services rating of 2, being behind a planned target of 3.

Appendix 1

2014/15 Service Line financial performance - rolling 6 monthly profile, as at 30th September 2015

EXPENDITURE BUDGETS BY SERVICE LINE	Cum I&E - prior period	Monthly income and expenditure performance						Cumulative Income & Expenditure	Plan to date	Favourable/ (Adverse) Performance
		April	May	June	July	August	September			
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Health										
Hospital Services		1,870	1,926	1,676	1,676	1,706	1,567	10,421	10,299	(122)
Community Services - Southern Devon		929	860	581	586	540	392	3,889	3,895	6
Community Services - Torbay		1,415	1,371	1,316	1,325	1,240	1,188	7,854	7,875	21
HQ, Corporate & Central costs		987	941	1,005	980	977	1,657	6,546	5,633	(913)
Public Health		544	494	497	477	536	373	2,920	2,849	(71)
Professional Practice		444	434	429	431	445	318	2,501	2,517	15
Medical Directorate		117	131	107	107	99	83	644	651	6
sub-total	**0**	**6,305**	**6,156**	**5,611**	**5,581**	**5,544**	**5,579**	**34,776**	**33,718**	**(1,058)**
Continuing healthcare		2,443	2,443	2,630	2,417	2,851	2,617	15,401	14,698	(703)
Sub-total Health	**0**	**8,749**	**8,598**	**8,241**	**7,998**	**8,395**	**8,196**	**50,177**	**48,416**	**(1,761)**
Adult Social Care (ASC)										
Independent Sector (net of client income)		2,307	2,504	2,412	2,288	2,601	2,471	14,583	14,236	(347)
In house services - Learning Disability		159	144	210	259	144	112	1,028	928	(100)
Sub-total ASC	**0**	**2,467**	**2,648**	**2,622**	**2,547**	**2,744**	**2,583**	**15,611**	**15,164**	**(447)**
Sub Total Health & Social Care	**0**	**11,216**	**11,247**	**10,863**	**10,545**	**11,139**	**10,779**	**65,788**	**63,580**	**(2,208)**
Reserves										
Reserves		0	0	0	0	0	0		(914)	(914)
TOTAL	**0**	**11,216**	**11,247**	**10,863**	**10,545**	**11,139**	**10,779**	**65,788**	**62,666**	**(3,123)**
INCOME FROM COMMSSIONERS										
CCG/NCB - Block contract income		**7,569**	**7,532**	**6,947**	**7,109**	**7,856**	**5,541**	42,554	**42,265**	289
CCG/NCB - Variable contract income								0		0
Torbay Council		**3,331**	**3,510**	**3,298**	**3,784**	**3,690**	**3,433**	21,046	**20,599**	447
Devon County Council								0		0
TOTAL	**0**	**10,900**	**11,042**	**10,245**	**10,893**	**11,545**	**8,974**	**63,599**	**62,864**	**735**
NET SURPLUS/(DEFICIT)	**0**	**(316)**	**(205)**	**(618)**	**348**	**406**	**(1,805)**	**(2,189)**	**198**	**(2,388)**

Appendix 2

ASC Independent Sector Financial Performance Statement for the Year Ending 2015/16 (Care Type basis)
Period 6 - 30/09/2015

2014/15 Out Turn	Expenditure Type	Activity description	Annual Budget			Plan for the period		Actual for the period			Variance from plan - F/(A)		Forecast	Variance	Prev. Pd Forecast	Var. to prev. Pd
			Activity	£000	Unit Cost	Activity	£000	Activity	£000	Unit Cost	Activity	£000	£000	£000		
	Care type															
17,553	Residential Long Stay	Bed Weeks	36,018	16,930	£470.05	18,058	8,563	18,340	8,974	£489.29	282	411	18,178	1,248	18,195	-16
1,437	Residential Short Stay	Bed Weeks	1,779	849	£477.20	892	426	1,940	811	£417.99	1,048	385	1,666	817	1,777	-111
2,638	Nursing Long Stay	Bed Weeks	4,432	2,304	£519.84	2,222	1,155	2,056	1,088	£529.39	-166	-67	2,264	-40	2,194	70
134	Nursing Short Stay	Bed Weeks	163	83	£509.37	82	42	178	94	£525.47	97	52	169	86	153	16
6,044	Direct Payments	Weeks	21,429	6,106	£284.94	10,744	2,999	10,240	2,773	£270.77	-504	-227	5,506	-600	5,516	-9
385	SWAPS	Bed Weeks	1,004	309	£307.85	503	155	641	198	£309.74	137	43	399	90	388	11
8,578	Domiciliary Care			8,302			4,162		4,197			34	8,649	347	8,541	109
1,311	Day Care			1,506			755		668			-87	1,382	-124	1,434	-52
144	O/R			146			73		241			167	483	337	483	-0
38,224	**Total**			**36,535**			**18,330**		**19,043**			**713**	**38,697**	**2,162**	**38,679**	**18**
	ISC Adjustments															
-489	DP Reclaims			-483			-242		-253			-11	-476	7	-481	5
-411	Net Contract Adjustments			-429			-215		-207			8	-410	19	-411	1
-161	IPP Recode			-107			-54		-75			-21	-148	-41	-151	2
-97	Intermediate Care Recharge			-97			-49		-49			0	-97	0	-97	0
-1,159	**Total**			**-1,116**			**-560**		**-583**			**-23**	**-1,132**	**-16**	**-1,140**	**8**
	Other Expenditure Areas															
19	£500 One Off Individual Negotiated Payments			0			0		-16			-16	-16	-16	0	-17
222	Voluntary Block Contracts			248			124		134			10	268	20	268	0
378	Supported Living Block (Learning Disability)			333			167		156			-11	339	6	333	6
86	Day Care Transport			0			0		0			0	0	0	0	0
305	Residential / Community Recovery Service (MHu65)			314			157		140			-17	280	-34	280	-0
600	Staffing (MHU65 & Subs)			580			291		300			10	617	37	613	3
829	Residential / Intermediate Care Block (Older)			548			300		409			109	819	271	778	41
174	Bad Debt Provision			196			98		96			-3	193	-3	196	-3
88	Other			86			43		44			1	87	1	241	-154
2,701	**Total**			**2,305**			**1,181**		**1,263**			**83**	**2,588**	**283**	**2,710**	**-122**
39,766	**TOTAL EXPENDITURE**			**37,724**			**18,951**		**19,723**			**772**	**40,154**	**2,430**	**40,249**	**-95**
	INCOME															
-6,791	Residential Long Stay		36,018	-6,523	-£181.11	18,058	-3,270	18,428	-3,388	-£183.85	369	-117	-6,673	-150	-6,643	-30
-527	Residential Short Stay		1,779	-322	-£180.99	892	-161	1,889	-333	-£176.30	997	-172	-634	-312	-687	53
-1,065	Nursing Long Stay		4,432	-880	-£198.55	2,222	-441	2,238	-471	-£210.66	16	-30	-969	-89	-955	-14
-52	Nursing Short Stay		163	-23	-£141.15	82	-12	175	-41	-£233.00	94	-29	-66	-43	-66	-1
-1,183	Domiciliary Care			-1,040			-521		-579			-57	-1,221	-181	-1,147	-74
-236	Day Care			-205			-128		-133			-5	-264	-59	-287	22
-159	OLA In House			-69			-35		-46			-11	-86	-17	-61	-25
-352	OLA Independent Sector			-252			-126		-128			-2	-251	1	-251	0
-76	Other			-41			-21		-22			-2	-44	-3	-49	5
-10,441	**Income total**			**-9,355**			**-4,715**		**-5,141**			**-425**	**-10,209**	**-854**	**-10,145**	**-64**
29,325	**NET COST**			**28,369**			**14,236**		**14,583**			**347**	**29,945**	**1,576**	**30,104**	**-159**

Appendix 3

Workforce Analysis as at 30th September 2015

	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE
By Sector													
Hospital Services	506.23	512.66	499.21	389.74	394.43	391.55	388.55						
Community Services - Southern Devon	283.33	275.76	273.54	187.02	177.57	180.23	177.10						
Community Services - Torbay	433.93	435.69	432.37	423.55	419.38	416.57	411.98						
HQ & Corporate	161.01	158.18	161.20	157.75	163.80	170.02	166.98						
Public Health	160.09	157.59	157.58	156.79	155.28	155.94	154.72						
Professional Practice	121.43	120.06	125.49	126.36	126.14	129.97	133.22						
Medical Directorate	27.47	27.43	26.79	26.02	25.60	25.14	24.40						
Independent Sector	26.36	27.83	27.37	24.76	24.71	24.65	24.91						26.36
HEALTH	**1719.85**	**1715.20**	**1703.55**	**1491.99**	**1486.91**	**1494.07**	**1481.86**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**26.36**
Social Care	14.43	14.43	15.42	15.44	15.43	16.23	16.57						
In House LD	59.44	55.71	48.27	43.53	39.20	39.37	40.87						
SOCIAL CARE	**73.87**	**70.14**	**63.69**	**58.97**	**54.63**	**55.60**	**57.44**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
TOTAL TRUST - WTE	**1793.72**	**1785.34**	**1767.24**	**1550.96**	**1541.54**	**1549.67**	**1539.30**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**26.36**
Staff Group analysis													
Medical and Dental	19.91	20.00	19.59	18.96	17.72	17.26	16.52						
Nursing, Midwifery and HCAs	821.56	813.92	794.82	676.63	673.82	683.22	668.57						
Therapists and other professionals	358.62	361.94	366.62	323.50	323.65	323.56	324.48						
Management and Admin	473.44	467.97	467.56	431.67	427.66	427.26	432.19						
Ancillaries	108.88	108.10	105.74	87.29	85.78	85.46	84.63						
Other staff	11.31	13.41	12.91	12.91	12.91	12.91	12.91						
TOTAL	**1793.72**	**1785.34**	**1767.24**	**1550.96**	**1541.54**	**1549.67**	**1539.30**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Pay expenditure													
Substantive employees	4,898,754	5,259,480	4,968,877	4,531,897	4,621,536	4,322,246	4,385,031						
Bank Staff	220,080	143,043	140,044	118,123	119,405	163,767	167,227						
Agency Staff	304,913	123,210	123,501	128,871	148,559	107,529	147,150						
Total	**5,423,747**	**5,525,733**	**5,232,422**	**4,778,891**	**4,889,500**	**4,593,542**	**4,699,408**	**0**	**0**	**0**	**0**	**0**	**0**

Appendix 4

2015/16 CIP Programme Status Report as at 30th September 2015

	Savings target	Delivery YTD	Delivery in Year		
		Planned	Recurring	Non Recurring	Total
	£000	£000	£000	£000	£000
Health Sector analysis by service area					
Hospital Services	722	361	167	255	422
Community Services - Southern Devon	431	216	146	103	249
Community Services - Torbay	418	209	96	300	396
HQ & Corporate	1,022	511	685	159	844
Professional Practice & Public Health	520	260	252	282	534
Medical Directorate	84	42	0	78	78
Corporate Schemes	1,903	952	74	0	74
TOTAL	**5,100**	**2,550**	**1,420**	**1,177**	**2,597**
ASC – Ind Sector/L Dis					
Sub Total	**2,761**	**1,381**	**760**		**760**
ASC – Integrated teams					
Zone team redesign	**1,134**	**567**	**90**	**624**	**714**
TOTAL	**8,995**	**4,498**	**2,270**	**1,801**	**4,071**

Appendix 5

CASH FLOW 2015//16	April	May	June	July	August	September
	£000	£000	£000	£000	£000	£000
Cash in hand opening balance	5,872	1,523	1,746	1,100	1,473	2,079
Surplus/(Deficit) from operations	357	315	359	450	852	(857)
Operating cash flows before movements in working capital	357	315	359	450	852	(857)
Movement in working capital						
(Increase)/decrease in inventories	0	0	0	0	0	0
(Increase)/decrease in NHS Trade Receivables, Current	4	1,175	(900)	(145)	121	(631)
(Increase)/decrease in NHS Trade Receivables, Non Current	0	0	0	0	0	0
(Increase)/decrease in Non NHS Trade Receivables, Current	(96)	551	(684)	343	(493)	320
(Increase)/decrease in Non NHS Trade Receivables, Non Current	0	0	0	0	0	0
(Increase)/decrease in Other Receivables, Current	(520)	(2,410)	1,903	(819)	(993)	1,651
(Increase)/decrease in Other Receivables, Non Current	(115)	210	19	(19)	124	67
Increase/(decrease) in Trade Payables, Current	(732)	315	(736)	(165)	(445)	(2,333)
Increase/(decrease) in Trade Payables, Non Current	0	0	0	0	0	0
Increase/(decrease) in Other Payables, Current	15	24	(232)	(9)	3	177
Increase/(decrease) in Accruals, Current	(3,046)	345	(212)	1,074	1,728	1,186
Increase/(decrease) in working capital	(4,490)	210	(842)	260	45	437
Net cash inflow/(outflow) from operating activities	(4,133)	525	(483)	710	897	(420)
Cash flow from investing activities						
Property, plant and equipment and intangible asset expenditure	(2)	(88)	52	(123)	(77)	(10)
PFI Lifecycle assets	(6)	(6)	(7)	(6)	(6)	(6)
Proceeds on disposal of property, plant and equipment & intangible assets	0	0	0	0	0	0
Net cash inflow/(outflow) from investing activities	(8)	(94)	45	(129)	(83)	(16)
Cash Flow before Financing	(4,141)	431	(438)	581	814	(436)
Cash flow from financing activities						
Public Dividend Capital received	0	0	0	0	0	2,000
Dividends paid	0	0	0	0	0	(594)
Interest element of PFI Unitary charge	(153)	(153)	(153)	(153)	(153)	(153)
Drawdown of loans and leases	0	0	0	0	0	0
Repayment of loans and leases	(55)	(55)	(55)	(55)	(55)	(55)
Net cash inflow/(outflow) from financing	(208)	(208)	(208)	(208)	(208)	1,198
Net cash outflow/inflow	(4,349)	223	(646)	373	606	762
Closing Balance Actual / Plan	1,523	1,746	1,100	1,473	2,079	2,841

Torbay & South Devon NHS FT Performance Report - September 2015

Appendix 1 - Performance report

	Safest Care	No Delays	Experience	Promoting Health	Improved Value	Target 2015/16	Red	Amber	Green	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	YTD 15/16
QUALITY FRAMEWORK																							
Safety Thermometer - % Harm Free - (Trustwide)	✓		✓			> 95%	<95%		>=95%	98%	98%	99%	99%	98%	98%	99%	97%	100%	98%	98%	97%	98%
Pressure Ulcers - Category 3 + 4 - (Trustwide)	✓		✓			Nil	>=1		<1	3	1	2	2	2	0	1	1	1	0	0	1	4
Reported Incidents - Major + Catastrophic - (Trustwide)	✓		✓			Nil	>=20	Between	<5	3	0	0	1	3	2	4	1	0	0	0	1	6
Never Events - (Trustwide)	✓		✓			Nil	>=1		<1	0	0	0	1	0	1	0	0	0	0	0	0	0
Written Complaints - Number Received - (Trustwide)	✓	✓	✓			<30	>=30		<30	28	18	18	23	28	33	26	23	22	18	18	22	129
(P) - VTE - Risk assessment on admission - (Trustwide)	✓		✓		✓	>95%	<93%	Between	>95%	90.5%	91.1%	90.2%	81.6%	89.0%	89.9%	93.4%	94.0%	94.0%	94.8%	94.8%	94.0%	94.2%
Medication errors - (Trustwide)	✓		✓			<15	>=30	Between	<20	27	45	25	37	330	36	45	36	31	32	28	11	183
Summary Hospital Mortality Index	✓		✓			<100%	>=105%	Between	<100%	120%	98%	103%	108%	90%	91%	111%	110%	86%	100%	104%	88%	
Infection Control - Bed Closures	✓		✓			<100	>=170	Between	<100	0	252	124	141	156	104	358	955	288	40	68	18	1727
Fracture Neck Of Femur Best Practice	✓		✓		✓	>90%	<90%		>=90%	78%	81%	67%	72%	63%	60%	70%	74%	50%	59%	62%	61%	62%
(P) - Stroke patients spending 90% of time on a stroke ward	✓	✓	✓		✓	>80%	<80%		>=80%	80%	67%	44%	62%	60%	60%	73%	54%	70%	68%	65%	61%	65%
CQC Compliance intelligent monitoring score / banding										6	6	4	4	4	4	4	3	3	3	3	3	3
(P) - Dementia - Find - monthly report						>90%	<90%		>=90%	39%	40%	32%	36%	35%	41%	49%	41%	52%	55%	75%	70%	58%
(P) - Dementia - Assess & Investigate - Monthly report						>90%	<90%		>=90%	23%	27%	27%	56%	47%	68%	48%	81%	61%	66%	73%	80%	68%
(P) - Dementia Refer - Monthly report						>90%	<90%		>=90%	100%	83%	100%	95%	100%	96%	100%	100%	100%	100%	100%	100%	100%
Clinic letters timeliness							<80%		>80%	95%	95%	73%	68%	95%	91%	82%	86%	73%	86%	77%	73%	80%
MONITOR COMPLIANCE FRAMEWORK																						
Referral to treatment waiting times – admitted - (Trustwide)		✓	✓			90%	<90%		>=90%	88%	75%	78%	77%	75%	76%	82%	76%	72%	74%	77%	81%	77%
Referral to treatment waiting times – non-admitted - (Trustwide)		✓	✓			95%	<95%		>=95%	96%	95%	96%	95%	95%	96%	95%	95%	95%	95%	95%	95%	95.1%
Referral to treatment - % Incomplete pathways - (Trustwide)		✓	✓			92%	<92%		>=92%	93%	93%	92%	92%	92%	92%	91%	92%	91%	92%	92%	92%	91.9%
Number of Clostridium Difficile cases - Lapse of care	✓		✓			Nil	>=2		<2	0	0	0	1	1	0	1	1	3	1	1	2	9
(P) - Cancer - Two week wait from referral to date 1st seen		✓	✓			93%	<93%	Between	>93.5%	98.2%	98.1%	97.9%	96.8%	97.2%	96.4%	94.8%	94.0%	95.2%	93.0%	94.7%	97.5%	94.9%
(P) - Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients		✓	✓			93%	<93%	Between	>93.5%	99.0%	100.0%	98.3%	93.9%	98.9%	96.8%	98.8%	94.4%	94.7%	100.0%	97.4%	100.0%	97.5%
(P) - Cancer - 31-day wait from decision to treat to first treatment		✓	✓			96%	<96%	Between	>96.5%	98.2%	97.3%	97.6%	96.5%	100.0%	98.0%	98.7%	98.7%	98.4%	100.0%	98.7%	98.3%	98.8%
(P) - Cancer - 31-day wait for second or subsequent treatment - Drug		✓	✓			98%	<98%	Between	>98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
(P) - Cancer - 31-day wait for second or subsequent treatment - Radiotherapy		✓	✓			94%	<94%	Between	>94.5%	100.0%	98.8%	98.4%	98.3%	100.0%	98.4%	94.1%	95.7%	98.5%	100.0%	93.6%	96.6%	96.5%
(P) - Cancer - 31-day wait for second or subsequent treatment - Surgery		✓	✓			94%	<94%	Between	>94.5%	100.0%	96.4%	100.0%	100.0%	100.0%	97.1%	96.4%	93.8%	94.6%	92.9%	95.2%	97.3%	95.1%
(P) - Cancer - 62-day wait for first treatment - from 2ww referral		✓	✓			85%	<85%	Between	>85.5%	87.2%	95.6%	91.0%	87.2%	86.4%	85.2%	96.0%	92.5%	84.3%	93.0%	90.3%	88.4%	90.4%
(P) - Cancer - 62-day wait for first treatment - screening		✓	✓			90%	<90%	Between	>90.5%	100.0%	90.0%	100.0%	72.7%	71.4%	91.7%	100.0%	100.0%	95.7%	93.3%	100.0%	90.9%	96.6%
A&E - patients seen within 4 hours	✓	✓	✓			95%	<95%		>=95%	95%	90%	83%	87%	81%	88%	94%	90%	91%	91%	80%	90%	89%
CONTRACTUAL FRAMEWORK																						
Diagnostic tests longer than the 6 week standard - (Trustwide)		✓	✓			<1%	>=1%		<1%	0.5%	1.2%	3.2%	3.2%	1.0%	1.0%	4.5%	2.5%	1.2%	1.1%	2.6%	2.7%	2.5%
Mixed sex accomodation breaches of standard - (Trustwide)		✓	✓			<1	>=1		<1	0	2	1	0	1	0	0	0	0	0	0	0	0
Care Planning Summaries % completed within 24 hours of discharge - Weekday - (T)	✓	✓	✓			>77%	<77%		>=77%	65%	63%	57%	60%	45%	56%	57%	56%	60%	61%	62%	62%	59.5%
Care Planning Summaries % completed within 24 hours of discharge - Weekend - (T)	✓	✓	✓			>60%	<60%		>=60%	42%	47%	39%	40%	31%	41%	34%	27%	33%	37%	28%	24%	30.5%
On the day cancellations for elective operations		✓	✓			<0.8%	>=0.8%		<0.8%	0.94%	0.96%	1.50%	1.55%	1.47%	1.65%	0.72%	1.31%	1.02%	0.71%	0.84%	0.84%	0.9%
Cancelled patients not treated within 28 days of cancellation		✓	✓			<4	>=4		<4	0	3	5	7	1	2	4	2	4	3	2	0	15
Ambulance handover delays > 30 minutes	✓	✓	✓			<50	>=75	Between	<50	27	34	56	55	72	34	23	27	18	68	87	86	309
Ambulance handover delays > 60 minutes	✓	✓	✓			<5	>=10	Between	<5	0	0	1	0	6	4	0	0	0	1	3	2	6
Trolley waits in A+E > 12 hours from decision to admit		✓	✓			Nil	>=1		<1	0	0	0	0	0	0	0	0	0	0	0	0	0

Torbay & South Devon NHS FT Performance Report - September 2015

Appendix 1 - Performance report

	Safest Care	No Delays	Experience	Promoting Health	Improved Value	Target 2015/16	Red	Amber	Green	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	YTD 15/16
COMMUNITY & SOCIAL CARE FRAMEWORK																							
Number of Delayed Discharges			✓			<185	>185		<185							400	508	401	320	403	317	2349
Timeliness of Adult Social Care Assessment			✓			75%	>75%		<75%							70%	71%	71%	71%	70%	70%	0%
Clients receiving Self Directed Care				✓		70%	<70%		>70%							89%	92%	92%	93%	93%	93%	0%
Carers Assessments Completed year to date				✓		>40%										7%	11%	19%	18%	24%	27%	0%
Number of Permanent Care Home Placements			✓			<630										649	652	652	646	645	639	0
Children with a Child Protection Plan				✓		TBC										160	157	156	161	190		
4 Week Smoking Quitters				✓		>50												118				
% OCU in Effective Drug Treatment				✓		>9.3												7%				
% Safeguarding Strategy Meetings within 7 Days				✓		>80%										73%	57%	45%	38%	38%	46%	0%
CHANGE FRAMEWORK																						
Number of Emergency Admissions - (Trustwide)			✓		✓	TBC				2413	2384	2525	2437	2276	2597	2729	2546	2631	2732	2579	2694	15911
Average Length of Stay - Emergency Admissions - (Trustwide)		✓	✓		✓	TBC				3.80	3.57	3.88	3.93	3.81	3.72	3.32	3.43	3.52	3.24	3.25	3.21	
Hospital Stays > 30 Days - (Trustwide)		✓	✓		✓	TBC				26	20	29	25	29	27	24	23	33	27	21	29	157
Continutiy of Services Risk Rating					✓	2																
Statement of Comprehensive Income - Variance from Plan					✓	<1%																
Cash Balance - Variance from Plan					✓	<5%																
CIP Delivery - Variance from Plan					✓	<10%																
Capital Plan Delivery - Variance from Plan					✓	<15%																
CORPORATE MANAGEMENT FRAMEWORK																						
Staff Vacancy Rate - (Trustwide)						TBC																
Staff sickness / Absence - (Trustwide)						TBC										4.3%	4.3%	4.2%	4.2%	4.2%		
Appraisal Completeness - (Trustwide)						TBC										84%	84%	86%	86%	86%	84%	
Mandatory Training Compliance - (Trustwide)						TBC										87%	87%	87%	88%	88%	87%	

SOUTH DEVON HEALTHCARE FOUNDATION TRUST

ADMITTED RTT PERFORMANCE 2015/16

	July								August								September							
	Performance		TOTAL Activity		>18wk Activity		Backlog		Performance		TOTAL Activity		>18wk Activity		Backlog		Performance		TOTAL Activity		>18wk Activity		Backlog	
Treatment function	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Breast Surgery	100.0%	96.9%	42	32	0	1	0		100.0%	100.0%	38	27	0	0	0	0	100.0%	100.0%	41	37	0		0	
Colorectal Surgery	78.9%	80.0%	71	45	15	9	35	31	75.4%	83.0%	61	47	15	8	33	32	77.6%	79.7%	67	79	15	16	23	26
General Surgery	100.0%	100.0%	1		0		0		100.0%	100.0%	1	1	0	0	0	0	100.0%	100.0%	1	2	0		0	
Upper Gi Surgery	36.5%	38.6%	63	70	40	43	90	103	25.9%	45.2%	54	31	40	17	77	125	33.3%	56.3%	60	80	40	35	53	120
Vascular Surgery	94.7%	80.8%	19	26	1	5	15	2	93.8%	94.7%	16	19	1	1	18	0	94.4%	100.0%	18	13	1		19	
General Surgery	71.4%	66.5%	**196**	**173**	**56**	**58**	**140**	**136**	67.1%	79.2%	**170**	**125**	**56**	**26**	**128**	157	70.1%	75.8%	**187**	**211**	**56**	**51**	**95**	146
Urology	84.2%	84.0%	95	106	15	17	19	28	81.7%	89.8%	82	88	15	9	22	37	83.3%	83.0%	90	106	15	18	25	38
Trauma & Orthopaedics	90.2%	73.4%	286	267	28	71	18	80	90.4%	73.3%	249	232	24	62	20	78	90.9%	77.2%	274	254	25	58	21	93
Ear, Nose & Throat (ENT)	90.8%	92.6%	87	81	8	6	11	5	90.7%	90.3%	75	72	7	7	15	11	90.4%	87.7%	83	73	8	9	12	10
Ophthalmology	25.0%	40.2%	456	361	342	216	6	405	25.0%	52.3%	396	392	297	187	168	286	25.1%	61.9%	235	281	176	107	42	246
Oral Surgery	86.7%	95.7%	113	141	15	6	8	15	89.7%	90.7%	97	107	10	10	23	15	90.7%	93.5%	108	153	10	10	27	6
Plastic Surgery	75.0%	65.9%	80	85	20	29	0	35	85.7%	61.5%	70	91	10	35	6	26	87.0%	72.9%	77	118	10	32	5	15
General Medicine	100.0%	100.0%	2	2	0		0		100.0%	100.0%	2	2	0	0	0	0	100.0%	100.0%	2	5	0		0	
Gastroenterology	92.0%	96.8%	50	62	4	2	12	15	90.9%	97.3%	44	74	4	2	14	20	91.7%	94.4%	48	71	4	4	13	27
Cardiology	72.7%	80.6%	33	31	9	6	21	20	67.9%	70.4%	28	27	9	8	22	22	71.0%	72.7%	31	33	9	9	20	15
Dermatology	100.0%	100.0%	2		0		0		100.0%	75.0%	2	4	0	1	0	0	100.0%	100.0%	2	6	0		0	
Thoracic Medicine	100.0%	100.0%	7	13	0	0	0	1	100.0%	100.0%	6	1	0	0	1	1	100.0%	100.0%	7	6	0		1	0
Neurology	100.0%	100.0%	19	3	0		1		100.0%	100.0%	16	26	0	0	1	1	100.0%	100.0%	18	19	0		1	3
Rheumatology	100.0%	100.0%	47	8	0		0		100.0%	100.0%	41	25	0	0	0	0	100.0%	100.0%	45	80	0		0	0
Geriatric Medicine	100.0%	100.0%	0		0		0		100.0%	100.0%	0	0	0	0	0	0	100.0%	100.0%	0		0		0	
Gynaecology	99.3%	99.4%	153	160	1	1	8	2	99.2%	98.1%	133	156	1	3	12	3	99.3%	98.0%	146	147	1	3	6	1
Other	93.8%	93.1%	96	101	6	7	4	7	94.0%	96.9%	84	65	5	2	5	10	93.5%	88.5%	92	87	6	10	5	8
Total	**70.7%**	**73.7%**	**1722**	**1594**	**504**	**419**	**248**	749	**70.7%**	**76.3%**	**1495**	**1487**	**438**	**352**	**437**	667	**77.9%**	**81.2%**	**1445**	**1650**	**320**	**311**	**273**	608

NON ADMITTED RTT PERFORMANCE 2015/16

	July								August								September							
	Performance		Activity		>18wk Activity		Backlog		Performance		Activity		>18wk Activity		Backlog		Performance		Activity		>18wk Activity		Backlog	
Treatment function	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
General Surgery	95.0%	94.6%	645	756	32	41	55	74	95.0%	95.5%	645	600	32	27	55	112	95.5%	91.09%	709	539	32	48	55	135
Urology	96.2%	96.6%	237	265	9	9	15	7	96.2%	94.8%	237	173	9	9	16	6	96.6%	95.6%	261	183	9	8	17	7
Trauma & Orthopaedics	90.2%	88.2%	356	304	35	36	50	75	90.2%	91.6%	356	262	35	22	50	73	91.0%	88.1%	391	293	35	35	50	97
Ear, Nose & Throat (ENT)	97.1%	96.4%	380	412	11	15	30	31	97.1%	96.5%	380	339	11	12	30	37	97.4%	95.8%	418	360	11	15	30	41
Ophthalmology	94.3%	94.7%	495	868	28	46	19	51	94.3%	97.1%	495	1324	28	38	19	54	94.9%	91.3%	544	450	28	39	19	71
Oral Surgery	94.4%	95.8%	337	307	19	13	19	14	94.4%	96.9%	337	291	19	9	19	5	94.9%	98.4%	371	310	19	5	19	10
Plastic Surgery	92.6%	81.8%	27	22	2	4	2	6	92.6%	80.8%	27	26	2	5	2	3	93.3%	87.0%	30	23	2	3	2	6
Cardiothoracic Surgery	100.0%	100.0%	2	0	0	0	0	0	100.0%	100.0%	2	1	0	0	0	1	100.0%	100.0%	3	0	0	0	0	1
General Medicine	98.2%	98.4%	111	124	2	2	3	0	98.2%	98.1%	111	108	2	2	3	6	98.4%	98.8%	123	86	2	1	3	7
Gastroenterology	97.3%	95.8%	291	330	8	14	25	28	97.3%	98.7%	291	239	8	3	26	25	97.5%	96.1%	320	259	8	10	27	47
Cardiology	90.5%	72.4%	190	210	18	58	52	100	90.5%	68.5%	190	127	18	40	50	105	91.4%	80.5%	209	154	18	30	48	185
Dermatology	97.7%	96.6%	520	562	12	19	17	25	97.7%	96.3%	520	432	12	16	19	28	97.9%	96.4%	572	525	12	19	21	29
Thoracic Medicine	87.9%	94.9%	99	237	12	12	17	12	87.9%	98.9%	99	92	12	1	15	27	89.0%	87.2%	109	86	12	11	13	27
Neurology	94.3%	95.5%	141	134	8	6	1	11	94.3%	91.6%	141	131	8	11	1	10	94.8%	94.2%	155	120	8	7	1	6
Rheumatology	99.5%	100.0%	207	289	1	0	5	1	99.5%	100.0%	207	215	1	0	6	1	99.6%	100.0%	228	215	1		7	4
Geriatric Medicine	100.0%	100.0%	0	0	0	0	0	0	100.0%	100.0%	0	1	0	0	0		100.0%	100.0%	0	4	0		0	
Gynaecology	99.8%	100.0%	456	603	1	0	1	1	99.8%	99.8%	456	414	1	1	1	2	99.8%	99.3%	502	426	1	3	1	2
Other	94.6%	94.5%	776	815	42	45	68	113	94.6%	93.8%	776	659	42	41	69	176	95.1%	93.9%	854	727	42	44	70	92
Total	**95.4%**	**94.9%**	**5270**	**6238**	**240**	**320**	**379**	549	**95.4%**	**95.6%**	**5270**	**5434**	**240**	**237**	**381**	671	**95.9%**	**94.2%**	**5799**	**4760**	**240**	**278**	**383**	767

INCOMPLETE PATHWAY RTT PERFORMANCE 2015/16

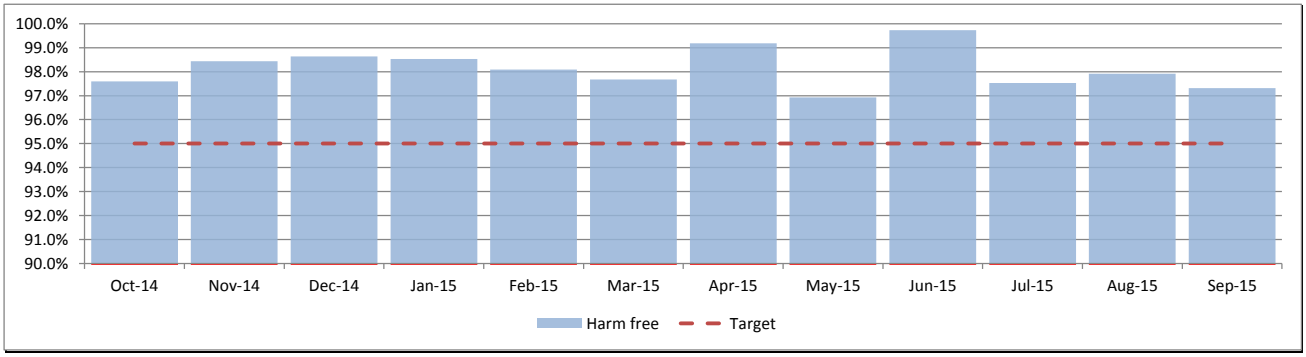
	July							August								September							
	Performance		<18 weeks		>18 weeks			Performance		<18 weeks		>18 weeks				Performance		<18 weeks		>18 weeks			
Treatment function	Plan	Actual	Plan	Actual	Plan	Actual		Plan	Actual	Plan	Actual	Plan	Actual			Plan	Actual	Plan	Actual	Plan	Actual		
General Surgery	88.4%	86.1%	1490	1348	195	218		89.1%	82.9%	1502	1340	183	277			91.1%	84.1%	1535	1618	150	307		
Urology	95.8%	95.5%	782	702	34	33		95.3%	94.9%	778	668	38	36			94.9%	93.7%	774	652	42	44		
Trauma & Orthopaedics	96.0%	91.8%	1621	1885	68	168		95.9%	92.4%	1619	1893	70	155			95.8%	91.6%	1618	1815	71	167		
Ear, Nose & Throat (ENT)	95.6%	94.7%	898	695	41	39		95.2%	93.4%	894	650	45	46			95.5%	95.3%	897	1016	42	50		
Ophthalmology	81.7%	80.3%	1850	1848	414	453		91.7%	84.4%	2077	1707	187	316			97.3%	85.8%	2203	1564	61	259		
Oral Surgery	97.3%	96.6%	967	902	27	32		95.8%	97.6%	952	802	42	20			95.4%	97.7%	948	734	46	17		
Neurosurgery	100.0%	96.9%	***0***	***1519***	***0***	***48***		100.0%	94.4%	0	***1276***	0	***75***			100.0%	100.0%	0		0			
Plastic Surgery	99.5%	81.0%	366	217	2	51		97.8%	89.1%	360	246	8	30			98.1%	93.6%	361	235	7	16		
Cardiothoracic Surgery	100.0%	100.0%	12	5	0			100.0%	92.3%	12	12	0	1			100.0%	91.7%	12	11	0	1		
General Medicine	96.8%	99.0%	91	98	3	1		96.8%	94.0%	91	94	3	6			96.8%	93.0%	91	66	3	5		
Gastroenterology	95.6%	95.9%	807	920	37	39		95.3%	95.4%	804	910	40	44			95.3%	92.6%	804	864	40	69		
Cardiology	91.8%	87.6%	821	922	73	130		91.9%	88.3%	822	1022	72	135			92.4%	86.1%	826	1164	68	188		
Dermatology	98.1%	98.1%	889	1157	17	22		97.9%	97.6%	887	1185	19	29			97.7%	98.0%	885	1052	21	22		
Thoracic Medicine	96.7%	97.6%	499	656	17	16		96.9%	95.4%	500	587	16	28			97.3%	94.8%	502	494	14	27		
Neurology	99.1%	95.8%	214	207	2	9		99.1%	95.5%	214	231	2	11			99.1%	98.1%	214	309	2	6		
Rheumatology	98.6%	97.7%	356	291	5	7		98.3%	98.7%	355	374	6	5			98.1%	99.2%	354	353	7	3		
Geriatric Medicine	100.0%	100.0%	0	1	0			100.0%	100.0%	0	10	0	0			100.0%	100.0%	0	27	0			
Gynaecology	98.7%	99.4%	680	681	9	4		98.1%	99.4%	676	653	13	4			99.0%	99.7%	682	641	7	2		
Other	96.5%	95.0%	1967	2208	72	115		96.4%	92.8%	1965	2327	74	181			96.3%	96.5%	1964	2234	75	82		
Total	**93.4%**	**92.2%**	**14310**	**16262**	**1016**	**1385**		**94.7%**	**91.95%**	**14508**	**15987**	**818**	**1399**			**95.7%**	**92.1%**	**14670**	**14849**	**656**	**1265**		

Performance & Quality Databook

Month 6 September 2015

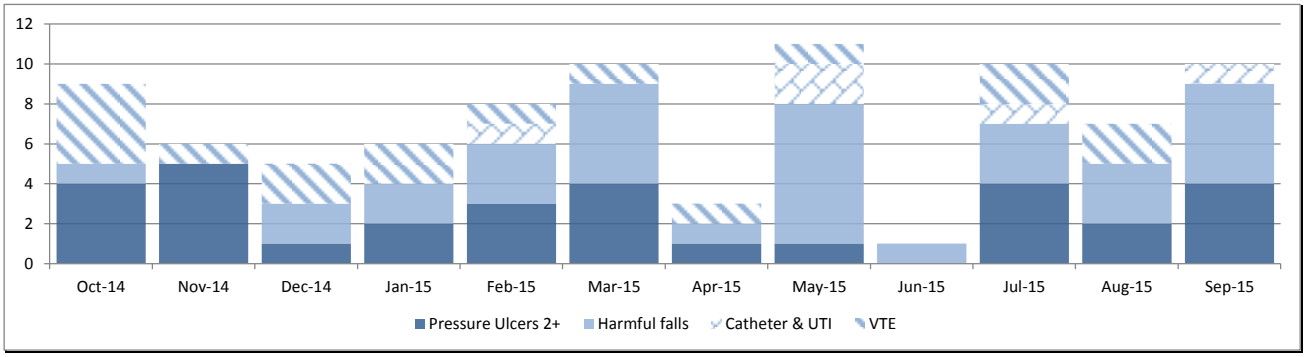
Harm Free - Trust Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients	375	383	367	408	367	387	367	358	377	365	336	372
New harms	9	6	5	6	7	9	3	11	1	9	7	10
Harm free	97.6%	98.4%	98.6%	98.5%	98.1%	97.7%	99.2%	96.9%	99.7%	97.5%	97.9%	97.3%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



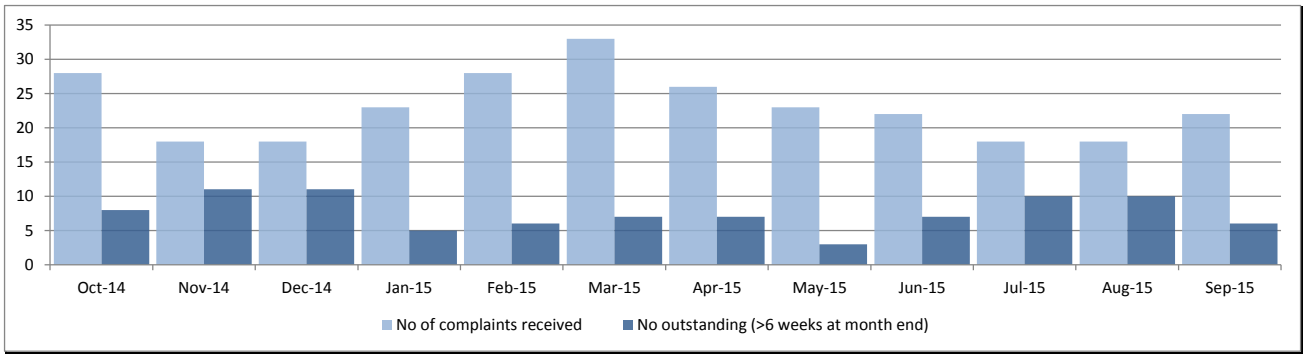
Types of new harm - Trust Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
New Harms	9	6	5	6	7	9	3	11	1	9	7	10
Pressure Ulcers 2+	4	5	1	2	3	4	1	1	0	4	2	4
Harmful falls	1	0	2	2	3	5	1	7	1	3	3	5
Catheter & UTI	0	0	0	0	1	0	0	2	0	1	0	1
VTE	4	1	2	2	1	1	1	1	0	2	2	0



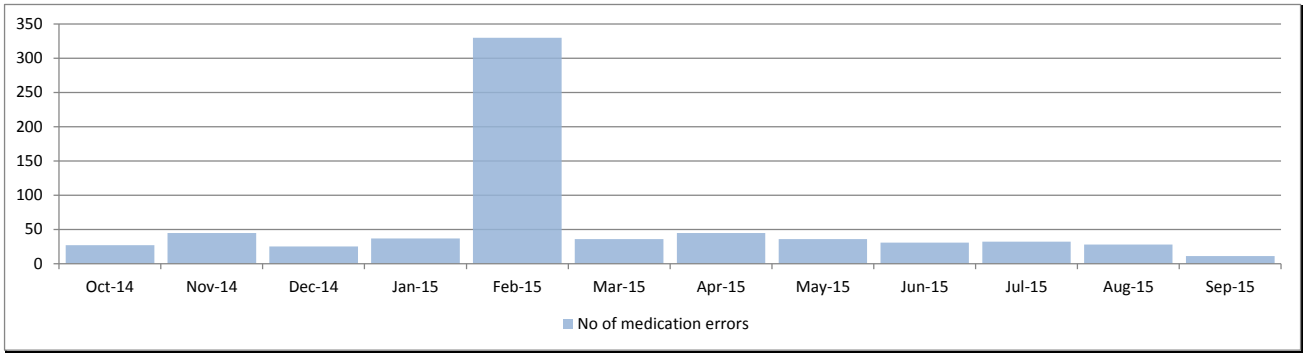
Written complaints - Trust Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
No of complaints received	28	18	18	23	28	33	26	23	22	18	18	22
No outstanding (>6 weeks at month end)	8	11	11	5	6	7	7	3	7	10	10	6



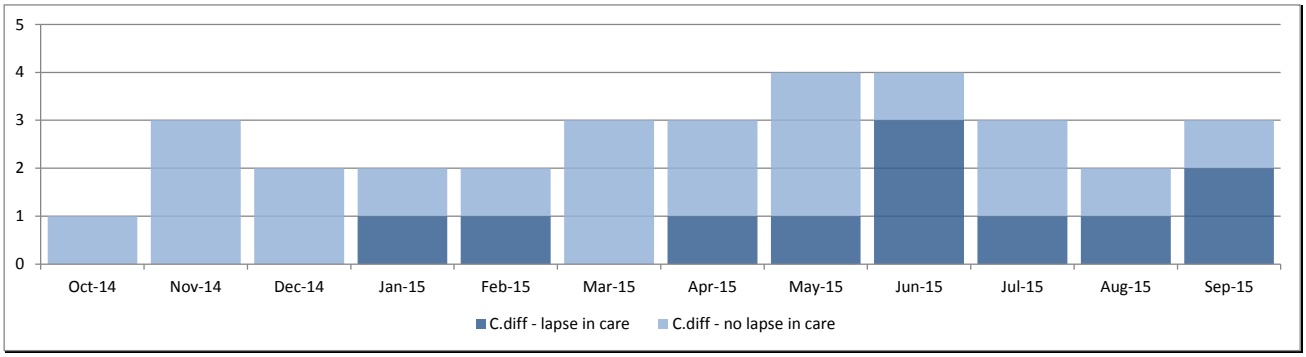
Medication errors - Trust Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
No of medication errors	27	45	25	37	330	36	45	36	31	32	28	11



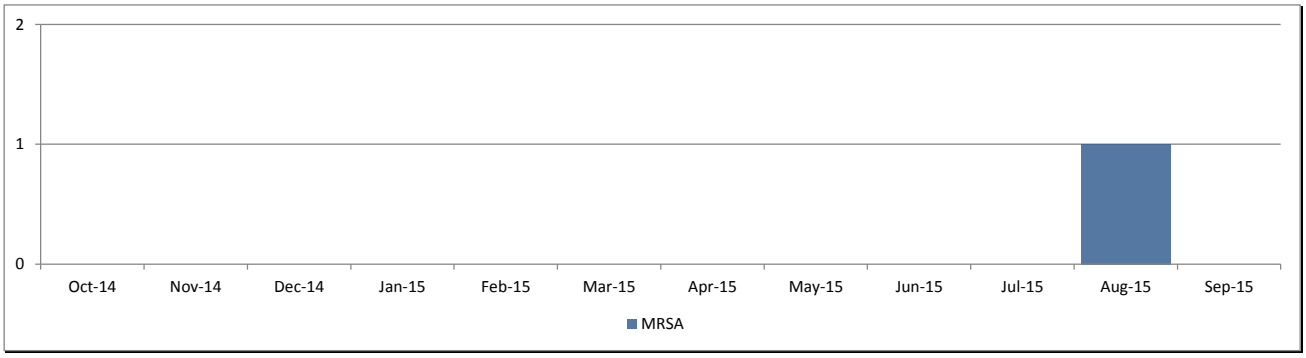
Clostridium difficile

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
C.diff - lapse in care	0	0	0	1	1	0	1	1	3	1	1	2
C.diff - no lapse in care	1	3	2	1	1	3	2	3	1	2	1	1
C.diff - Total	1	3	2	2	2	3	3	4	4	3	2	3



Methicillin-resistant Staphylococcus aureus (MRSA)

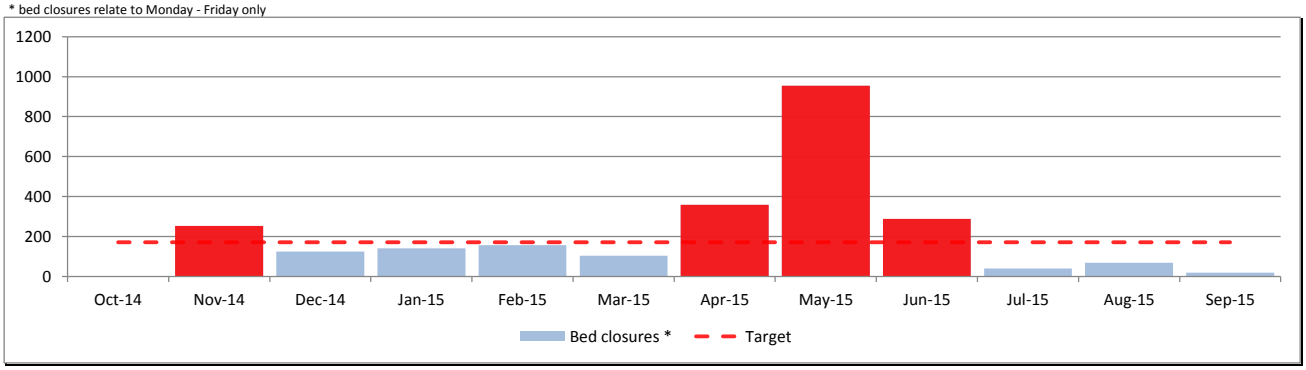
	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
MRSA	0	0	0	0	0	0	0	0	0	0	1	0



Bed closures due to infection control measures

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Bed closures *	0	252	124	141	156	104	358	955	288	40	68	18
Target	171	171	171	171	171	171	171	171	171	171	171	171

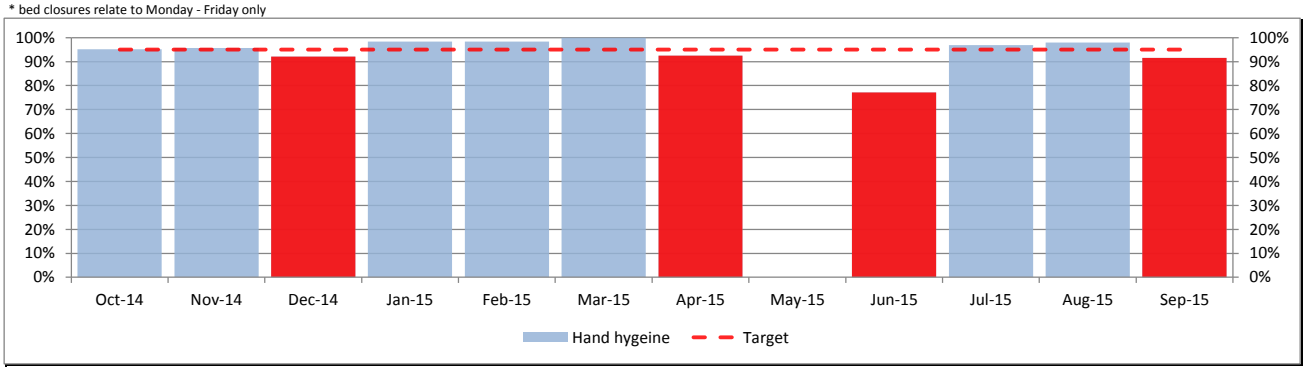
* bed closures relate to Monday - Friday only



Hand Hygiene

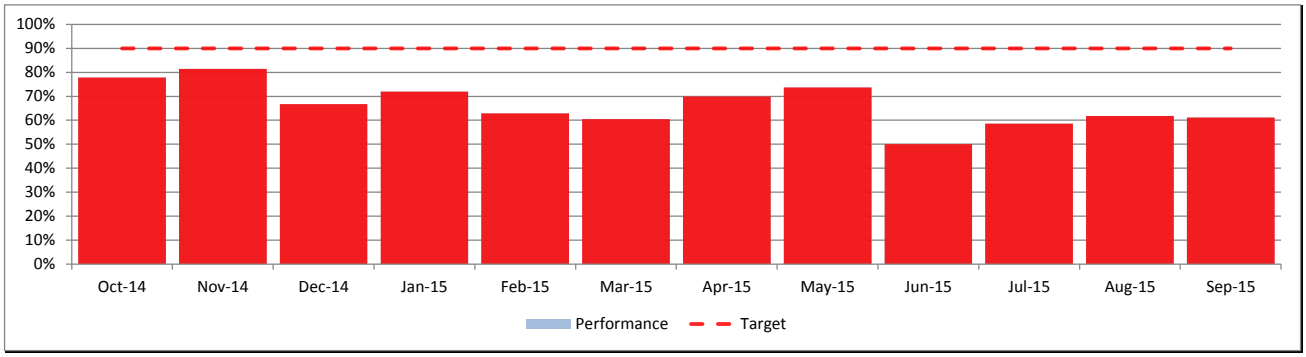
	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Hand hygeine	95%	96%	92%	98%	98%	100%	93%	n/a	77%	97%	98%	92%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

* bed closures relate to Monday - Friday only



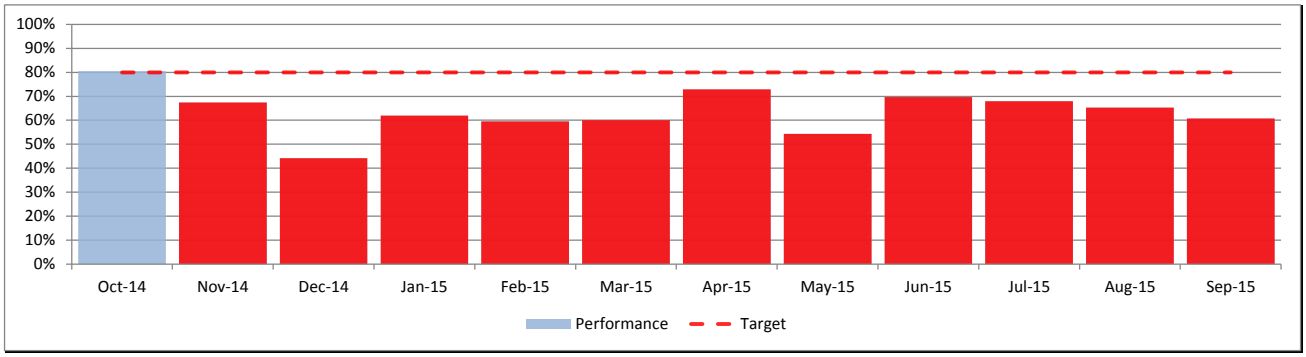
Fracture neck of femur

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients with a fractured neck of femur	36	27	45	50	35	43	40	38	40	41	34	36
Patients achieving best practice tariff	28	22	30	36	22	26	28	28	20	24	21	22
Performance	78%	81%	67%	72%	63%	60%	70%	74%	50%	59%	62%	61%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%



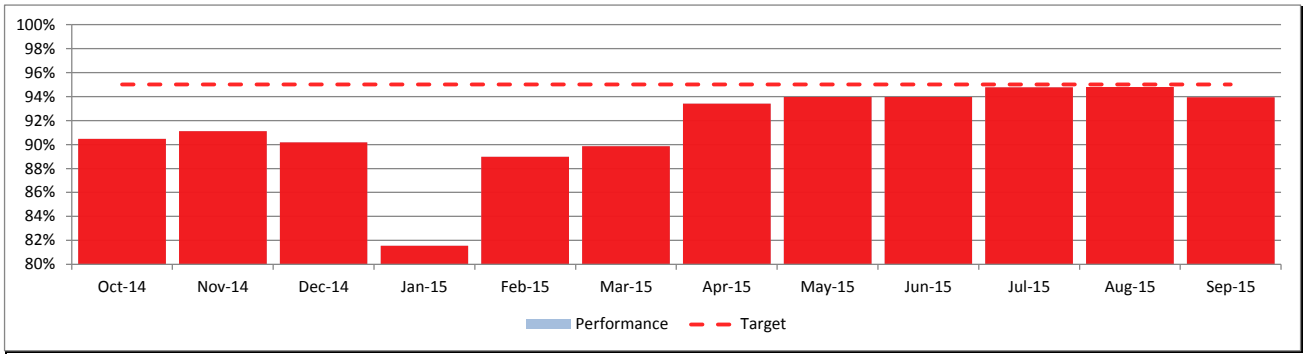
Stroke patients spending 90%+ of their time on a dedicated stroke ward

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients with a stroke diagnosis	46	46	43	63	42	45	48	46	66	53	46	51
Patients spending 90% of time on stroke war	37	31	19	39	25	27	35	25	46	36	30	31
Performance	80%	67%	44%	62%	60%	60%	73%	54%	70%	68%	65%	61%
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%



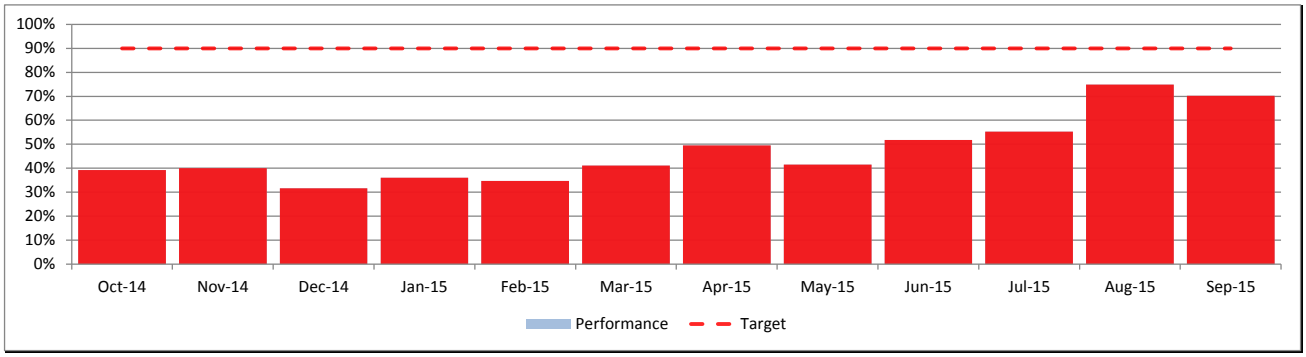
VTE risk assessment on admission - Trust Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Adult patients admitted	5872	5397	5501	5871	4758	5984	5940	5334	6076	6286	5844	6286
No risk assessed for VTE using national tool	5312	4918	4961	4788	4233	5377	5549	5013	5709	5958	5540	5906
Performance	90%	91%	90%	82%	89%	90%	93%	94%	94%	95%	95%	94%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Achieved	90%	91%	90%	82%	89%	90%	93%	94%	94%	95%	95%	94%



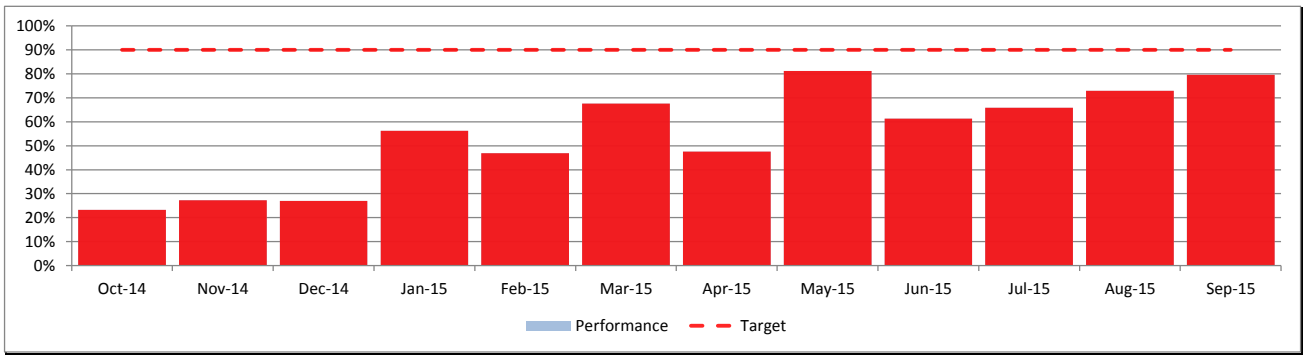
Dementia - Find

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Emergency admissions with LoS >3days (75+)	395	405	437	425	335	304	273	251	224	239	278	285
Finding question completed within 72 hours	155	162	138	153	116	125	135	104	116	132	208	200
Performance	39%	40%	32%	36%	35%	41%	49%	41%	52%	55%	75%	70%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%



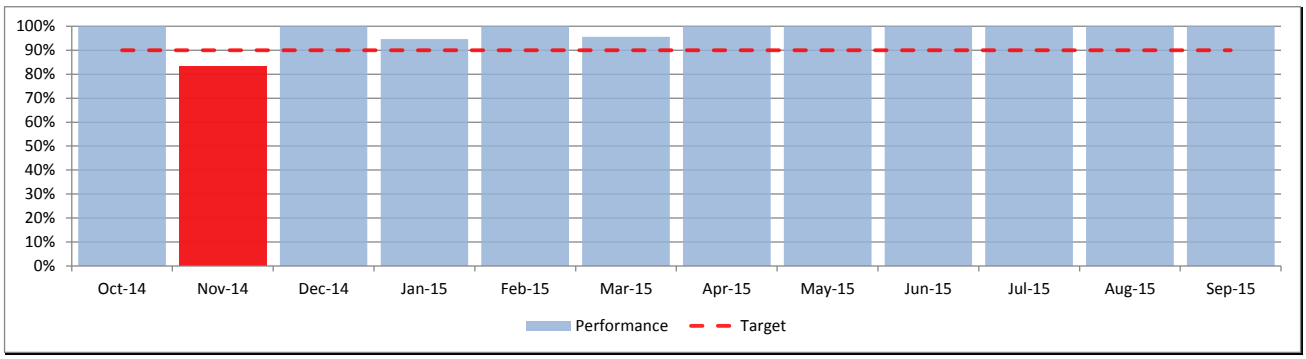
Dementia - Access and Investigate

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
+ve finding question or diagnosed delirium	56	44	37	48	32	37	40	32	31	38	48	49
Diagnostic assessment	13	12	10	27	15	25	19	26	19	25	35	39
Performance	23%	27%	27%	56%	47%	68%	48%	81%	61%	66%	73%	80%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%



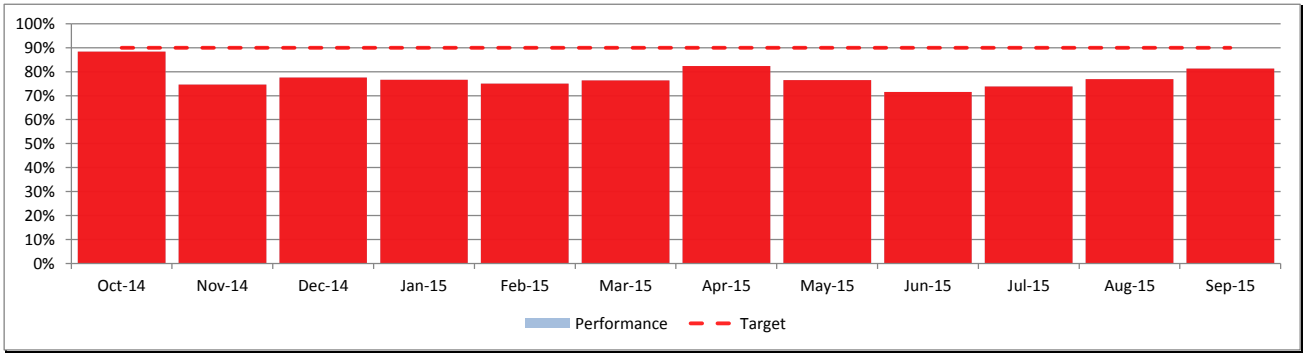
Dementia - Refer

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
+ve / inconclusive result from assessments	5	6	5	19	13	23	22	23	17	23	24	35
With a sufficient plan of care on discharge	5	5	5	18	13	22	22	23	17	23	24	35
Performance	100%	83%	100%	95%	100%	96%	100%	100%	100%	100%	100%	100%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%



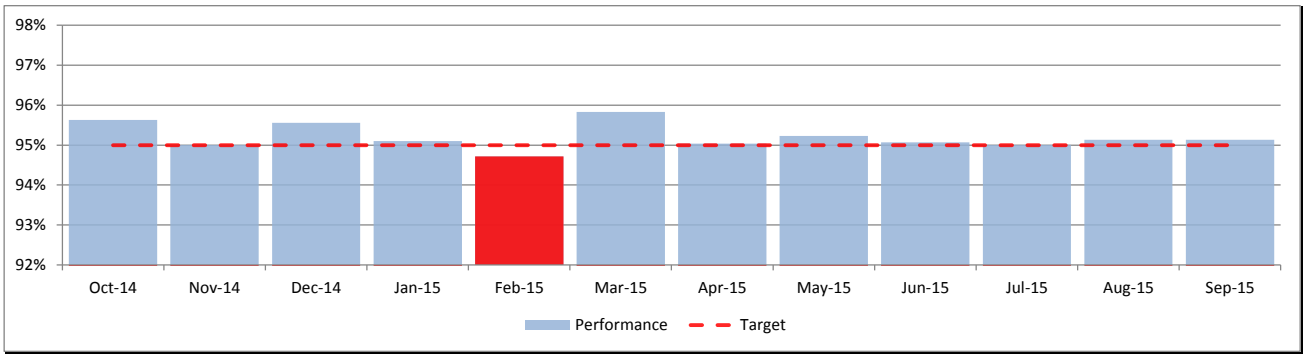
Admitted 18 week referral to treatment - Trust Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
RTT admitted clock stops	1419	1269	1263	1495	1473	1570	1438	1246	1587	1594	1459	1616
RTT admitted breaches	165	323	284	349	368	372	253	293	451	418	338	302
Performance	88%	75%	78%	77%	75%	76%	82%	76%	72%	74%	77%	81%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%



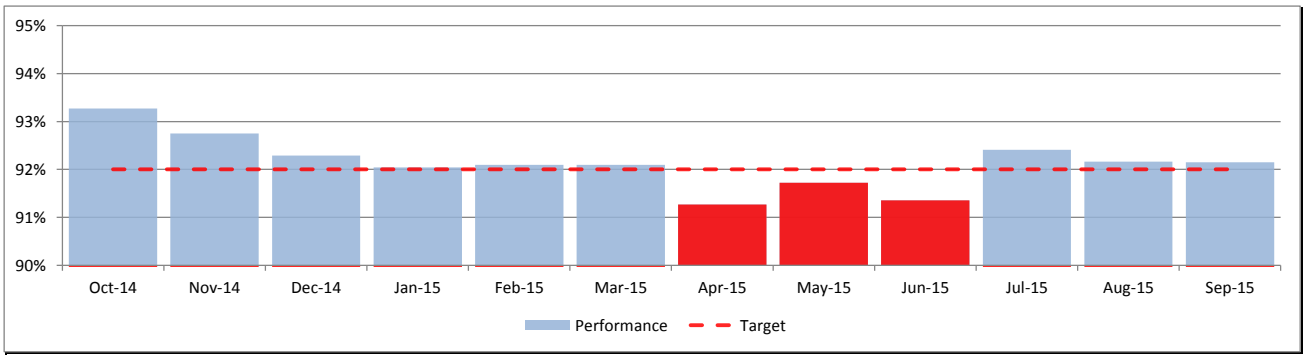
Non-admitted 18 week referral to treatment - Trust Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
RTT non-admitted clock stops	6253	5425	5084	5332	5207	5665	5262	4992	5716	6229	4887	5935
RTT non-admitted breaches	273	271	226	261	275	236	261	238	282	311	238	289
Performance	96%	95%	96%	95%	95%	96%	95%	95%	95%	95%	95%	95%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



Incomplete 18 week referral to treatment - Trust Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
RTT incomplete pathways	15717	15222	15144	15232	14991	15284	15230	15648	15572	17424	17104	16114
RTT incomplete pathway breaches	1058	1104	1168	1212	1185	1208	1330	1295	1346	1323	1341	1265
Performance	93%	93%	92%	92%	92%	92%	91%	92%	91%	92%	92%	92%
Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%



RTT admitted performance - by specialty

	<126 days	>126 days	Total	Performance
Cardiology	23	9	32	**72%**
Dermatology	6	0	6	100%
Ear, Nose & Throat (ENT)	64	9	73	**88%**
Gastroenterology	49	4	53	92%
General Medicine	4	0	4	100%
General Surgery	161	56	217	**74%**
Geriatric Medicine	0	0	0	n/a
Gynaecology	143	2	145	99%
Neurology	17	0	17	100%
Ophthalmology	174	101	275	**63%**
Oral Surgery	141	10	151	93%
Plastic Surgery	84	30	114	**74%**
Rheumatology	78	0	78	100%
Thoracic Medicine	11	0	11	100%
Trauma & Orthopaedics	190	57	247	**77%**
Urology	88	15	103	**85%**
Other	79	8	87	91%

RTT non-admitted performance - by specialty

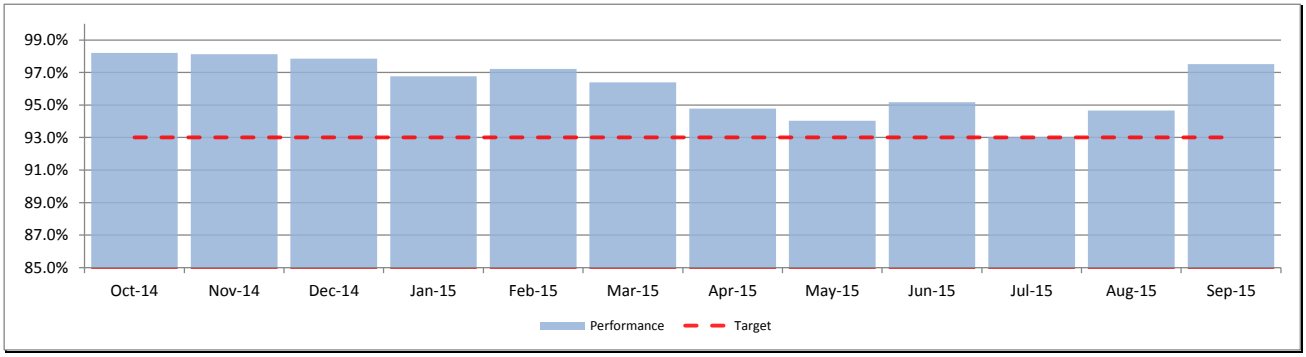
	<126 days	>126 days	Total	Performance
Cardiology	189	37	226	**84%**
Dermatology	603	22	625	96%
Ear, Nose & Throat (ENT)	415	16	431	96%
Gastroenterology	320	9	329	97%
General Medicine	115	3	118	97%
General Surgery	627	59	686	91%
Geriatric Medicine	7	0	7	100%
Gynaecology	491	1	492	100%
Neurology	126	8	134	94%
Ophthalmology	596	47	643	93%
Oral Surgery	346	6	352	98%
Plastic Surgery	22	4	26	**85%**
Rheumatology	278	0	278	100%
Thoracic Medicine	102	14	116	**88%**
Trauma & Orthopaedics	307	43	350	**88%**
Urology	212	9	221	96%
Other	823	54	877	94%

RTT incomplete performance - by specialty

	<126 days	>126 days	Total	Performance
Cardiology	1164	198	1362	**85%**
Dermatology	1053	29	1082	97%
Ear, Nose & Throat (ENT)	1017	52	1069	95%
Gastroenterology	864	69	933	93%
General Medicine	66	8	74	**89%**
General Surgery	1619	308	1927	**84%**
Geriatric Medicine	27	0	27	100%
Gynaecology	641	3	644	100%
Neurology	309	7	316	98%
Ophthalmology	1565	283	1848	**85%**
Oral Surgery	734	17	751	98%
Plastic Surgery	235	18	253	93%
Rheumatology	353	4	357	99%
Thoracic Medicine	494	27	521	95%
Trauma & Orthopaedics	1814	187	2001	91%
Urology	652	44	696	94%
Other	1885	76	1961	96%

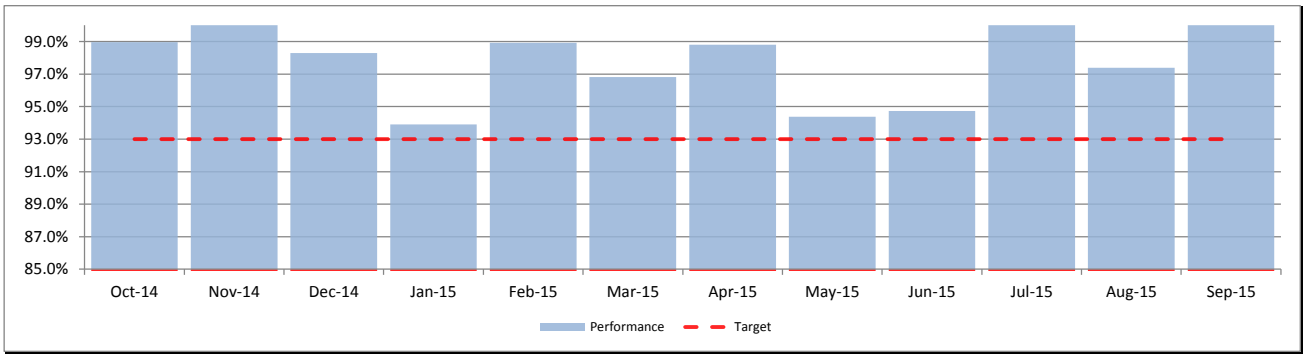
Two Week Wait Referrals - seen within 14 days

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
2ww referrals seen	833	801	747	680	650	915	746	753	913	903	826	887
2ww referral breaches	15	15	16	22	18	33	39	45	44	63	44	22
Performance	98.2%	98.1%	97.9%	96.8%	97.2%	96.4%	94.8%	94.0%	95.2%	93.0%	94.7%	97.5%
Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%



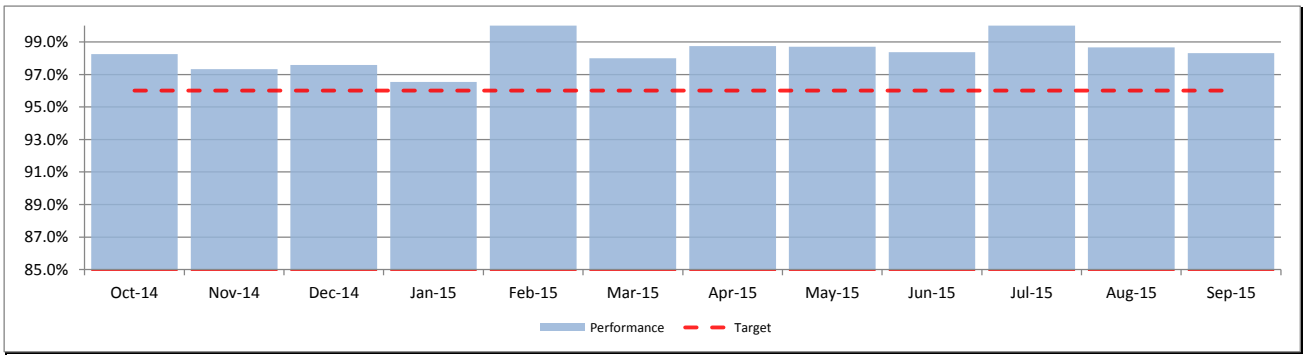
Breast Symptomatic referrals - seen within 14 days

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Breast symptomatic referrals seen	97	87	117	82	93	94	84	89	114	112	115	90
Breast symptomatic referrals breached	1	0	2	5	1	3	1	5	6	0	3	0
Performance	99.0%	100.0%	98.3%	93.9%	98.9%	96.8%	98.8%	94.4%	94.7%	100.0%	97.4%	100.0%
Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%



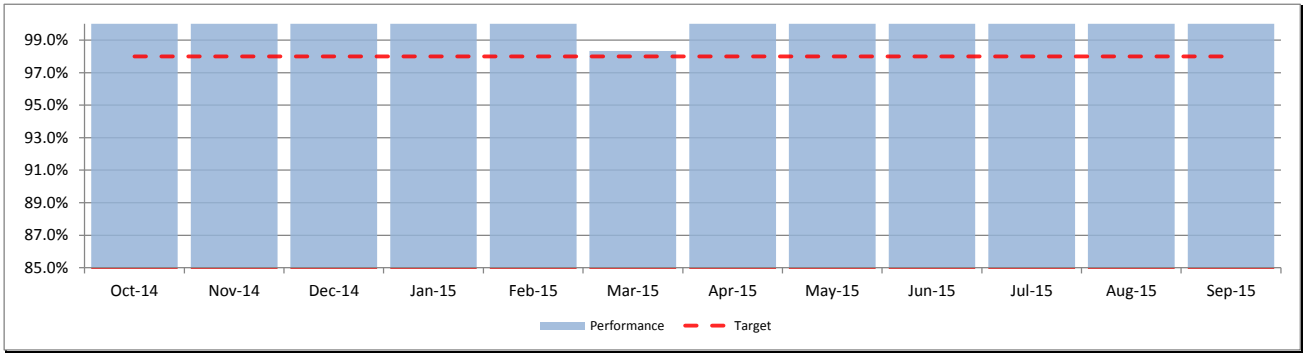
1st treatment - 31 day from decision to treat to treatment

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
1st treatments	171	150	165	173	131	200	159	155	185	169	149	178
31 day 1st treatment breaches	3	4	4	6	0	4	2	2	3	0	2	3
Performance	98.2%	97.3%	97.6%	96.5%	100.0%	98.0%	98.7%	98.7%	98.4%	100.0%	98.7%	98.3%
Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%



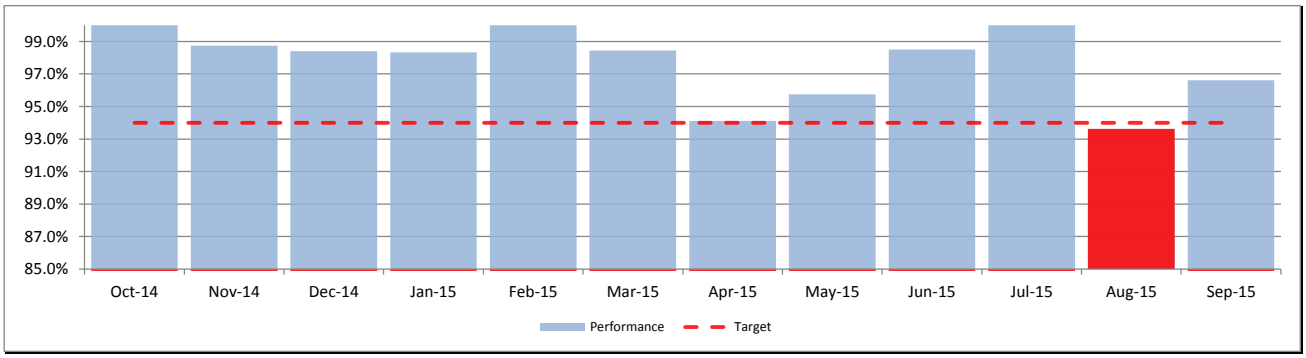
Subsequent treatment - 31 day from decision to treat to treatment - Drug

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Subsequent drug treatments	50	61	43	54	45	60	45	49	57	48	38	50
Subsequent drug breaches	0	0	0	0	0	1	0	0	0	0	0	0
Performance	100.0%	100.0%	100.0%	100.0%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Target	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%



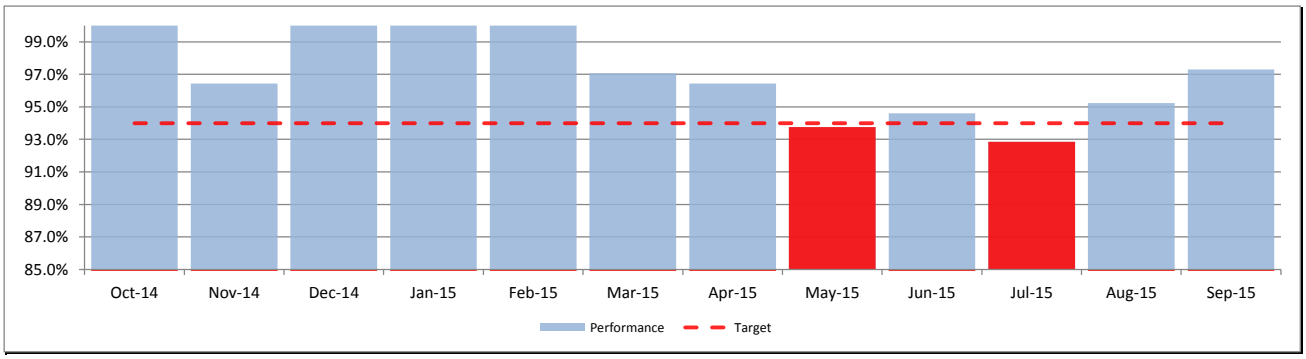
Subsequent treatment - 31 day from decision to treat to treatment - Radiotherapy

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Subsequent radiotherapy treatments	58	80	63	60	49	64	51	47	67	46	47	59
Subsequent radiotherapy breaches	0	1	1	1	0	1	3	2	1	0	3	2
Performance	100.0%	98.8%	98.4%	98.3%	100.0%	98.4%	94.1%	95.7%	98.5%	100.0%	93.6%	96.6%
Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%



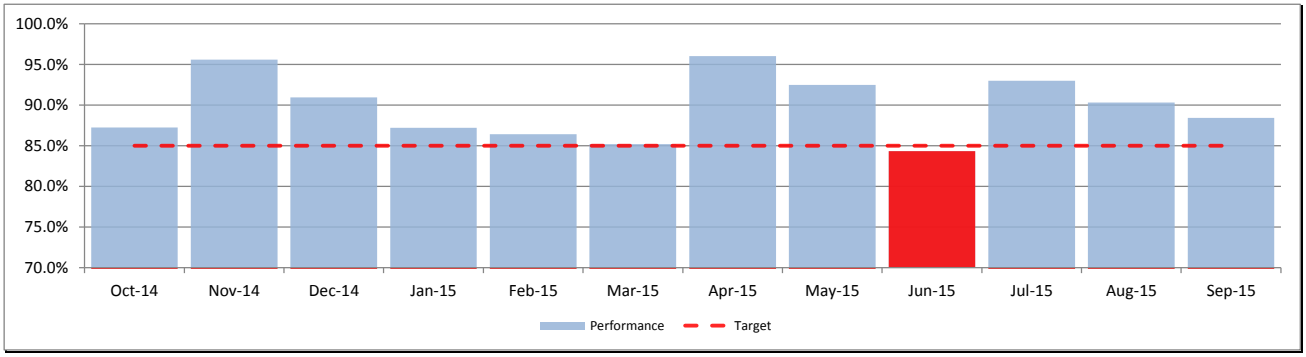
Subsequent treatment - 31 day from decision to treat to treatment - Surgery

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Subsequent surgery treatments	39	28	34	31	30	34	28	32	37	28	21	37
Subsequent surgery breaches	0	1	0	0	0	1	1	2	2	2	1	1
Performance	100.0%	96.4%	100.0%	100.0%	100.0%	97.1%	96.4%	93.8%	94.6%	92.9%	95.2%	97.3%
Target	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%



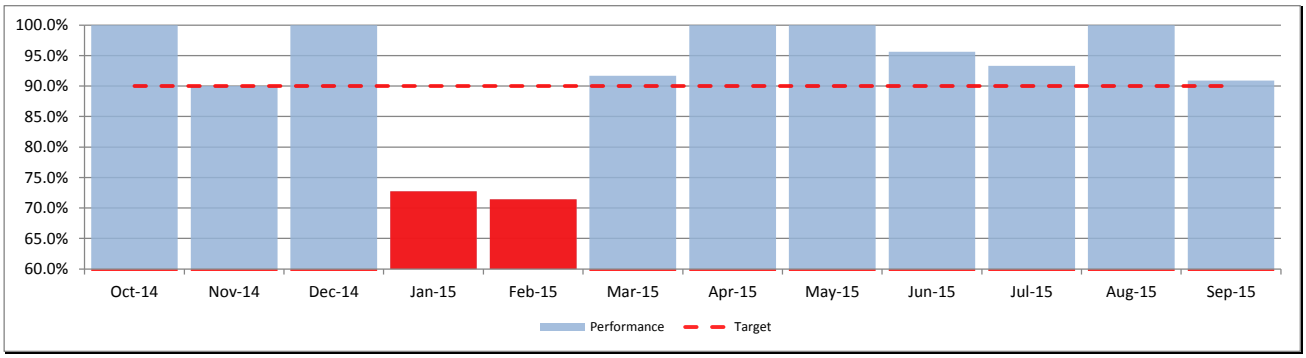
62 day 1st treatment from two week wait referral - Trust Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
62 day 1st treatments	70.5	79.5	99.5	82	62.5	108	75.5	73	92.5	85.5	77.5	103.5
62 day 1st treatment breaches	9	3.5	9	10.5	8.5	16	3	5.5	14.5	6	7.5	12
Performance	87.2%	95.6%	91.0%	87.2%	86.4%	85.2%	96.0%	92.5%	**84.3%**	93.0%	90.3%	88.4%
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



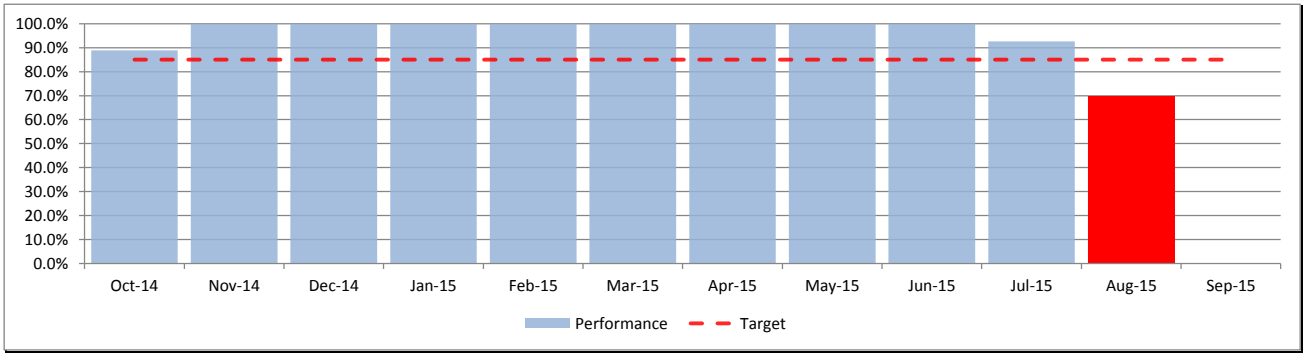
62 day 1st treatment from screening

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
62 day 1st treatments	16	10	3	11	7	12	9.5	11	11.5	7.5	8	11
62 day 1st treatment breaches	0	1	0	3	2	1	0	0	0.5	0.5	0	1
Performance	100.0%	90.0%	100.0%	**72.7%**	**71.4%**	91.7%	100.0%	100.0%	95.7%	93.3%	100.0%	90.9%
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%



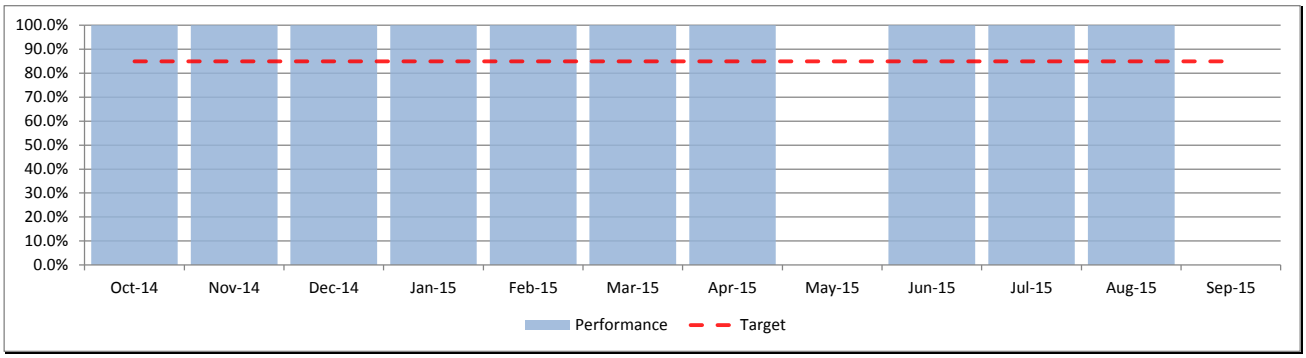
62 day 1st treatment from two week wait referral - BREAST

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
62 day 1st treatments	9	12	12	18	10	10	10	10	9	13.5	10	0
62 day 1st treatment breaches	1	0	0	0	0	0	0	0	0	1	3	0
Performance	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.6%	70.0%	#DIV/0!
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



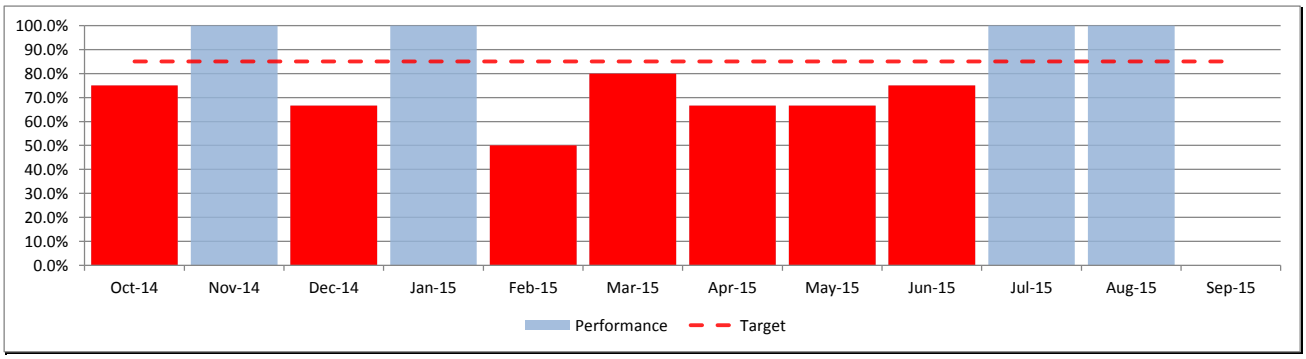
62 day 1st treatment from two week wait referral - GYNAECOLOGY

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
62 day 1st treatments	5.5	3.5	4.5	1.5	2.5	4	3.5	0	1.5	2	1	0
62 day 1st treatment breaches	0	0	0	0	0	0	0	0	0	0	0	0
Performance	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	#DIV/0!	100.0%	100.0%	100.0%	#DIV/0!
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



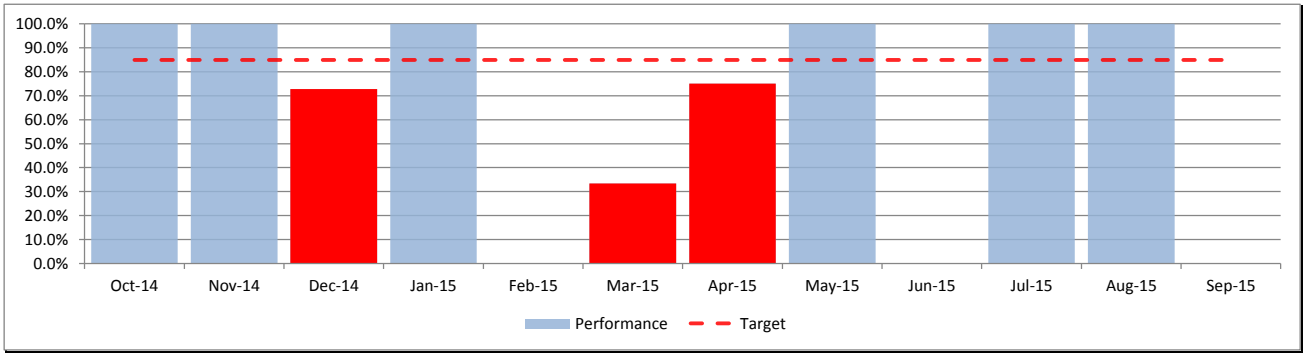
62 day 1st treatment from two week wait referral - HAEMATOLOGY

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
62 day 1st treatments	4	1	3	4	4	5	3	3	4	4	3	0
62 day 1st treatment breaches	1	0	1	0	2	1	1	1	1	0	0	0
Performance	75.0%	100.0%	66.7%	100.0%	50.0%	80.0%	66.7%	66.7%	75.0%	100.0%	100.0%	#DIV/0!
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



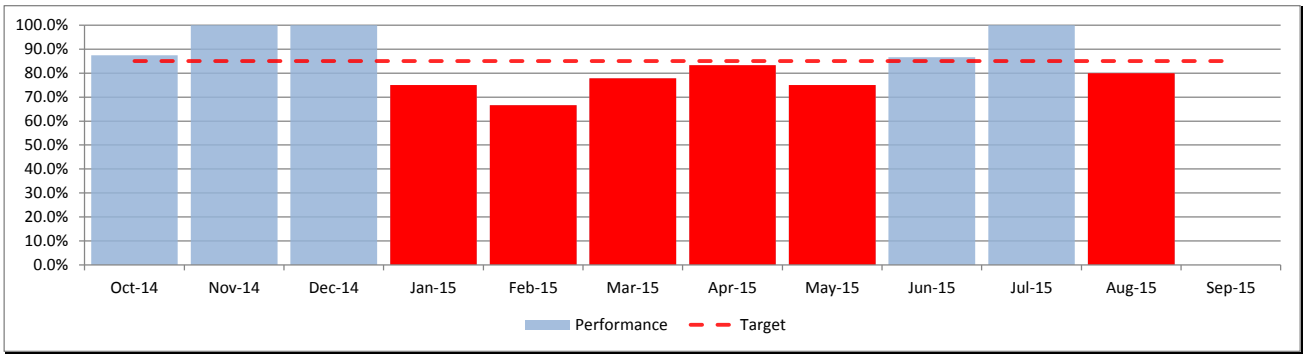
62 day 1st treatment from two week wait referral - HEAD AND NECK

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
62 day 1st treatments	4	1	5.5	1	1	4.5	4	1	4	5.5	2	0
62 day 1st treatment breaches	0	0	1.5	0	1	3	1	0	4	0	0	0
Performance	100.0%	100.0%	**72.7%**	100.0%	**0.0%**	**33.3%**	**75.0%**	100.0%	**0.0%**	100.0%	100.0%	#DIV/0!
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



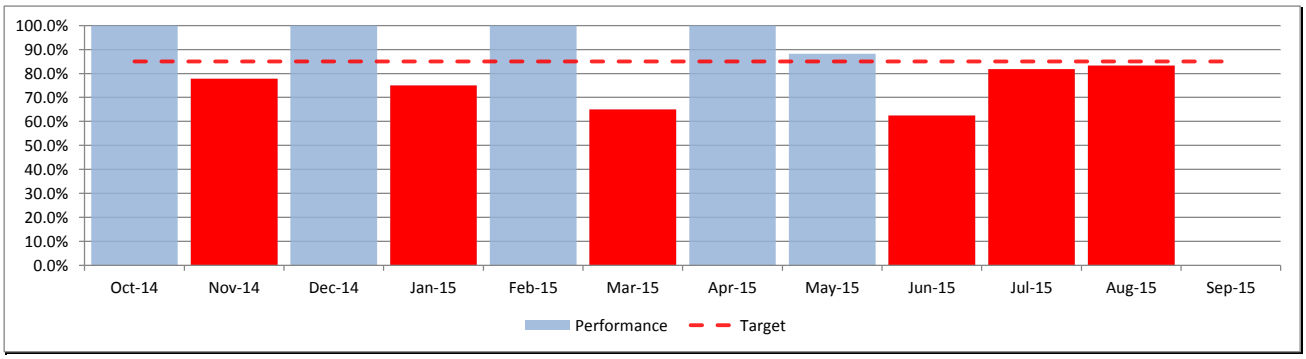
62 day 1st treatment from two week wait referral - LOWER GI

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
62 day 1st treatments	8	10	8	8	3	9	6	4	7.5	7	10	0
62 day 1st treatment breaches	1	0	0	2	1	2	1	1	1	0	2	0
Performance	87.5%	100.0%	100.0%	**75.0%**	**66.7%**	**77.8%**	**83.3%**	**75.0%**	86.7%	100.0%	**80.0%**	#DIV/0!
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



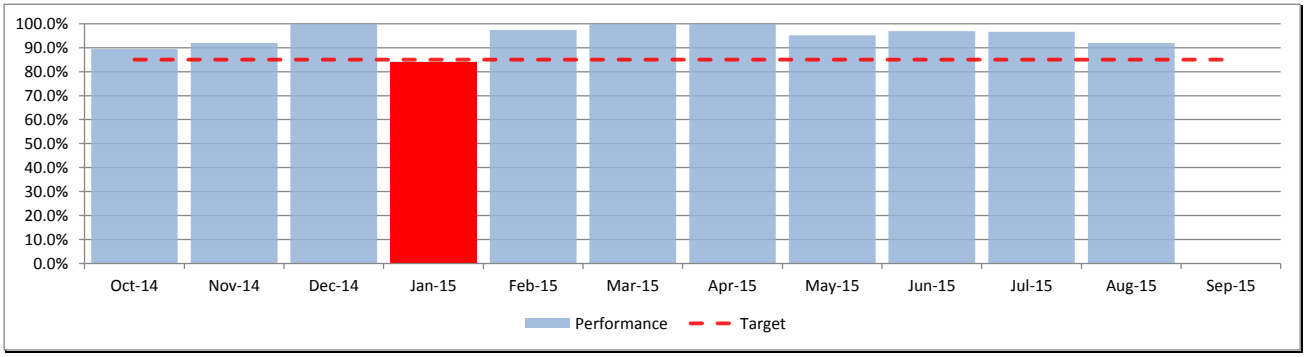
62 day 1st treatment from two week wait referral - LUNG

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
62 day 1st treatments	6	4.5	6	4	4	10	5	8.5	8	5.5	6	0
62 day 1st treatment breaches	0	1	0	1	0	3.5	0	1	3	1	1	0
Performance	100.0%	**77.8%**	100.0%	**75.0%**	100.0%	**65.0%**	100.0%	88.2%	**62.5%**	**81.8%**	**83.3%**	#DIV/0!
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



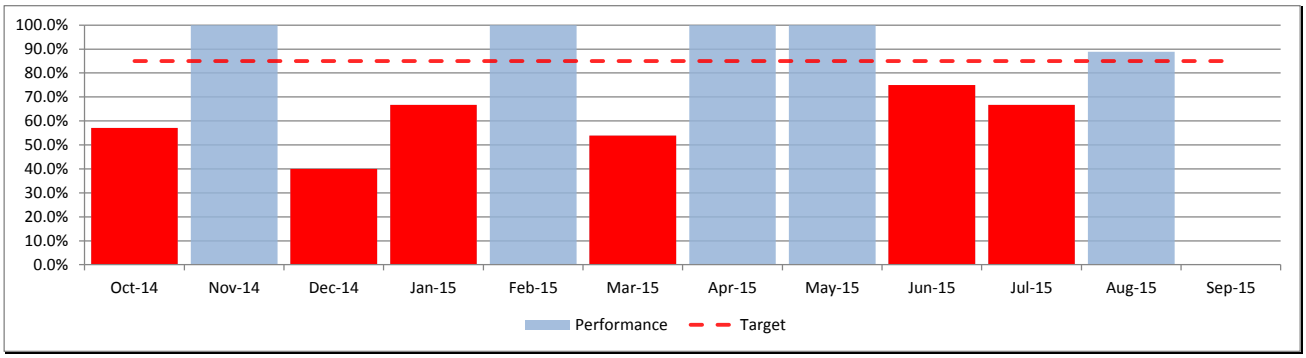
62 day 1st treatment from two week wait referral - SKIN

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
62 day 1st treatments	19	25	24	19	19.5	26	24	21	33	30	25	0
62 day 1st treatment breaches	2	2	0	3	0.5	0	0	1	1	1	2	0
Performance	89.5%	92.0%	100.0%	**84.2%**	97.4%	100.0%	100.0%	95.2%	97.0%	96.7%	92.0%	#DIV/0!
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



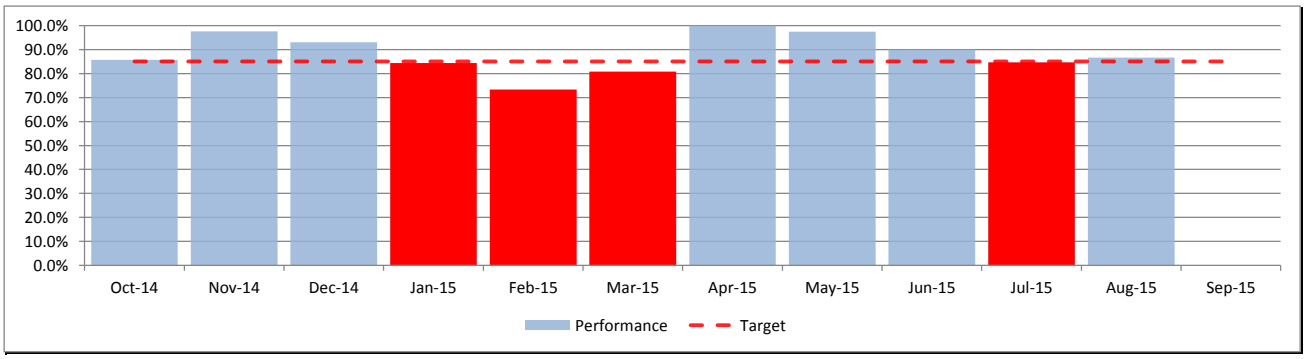
62 day 1st treatment from two week wait referral - UPPER GI

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
62 day 1st treatments	7	1	7.5	3	3	6.5	5	1	4	3	4.5	0
62 day 1st treatment breaches	3	0	4.5	1	0	3	0	0	1	1	0.5	0
Performance	**57.1%**	100.0%	**40.0%**	**66.7%**	100.0%	**53.8%**	100.0%	100.0%	**75.0%**	**66.7%**	88.9%	#DIV/0!
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



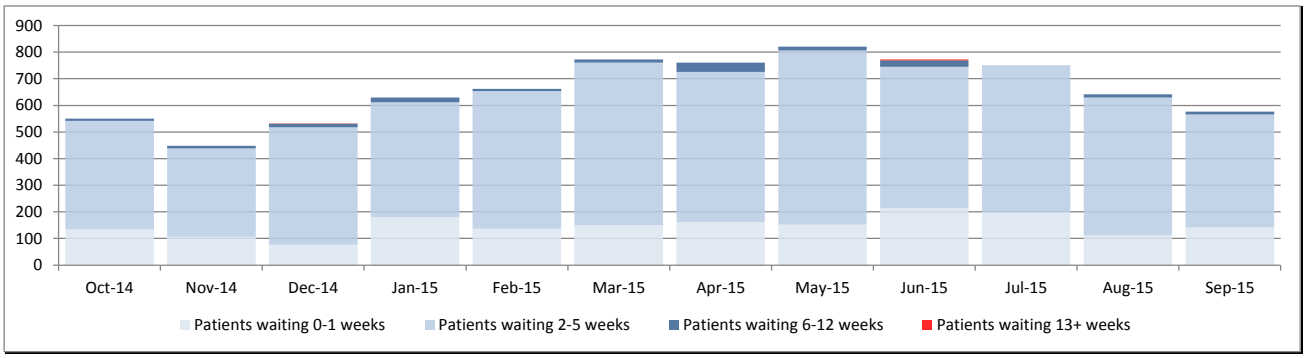
62 day 1st treatment from two week wait referral - UROLOGY

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
62 day 1st treatments	7	20.5	29	22.5	15	23.5	12	19.5	20	13	15	0
62 day 1st treatment breaches	1	0.5	2	3.5	4	4.5	0	0.5	2	2	2	0
Performance	85.7%	97.6%	93.1%	**84.4%**	**73.3%**	**80.9%**	100.0%	97.4%	90.0%	**84.6%**	86.7%	#DIV/0!
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



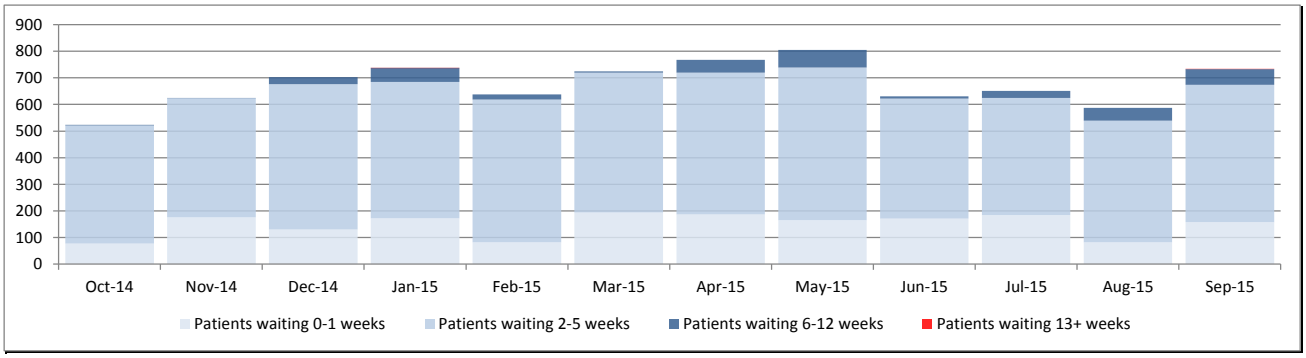
MRI Waiting Times

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	134	106	76	180	137	150	162	152	213	199	111	142
Patients waiting 2-5 weeks	408	332	442	431	517	610	564	654	532	552	519	424
Patients waiting 6-12 weeks	8	10	13	19	8	13	35	14	24	0	12	10
Patients waiting 13+ weeks	0	0	1	0	0	0	0	0	4	0	0	0



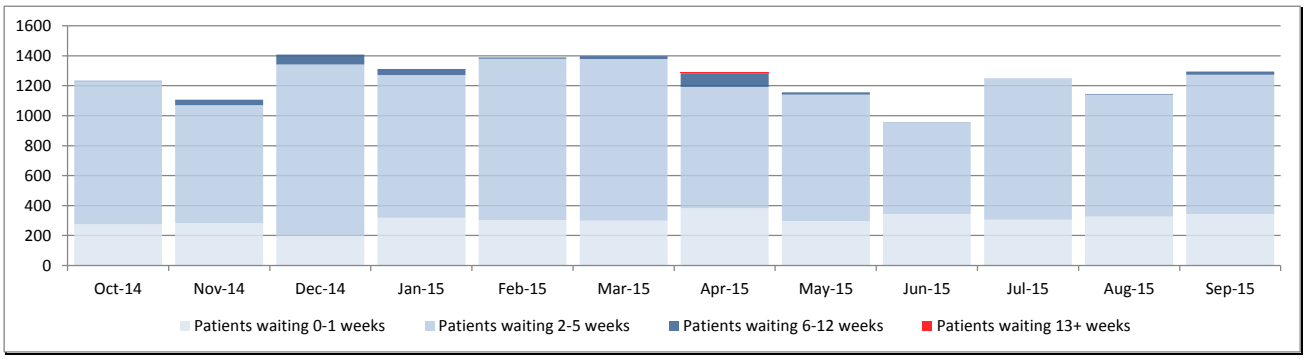
CT Waiting Times

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	77	176	130	172	82	194	187	165	171	184	82	158
Patients waiting 2-5 weeks	444	447	546	513	537	525	533	574	451	441	457	516
Patients waiting 6-12 weeks	2	2	27	52	19	5	48	66	9	26	48	59
Patients waiting 13+ weeks	0	0	0	1	0	0	0	0	0	0	0	1



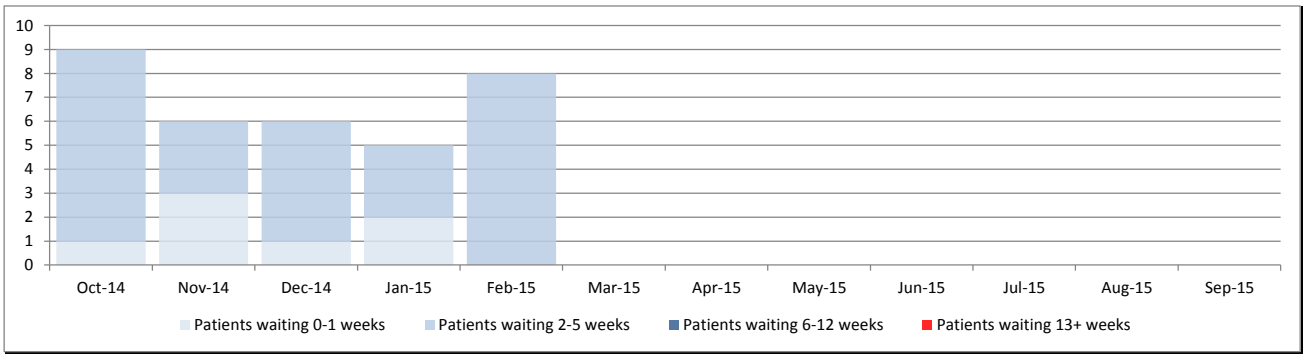
Non-Obstetric Ultrasound Waiting Times

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	276	281	200	318	304	299	382	296	344	306	327	345
Patients waiting 2-5 weeks	956	790	1143	953	1076	1079	811	846	610	943	814	928
Patients waiting 6-12 weeks	1	36	65	40	9	19	92	15	1	0	5	21
Patients waiting 13+ weeks	0	0	0	0	0	0	1	0	0	0	0	0



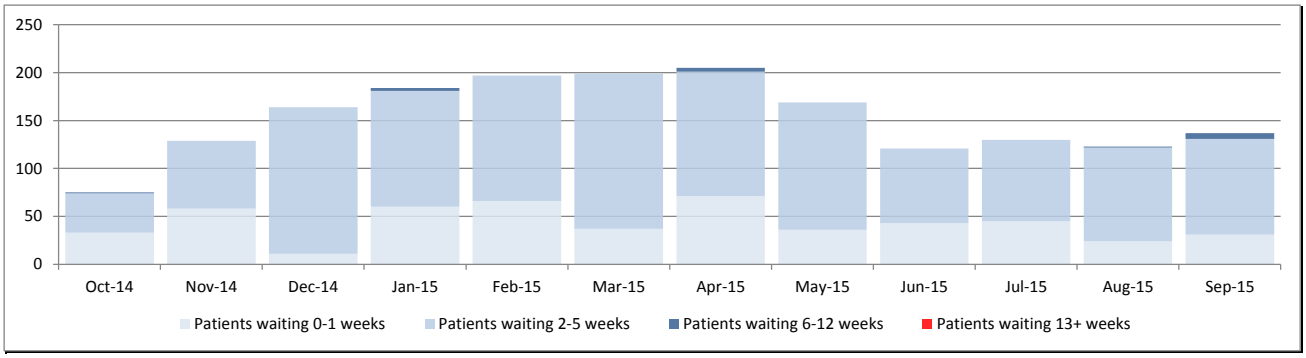
Barium Enema Waiting Times

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	1	3	1	2	0	0	0	0	0	0	0	0
Patients waiting 2-5 weeks	8	3	5	3	8	0	0	0	0	0	0	0
Patients waiting 6-12 weeks	0	0	0	0	0	0	0	0	0	0	0	0
Patients waiting 13+ weeks	0	0	0	0	0	0	0	0	0	0	0	0



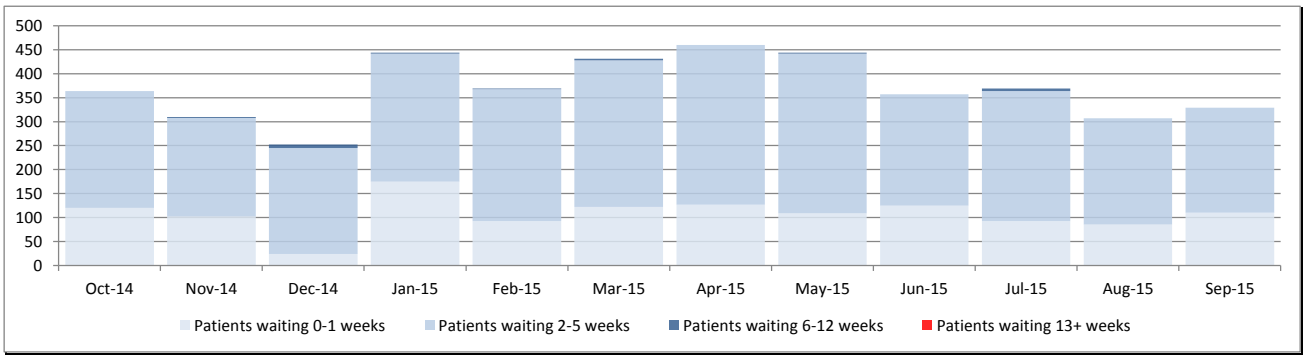
Dexa Scan Waiting Times

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	33	58	11	60	66	37	71	36	43	45	24	31
Patients waiting 2-5 weeks	41	71	153	121	131	162	130	133	78	85	98	100
Patients waiting 6-12 weeks	1	0	0	3	0	0	4	0	0	0	1	6
Patients waiting 13+ weeks	0	0	0	0	0	0	0	0	0	0	0	0



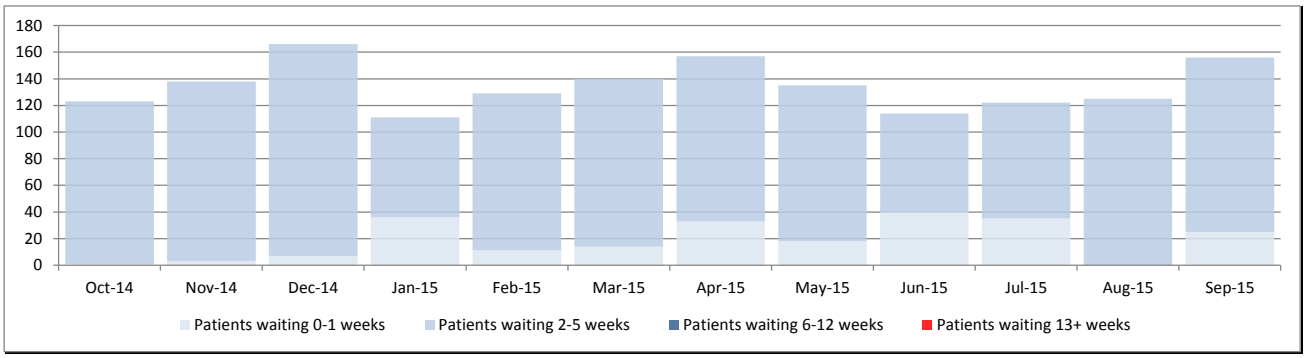
Audiology Waiting Times

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	120	102	24	175	93	122	127	109	125	93	85	110
Patients waiting 2-5 weeks	244	206	221	267	275	306	333	333	232	271	222	219
Patients waiting 6-12 weeks	0	2	7	2	1	3	0	2	0	5	0	0
Patients waiting 13+ weeks	0	0	0	0	0	0	0	0	0	0	0	0



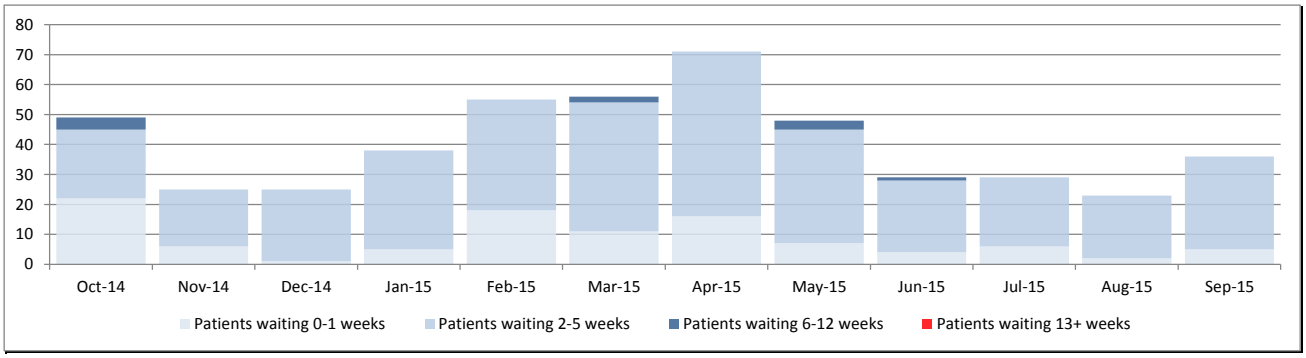
Cardiology (Echocardiology) Waiting Times

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	1	3	7	36	11	14	33	18	40	35	0	25
Patients waiting 2-5 weeks	122	135	159	75	118	126	124	117	74	87	125	131
Patients waiting 6-12 weeks	0	0	0	0	0	0	0	0	0	0	0	0
Patients waiting 13+ weeks	0	0	0	0	0	0	0	0	0	0	0	0



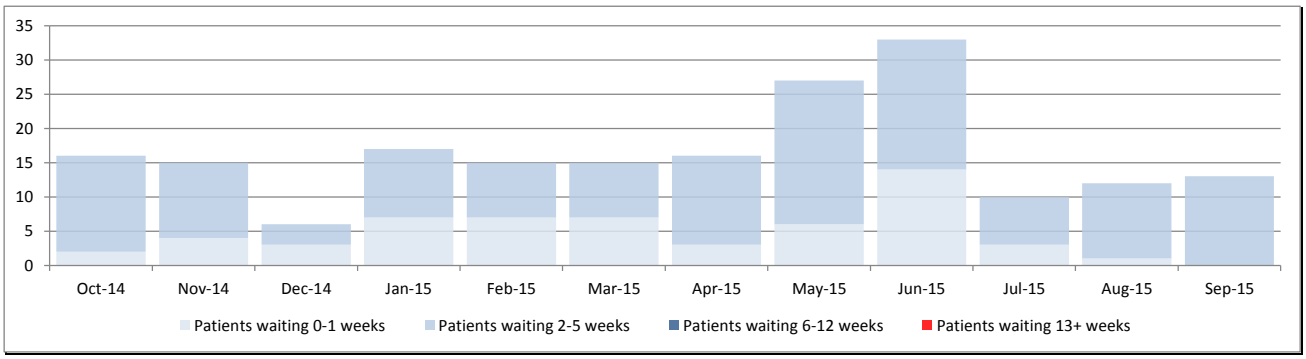
Neurophysiology Waiting Times

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	22	6	1	5	18	11	16	7	4	6	2	5
Patients waiting 2-5 weeks	23	19	24	33	37	43	55	38	24	23	21	31
Patients waiting 6-12 weeks	4	0	0	0	0	2	0	3	1	0	0	0
Patients waiting 13+ weeks	0	0	0	0	0	0	0	0	0	0	0	0



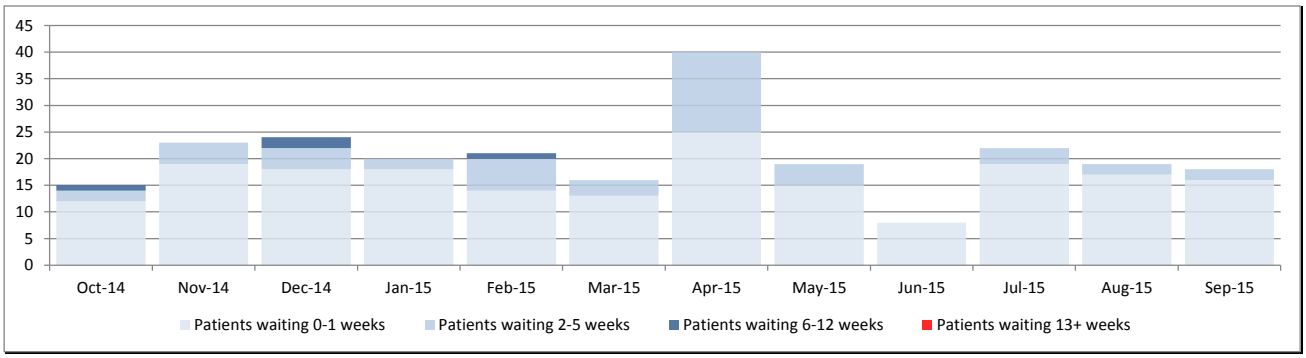
Respiratory Physiology - Sleep Studies

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	2	4	3	7	7	7	3	6	14	3	1	0
Patients waiting 2-5 weeks	14	11	3	10	8	8	13	21	19	7	11	13
Patients waiting 6-12 weeks	0	0	0	0	0	0	0	0	0	0	0	0
Patients waiting 13+ weeks	0	0	0	0	0	0	0	0	0	0	0	0



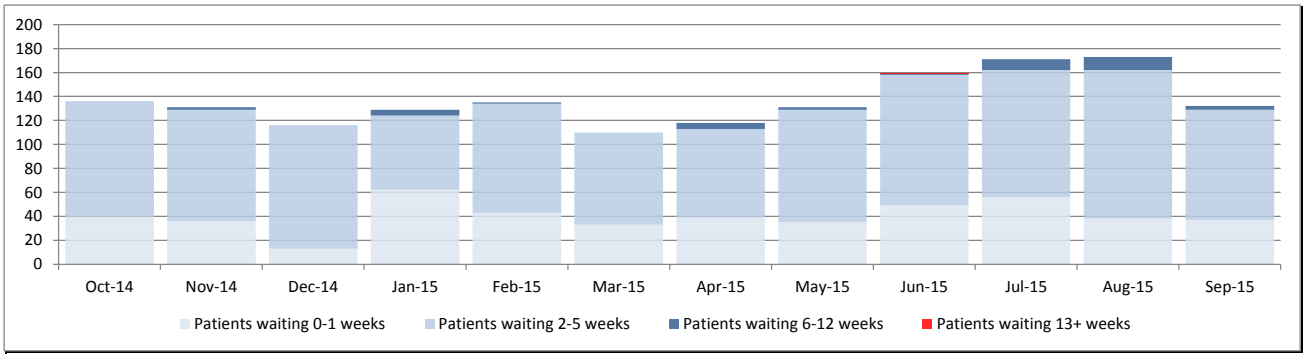
Urodynamics - Pressures & Flows

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	12	19	18	18	14	13	25	15	8	19	17	16
Patients waiting 2-5 weeks	2	4	4	2	6	3	15	4	0	3	2	2
Patients waiting 6-12 weeks	1	0	2	0	1	0	0	0	0	0	0	0
Patients waiting 13+ weeks	0	0	0	0	0	0	0	0	0	0	0	0



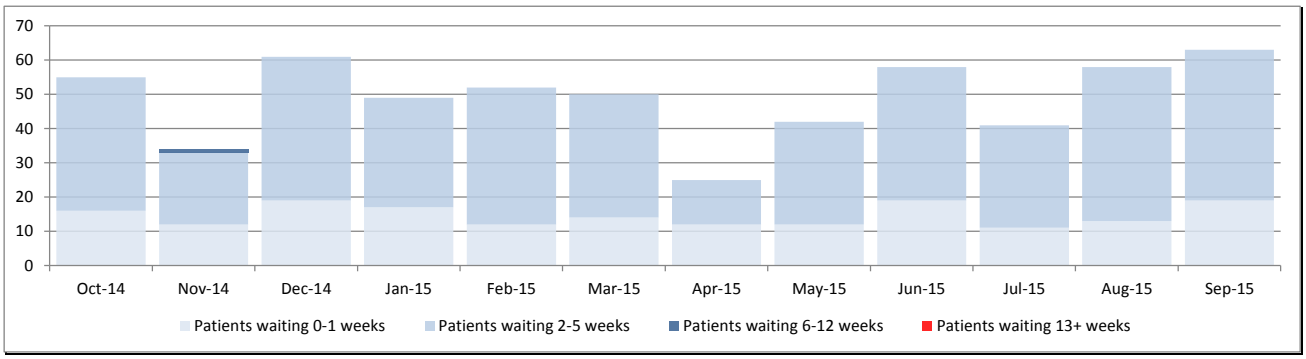
Colonoscopy Waiting Times

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	40	36	13	62	43	33	39	35	49	56	38	37
Patients waiting 2-5 weeks	96	93	103	62	91	77	74	94	109	106	124	92
Patients waiting 6-12 weeks	0	2	0	5	1	0	5	2	1	9	11	3
Patients waiting 13+ weeks	0	0	0	0	0	0	0	0	1	0	0	0



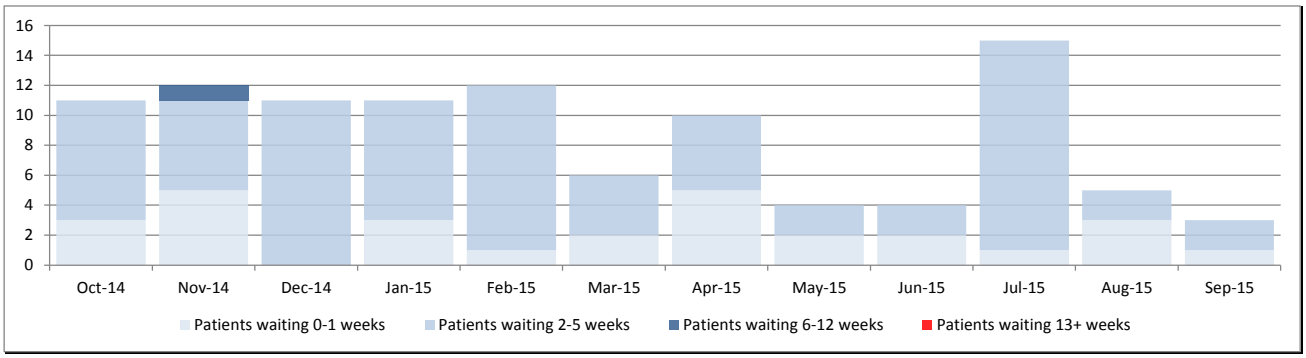
Flexi Sigmoidoscopy Waiting Times

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	16	12	19	17	12	14	12	12	19	11	13	19
Patients waiting 2-5 weeks	39	21	42	32	40	36	13	30	39	30	45	44
Patients waiting 6-12 weeks	0	1	0	0	0	0	0	0	0	0	0	0
Patients waiting 13+ weeks	0	0	0	0	0	0	0	0	0	0	0	0



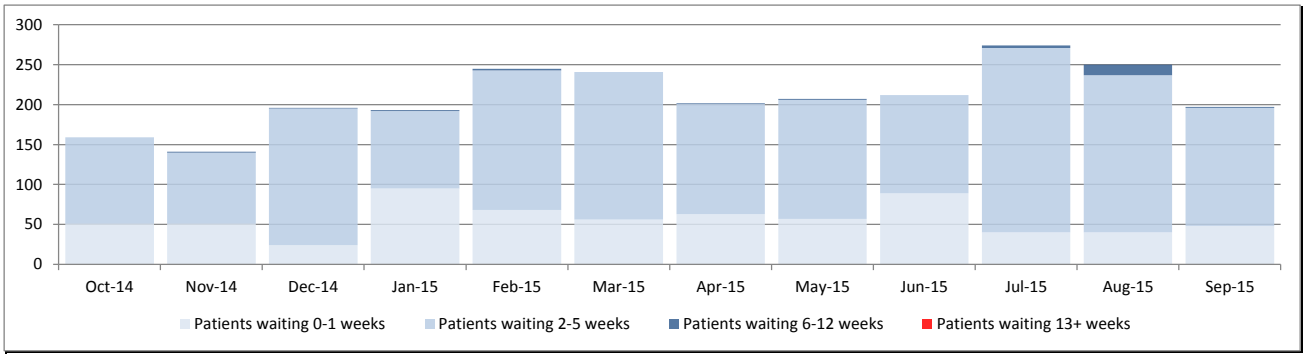
Cystoscopy Waiting Times

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	3	5	0	3	1	2	5	2	2	1	3	1
Patients waiting 2-5 weeks	8	6	11	8	11	4	5	2	2	14	2	2
Patients waiting 6-12 weeks	0	1	0	0	0	0	0	0	0	0	0	0
Patients waiting 13+ weeks	0	0	0	0	0	0	0	0	0	0	0	0



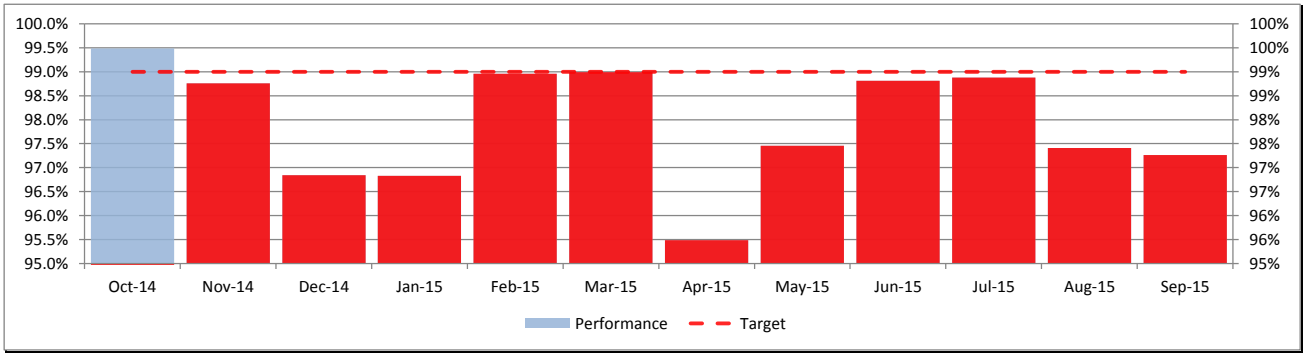
Gastroscopy Waiting Times

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients waiting 0-1 weeks	51	51	24	95	68	56	63	57	89	40	40	48
Patients waiting 2-5 weeks	108	89	171	97	175	185	138	149	123	231	197	148
Patients waiting 6-12 weeks	0	1	1	1	2	0	1	1	0	3	13	1
Patients waiting 13+ weeks	0	0	0	0	0	0	0	0	0	0	0	0



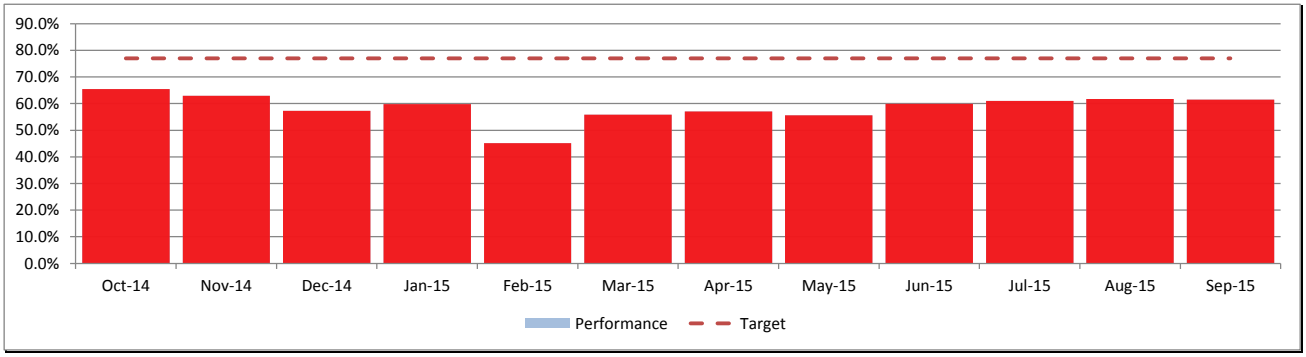
Overall diagnostic position

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total waits	3318	2902	3670	3880	3927	4158	4123	4007	3455	3834	3470	3688
Total breaches (6+ weeks)	17	36	116	123	41	42	186	102	41	43	90	101
Performance	99.5%	**98.8%**	**96.8%**	**96.8%**	**99.0%**	**99.0%**	**95.5%**	**97.5%**	**98.8%**	**98.9%**	**97.4%**	**97.3%**
Target	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Achieved	0%	99%	97%	97%	99%	99%	95%	97%	99%	99%	97%	97%



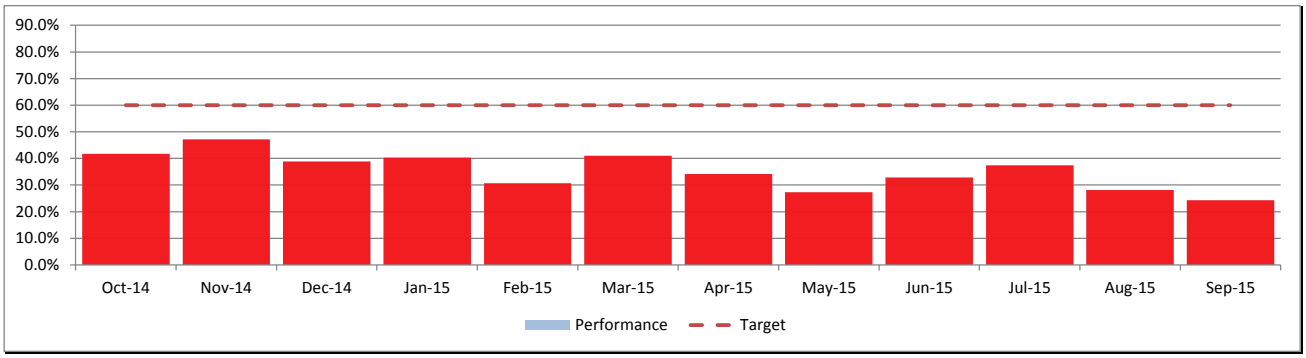
CPS completed within 24 hours - Weekday - Trust Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients	1868	1920	2184	2086	1986	2140	2066	1701	1833	1913	1673	1893
CPS completed within 24 hours	1223	1208	1252	1248	896	1194	1179	946	1099	1167	1032	1165
Performance	65.5%	62.9%	57.3%	59.8%	45.1%	55.8%	57.1%	55.6%	60.0%	61.0%	61.7%	61.5%
Target	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%	77%



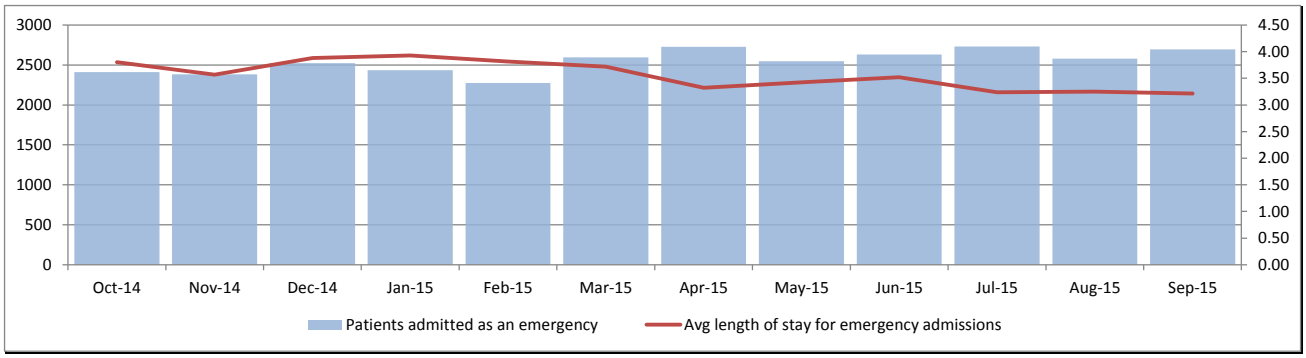
CPS completed within 24 hours - Weekend - Trust Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients	480	601	474	489	470	529	506	524	418	423	565	444
CPS completed within 24 hours	200	283	184	197	144	217	173	143	137	158	159	108
Performance	41.7%	47.1%	38.8%	40.3%	30.6%	41.0%	34.2%	27.3%	32.8%	37.4%	28.1%	24.3%
Target	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%



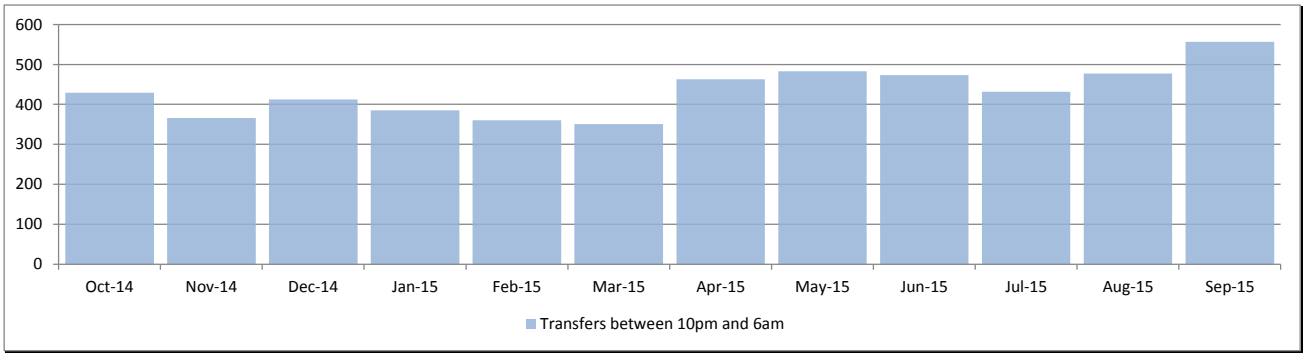
Emergency admissions - Trust Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Patients admitted as an emergency	2413	2384	2525	2437	2276	2597	2729	2546	2631	2732	2579	2694
Avg length of stay for emergency admissions	3.80	3.57	3.88	3.93	3.81	3.72	3.32	3.43	3.52	3.24	3.25	3.21



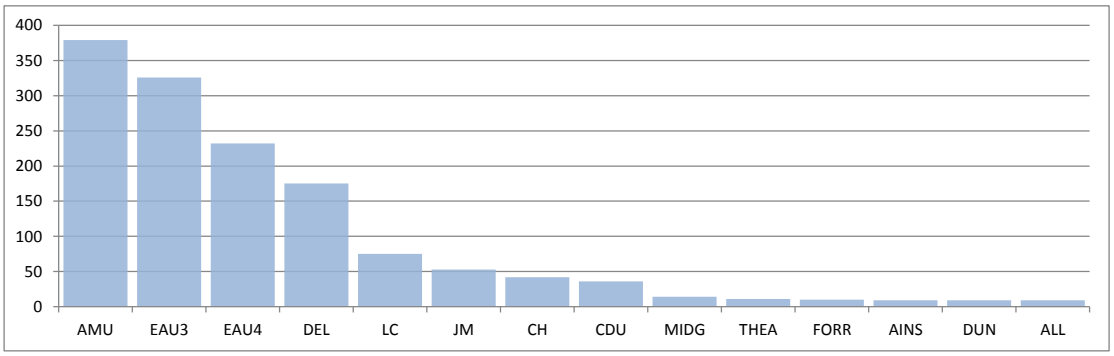
Transfers

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Transfers between 10pm and 6am	429	366	412	385	360	351	463	483	473	432	477	557
Transfers between 10pm and midnight	170	153	160	158	142	147	169	183	196	173	179	196
Transfers between midnight and 2am	129	92	131	113	107	109	145	153	147	138	141	185
Transfers between 2am and 4am	75	67	58	72	59	56	83	93	79	70	93	113
Transfers between 4am and 6am	55	54	63	42	52	39	66	54	51	51	64	63



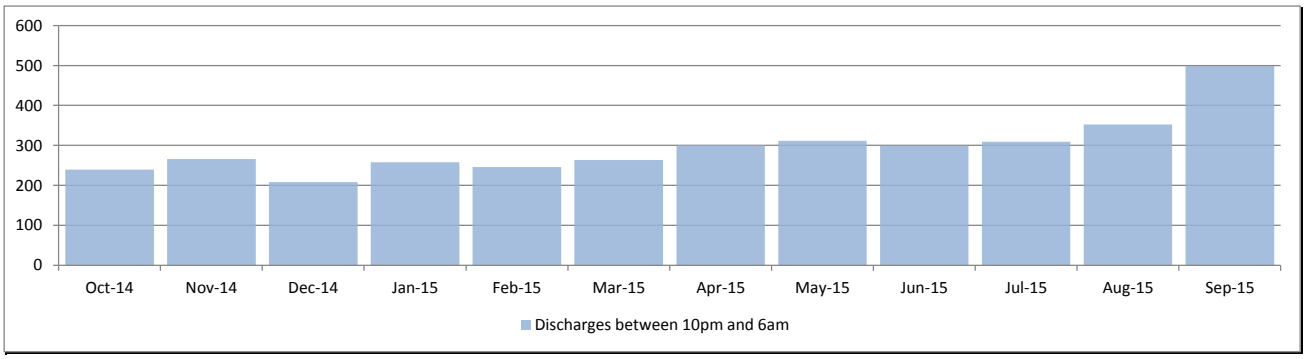
Night time transfers by ward (last 3 months)

Ward	Transfers
AMU	379
EAU3	326
EAU4	232
DEL	175
LC	75
JM	53
CH	42
CDU	36
MIDG	14
THEA	11
FORR	10
AINS	9
DUN	9
ALL	9



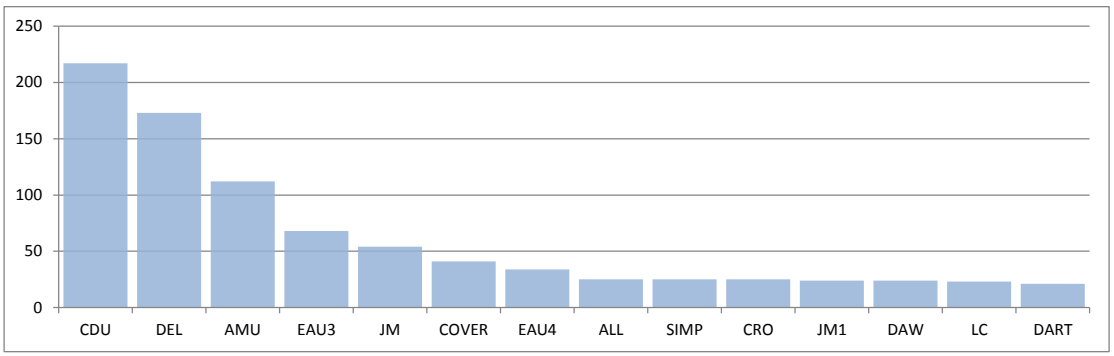
Discharges

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Discharges between 10pm and 6am	239	266	208	258	246	263	300	311	299	309	352	499
Discharges between 10pm and midnight	105	132	97	115	92	118	142	144	138	149	147	295
Discharges between midnight and 2am	59	70	49	79	79	73	73	87	71	81	103	99
Discharges between 2am and 4am	45	35	39	36	50	39	55	49	60	48	58	56
Discharges between 4am and 6am	30	29	23	28	25	33	30	31	30	31	44	49



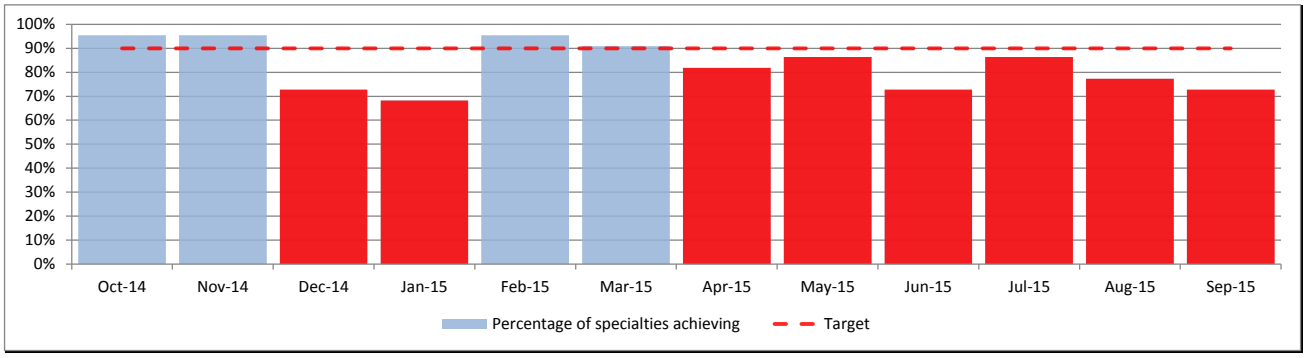
Night time discharges by ward (last 3 months)

Ward	Discharges
CDU	217
DEL	173
AMU	112
EAU3	68
JM	54
COVER	41
EAU4	34
ALL	25
SIMP	25
CRO	25
JM1	24
DAW	24
LC	23
DART	21



Clinic Letters Timeliness - Dictated Letters Not Typed

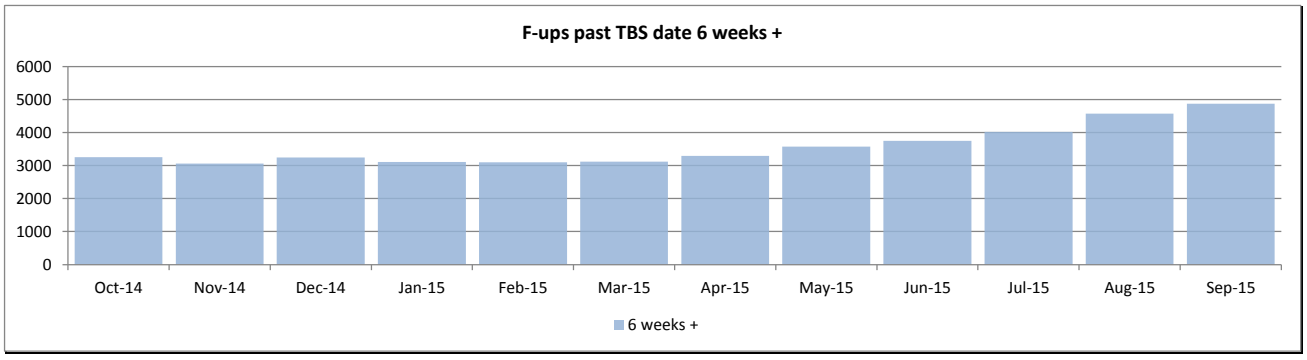
	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Specialties breaching	1	1	6	7	1	2	4	3	6	3	5	6
Percentage of specialties achieving	95%	95%	73%	68%	95%	91%	82%	86%	73%	86%	77%	73%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%



Follow up appointments past to be seen date

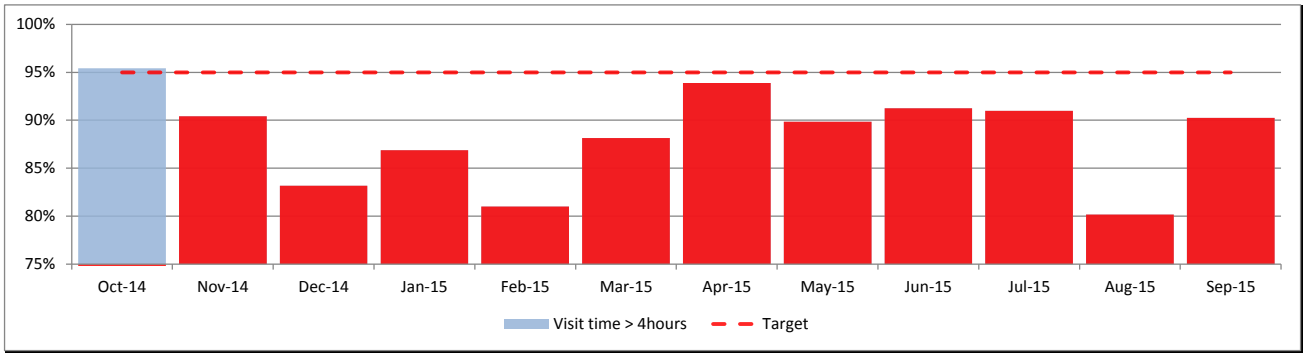
	0-6 Weeks	6-12 Weeks	12-18 Weeks	18 Weeks +	Grand Total
Audiology	10	1	0	0	11
Breast Surgery	35	8	6	0	49
Cardiology	122	52	94	87	355
Colorectal Surgery	47	24	56	78	205
Dermatology	178	83	90	88	439
Diabetic Medicine	99	41	50	38	228
ENT	145	69	66	32	312
Endocrinology	32	11	16	1	60
Gastroenterology	29	32	38	2	101
General Medicine	12	12	30	52	106
Geriatric Medicine	10	0	0	0	10
Gynaecology	67	0	0	0	67
Medical Oncology	0	0	0	1	1
Nephrology	2	0	0	0	2
Neurology	45	16	17	20	98
Ophthalmology	1558	878	907	576	3919
Oral Surgery	62	31	20	2	115
Orthodontics	8	0	1	0	9
Orthoptics	295	69	49	4	417
Paediatrics	224	98	95	152	569
Pain Management	109	54	61	80	304
Plastic Surgery	62	16	8	0	86
Podiatry	0	0	0	0	0
Respiratory Medicine	69	24	24	3	120
Restorative Dentistry	10	3	1	0	14
Rheumatology	424	165	72	5	666
Thoracic Surgery	0	0	0	0	0
Trauma & Orthopaedics	143	39	17	4	203
Upper Gastrointestinal Surgery	22	8	5	11	46
Urology	67	37	55	88	247
Vascular Surgery	0	0	0	0	0
Total	3886	1771	1778	1324	8759

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
0-6 weeks	2822	2713	3039	2805	2812	3309	3307	3781	4105	4211	4068	3886
6-12 weeks	1121	1148	1201	1098	1139	1072	1253	1274	1337	1511	1593	1771
12-18 weeks	1176	1130	1172	1111	976	1046	1044	1196	1344	1420	1761	1778
18 weeks +	955	784	874	903	981	997	997	1107	1064	1089	1216	1324
6 weeks +	3252	3062	3247	3112	3096	3115	3294	3577	3745	4020	4570	4873



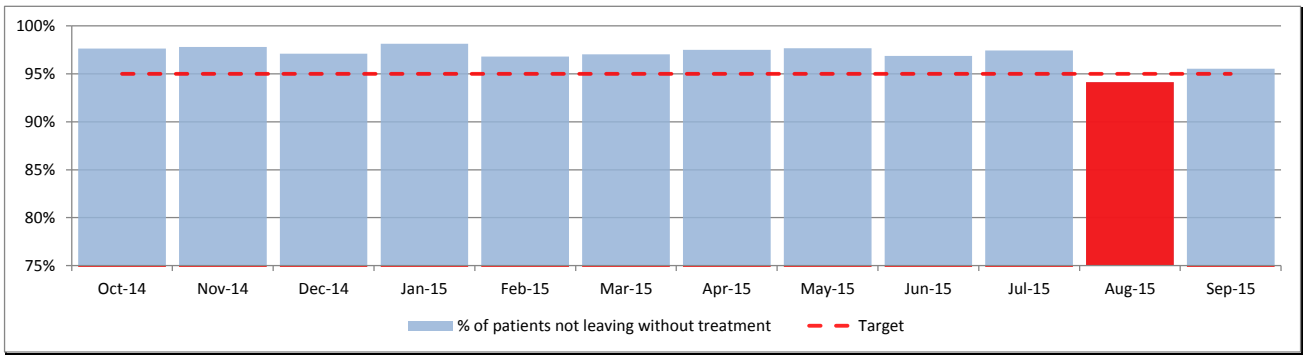
Time spent in A&E

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
A&E attendances	6280	6222	6178	5821	5537	6397	6446	6646	6518	6752	6209	6087
Percentage of patients treated within 4 hours	287	596	1039	764	1053	758	394	674	571	608	1232	594
Visit time > 4hours	95%	**90%**	**83%**	**87%**	**81%**	**88%**	**94%**	**90%**	**91%**	**91%**	**80%**	**90%**
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



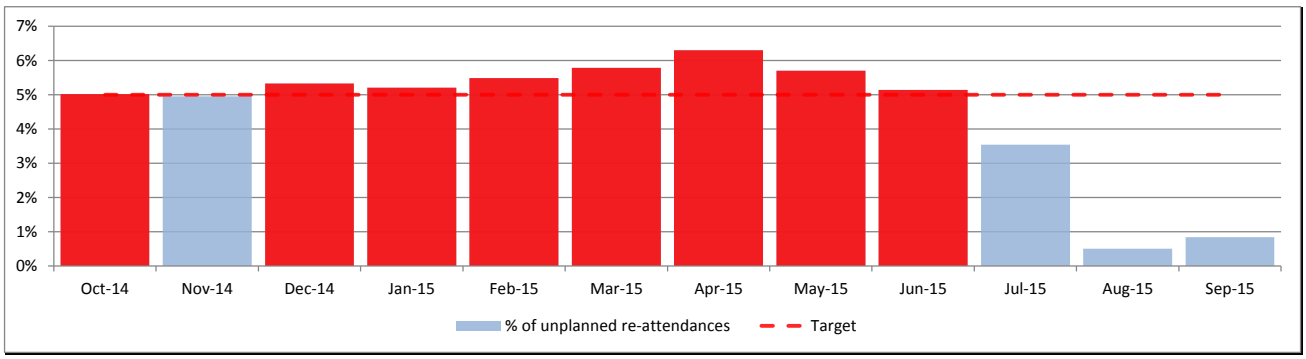
Left department without being treated

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
A&E attendances	6280	6222	6178	5821	5537	6397	6446	6646	6518	6752	6209	6087
Percentage of patients treated within 4 hours	149	136	178	108	177	189	160	154	204	172	365	271
% of patients not leaving without treatment	98%	98%	97%	98%	97%	97%	98%	98%	97%	97%	**94%**	96%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



Unplanned re-attendances

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
A&E attendances	6280	6222	6178	5821	5537	6397	6446	6646	6518	6752	6209	6087
Re-attendances	315	308	329	303	304	370	406	379	335	239	31	51
% of unplanned re-attendances	**5%**	5%	**5%**	**5%**	**5%**	**6%**	**6%**	**6%**	**5%**	4%	0%	1%
Target	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%



Statement of Comprehensive Income for the Period: 201500 - 201506

Appendix A

	Annual Plan: 201500 - 201512	Current Month Expenditure: 201506	Year to Date Expenditure: 201500 - 201506	*Annual Plan: 201500 - 201506*	*Variance To Plan: 201500 - 201506*
	TRUST TOTAL	TRUST TOTAL	TRUST TOTAL	TRUST TOTAL	TRUST TOTAL
	£'000	£'000	£'000	£'	£'
Memorandum lines					
Total Revenue	(245,088)	(21,382)	(124,123)	(122,104)	*(2,019)*
Total Expenses	249,668	21,286	126,934	125,408	*1,526*
Comprehensive (Surplus)/Deficit Net of Impairment	**4,392**	**411**	**3,472**	**3,209**	***263***
Comprehensive (Surplus)/Deficit	4,892	411	3,472	3,209	*263*
Total Operating Revenue for EBITDA	(245,003)	(21,374)	(124,085)	(122,062)	*(2,023)*
Total Operating Expenses for EBITDA	236,932	20,309	120,926	118,901	*2,025*
EBITDA	**(8,071)**	**(1,065)**	**(3,159)**	**(3,162)**	***3***
EBITDA Margin Metric (YTD)	***3.29%***	***4.98%***	***2.55%***	***2.59%***	***-0.14%***
Operating (Surplus)/Deficit	1,580	132	1,793	1,522	*271*
PMU Comprehensive (Surplus)/Deficit	(6,874)	(598)	(3,385)	(3,417)	*32*
Subsidiary Comprehensive (Surplus)/Deficit	184	14	83	92	*(9)*
Trust Comprehensive (Surplus)/Deficit Net of Impairment, PMU and Subsidiary	**11,081**	**995**	**6,774**	**6,534**	***240***
NHS Clinical Revenue					
NHS Acute Activity Income					
Elective inpatients					
Tariff revenue	(15,812)	(1,210)	(7,087)	(7,866)	*778*
Non-Tariff revenue	(522)	(38)	(156)	(250)	*94*
Elective activity revenue, Total	**(16,334)**	**(1,248)**	**(7,243)**	**(8,116)**	***873***
Elective day case patients (Same day)					
Tariff revenue	(20,650)	(1,749)	(9,944)	(9,965)	*21*
Non-Tariff revenue	(657)	(111)	(608)	(331)	*(277)*
Elective Day Case activity revenue, Total	**(21,306)**	**(1,860)**	**(10,552)**	**(10,297)**	***(256)***
Non-Elective patients					
Tariff revenue	(55,243)	(4,880)	(29,096)	(27,675)	*(1,421)*
Non-Tariff revenue	(888)	(116)	(553)	(431)	*(121)*
Non-Elective activity revenue, Total	**(56,131)**	**(4,996)**	**(29,649)**	**(28,107)**	***(1,542)***
Outpatients					
Tariff revenue	(32,897)	(2,794)	(15,465)	(16,145)	*680*
Non-Tariff revenue	(8,888)	(774)	(4,250)	(4,452)	*203*
Outpatients activity revenue, Total	**(41,785)**	**(3,569)**	**(19,715)**	**(20,598)**	***883***
A&E					
Tariff revenue	(9,047)	(703)	(4,372)	(4,760)	*388*
A&E activity revenue, Total	**(9,047)**	**(703)**	**(4,372)**	**(4,760)**	***388***
Other NHS activity					
Direct access & Op, all services	(4,783)	(406)	(2,344)	(2,406)	*62*
Unbundled chemotherapy delivery	(1,324)	(125)	(715)	(651)	*(64)*
Unbundled external beam radiotherapy	(2,750)	(199)	(1,338)	(1,448)	*110*
Maternity Pathway tariff	(5,206)	(325)	(2,304)	(2,603)	*299*
Tariff revenue, Total	**(14,064)**	**(1,055)**	**(6,701)**	**(7,107)**	***406***
CQUIN revenue	(4,727)	(383)	(2,300)	(2,363)	*63*
Critical care (outside tariff) Adult, Neonate, Paediatric	(6,175)	(362)	(2,818)	(3,198)	*379*
High cost drugs revenue from commissioners (excluding pass through)					*0*
Pass through Drugs	(16,082)	(1,375)	(7,692)	(8,041)	*349*
Pass through Non Drugs	(2,834)	(180)	(1,221)	(1,417)	*195*
Other drugs revenue (all types all bands including Chemotherapy)	(5,031)	(452)	(2,573)	(2,510)	*(63)*
Other non-tariff revenue	(14,305)	(1,556)	(8,907)	(7,152)	*(1,755)*
Non-Tariff revenue, Total	**(49,153)**	**(4,308)**	**(25,512)**	**(24,681)**	***(831)***
Other NHS activity revenue, Total	**(49,153)**	**(4,308)**	**(25,512)**	**(24,681)**	***(831)***
Total NHS Tariff income	**(147,713)**	**(12,392)**	**(72,667)**	**(73,519)**	***853***
Total NHS Non-Tariff income	**(60,108)**	**(5,347)**	**(31,078)**	**(30,146)**	***(932)***
NHS Acute Activity Income, Total	**(207,821)**	**(17,739)**	**(103,744)**	**(103,666)**	***(79)***
Other tariff revenue (penalties)	**3,500**	**120**	**1,066**	**1,750**	***(684)***
NHS Clinical Revenue, Total	**(204,321)**	**(17,619)**	**(102,678)**	**(101,916)**	***(762)***
Non Mandatory/Non protected revenue					
Private patient revenue	(504)	(56)	(360)	(252)	*(107)*
Other Non Mandatory/Non protected clinical revenue	(786)	(64)	(387)	(393)	*6*
Non Mandatory/Non protected revenue, Total	**(1,291)**	**(120)**	**(746)**	**(645)**	***(101)***
Other Operating Revenue					
Research and development revenue	(1,737)	(120)	(721)	(868)	*147*
Education and training revenue	(7,231)	(766)	(4,094)	(3,616)	*(479)*
	(8,968)	**(886)**	**(4,816)**	**(4,484)**	***(332)***
Parking revenue	(687)	(72)	(389)	(343)	*(45)*
Catering revenue	(573)	(57)	(350)	(286)	*(63)*
Accommodation revenue	(554)	(37)	(255)	(277)	*22*
Revenue from non-patient services to other bodies	(10,060)	(970)	(5,506)	(5,030)	*(476)*
Misc. other operating revenue	(18,551)	(1,613)	(9,345)	(9,081)	*(265)*
Other Operating revenue, Total	**(30,424)**	**(2,749)**	**(15,845)**	**(15,017)**	***(828)***
Operating Revenue, IFRS, Total	**(245,003)**	**(21,374)**	**(124,085)**	**(122,062)**	***(2,023)***
Operating Expenses					
Raw Materials and Consumables Used					
Drugs (excluding pass through)	9,346	847	5,071	4,684	*387*
Clinical supplies (excluding pass through)	21,400	1,873	10,787	11,078	*(297)*
Non-clinical supplies	1,749	203	1,262	937	*325*
Raw Materials and Consumables Used, Total	**32,495**	**2,924**	**17,120**	**16,698**	***421***
Employee Expenses					
Employee expenses, permanent staff (Note 1)	154,684	12,647	77,092	77,390	*(298)*
Employee expenses, agency & contract staff (Note 1)	1,637	674	3,149	1,091	*2,058*
Employee Expenses, Total	**156,322**	**13,321**	**80,241**	**78,481**	***1,760***
Consultancy expense	103	(84)	1	51	*(50)*
Purchase of healthcare services from other NHS bodies	4,671	374	2,242	2,336	*(94)*
Purchase of healthcare services from non-NHS bodies	1,369	99	335	1,062	*(727)*
Clinical negligence	4,446	349	2,093	2,223	*(130)*
Pass through Drugs and Non Drugs	18,794	1,539	8,810	9,479	*(669)*
Premises	11,494	948	6,535	5,056	*1,479*
Misc. other Operating expenses	7,238	840	3,549	3,514	*35*
Operating Expenses within EBITDA, Total	**236,932**	**20,309**	**120,926**	**118,901**	***2,025***
EBITDA	**(8,071)**	**(1,065)**	**(3,159)**	**(3,162)**	***3***
Donations & Grants received of PPE & intangible assets (see comment)	(200)	0	(41)	(100)	*59*
Donations & Grants received of PPE & intangible assets (see comment)	**(200)**	**0**	**(41)**	**(100)**	***59***
Depreciation and Amortisation					
Depreciation and Amortisation - purchased/constructed assets	8,822	647	4,027	4,536	*(510)*
Depreciation and Amortisation - donated/granted assets	529	46	276	247	*29*
Depreciation and Amortisation, Total	**9,351**	**692**	**4,303**	**4,784**	***(481)***
Impairment (Losses) / Reversals net - purchased/constructed assets	500	0	0	0	*0*
Impairment (Losses) / Reversals net (on non-PFI assets)	**500**	**0**	**0**	**0**	***0***
Restructuring Costs	0	505	690	0	*690*
Operating Expenses excluded from EBITDA, Total	**9,651**	**1,197**	**4,952**	**4,684**	***268***
Operating Expenses IFRS, Total	**246,583**	**21,507**	**125,878**	**123,584**	***2,294***
(Surplus) Deficit from Operations	**1,580**	**132**	**1,793**	**1,522**	***271***
Non-Operating income					
Finance Income [for non-financial activities]					
Interest Income	(85)	(8)	(38)	(42)	*4*
Finance Income [for non-financial activities], Total	**(85)**	**(8)**	**(38)**	**(42)**	***4***
Non-Operating income, Total	**(85)**	**(8)**	**(38)**	**(42)**	***4***
Non-Operating expenses					
Finance Costs [for non-financial activities]					
Interest Expense					
Interest Expense on Non-commercial borrowings	1,175	100	600	587	*12*
Interest Expense, Total	**1,175**	**100**	**600**	**587**	***12***
PDC dividend expense	2,210	184	1,105	1,136	*(31)*
Finance Costs [for non-financial activities], Total	**3,385**	**284**	**1,705**	**1,723**	***(19)***
Non-Operating expenses, Total	**3,385**	**284**	**1,705**	**1,723**	***(19)***
(Surplus) Deficit before Tax	**4,880**	**409**	**3,459**	**3,203**	***256***
Income Tax (expense)/ refund	13	2	13	6	*7*
(Surplus) Deficit After Tax	**4,892**	**411**	**3,472**	**3,209**	***263***
Profit/(loss) from discontinued Operations, Net of Tax					
(Surplus) Deficit After Tax from Continuing Operations	**4,892**	**411**	**3,472**	**3,209**	***263***

Cost Improvement Programmes (YEAR TO DATE EFFECT)		
Pay Expense savings CIP recurrent	5,028	130
Pay Expense savings CIP non-recurrent		691
Pay Expense savings CIP, TOTAL	**5,028**	**821**
Drugs expense savings CIP recurrent	114	0
Drugs expense savings CIP non-recurrent		143
Drugs expense savings CIP, TOTAL	**114**	**143**
Clinical Supplies expense savings CIP recurrent	1,015	51
Clinical Supplies expense savings CIP non-recurrent		234
Clinical Supplies expense savings CIP, TOTAL	**1,015**	**285**
Non-clinical Supplies expense savings CIP recurrent	713	23
Non-clinical Supplies expense savings CIP non-recurrent		18
Non-clinical Supplies expense savings CIP, TOTAL	**713**	**41**
Misc. Other Operating Expenses CIP recurrent	2,058	11
Misc. Other Operating Expenses CIP non-recurrent		487
Misc. Other Operating Expenses CIP, TOTAL	**2,058**	**498**
Other non operating expense savings CIP, recurrent	0	0
Other non operating expense savings CIP non-recurrent		19
Other expense savings CIP, TOTAL	**0**	**19**
Cost Improvement Programmes (YEAR TO DATE EFFECT), Total	**8,929**	**1,807**
Cost Improvement Programmes (FULL YEAR EFFECT)		
Pay Expense savings CIP recurrent	5,028	388
Pay Expense savings CIP non-recurrent		879
Pay Expense savings CIP, TOTAL	**5,028**	**1,266**
Drugs expense savings CIP recurrent	114	0
Drugs expense savings CIP non-recurrent		143
Drugs expense savings CIP, TOTAL	**114**	**143**
Clinical Supplies expense savings CIP recurrent	1,015	112
Clinical Supplies expense savings CIP non-recurrent		237
Clinical Supplies expense savings CIP, TOTAL	**1,015**	**349**
Non-clinical Supplies expense savings CIP recurrent	713	50
Non-clinical Supplies expense savings CIP non-recurrent		22
Non-clinical Supplies expense savings CIP, TOTAL	**713**	**71**
Misc. Other Operating Expenses CIP recurrent	2,058	17
Misc. Other Operating Expenses CIP non-recurrent		921
Misc. Other Operating Expenses CIP, TOTAL	**2,058**	**938**
Other non operating expense savings CIP, recurrent	0	0
Other non operating expense savings CIP non-recurrent		19
Other expense savings CIP, TOTAL	**0**	**19**
Cost Improvement Programmes (FULL YEAR EFFECT), Total	**8,929**	**2,788**

Workforce Totals NOTE 1 **Analysis of Workforce Numbers and Pay Costs**					
Clinical Staff					
Consultants (not locums)	31,666	2,553	15,027	15,799	*(772)*
Locum Consultants	107	49	317	54	*263*
Agency Consultants	915	191	675	458	*218*
Consultants CIP	(1,605)	0	0	(985)	*985*
Consultants (Total)	**31,084**	**2,793**	**16,019**	**15,325**	***693***
Junior Medical - career grade	4,128	285	1,806	2,064	*(258)*
Junior Medical - trainee grade	11,880	1,028	6,069	5,940	*129*
Junior Medical -Agency	551	83	659	276	*383*
Junior Medical -CIP	0	0	0	0	*0*
Junior Medical (Total)	**16,559**	**1,396**	**8,533**	**8,280**	***254***
Registered Nurses - Acute, Elderly & General	31,754	2,502	15,073	15,793	*(720)*
Registered Midwives	4,186	338	2,050	2,088	*(38)*
Registered Health Visitors	0	0	0	0	*0*
Agency Nurses, Midwives	432	309	1,367	432	*935*
Nurses, Midwives- CIP	(809)	0	0	(329)	*329*
Nurses and Midwives (Total incl Bank)	**35,563**	**3,148**	**18,491**	**17,985**	***506***
Allied Health Professional	10,365	806	4,687	5,169	*(482)*
Other Scientific, Therapeutic and Technical Staff	9,174	706	4,169	4,645	*(476)*
Health Care Scientists	4,427	350	2,135	2,209	*(74)*
Sci, Tech & Ther - CIP	(673)	0	0	(274)	*274*
Sci, Tech & Ther (Total incl bank)	**23,293**	**1,862**	**10,991**	**11,749**	***(758)***
Sci, Tech & Ther - agency, contract	4,568	418	2,389	2,251	*139*
Healthcare assistants etc	10,902	1,007	5,960	5,556	*404*
Other - CIP	(559)	0	0	(227)	*227*
Other (Total)	**14,911**	**1,426**	**8,349**	**7,579**	***770***
Admin & Clerical	26,394	2,112	12,512	13,153	*(641)*
Executives	985	74	475	498	*(23)*
Chair & NEDs	124	11	69	62	*7*
Agency & Contract	145	52	312	90	*222*
Other non-clinical staff	10,525	834	5,023	5,261	*(237)*
Other non-clinical staff- CIP	(1,382)	0	0	(561)	*561*
Other non-clinical staff- Vacancy Factor	(1,878)	0	0	(939)	*939*
Non-clinical staff (Total)	**34,912**	**3,083**	**18,391**	**17,563**	***828***
Total Staff Costs	**156,322**	**13,708**	**80,775**	**78,481**	***2,293***
Analysis of staff costs					
Permanent Staff	154,684	12,647	77,092	77,390	*(298)*
Locums, Agency & Contract Staff	1,637	674	3,149	1,091	*2,058*
Pay expense contingency (if present in plan)					
Total Staff Costs	**156,322**	**13,321**	**80,241**	**78,481**	***1,760***

Workforce Totals NOTE 1 **Analysis of Workforce Numbers and Pay Costs**	**WTE PLAN** 201506	**WTE CONTRACTED** 201506	***WTE WORKED*** 201506
Clinical Staff			
Consultants (not locums)	207.36	192.06	*190.78*
Locum Consultants	1.00	4.25	*3.19*
Agency Consultants	1.39	0.00	*13.12*
Medical Slippage	-5.00	0.00	*0.00*
Consultants CIP	-0.98	0.00	*0.00*
Consultants (Total)	**203.77**	**196.31**	**207.09**
Junior Medical - career grade	43.36	34.68	*34.47*
Junior Medical - trainee grade	209.93	202.30	*214.21*
Junior Medical -Agency	1.88	0.00	*6.60*
Junior Medical (Total)	**255.17**	**236.98**	**255.27**
Registered Nurses - Acute, Elderly & General	806.70	731.60	*736.01*
Registered Midwives	87.02	87.82	*82.15*
Agency Nurses, Midwives	18.00	0.00	*29.98*
Nursing / Midwifery Slippage	-13.89	0.00	*0.00*
Nurses, Midwives- CIP	-3.89	0.00	*0.00*
Nurses and Midwives (Total incl Bank)	**893.94**	**819.42**	**848.14**
Allied Health Professional	243.93	234.21	*229.84*
Allied Health Professional Slippage	-6.25	0.00	*0.00*
Other Scientific, Therapeutic and Technical Staff	254.53	209.81	*206.40*
Health Care Scientists	80.71	78.08	*76.18*
Health Care Scientists Slippage	-5.21	0.00	*0.00*
Other Scientific, Therapeutic and Technical Staff Slippage	-7.58	0.00	*0.00*
Sci, Tech & Ther - CIP	-11.12	0.00	*0.00*
Sci, Tech & Ther (Total incl bank)	**549.02**	**522.10**	**512.43**
Sci, Tech & Ther - agency, contract	200.34	197.25	*278.11*
Healthcare assistants etc	468.03	398.52	*480.05*
Heathcare Assistants Slippage	-10.42	0.00	*0.00*
Other - CIP	-1.99	0.00	*0.00*
Other (Total)	**655.96**	**595.77**	**698.16**
Admin & Clerical	935.55	898.89	*896.29*
Executives	6.37	5.90	*5.90*
Chair & NEDs	7.00	7.00	*7.00*
Agency & Contract	5.20	0.00	*25.93*
Other non-clinical staff	429.90	356.19	*412.55*
Other non-clinical staff Slippage	-21.74	0.00	*0.00*
Other non-clinical staff- CIP	-21.52	0.00	*0.00*
Other non-clinical staff- Vacancy Factor	-51.41	0.00	*0.00*
Non-clinical staff (Total)	**1,289.35**	**1,267.98**	**1,347.66**
Total WTE	**3,847.21**	**3,638.56**	**3,868.75**

South Devon Healthcare NHS Foundation Trust
Capital Programme Month 06 2015/2016
Position as at 30 September 2015

Scheme Type	2015/16 Initial Full Year Monitor Plan £	2015/16 Full Year Revised Budget £	Cummulative Approved Budget Transfers £	Year to Date Approved Initial Monitor Plan at Month 06 £	Year to Date Revised Budget at Month 06 £	Year to Date Expenditure at Month 06 £	(Over)/Under Spend versus Monitor Plan YTD £	(Over)/Under Spend versus Revised Budget YTD £	Forecast Outturn Full Year £	(Over)/Under Spend versus Monitor Plan Forecast Year End £	(Over)/Under Spend versus Revised FY Budget Forecast Year End £	
A HIS Schemes	4,062,152	3,971,066	(91,086)	965,689	946,689	426,049	539,640	520,640	3,614,418	447,734	356,648	
B Estates Schemes	13,428,033	13,600,233	172,200	6,535,534	6,535,534	4,702,711	1,832,823	1,832,823	12,966,529	461,504	633,704	
C Medical Equipment	3,749,016	3,709,651	(39,365)	1,084,086	1,084,086	988,046	96,040	96,040	3,709,809	39,207	(158)	
D Other	126,000	183,600	57,600	126,000	145,000	7,760	118,240	137,240	183,600	(57,600)	0	
E PMU	1,834,000	1,834,000	0	1,283,000	1,283,000	637,524	645,476	645,476	1,784,000	50,000	50,000	
F Contigency	1,780,000	1,680,651	(99,349)	0	0	0	0	0	1,680,651	99,349	0	
Sub Total	24,979,201	24,979,201	0	9,994,309	9,994,309	6,762,090	3,232,219	3,232,219	23,939,006	1,040,195	1,040,195	
G Prior Year	0	0	0	0	0	(25,117)	0 25,117	0 25,117	(25,117)	25,117	25,117	
Total	24,979,201	24,979,201	0	9,994,309	9,994,309	6,736,973	3,257,336	3,257,336	23,913,889	1,065,312	1,065,312	

			Summary:
23,103,138	1,247,730	1,213,530	Green
54,737	(42,737)	(8,537)	Amber
756,015	(139,682)	(139,682)	Red

Project	Scheme Name	Business Case Fully Authorised?	Where will the additional funds required, be approved	Project Manager	2015/16 Initial Full Year Monitor Plan £	2015/16 Full Year Revised Budget £	Cummulative Approved Budget Transfers £	Notes	Year to Date Approved Initial Monitor Plan at Month 06 £	Year to Date Revised Budget at Month 06 £	Year to Date Expenditure at Month 06 £	(Over)/Under Spend versus Monitor Plan YTD £	(Over)/Under Spend versus Revised Budget YTD £	Forecast Full Year £	(Over)/Under Spend versus Monitor Plan Forecast Year End £	(Over)/Under Spend versus Revised FY Budget Forecast Year End £	Traffic Lights Scheme Risk Indicator	Comments
HIS Schemes																		
80767	Emergency Department System	Yes.	Not applicable	Phil Gould	206,351	206,351	0		201,351	201,351	59,601	141,750	141,750	286,249	(79,898)	(79,898)	Green	Advised of Additional Funding Requirement due to Workforce being increased in resolving implementation issues
80788	Wireless	Yes. Funds approved in 2013_14 for expenditure in 2014_15 totalled £100k. However none of these costs were incurred in 2014_15 as a consequence of the CIP shortfall. Therefore the £85k budget forms part of the approved budget from 2013_14.	Not applicable	Dave Hayes	85,000	85,000	0		12,143	12,143	12,312	(169)	(169)	85,000	0	0	Green	
80888	Clinical Portal	No. Part approved. Advised by the project manager as part of the 15_16 budget setting process that an additional sum of circa £100k was required over and abov eapproved FBC. This cash sum requires approval by Finance Committee prior to commitment of these funds.	SBMT, SLT and Finance Committee	Mike Taylor	313,167	197,167	(116,000)	13	65,000	35,000	(1,847)	66,847	36,847	50,498	262,669	146,669	Green	Budget reduced in Mth 6 for VAT Refund of £116,000. £147,000 underspend to be carried forward due to delays in roll out.
80895	PACS Re-Procurement	No.	SBMT and SLT	Gill Otway	80,000	80,000	0		0	0	0	0	0	80,000	0	0	Green	
80909	Cyberlab	Yes. Approved in full by Trust Board	Not applicable	Bernie Curtis	299,985	299,985	0		220,000	220,000	80,810	139,190	139,190	236,985	63,000	63,000	Green	£63k slippage to be carried forward to 2016/17. The slippage is due to the delays in roll out.
80910	e-Prescribing	No. Sum of project management for development of FBC approved but the FBC is not yet complete / approved.	SBMT, SLT, Finance Committee and Trust Board	Mike Taylor	513,000	513,000	0		51,143	51,143	31,290	19,853	19,853	317,944	195,056	195,056	Green	Assumes Supplier Costs are £0 because of external funding - in fact income of £659k - in Jan £265k paid to supplier in Fen and balance paid in March
81027	Letter Replacement Project	No. Partly approved. Capital costs approved in 2013/14 to be spent over a three year perid totalled £270,000. Actual capital costs incurred during 2013/14 and 2014/15 totals £197,000. Therefore a residual approved budget of £73,000 exists. The further anticipated cost of £72,000 requires to be approved.	SBMT and SLT	Tracy Moss	145,058	145,058	0		72,528	72,528	57,798	14,730	14,730	145,058	0	0	Green	
81028	MIG / ITK	Yes. Approved by Finance Committee in 2014/15	Not applicable	Gill Otway	52,906	52,906	0		0	0	0	0	0	52,906	0	0	Green	
81116	Backup Storage and Tape Drivers	Yes	Not applicable	Keith Tudge	300,000	300,000	0		0	0	0	0	0	300,000	0	0	Green	
81117	Patient Knows Best	Yes. PKB already in use by Trust. Further capital investment formed part of IM&T Strategy Paper.	Not applicable	Gary Hotine	36,181	36,181	0		16,445	16,445	9,236	7,209	7,209	36,181	0	0	Green	
81118	Clinical Handover System	Yes. Approved by Trust Board	Not applicable	Michelle Obrien	549,539	498,088	(51,451)	**	80,000	61,000	(7,474)	87,474	68,474	466,088	83,451	32,000	Green	Budget reduced in Mth 6 for VAT Refund of £51,452. £32,000 underspend to be carried forward due to delays in roll out.
81125	Emergency Department System (80767) Enabling Works	Yes. Approved in 2014/15	Not applicable	Gill Otway	5,199	5,199	0		5,199	5,199	5,078	121	121	5,199	0	0	Green	
81135	Radiotherapy Server	Yes. Part of Radiotherapy / Linac FBC.	Not applicable	Linda Gordon	0	39,365	39,365	11	0	0	39,365	(39,365)	(39,365)	39,365	(39,365)	(0)	Green	
81143	EDMS	No. Sum of project management for development of FBC approved. FBC not yet complete / approved.	SBMT, SLT, Finance Committee and Trust Board	Unknown	1,015,766	1,015,766	0		109,880	109,880	83,320	26,560	26,560	1,015,766	0	0	Green	
81166	Case notes Uplift	Yes	Not applicable	Vanessa Barron	56,000	50,000	(6,000)	1	56,000	50,000	49,381	6,619	619	50,000	6,000	0	Green	
81169	Mobile Device Management Tools	No.	SBMT, SLT and Finance Committee	Unknown	175,000	175,000	0		25,000	25,000	0	25,000	25,000	175,000	0	0	Green	
81170	RCP Sintero	Yes. Capital investment formed part of IM&T Strategy Paper.	Not applicable	Unknown	25,000	25,000	0		0	0	0	0	0	25,000	0	0	Green	
81173	Connection Fee - New N3 contract - approved at Finance Committee Feb 2015	Yes - approved by Finance Commmitee 2014/15	Not applicable	Richard Vicary	204,000	204,000	0		51,000	51,000	0	51,000	51,000	204,000	0	0	Green	
81174	Ascribe Endoscopy Update	Yes - Approved by DOF	Not applicable	Katherine Bamford	0	7,000	7,000	2	0	0	7,178	(7,178)	(7,178)	7,178	(7,178)	(178)	Green	
81179	Finance PC Requirements for ICO		Not applicable	Mark Stewart	0	1,000	1,000	19	0	1,000	0	0	1,000	1,000	(1,000)	0	Green	
81180	Damaged IT Equipment - Maternity Water Leak			Martin King	0	35,000	35,000	20	0	35,000	0	0	35,000	35,000	(35,000)	0	Green	
Total: HIS Schemes					**4,062,152**	**3,971,066**	**(91,086)**		**965,689**	**946,689**	**426,049**	**539,640**	**520,640**	**3,614,418**	**447,734**	**356,648**		

Project	Scheme Name	Business Case Fully Authorised?	Where will the additional funds required, be approved	Project Manager	2015/16 Initial Full Year Monitor Plan £	2015/16 Full Year Revised Budget £	Cummulative Approved Budget Transfers £	Notes	Year to Date Approved Initial Monitor Plan at Month 06 £	Year to Date Revised Budget at Month 06 £	Year to Date Expenditure at Month 06 £	(Over)/Under Spend versus Monitor Plan YTD £	(Over)/Under Spend versus Revised Budget YTD £	Forecast Full Year £	(Over)/Under Spend versus Monitor Plan Forecast Year End £	(Over)/Under Spend versus Revised FY Budget Forecast Year End £	Traffic Lights Scheme Risk Indicator	Comments
Estates Schemes																		
80864	Estates Work to Coronary Care Unit, Cardiac Catheter Lab & Dunlop Ward	Yes - prior year approved scheme	Not applicable	Simon Allen	30,000	30,000	0		30,000	30,000	169,682	(139,682)	(139,682)	169,682	(139,682)	(139,682)	RED	Budgetary position needs to be read in conjunction with 81073I - i.e Coronary Care Unit Equipment. Overall project is overspent by circa £256,000 in comparison with approved FBC
80915	Leaking Roof and Roof Lights - Rose Garden	Yes - approved by Executive Directors	Not applicable	Clive Radestock	20,000	20,000	0		20,000	20,000	118	19,882	19,882	20,000	0	0	Green	
81010	Long Term Condition & HUB - Annexe	No - Part approved. Investment in principle in Annexe Site agreed by Trust Board in previous years. Phase 1 approved in full and now complete. Phase 2 to be approved.	SBMT, SLT and Finance Committee	Simon Allen	90,000	90,000	0		0	0	12,003	(12,003)	(12,003)	22,003	67,997	67,997	Green	Business Case not yet Fully approved, therefore project delayed
81038	Replace condensers main steam main	Yes. Approved by Trust Board in April 15	Not applicable	Eddie Brown	370,000	370,000	0		185,000	185,000	0	185,000	185,000	370,000	0	0	Green	
81044	Sanitary ware upgrade (year 2)	Yes- approved by Executive Directors	Not applicable	Steve Barker	50,000	50,000	0		50,000	50,000	5,731	44,269	44,269	50,000	0	0	Green	
81047	Window replacement - Amber risks	Yes approved by Executive Directors	Not applicable	Steve Barker	12,000	12,000	0		12,000	12,000	0	12,000	12,000	12,000	0	0	Green	
81095	New ICU - Phase 1 (new ICU and main entrance).	Yes. Trust Board approved scheme	Not applicable	Clive Radestock	6,700,000	6,700,000	0		2,993,000	2,993,000	1,999,119	993,881	993,881	6,386,074	313,926	313,926	Green	Slippage on project due to delays re unrealised concrete pillars ungergorund at Main Entrance which had to be removed
81096	Linear Accelerator Bunker and Enabling works	Yes. Trust Board approved scheme	Not applicable	Clive Radestock	2,710,000	2,778,000	68,000	21	1,626,000	1,626,000	2,036,524	(410,524)	(410,524)	2,778,000	(68,000)	0	Green	
81098	Dementia Works	Not fully. £22k budget approved by Execs for Design Works. Construction cost of delivering the development budgeted for	SBMT, SLT and if appropriate Finance Committee and Trust Board	Clive Radestock	22,000	22,000	0		10,000	10,000	0	10,000	10,000	22,000	0	0	Green	
81099	Car Park Priming	Yes approved by Trust Board	Not applicable	Karen Robertson	1,782,000	1,852,000	70,000	10	490,500	490,500	303,926	186,574	186,574	1,852,000	(70,000)	0	Green	
81101	Level 4 Corridor	Yes approved by Executive Directors	Not applicable	John Steer	27,011	27,011	0		27,011	27,011	8,668	18,343	18,343	27,011	0	0	Green	
81102	Fire Damper Install	Yes approved by Executive Directors	Not applicable	Clive Radestock	29,000	29,000	0		29,000	29,000	0	29,000	29,000	29,000	0	0	Green	
81103	Legionella Risk Assessment Works	Yes approved by Finance Committee July 2015	Not applicable	Clive Radestock	100,000	100,000	0		100,000	100,000	0	100,000	100,000	100,000	0	0	Green	
81104	Water Quality Improvements	Yes approved by Finance Committee July 2015	Not applicable	Clive Radestock	100,000	100,000	0		100,000	100,000	0	100,000	100,000	100,000	0	0	Green	
81106	Control of Infection	Yes approved by Executive Directors	Not applicable	Clive Radestock	9,682	9,682	0		9,682	9,682	(107)	9,789	9,789	9,682	0	0	Green	
81107	Roofing	Yes approved by Executive Directors	Not applicable	Steve Barker	30,148	30,148	0		30,148	30,148	11,908	18,240	18,240	30,148	0	0	Green	
81129	ED Reconfiguration Works	No	SBMT, SLT, Finance Committee and Trust Board	Clive Radestock	250,000	250,000	0		25,000	25,000	0	25,000	25,000	0	250,000	250,000	Green	Business Case not yet Completed and/or approved, therefore unlikely project will commence in 2015/16
81137	Vanguard Eye Theatre Enabling Works	Yes approved by Executive Directors	Not applicable	Steve Barker	0	34,200	34,200	3	0	0	39,043	(39,043)	(39,043)	39,043	(39,043)	(4,843)	Amber	
81138	Ophthalmology Clinic Space - Phase 1	Yes approved by Finance Committee 2014/15	Not applicable	John Steer	101,192	101,192	0		101,193	101,193	20,240	80,953	80,953	101,192	0	0	Green	
81139	Nutwell unit emergency Mortuary capacity	Yes approved by Executive Directors	Not applicable	Johnathan Edmondson	12,000	12,000	0		12,000	12,000	15,693	(3,693)	(3,693)	15,693	(3,693)	(3,693)	Amber	
81141	Level 1 Corridor - Mortuary	No. Business Case requires Board Approval as for Cash Planning purposes, this project together with the Fracture Clinic were assumed to be part of the ITFF	SBMT and SLT	John Steer	60,000	60,000	0		20,000	20,000	0	20,000	20,000	60,000	0	0	Green	
81142	Fracture Clinic	No. Business Case requires Board Approval as for Cash Planning purposes, this project together with the Mortuary Works were assumed to be part of the ITFF	SBMT, SLT and Finance Committee	Chris Hall	150,000	150,000	0		15,000	15,000	0	15,000	15,000	0	150,000	150,000	Green	Business Case not yet Completed and/or approved, therefore unlikely project will commence in 2015/16
81147	Roofing	Yes approved by the Finance Committee July 2015	Not applicable	Paul Gaunt	51,000	51,000	0		51,000	51,000	0	51,000	51,000	51,000	0	0	Green	
81148	Emergency Chiller	Yes approved by the Finance Committee July 2015	Not applicable	Brian Duncan	57,000	57,000	0		57,000	57,000	0	57,000	57,000	57,000	0	0	Green	
81149	Tower wards clean utility (drug cupboard) cooling	Yes approved by Executive Directors	Not applicable	Paul Morgan	20,000	20,000	0		20,000	20,000	0	20,000	20,000	20,000	0	0	Green	
81151	Fire Alarm system estates - failed	Yes approved by Executive Directors	Not applicable	John Cooke	15,000	15,000	0		15,000	15,000	0	15,000	15,000	15,000	0	0	Green	
81152	Fire Doors	Yes approved by Executive Directors	Not applicable	Paul Gaunt	20,000	20,000	0		20,000	20,000	0	20,000	20,000	20,000	0	0	Green	
81153	Control Panel Annexe	Yes approved by Executive Directors	Not applicable	John Cooke	10,000	10,000	0		10,000	10,000	6,939	3,061	3,061	10,000	0	0	Green	
81154	Control Panel Catering	Yes approved by Executive Directors	Not applicable	John Cooke	25,000	25,000	0		25,000	25,000	0	25,000	25,000	25,000	0	0	Green	
81155	Fire Alarm Residences	Yes approved by Executive Directors	Not applicable	John Cooke	40,000	40,000	0		40,000	40,000	0	40,000	40,000	40,000	0	0	Green	
81156	Essential Equipment - Catering Regeneration trollies	Yes approved by Executive Directors	Not applicable	Chris Hall	30,000	30,000	0		30,000	30,000	24,371	5,629	5,629	30,000	0	0	Green	
81157	Essential Equipment - Replacement Freezer and Coffee machine	Yes approved by Executive Directors	Not applicable	Chris Hall	26,000	26,000	0		26,000	26,000	0	26,000	26,000	26,000	0	0	Green	
81158	Essential Equipment - Manual Handling machines	Yes approved by Executive Directors	Not applicable	Chris Hall	20,000	20,000	0		20,000	20,000	0	20,000	20,000	20,000	0	0	Green	
81159	Replace condensers	Yes approved by Executive Directors	Not applicable	Brian Duncan	25,000	25,000	0		25,000	25,000	0	25,000	25,000	25,000	0	0	Green	
81160	Workshop Safety Improvements	Yes approved by Executive Directors	Not applicable	Geoff Allen	25,000	25,000	0		25,000	25,000	0	25,000	25,000	25,000	0	0	Green	
81161	Belisha Beacons on zebra crossings	Yes approved by Executive Directors	Not applicable	John Cooke	9,000	9,000	0		9,000	9,000	0	9,000	9,000	9,000	0	0	Green	
81162	Control of Infection	Yes approved by Executive Directors	Not applicable	Steve Barker	150,000	150,000	0		127,000	127,000	48,418	78,582	78,582	150,000	0	0	Green	
81163	Kitchen	Yes approved by Executive Directors	Not applicable	Geoff Allen	25,000	25,000	0		25,000	25,000	0	25,000	25,000	25,000	0	0	Green	
81164	Sluice	Yes approved by Executive Directors	Not applicable	Geoff Allen	25,000	25,000	0		25,000	25,000	0	25,000	25,000	25,000	0	0	Green	

Project	Scheme Name	Business Case Fully Authorised?	Where will the additional funds required, be approved	Project Manager	2015/16 Initial Full Year Monitor Plan £	2015/16 Full Year Revised Budget £	Cummulative Approved Budget Transfers £	Notes	Year to Date Approved Initial Monitor Plan at Month 06 £	Year to Date Revised Budget at Month 06 £	Year to Date Expenditure at Month 06 £	(Over)/Under Spend versus Monitor Plan YTD £	(Over)/Under Spend versus Revised Budget YTD £	Forecast Full Year £	(Over)/Under Spend versus Monitor Plan Forecast Year End £	(Over)/Under Spend versus Revised FY Budget Forecast Year End £	Traffic Lights Scheme Risk Indicator	Comments
81165	Backlog Maint - Contingency Sum	Not applicable	Not applicable	Simon Allen	50,000	50,000	0		50,000	50,000	0	50,000	50,000	50,000	0	0	Green	
81172	Asbestos Removal	Yes approved by the Trust Board in April 15	Not applicable	Chris Hall	150,000	150,000	0		50,000	50,000	434	49,566	49,566	150,000	0	0	Green	
Total: Estates Schemes					**13,428,033**	**13,600,233**	**172,200**		**6,535,534**	**6,535,534**	**4,702,711**	**1,832,823**	**1,832,823**	**12,966,529**	**461,504**	**633,704**		

Project	Scheme Name	Business Case Fully Authorised?	Where will the additional funds required, be approved	Project Manager	2015/16 Initial Full Year Monitor Plan £	2015/16 Full Year Revised Budget £	Cummulative Approved Budget Transfers £	Notes	Year to Date Approved Initial Monitor Plan at Month 06 £	Year to Date Revised Budget at Month 06 £	Year to Date Expenditure at Month 06 £	(Over)/Under Spend versus Monitor Plan YTD £	(Over)/Under Spend versus Revised Budget YTD £	Forecast Full Year £	(Over)/Under Spend versus Monitor Plan Forecast Year End £	(Over)/Under Spend versus Revised FY Budget Forecast Year End £	Traffic Lights Scheme Risk Indicator	Comments
Medical																		
80897C	CTG Monitors	Yes. Approved by MEPG and Executives in 2014/15	Not applicable	Darren Russell	197,000	197,000	0		197,000	197,000	177,596	19,404	19,404	197,000	0	0	Green	
81073I	MEPG - CA1 612 Replacement and Additional Cardiac Catheter Laboratory Equipment	No. Only part approved. The financial position of this project needs to be read in conjunction with project code 80864, Estates work CCU. This has been a multi-year scheme. Total combined scheme is anticipated to overspend by circa £256,000 in comparison with approved full business case. Of this £256,000. The potential overspend was identified by the budget holders as part of the 15/16 capital planning process and therefore £126,000 was added to the planned budgetted costs in 2015/16 for cash planning purposes. Report to be prepared by EFM to explain £256,000 additional cost.	Finance Committee	Chris Mutton	586,333	586,333	0		586,333	586,333	579,043	7,290	7,290	586,333	0	0	Red	Expenditure position needs to be read in conjection with Project code 80864 - Estates work to Coronary Care Unit, Cardiac Cath Lab . Project overall is overspent by circa £256k in comparison with appproved budget. Exception report requested to be presented to the Finance Committee
81074N	MEPG - CA1 Merge Eyecare Software and Fundus Camera	Not applicable	Not applicable	Bernie Curtis	7,000	7,000	0		7,000	7,000	0	7,000	7,000	7,000	0	0	Green	
81094A	Additional theatre equipment for repatriation of Orthopaedic work	Not applicable	Not applicable	Joe Seah	121,729	50,753	(70,976)	**22**	50,490	50,490	50,753	(263)	(263)	50,753	70,976	0	Green	
81134A	CA1 689 - ENT Ventilator	Not applicable	Not applicable	Joe Seah	0	0	0		0	0	0	0	0	0	0	0	Green	
81134B	MEPG - CA1 702 - 3 X Ultrasound Machines for AAA screening	Not applicable	Not applicable	Mark Stewart	57,600	57,600	0		57,600	57,600	57,758	(158)	(158)	57,758	(158)	(158)	Green	
81134C	MEPG - CA1 704 - Sternum Saw Theatres	Not applicable	Not applicable	Mark Stewart	23,446	0	(23,446)	**23**	23,446	23,446	0	23,446	23,446	0	23,446	0	Green	
81134D	MEPG - CA1 689 Acutronic Ventilator; Theatres	Not applicable	Not applicable	Mark Stewart	16,217	16,217	0		16,217	16,217	16,217	(0)	(0)	16,217	(0)	(0)	Green	
81134E	MEPG - CA1 664B - Replacement Tissue Processor - Histopathology	Not applicable	Not applicable	Mark Stewart	36,000	36,000	0		36,000	36,000	32,688	3,312	3,312	36,000	0	0	Green	
81134F	MEPG - Linear Accelerators	Not applicable	Not applicable	Mark Stewart	2,203,691	2,164,326	(39,365)	**11**	40,000	40,000	0	40,000	40,000	2,164,326	39,365	0	Green	
81134G	MEPG - CA1 600 - Plain Film DR Room A	Not applicable	Not applicable	Rosemary White	0	150,000	150,000	**4**	0	0	0	0	0	150,000	(150,000)	0	Green	
81134H	MEPG - CA1 671 - Power Tools for Theatres	Not applicable	Not applicable	Joe Seah	0	57,000	57,000	**5**	0	55,000	56,701	(56,701)	(1,701)	57,000	(57,000)	0	Green	
81134I	MEPG - CA1 676 - Hysterscopes - Gynae Outpatients	Not applicable	Not applicable	Joe Seah	0	15,000	15,000	**6**	0	15,000	0	0	15,000	15,000	(15,000)	0	Green	
81134J	MEPG - CA1 712 - Endoscopy C-Arm (Image Intensifier)	Not applicable	Not applicable	Kathryn Bamforth	0	77,160	77,160	**7**	0	0	0	0	0	77,160	(77,160)	0	Green	
81134Z	MEPG Contingency for in year failures	Not applicable	Not applicable	Mark Stewart	500,000	277,952	(222,048)	**8**	70,000	0	0	70,000	0	277,952	222,048	0	Green	
81178	Room A - Tube	Not applicable	Not applicable	Rosemary White	0	17,310	17,310	**14**	0	0	17,290	(17,290)	(17,290)	17,310	(17,310)	0	Green	
Total: Medical					**3,749,016**	**3,709,651**	**(39,365)**		**1,084,086**	**1,084,086**	**988,046**	**96,040**	**96,040**	**3,709,809**	**39,207**	**(158)**		
Other																		
81144	Clinical Space for Glaucoma and Macular Ophthalmology services - costs not yet determined?	No. Funds totalling circa £40k have been set aside to enable architects plans and a FBC to be drafted. Increase in funds from £40k to £70k subject to approval of that business case. This project and its' budget has not been incorporated within a loan application and therfore funding potentially to be approved from General Contingency.	SBMT, SLT, finanace Committee and Trust Board	Chris Hall	40,000	70,000	30,000	**16**	40,000	40,000	0	40,000	40,000	70,000	(30,000)	0	Green	
81167	Cystic Fibrosis Compliance Work	Yes approved by Executive Directors	Not applicable	Geoff Allen	46,000	46,000	0		46,000	46,000	177	45,823	45,823	46,000	0	0	Green	
81168	Endoscopy Facility Environment Improvements	Yes approved by Executive Directors	Not applicable	Geoff Allen	40,000	60,000	20,000	**18**	40,000	59,000	0	40,000	59,000	60,000	(20,000)	0	Green	
81177	DGH Pharmacy Particle Counter		Not applicable	David Newcombe	0	7,600	7,600	**17**	0	0	7,582	(7,582)	(7,582)	7,600	(7,600)	0	Green	
Total: Other					**126,000**	**183,600**	**57,600**		**126,000**	**145,000**	**7,760**	**118,240**	**137,240**	**183,600**	**(57,600)**	**0**		
PMU																		
80859	PMU Business Continuity	Yes. Budget allocation approved by both PMU and Trust Boards	Not applicable	Ray Stringer	871,000	871,000	0		600,000	600,000	216,402	383,598	383,598	871,000	0	0	Green	
80872	PMU Expansion Project	Yes. FBC approved by Trust Board	Not applicable	Ray Stringer	558,000	558,000	0		558,000	558,000	294,464	263,536	263,536	558,000	0	0	Green	
81146	MRP/ERP system	No. Outline cash requirement approved by the PMU Trust Board. NB - Additional funds will be required in 16/17 to complete proejct too. Commitment of funds dependent upon further scrutiny by PMU Board.	PMU Board	Ray Stringer	155,000	155,000	0		25,000	25,000	19,812	5,188	5,188	155,000	0	0	Green	
81092	PMU Licensing - Intangible	Yes. Budget allocation approved by both PMU and Trust Boards	PMU Board	Ray Stringer	250,000	250,000	0		100,000	100,000	106,846	(6,846)	(6,846)	200,000	50,000	50,000	Green	Expected Slippage - £50k to be carried forward to 2016/17
Total: PMU					**1,834,000**	**1,834,000**	**0**		**1,283,000**	**1,283,000**	**637,524**	**645,476**	**645,476**	**1,784,000**	**50,000**	**50,000**		
Contingency																		
81171	Contingency - To be distributed during the course of the year	Not applicable	SBMT, SLT, finanace Committee and Trust Board based upon use of funds	Mark Stewart	1,780,000	1,680,651	(99,349)	**See below**	0	0	0	0	0	1,680,651	99,349	0	Green	
Total: Contingency					**1,780,000**	**1,680,651**	**(99,349)**		**0**	**0**	**0**	**0**	**0**	**1,680,651**	**99,349**	**0**		
					24,979,201	**24,979,201**	**0**		**9,994,309**	**9,994,309**	**6,762,090**	**3,232,219**	**3,232,219**	**23,939,006**	**1,040,195**	**1,040,195**		
Total: Prior Year					**0**	**0**	**0**		**0**	**0**	**(25,117)**	**25,117**	**25,117**	**(25,117)**	**25,117**	**25,117**	Green	

Project	Scheme Name	Business Case Fully Authorised?	Where will the additional funds required, be approved	Project Manager	2015/16 Initial Full Year Monitor Plan £	2015/16 Full Year Revised Budget £	Cummulative Approved Budget Transfers £	Notes	Year to Date Approved Initial Monitor Plan at Month 06 £	Year to Date Revised Budget at Month 06 £	Year to Date Expenditure at Month 06 £	(Over)/Under Spend versus Monitor Plan YTD £	(Over)/Under Spend versus Revised Budget YTD £	Forecast Full Year £	(Over)/Under Spend versus Monitor Plan Forecast Year End £	(Over)/Under Spend versus Revised FY Budget Forecast Year End £	Traffic Lights Scheme Risk Indicator	Comments

Notes	Details	
1,2,3,9,10,12,13,15,16,17,18,19 20 & 21	Transferred after 1st April '15 new or additional budget from General Contingency for the following Capital Approved Projects	
		£
	81175 Ascribe Endoscopy Update	7000
	81137 Vanguard Eye Theatre	34200
	81099 Car Park	70000
	81144 Glaucoma and Macular Ophthalmology	30000
	81177 Pharmacy Particle counter at	7600
	81168 Endoscopy Facility Environment Improvements	20,000
	81180 Damaged IT Equipment - Maternity Water Leak	35,000
	81179 Finance PC Requirements for ICO	1,000
	81096 Linac Acc Bunker and Enabling Works	68,000
	Sub-total	272,800
	Reduced after 1st April 15 the following budgets	
	81166 Case Notes Uplift - reduced cost of scheme	-6000
	80888 Clinical Portal - now able to claim VAT on Supplier costs	-116000
	81118 Clinical Handover - now able to claim VAT on Supplier	-51452
	Total movement	99,348
	Therefore Remaining Contingency Budget at Mth 06 = £1,680,651	
11	Transfer of Budget from 811347 MEPG Linear Accelerators of £39,365 to 81135 Radiotherapy Server	
4,5,6,7,8,14,22 & 23	Transfer of Budget from 81134Z Medical Contingency of £316,470 to 81134G Plain Film Dr Room at £150,000 and 81134H Power Tools for Theatres at £57,000 and 81134I Hysterscopes at £15,000 amd 81134J Endoscopy C Arm at £77,160 and 81178 Room A Tube at £17,310	
	Transfer of Budget to 81134Z Medical Contingency of £70,976 81094A Theatre Equipment (Residual Budget) and £-23,466 81134C Sternum Saw (Purchased via revenue)	
	Remaining Medical Equipment Contingency Budget at Mth 06 = £277,952	

Torbay and South Devon NHS
NHS Foundation Trust

REPORT SUMMARY SHEET

Meeting Date:	Trust Board 4th November 2015
Title:	The estate, environment, infrastructure and Health and Safety: Key Performance Indicators and Exception report for August/September 2015.
Lead Director:	Director of Estates and Commercial Development
Corporate Objective:	1. Safest care; 3. Best experience: 6. Delivering improved value:
Purpose:	Information/Assurance

Summary of Key Issues for Trust Board

Strategic Context:
Compliance with Acts, National standards, and Regulatory Frameworks e.g. CQC, in relation to Estates and Facilities Management, The Environment, Health and Safety, and Medical Equipment. Strategic Development of the Estate and Capital Investment requirements.

Key Issues/Risks

- The acute setting has seen a consistent rise in the number of violence and aggression incidents this year, with September being the highest. This is a cause for concern and executive focus has been on staff training and support, particularly in the care of people with dementia. Work is on-going with our Mental Health partners on the safe care of children and adolescents with mental health issues that require care in the Hospital.

- Of concern to the Board is the c£36m of backlog rated as high and significant risk in comparison to other organisations. The infrastructure particularly the engineering infrastructure is aged and requires sustained investment, in-patient areas are of insufficient space which compromises function. Risk is being managed through a pro-active estates maintenance programme. Despite the new ICU making some inroads into this backlog in 2015/16 the overall risk remains significant.

Recommendations:

The extent of the high and significant backlog is an agreed 'red' corporate risk needing Executive focus to bring an affordable solution back to the Board for consideration. A costed Estates strategy with a funding plan for same will be developed for the 2016/17 financial year.

Summary of ED Challenge/Discussion:
Recognition of relative increasingly poor position of high and significant risk backlog compared to other organisations. Balance of the priorities of the Capital programme and the need to fund developments to support the new service model in the community **and** on the Hospital site. Degree of risk within the estate that the organisation/Executive is currently holding versus the affordability risk of the significant capital required to address the issue. Recognition of the likely need for a significant short term investment i.e. possible new wards.

Internal/External Engagement including Public, Patient and Governor Involvement:
Governor sits on the Capital Infrastructure and Environment Group (CIEG) – (previously workstream 5).

Equality and Diversity Implications:
The Disability Awareness Action Group (DAAG) considers and is involved in all EFM development proposals.

Torbay and South Devon NHS
NHS Foundation Trust

Report to:	Trust Board
Date:	4th November 2015
Report From:	Director of Estates & Commercial Development
Report Title:	Environment, infrastructure and Health and Safety: Key Performance Indicators and Exception report for August/September 2015.

1. Reporting

In order to achieve consistency over a twelve month reporting period (April to March) this bi-monthly paper will continue to report the EFM, Medical Devices and Health and Safety KPI's under the headings acute setting and community setting continuing with one combined report but two separate performance tables (Annex 1 and 2).

2. EFM and Performance report for September 2015

Table 1 below identifies performance for August and September and changes between months for EFM and Medical Devices. Any areas of concern for the attention of the Board, with appropriate explanation and action to a resolution, is shown in Table 2.

Table 1 Changes between August 2015 and September 2015 Scorecard Indicator

Green ✓	Amber !	Red ✘

Setting	Improving Indicators	August 2015 Position	Sept 2015 Position
Community	1.1g:% of Estates Reactive work resolved within target - <1-4 Days (Urgent)	✘	!
Acute	3.2: % of Total tonnage Recycled Waste	!	✓
Acute	3.3: % of Total tonnage Landfill Waste	!	✓
Acute	3.5: % of Total tonnage of Clinical Burn waste	!	✓
Acute	4.1c: Medical Electronics % of OUTSTANDING/To Be Done Schedule Service Work Requests (over a 3 year rolling period)	!	✓
Community	4.1c: Medical Electronics % of OUTSTANDING/To Be Done Schedule Service Work Requests (over a rolling 3year period)	!	✓
Community	5.3: Non-patient incidents resulting in minor harm	!	✓
Acute	5.4: Non-patient incidents resulting in moderate harm	!	✓
Acute	5.5: Number of near misses	!	✓
Acute	5.6: % of Staff receiving H & S training in month	!	✓
Acute	6.1: No. of Fires	✘	✓
Acute	6.4: No of Fire Audits undertaken	!	✓
Community	6.4: Number of Fire Audits Undertaken	!	✓
	Deteriorating Indicators		

Community	1.1b: PPM(Estates)% Success against plan	✓	!
Community	1.1e:% of Estates Reactive work resolved within target - <2 hour (Emergency)	✓	!
Community	3.4: % of Total tonnage of Clinical Non-Burn waste	✓	!
Community	5.4: Non-patient incidents resulting in moderate harm	✓	!
	Red Rated Indicators with no change		
Acute	1.1i: % of Reactive work resolved within target – Routine P3 + P4 (<7-30 Days)	✘	✘
Acute	1.2: Number of Estates Internal Critical Failures	✘	✘
Community	3.3:% of Total tonnage Landfill Waste	✘	✘
Acute	4.1a: Medical Electronics % of COMPLETED Scheduled Service Work Requests (in month)	✘	✘
Community	4.1a: Medical Electronics % of COMPLETED Scheduled Service Work Requests (in month)	✘	✘
Acute	4.1b: % of OUTSTANDING/To Be Done Schedule Service Work Requests (<2 Months from Required Date)	✘	✘
Community	5.5: Number of near misses	✘	✘
Acute	6.5: % of Compliant Fire Audits	✘	✘

	Table 2: Areas with Specific Cause for Concern	**Anticipated timeline for improvement**
Acute	1.1i % of Estates Reactive work resolved within target - <7-30 Days (Routine)**[69% increase to 73%]**	
	Performance of this indicator has again improved slightly from 73% to 78% during September 2015. This has been directly affected by a continued and significant unplanned absence of Builders / Joiners during this reporting period, and the main leave period. Work will continue to drive this indicator to a return to its previous Green rating whilst maintaining priority on Emergency and Urgent Requests.	Quarter 3 2015- 16
Acute	1.2 Number of Estates Internal Critical Failures	
	During September there were two incidents which resulted in Critical Failures. 1. Flood in the maternity plant room causing water ingress in the Maternity IT hub room affecting power and IT servers and telephones to the Hospital. 2. Sewage leak in Level 1 – pipe blockage caused by accumulation of wipes from ward plugging the drain and sewage backing up into the ceiling of L1 areas, including Mortuary.	
Acute	4.1a Medical electronics % of COMPLETED Scheduled Service Work Requests (in month)	
	Performance KPI's under achieving compared to the past month. This is due to challenging staff resource issues and the significant increase in scheduled service for this month.	Quarter 3 2015- 16
Acute	4.1b Medical electronics % of COMPLETED Scheduled Service Work Requests (in month)	
	Performance KPI's under achieving compared to the past month. This is due to challenging staff resource issues and the significant increase in scheduled service for this month. Resources in month were re-directed from response to scheduled service activity to address the issue in forthcoming months	Quarter 3 2015- 16
Acute	6.5 % of Compliant Fire Audits	
	This month 6 local audits were carried out with 0 being compliant. Disappointingly all noncompliance areas were failures on fire doors being wedged open unnecessarily. Staff awareness continues to be raised at all training sessions and when conducting the audits. The Fire Safety Manager is undertaking a new Buzz presentation and preparing a staff information bulletin.	Quarter 3 2015-16

3. Benchmarked performance of the Estate and Facilities Management

The Trust annually submits to the central NHS data base 'ERIC',(Estates Reporting Information Centre) as do all other Trusts. Benchmarked data for 2014/15 became available in September following submission in May 2015. Using ERIC data it is possible to benchmark and rag rate key Estates and facilities performance against other organisations of a similar size and nature. An overview the Trust estate performance according to 'ERIC' for the acute and community settings for last year is shown in annex 3 and 4. The performance for the 2014/15year demonstrate the challenges inherent in the estate buildings and the care environment, with comparatively lower than average floor area per bed, low numbers of single rooms and for the acute Trust a significant, backlog maintenance liability, around age of infrastructure but increasingly due to functional unsuitability. Capital investment over the last year has been at the upper quartile level of expenditure due to investment in the Pharmacy Manufacturing Unit.

Eric Comparison: Areas of concern in performance

Community	**Cost of Cleaning Services**
	Due to the number and disparate nature of the community hospitals the cost of cleaning services compares poorly to other comparators. Executive action has been taken to comprehensively reconfigure the EFM staffing model and service delivery. Consultation has taken place during 2015 with the new more effective model commencing in November 2015. The cost of the new services is £250,000 less than existing so will be more comparable in the future.
Community	**Cost of Food**
	A large number of the eleven community Hospitals have had a chef, kitchen and food cooked to order. The resultant cost of food services compares poorly to other comparators. As part of the new model of FM services recently implemented, the cook freeze provision successfully provided in two of the existing community Hospitals and the Acute Trust has this year been successfully rolled out across all of the community Hospitals. This indicator will be more comparable in the future.
Community	**Finance: Capital Investment and new buildings**
	This indicator reflects the small amount of capital investment available to support the disparate and large community estate. This gives the picture of an aging estate, but in a relatively good condition with only a small amount of backlog*.
Acute	**Finance: Capital Investment and new buildings**
	This indicator has been red on previous years and is green for 2014/15 based on investment in the PMU. It is therefore not an accurate reflection of investment in the care environment. It masks the small in year capital investment in the estate and the lack of development on the Hospital site. The amount of backlog is a direct correlation of this indicator.
Acute	Areas:Building footprint per available land and patient occupied floor area
	This indicator suggests that we have more land than is required. The long term strategy is to consolidate accommodation on the site with the potential to free up land for housing development as detailed in the Torbay Council Local area plan. However the land that is currently vacant on the site is in pockets, is very sloping, mostly an area of outstanding beauty and therefore not suitable. The comparison would suggest the Trust has less space occupied by patients than the norm i.e. by non-clinical/support services. This is something the Trust will seek to rectify as it consolidates back office functions and seeks makes the best use of the estate that is now available within the ICO.
Acute	Function and space: Number of single rooms
	The Trust has less single rooms that the norm, this is on the risk register and will be the subject of significant Executive focus in the forthcoming year. The Trust strategy is clear about the need to provide suitable and functional in-patient accommodation with an increased number of single rooms.
Acute	Quality of Buildings: Amount and cost to eradicate backlog*
	The Trust's backlog currently sits at c£45m which is significantly more than the comparator group of like Trusts. Of concern to the Board is the amount of high and significant risk in comparison to other organisations, second highest of all 245 organisations.

	<table><tr><th>Number of sites in sample</th><th>High Risk Backlog</th><th>Significant Risk Backlog</th><th>Moderate Risk Backlog</th><th>Low Risk Backlog</th><th>Total Backlog</th></tr><tr><td>245</td><td>£5,422,939</td><td>£31,053,000</td><td>£5,044,680</td><td>£3,469,380</td><td>£44,989,999</td></tr><tr><td>TSDFT Ranking</td><td>23rd</td><td>2nd</td><td>75th</td><td>71st</td><td>14th</td></tr></table> The infrastructure particularly the engineering infrastructure is now aged and requires sustained investment, in-patient areas are of insufficient space which compromises function. Risk is being managed through a pro-active maintenance programme. Despite the new ICU making some inroads into this backlog in 2015/16 the overall risk will remain significant. This 'red' corporate risk will require Executive focus to bring an affordable solution back to the Board for consideration. A costed Estates strategy with a funding plan for same will be developed for the 2016/17 financial year.
Acute	Cost of Cleaning Services
	The Trust made a strategic decision in that it deliberately invests more into cleaning services than the norm and cleans to a higher specification than the National standard. The Trust also includes the very responsive enhanced cleaning team within these costs which is of a significantly higher specification than other Trusts. As a result the Trust has benefitted from low Hospital Acquired infection rates and by comparison fewer ward closures due to infection.

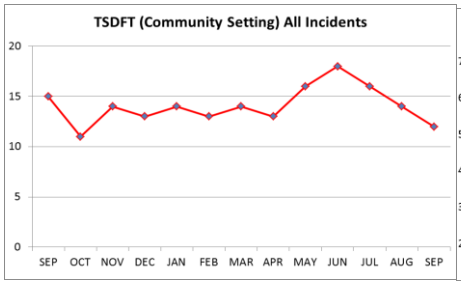
* Backlog constitutes the estimated cost to get the entire estate to estate code B i.e. best quality estate. Every Trust has a backlog programme which will always be present as standards continue to change and drive investment over time. The backlog commitment for a new hospital is substantially less than for an older one but still exists. Backlog is made up of a number of differing Categories High Risk which could affect the **safety** of the environment if not addressed, and significant, moderate and low, whilst not directly affect the safety of the environment affect the **quality** of the environment for example decoration, space, lighting etc. Cost to address DDA issues are included in the backlog commitment. Space per bed, i.e. functional suitability is included in the backlog.

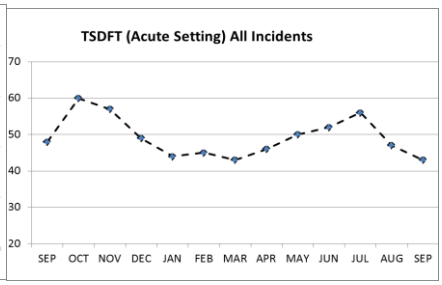
4. Risk Update

The environment and infrastructure group have been managing a watching brief over the currently amber risk of failure of infrastructure due to historical lack of capital investment. There is also a concern regarding the number of recent estates failures. With the extent of the backlog relative to other organisations and the increasing clinical issues around lack of space and functionality of the care environment, the Executives have recommended that the backlog commitment for the Trust should be escalated as a red risk on the Board assurance framework until such time as new developments and investment have addressed some of the issues and brought the backlog commitment down.

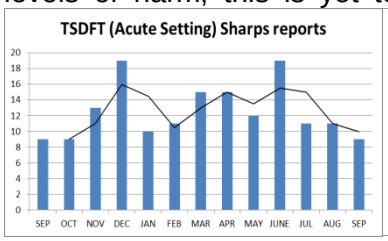
5. Health and Safety

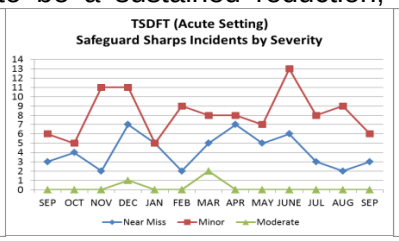
The environment and Infrastructure group reviewed H&S performance for the period of August and September. The downward trend of numbers of incidents continues across both settings.

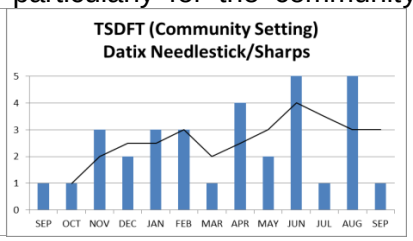


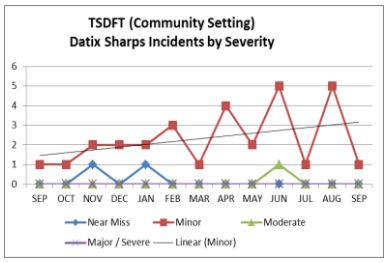


Sharps: Sharps incidents continue to be a cause for concern and a focus of continued management effort. September shows a reduction in incidents in both settings and decreasing levels of harm, this is yet to be a sustained reduction, particularly for the community setting.



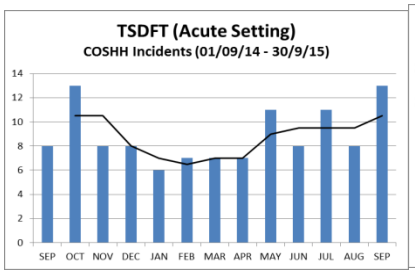


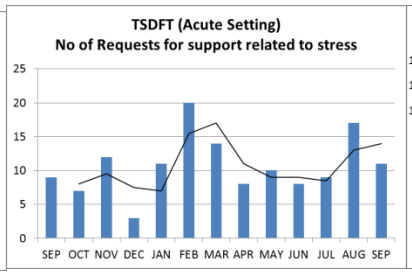


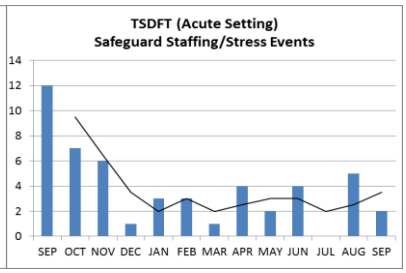


COSHH: The Health and Safety committee are actively overseeing an action plan around the Control of Substances Hazardous to Health (COSHH) in the acute setting. Continued focus is anticipated to deliver a downward trend in incidents in the forthcoming months. In the acute setting during September there were 12 COSHH incidents reported, 7 minor harm and 5 near misses. 6 of these incidents involved contact with a harmful substance, 3 with hot items, 1 contact with bodily fluids, 1 with hazardous waste and 2 were a reaction to a substance.

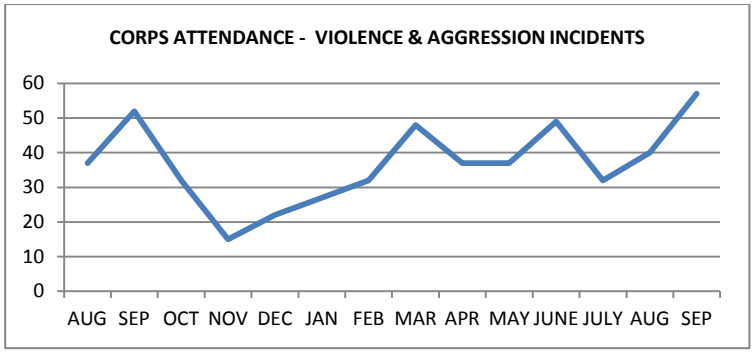
Stress: As can be seen from the graphs below the last 2 months has seen a slight increase in the numbers of staff reporting stress. The H&S Committee will keep this under active review.







Security: The acute setting has seen a consistent rise in the number of violence and aggression incidents this year, with September being the highest recorded. This is reflected in the graph below showing security response to violence and aggression incidents. This is opposite to the trend being experienced in the community setting. This is an increasing cause for concern and focus has been on staff training and support particularly in the care of people with dementia. Work is continuing with Devon Partnership Trust and the mental health teams to address the increasing volume and challenging issues posed by children and adolescents with mental health issues in the acute health environment.



6. Recommendations

The Trust Board are asked to:

- Note the contents of this report
- Agree the high and significant risk backlog as a red corporate risk
- Note the Executive action to bring back to the Board a costed estates strategy and financial plan to address both the development needs of the new model of care and the backlog risk at the Hospital

Appendix 1: Estates and Facilities – KPI's Torbay and South Devon Foundation Trust – Acute Setting – September 2015

	Area			Target	Monthly Performance												Current year to date (Complete Months)			Risk Threshold		
	Description			Monthly	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	Yr Avg	Status	RAG Thresholds		
	Estates																					
1.1a	Number of PPM items planned per month			Variable	1017	1068	1132	1113	1199	1087								1103				
1.1b	PPM (Estates) % success against plan			100%	89%	90%	88%	88%	88%	90%							100%	89%		R<85%	A85-94%	G>95%
1.1c	Planned Maintenance % called for but not available			0%	0%	0%	0%	0%	0%	0%							0%	0%		R>15%	A15%-6%	G≤5%
1.1d	% of Reactive work resolved within target	Emergency – P1	Total Requests	Variable	89	104	117	106	133	83								105				
1.1e		Emergency – P1	<2 Hour	100%	96%	97%	98%	95%	98%	98%							100%	97%		R<90%	A90-94%	G≥95%
1.1f		Urgent – P2	Total Requests	Variable	314	272	332	311	313	331								312				
1.1g		Urgent – P2	<1- 4 Days	100%	85%	88%	90%	95%	92%	91%							100%	90%		R<90%	A90-94%	G≥95%
1.1h		Routine – P3 + P4	Total Requests	Variable	483	386	484	524	420	486								465				
1.1i		Routine – P3 + P4	<7- 30 Days	100%	86%	74%	75%	69%	73%	78%							100%	72%		R<85%	A85-89%	G≥90%
1.2	Number of Estates Internal Critical Failures			0	0	0	3	0	3	2							0	1		R1	-	G0
	Facilities																					
2.1	Compliance **Very High Risk** Cleaning Audit			98%	100%	100%	99%	99%	100%	99%							98%	100%		R<95%	A95-97%	G≥98%
2.2	Compliance **High Risk** Cleaning Audit			95%	98%	99%	97%	98%	98%	99%							95%	98%		R<90%	A90-94%	G≥95%
2.3	Compliance **Significant Risk** Cleaning Audit			85%	99%	99%	99%	99%	99%	99%							85%	99%		R<80%	A80-84%	G≥85%
2.4	Compliance **Low Risk** Cleaning Audit			75%	92%	96%	97%	99%	99%	99%							75%	97%		R<70%	A70-74%	G≥75%
2.5	No. of Environment Health (food hygiene) events			0	0	0	0	0	0	0							0	0		R1	-	G0
	Waste																					
3.1	Total Tonnage per month all waste streams			157	127	138	148	126	116	119							≤157	129		R≥173	A158-172	G≤157
3.2	% of Total tonnage Recycled Waste			31%	30%	43%	43%	33%	25%	33%							31%	35%		R≤24%	A25-30%	G≥31%
3.3	% of Total tonnage Landfill Waste			37%	34%	24%	26%	33%	38%	32%							37%	31%		R≥44%	A38-43%	G≤37%
3.4	% of Total tonnage of Clinical Non-Burn waste			18%	19%	26.5%	17%	18%	21%	19%							18%	19%		R≥25%	A19-24%	G≤18%
3.5	% of Total tonnage of Clinical Burn waste			11%	12%	13.5%	10%	12%	12%	11%							11%	11%		R≥17%	A12-16%	G≤11%
3.6	% of Total tonnage of Clinical Offensive waste			3%	5%	4%	4%	4%	4%	5%							3%	4%		R≤1%	A2%	G≥3%
3.7	Number of Waste Audits undertaken per month			10	10	10	10	10	10	10							10	10		R≤5	A6 - 7	G≥8
3.8	% of Compliant Waste Audits			100%	100%	100%	100%	100%	100%	100%							100%	100%		R<90%	A90-94%	G>95%
3.9	% Compliance of Statutory Waste Audits			100%	100%	100%	100%	100%	100%	100%							100%	100%		R<90%	A90-94%	G>95%
	Health & Safety																					
5.1	Number of RIDDOR Incidents			0	3	2	3	0	2	1							0	2		R≥3	A1-2	G0

5.2	Number of days lost (due to incidents in month)	65	23	21	42	5	3	5							65	17		R≥81	A66-80	G≤65
5.3	Non-patient incidents resulting in minor harm	30	24	31	30	28	30	25							30	28		R≥36	A31-35	G≤30
5.4	Non-patient incidents resulting in moderate harm	1	3	1	5	1	3	1							1	2		R≥4	A2-3	G≤1
5.5	Number of near misses	16	18	16	14	27	12	16							16	17		R≤10	A11-15	G≥16
5.6	% of Staff receiving H & S training in month	90%	89%	89%	88%	87%	88%	90%							90%	89%		R<80%	A 80-89%	G≥90%
	Fire																			
6.1	No. of Fires	0	0	0	0	0	1	0							0	0.17		R1	-	G0
6.2	Number of fire alarm activations	12	7	4	8	5	7	6							12	6.17		R>15	A12-15	G<12
6.3	Fire alarm activations attended by the Fire Service	6	3	1	2	1	3	2							6	2		R>11	A6-11	G<6
6.4	No of Fire Audits undertaken	6	4	4	6	5	5	6							6	5		R<3	A5 - 3	G>6
6.5	% of Compliant Fire Audits	100%	25%	75%	100%	100%	80%	0%							100%	63%		R<90%	A90-95%	G>95%
6.6	% Fire Safety Risk Assessments (Reform Order) in date	100%	90%	90%	90%	90%	95%	95%							100%	91%		R<90%	A90-95%	G>95%

Medical Devices / Women, Children, Diagnostics & Therapies Division – KPI's Torbay and South Devon Foundation Trust – Acute Setting – September 2015

	Description	Monthly	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	Yr Avg	Status	RAG Thresholds		
	Medical Devices																			
4.1	No of devices for Schedule Service (in month)	Variable	385	360	559	297	242	503							Variable	391				
4.1a	% of COMPLETED Scheduled Service Work Requests (In Month)	100%	42%	35.6%	50.6%	57.9%	50.4%	38.8							100%	45.9%		R<70%	A71%-79%	G≥80%
4.1b	% of OUTSTANDING/To Be Done Schedule Service Work Requests (<2 Months from Required Date)	100%	76%	74.7%	81.6%	75.1	47.4%	37.9							100%	65.5 %		R<60%	A60%-79%	G≥80%
4.1c	% of OUTSTANDING/To Be Done Schedule Service Work Requests (over rolling 3 Year Period)	0%	4%	5.8%	6.4%	5.5%	6.2%	2.6							0%	5.1%		R>10%	A5% -9%	G<5%
4.2a	% of REACTIVE Work Requests, Category Emergency, COMPLETED within 1 Working Day	100%	100%	100%	100%	100%	100%	100							100%	100%		R<85%	A85-94%	G≥95%
4.2b	% of REACTIVE Work Requests, Category Urgent, COMPLETED within 3 Working Days	100%	100%	100%	100%	100%	99.4%	98.1							100%	99.6%		R≤80%	A81%-94%	G≥95%
4.2c	% of REACTIVE Work Requests, Category Routine, COMPLETED within 10 Working Days	100%	100%	100%	100%	100%	97.5%	98.5							100%	99.2%		R<80%	A81%-89%	G≥90%
4.2d	% of OUTSTANDING/ To Be Done Reactive Work Requests(<3 Months from Required By date)	100%	81%	90.3%	94.6%	97.64	97.9%	97.1							100%	93.1%		R<60%	A60%-79%	G≥80%
4.3	No. of Devices requested/not found for Scheduled Service	Variable	118	62	58	40	15	84							Variable	62.8	For Information only			
4.4	No. of incidents involving Medical devices	4	3	10	10	4	6	8							4	6.8		R≥9	A5 - 8	G≤4

Torbay and South Devon NHS
NHS Foundation Trust

Appendix 2 : Estates and Facilities – KPI's Torbay & South Devon Foundation Trust – Community Services – September 2015

	Area			Target	Monthly Performance												Current year to date (Complete Months)			Risk Threshold		
	Description			Monthly	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	Yr Avg	Status	RAG Thresholds		
	Estates																					
1.1a	Number of PPM items planned per month			Variable	242	235	269	260	274	297								262				
1.1b	PPM (Estates) % success against plan			100%	93%	89%	97%	98%	95%	88%							100%	93%		R<85%	A85-94%	G>95%
1.1c	Planned Maintenance % called for but not available			0%	0%	0%	0%	1%	0%	0%							0%	0%		R>15%	A15%-6%	G≤5%
1.1d	% of Reactive work resolved within target	Emergency – P1	Total Requests	Variable	7	16	20	11	25	12								16				
1.1e		Emergency – P1	<2 Hour	100%	93%	75%	100%	100%	100%	92%							100%	95%		R<90%	A90-94%	G≥95%
1.1f		Urgent – P2	Total Requests	Variable	61	49	51	69	62	67								60				
1.1g		Urgent – P2	<1- 4 Days	100%	98%	88%	90%	96%	87%	94%							100%	92%		R<90%	A90-94%	G≥95%
1.1h		Routine – P3 + P4	Total Requests	Variable	156	157	140	161	94	100								134				
1.1i		Routine – P3 + P4	<7- 30 Days	100%	96%	78%	96%	89%	88%	88%							100%	90%		R<85%	A85-89%	G≥90%
1.2	Number of Estates Internal Critical Failures			0	0	0	0	0	0	0							0	0		R1	-	G0
	Facilities																					
2.1	Compliance Very High Risk Cleaning Audit			98%	100%	100%	100%	100%	100%	100%							98%	100%		R<95%	A95-97%	G≥98%
2.2	Compliance High Risk Cleaning Audit			95%	99%	99%	99%	99%	99%	98%							95%	99%		R<90%	A90-94%	G≥95%
2.3	Compliance Significant Risk Cleaning Audit			85%	99%	99%	98%	98%	99%	99%							85%	99%		R<80%	A80-84%	G≥85%
2.4	Compliance Low Risk Cleaning Audit			75%	99%	96%	100%	96%	96%	96%							75%	97%		R<70%	A70-74%	G≥75%
2.5	No. of Environment Health (food hygiene) events			0	0	0	0	0	0	0							0	0		R1	-	G0
	Waste																					
3.1	Total Tonnage per month all waste streams			35.1	37.32	35.97	38.94	37.91	33.94	35.51							35.1	36.60		R≥41	A36-40	G≤35
3.2	% of Total tonnage Recycled Waste			31.34%	25.94%	27.44%	31.59%	30.42%	30.76%	29.82%							31.34%	29.33%		R≤24.9%	A25-30.9%	G≥31%
3.3	% of Total tonnage Landfill Waste			39.89%	46.73%	46.73%	42.01%	42.76%	44.46%	44.16%							39.89%	44.48%		R≥44%	A40-43.9%	G≤39.9%
3.4	% of Total tonnage of Clinical Non-Burn waste			9.97%	8.28%	9.73%	10.14%	8.49%	9.34%	8.36%							9.97%	9.06%		R≥13%	A<8.9%	G9-12.9%
3.5	% of Total tonnage of Clinical Burn waste			1.71%	1.69%	1.47%	1.57%	1.98%	1.44%	1.86%							1.71%	1.67%		R≥3%	A2-2.9%	G≤1.99%
3.6	% of Total tonnage of Clinical Offensive waste			17.09%	17.36%	14.62%	14.69%	16.35%	14.00%	15.8%							17.09%	15.47 %		R≥18%	A<14.9%	G15-17.9%
3.7	Number of Waste Audits undertaken per month			6	6	9	6	6	6	6							6	6		R≤4	A5	G≥6
3.8	% of Compliant Waste Audits			100%	100%	100%	100%	100%	100%	100%							100%	100%		R<90%	A90-94%	G>95%
3.9	% Compliance of Statutory Waste Audits			100%	100%	100%	100%	100%	100%	100%							100%	100%		R<90%	A90-94%	G>95%
	Health & Safety																					
5.1	Number of RIDDOR Incidents			0	1	1	1	0	2	1							0	1		R≥3	A1-2	G0
5.2	Number of days lost (due to incidents in month)			60	63	19	14	0	0	15							60	20		R≥76	A61-75	G≤60
5.3	Non-patient incidents resulting in minor harm			8	11	9	11	9	10	6							8	9		R≥16	A9-15	G≤8

5.4	Non-patient incidents resulting in moderate harm	1	1	1	3	1	0	2							1	1		R≥4	A2-3	G≤1
5.5	Number of near misses	5	0	5	3	6	2	2							5	3		R≤2	A3-4	G≥5
5.6	% of Staff receiving H & S training in month	90%	94%	94%	94%	94%	93%	90%							90%	94%		R<80%	A 80-89%	G≥90%
	Fire																			
6.1	No. of Fires	0	0	0	0	0	0	0							0	0		R1	-	G0
6.2	Number of fire alarm activations	12	1	0	0	1	0	1							12	0.4		R>15	A12-15	G<12
6.3	Fire alarm activations attended by the Fire Service	6	0	0	0	0	0	0							6	0		R>11	A6-11	G<6
6.4	No of Fire Audits undertaken	8	5	8	5	5	5	11							8	7		R<4	A8-4	G>8
6.5	% of Compliant Fire Audits	100%	100%	100%	100%	100%	100%	100%							100%	100%		R<90%	A90-95%	G>95%
6.6	% Fire Safety Risk Assessments (Reform Order) in date	100%	100%	95%	100%	100%	100%	100%							100%	98.5%		R<90%	A90-95%	G>96%
6.7	% of Staff receiving Fire Safety training in month	90%	89%	90%	89%	90%	88%	87%							90%	89%		R<80%	A 80-90%	G>90%

Medical Devices / Women, Children, Diagnostics & Therapies Division – KPI's Torbay & South Devon Foundation Trust – Community Setting – September 2015

	Area	Target	Monthly Performance												Current year to date (Complete Months)			Risk Threshold		
	Description	Monthly	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	Yr Avg	Status	RAG Thresholds		
	Medical Devices																			
4.1	No of devices for Schedule Service (in month)	Variable	48	154	70	135	106	82							Variable	99				
4.1a	% of COMPLETED Scheduled Service Work Requests (In Month)	100%	58%	54.8%	57.14%	69.89%	45.28%	47.56%							100%	53.4%		R<70%	A71%-79%	G≥80%
4.1b	% of OUTSTANDING/To Be Done Schedule Service Work Requests (<2 Months from Required Date)	100%	73%	82.4%	87.50%	92.9%	90.08%	87.50%							100%	85.6%		R<60%	A60%-79%	G≥80%
4.1c	% of OUTSTANDING/To Be Done Schedule Service Work Requests (over rolling 3 Year Period)	0%	1.1%	1.5%	1.4%%	2.43%	5.02%	3.11%							0%	2.40%		R>10%	A5% -9%	G<5%
4.2a	% of REACTIVE Work Requests, Category Emergency, COMPLETED within 1 Working Day	100%	No data	No Data	No Data	No Data	No Data	No Data							100%	No data	N/A	R<85%	A85-94%	G≥95%
4.2b	% of REACTIVE Work Requests, Category Urgent, COMPLETED within 3 Working Days	100%	100%	100%	100%	100%	100%	100%							100%	100%		R≤80%	A81%-94%	G≥95%
4.2c	% of REACTIVE Work Requests, Category Routine, COMPLETED within 10 Working Days	100%	100%	100%	100%	100%	97.6%	100%							100%	99.6%		R<80%	A81%-89%	G≥90%
4.2d	% of OUTSTANDING/ To Be Done Reactive Work Requests(<3 Months from Required By date)	100%	70%	84.6%	81.8%	100%	100%	100%							100%	89.4%		R<60%	A60%-79%	G≥80%
4.3	No. of Devices requested/not found for Scheduled Service	Variable	16	52	22	21	10	13							Variable	22				
4.4	No. of incidents involving Medical devices	2	0	0	3	0	0	0							2	1		R≥5	A3 - 4	G≤2

Appendix 3 ERIC 2014/2015
Torbay and Southern Devon Health and Care Trust Organisation Median Report
Organisation Type: COMMUNITY

Organisation Profile	Unit	TSDHCT	Lower Quartile	Median	Upper Quartile	No. in Sample
Total occupied beds	No.	177	85	157	219	19
Total available beds	No.	194	95	181	250	19
Occupied beds per available beds	%	91.24	87.61	90.69	92.88	17
Total in-patient days	Bed Days	64,605	31,116	57,305	79,844	19
Contracted Out Services	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Contracted out services per occupied floor area	£/m²	217.10	46.08	85.81	106.88	19
Finance	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Total capital investment	£	207,700	500,450	897,563	2,182,630	19
Capital investment for new build per occupied floor area	£/m²	0.00	0.00	0.00	0.00	19
Capital investment for improving existing buildings per occupied floor area	£/m²	3.30	12.74	21.90	41.77	19
Capital investment per occupied floor area	£/m²	3.30	12.74	21.90	41.77	19
Fire Safety	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
False alarms per number of fires reported	No.	XXXX	3.00	5.33	14.50	12
Fires reported per 1,000m² of occupied floor area	No./1,000m²	0.00	0.00	0.04	0.10	19
Facilities Management (FM) Services	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Hard and soft FM costs per occupied floor area	£/m²	112.33	81.80	114.63	206.06	19
Estates and facilities finance costs per occupied floor area	£/m²	94.10	58.37	154.12	178.87	19
Maintenance service costs per occupied floor area	£/m²	20.74	8.20	18.76	31.82	19
Income Generation	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Retail sales income per area leased	£/m²	210.05	374.09	514.71	625.77	4
Areas	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Building footprint per (land area*10,000)	%	23.11	17.23	20.23	26.62	19
Occupied floor area per gross internal floor area	%	99.23	81.52	92.44	97.22	19
Patient occupied area per occupied floor area	%	60.32	50.32	61.09	72.26	19
Non-patient occupied area per occupied floor area	%	34.02	36.83	42.94	50.17	19
Heated volume per gross internal floor area	m	2.575	2.292	2.400	2.555	19
Function and Space	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Total single bedrooms for patients	No.	62	36	80	139	19
Occupied beds per available beds	%	91.21	87.60	90.69	92.88	17
Occupied floor area per available bed	m²/Bed	148.62	109.95	132.79	182.77	17
Percentage of all single bedrooms for patients	%	31.96	31.80	51.55	57.39	17
Quality of Buildings	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Cost to eradicate backlog	£	985,369	731,248	1,489,679	4,031,403	19
Cost to eradicate backlog per occupied floor area	£/m²	25.45	21.86	30.66	116.02	19
Risk adjusted backlog cost per occupied floor area	£/m²	13.16	6.93	10.98	23.09	19

Percentage of risk adjusted backlog to total backlog	%	50.11	24.19	37.81	52.89	17
CHP	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Energy output from the CHP plant(s)	kWh	874,006	0	0	0	19
Energy output per total energy input	%	65				1
Exported energy per total output energy	%	0.00	0.00	0.00	0.00	19
Energy	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Site energy consumed	kW	10,050,919	8,379,883	9,961,519	17,506,067	19
Site energy consumed per occupied floor area	kWh/m²	259.59	233.97	317.36	387.64	19
Site energy consumed per heated volume	kWh/100m³	10,002.37	8,130.28	10,220.16	14,456.12	19
Electrical energy consumed per occupied floor area	kWh/m²	85.59	79.28	90.53	96.62	19
Fossil and renewable non-fossil energy consumed per occupied floor area	kWh/m²	174.00	167.84	224.43	252.67	19
CO2 emission	Tonnes	3,060.16	2,467.58	3,055.39	4,483.47	19
CO2 emission per occupied floor area	kg/m²	79.04	68.00	86.53	97.85	19
Carbon emissions	Tonnes	834.59	672.98	833.29	1,222.77	19
Carbon emissions per occupied floor area	kg/m²	21.56	18.54	23.60	26.69	19
Energy cost per occupied floor area	£/m²	18.62	15.01	19.59	21.75	19
Average cost per unit of energy consumed	Pence/kWh	6.7	5.59	6.00	7.45	19
Renewable energy consumed per occupied floor area	kWh/m²	0.00	0.00	0.00	31.92	19
Percentage of renewable energy to total energy consumption	%	0.00	0.00	0.00	10.84	19
Water Services	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Water and sewage cost per total water volume	£/m³	5.00	2.47	2.76	3.42	19
Water and sewage cost per occupied floor area	£/m²	3.76	2.23	2.70	3.06	19
Water volume per occupied floor area	m³/m²	0.75	0.73	0.80	1.01	19
Water volume per occupied bed	Ltrs/Bed/Day	344.99	342.71	434.81	647.63	17
Waste	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Waste cost per occupied floor area	£/m²	3.03	2.43	3.24	5.14	18
Total waste volume (high temperature, non burn, landfill & WEEE) per occupied floor area	kg/m²	4.45	2.78	6.25	8.05	17
Percentage of waste recycling volume per total waste volume	%	35.39	24.65	31.40	55.65	17
Car Parking	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Disabled car parking per total car parking spaces	%	6.75	6.54	6.86	7.74	19
Car parking spaces per available bed	No./Bed	2.71	2.54	3.79	4.60	17
Cleanliness	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Cost of cleaning per occupied floor area	£/m²	56.74	22.12	31.08	38.66	19
Cost of cleaning per WTE	£/WTE	23,006.19	19,746.93	24,070.92	28,154.32	18
In-patient Food Services	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Gross cost of in-patient services per main meals requested (cost per in-patient meal)	£/meal	5.27	3.92	4.55	5.78	17
Laundry & Linen	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Laundry and linen services cost per occupied floor area	£/m²	10.22	1.50	3.04	4.75	19

Laundry and linen services cost per item	£/item	0.58	0.35	0.36	0.40	17
Portering (internal patient transport) Services	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Cost of portering service per occupied floor area	£/m²	5.91	0.56	3.21	6.85	19
Cost of portering service per WTE	£/WTE	18,997.76	18,917.79	22,159.90	25,772.92	15
Occupied floor area per WTE	m²/WTE	1,868.63	1,576.08	2,761.70	4,660.21	15
PFI Facilities and Services	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Total energy cost per total energy consumed	£/kWh	0.05	0.07	0.07	0.08	4
Total wastes cost per total waste disposal weight	£/Tonne	379.22	413.83	425.63	550.13	4
Gross cost of in-patient food services per total in-patient main meals requested (cost per meal)	£/meal	6.62	5.84	8.48	15.12	4
Cleaning services cost per occupied floor area	£/m²	63.49	0.00	8.97	20.33	5
Laundry and linen service cost per occupied floor area	£/m²	6.82	3.08	4.16	5.52	5
Portering (internal patient transport) service cost per occupied floor area	£/m²	8.08	0.00	4.80	10.24	5
Maintenance service costs per occupied floor area	£/m²	11.45	2.39	18.95	47.55	5

Amber Red
Amber Green

Appendix 4 ERIC 2014/2015
South Devon Healthcare NHS Foundation Trust: Organisation Median Report
Organisation Type: ACUTE - MEDIUM

Organisation Profile	Unit	SDHCFT	Lower Quartile	Median	Upper Quartile	No. in Sample
Total occupied beds	No.	354	482	553	617	34
Total available beds	No.	440	564	626	682	34
Occupied beds per available beds	%	80.45	84.21	88.50	91.86	34
Total in-patient days	Bed Days	129,210	175,930	201,845	225,205	34
Contracted Out Services	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Contracted out services per occupied floor area	£/m²	39.09	30.78	63.99	143.72	34

Finance	Unit	Trust	Lower Quartile	Median	Upper Quartile	No. in Sample
Total capital investment	£	10,408,053	4,045,000	6,831,000	9,113,511	34
Capital investment for new build per occupied floor area	£/m²	71.94	0.00	11.02	41.56	34
Capital investment for improving existing buildings per occupied floor area	£/m²	28.86	20.58	33.51	54.35	34
Capital investment per occupied floor area	£/m²	100.80	27.13	54.35	98.06	34
Fire Safety	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Fires reported per 1,000m² of occupied floor area	No./1,000m²	0.01	0.01	0.02	0.03	34
Facilities Management (FM) Services	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Hard and soft FM costs per occupied floor area	£/m²	251.75	153.59	188.30	262.80	34
Estates and facilities finance costs per occupied floor area	£/m²	138.44	44.41	101.22	154.67	34
Maintenance service costs per occupied floor area	£/m²	26.45	23.67	27.88	36.24	34
Income Generation	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Retail sales income per area leased	£/m²	428.57	198.24	417.12	933.78	23
Areas	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Building footprint per (land area*10,000)		16.92	19.82	22.68	28.08	34
Occupied floor area per gross internal floor area	%	94.1	92.42	96.81	99.77	34
Patient occupied area per occupied floor area	%	48.66	52.77	57.59	65.48	34
Non-patient occupied area per occupied floor area	%	54.21	33.81	40.17	44.09	34
Heated volume per gross internal floor area	m	2.462	2.336	2.515	2.812	34
Function and Space	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Total single bedrooms for patients	No.	108	109	132	201	34
Occupied beds per available beds	%	80.45	84.21	88.50	91.86	34
Occupied floor area per available bed	m²/Bed	162.08	134.35	152.67	172.83	34
Percentage of all single bedrooms for patients	%	24.55	20.13	22.20	27.71	34
Quality of Buildings	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Cost to eradicate backlog	£	44,989,999	7,237,706.00	20,215,483	34,360,560	34
Cost to eradicate backlog per occupied floor area	£/m²	529.57	79.29	222.04	343.02	34
Risk adjusted backlog cost per occupied floor area	£/m²	393.90	27.30	68.23	160.99	34
Percentage of risk adjusted backlog to total backlog	%	74.38	30.02	50.86	57.28	33
CHP	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**

Energy output from the CHP plant(s)	kWh	0	0	0	6,020,673	33
Energy output per total energy input	%	XXXX	58	64	70	12
Exported energy per total output energy	%	0.00	0.00	0.00	0.00	34
Energy	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Site energy consumed	kW	37,083,906	37,083,906	42,063,565	52,421,866	34
Site energy consumed per occupied floor area	kWh/m²	436.51	397.51	460.08	522.49	34
Site energy consumed per heated volume	kWh/100m³	16,681.45	13,994.81	17,263.89	20,044.39	34
Electrical energy consumed per occupied floor area	kWh/m²	158.26	151.44	161.84	202.50	34
Fossil and renewable non-fossil energy consumed per occupied floor area	kWh/m²	278.25	248.65	278.25	350.83	34
CO2 emission	Tonnes	9,926.55	9,608.29	11,713.59	15,477.03	34
CO2 emission per occupied floor area	kg/m²	116.84	102.17	129.10	158.78	34
Carbon emissions	Tonnes	2,707.24	2,620.44	3,194.62	4,221.01	34
Carbon emissions per occupied floor area	kg/m²	31.87	27.87	35.21	43.30	34
Energy cost per occupied floor area	£/m²	31.44	22.16	26.95	31.38	34
Average cost per unit of energy consumed	Pence/kWh	7.20	4.77	5.61	6.17	34
Renewable energy consumed per occupied floor area	kWh/m²	39.56	0.00	0.00	52.36	34
Percentage of renewable energy to total energy consumption	%	9.06	0.00	0.00	11.59	34
Water Services	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Water and sewage cost per total water volume	£/m³	4.28	1.75	2.38	2.74	34
Water and sewage cost per occupied floor area	£/m²	6.82	2.87	3.49	4.35	34
Water volume per occupied floor area		1.59	1.41	1.59	1.92	34
Water volume per occupied bed	Ltrs/Bed/Day	951.14	629.38	737.90	897	34
Waste	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Waste cost per occupied floor area	£/m²	4.43	3.28	3.87	5.02	34
Total waste volume (high temperature, non burn, landfill & WEEE) per occupied floor area	kg/m²	7.87	5.87	8.19	11.37	34
Percentage of waste recycling volume per total waste volume	%	44.67	18.28	31.06	36.93	34
Car Parking	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Disabled car parking per total car parking spaces	%	4.85	4.13	4.75	5.72	33
Car parking spaces per available bed	No./Bed	3.66	2.48	2.92	3.46	34
Cleanliness	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**

Cost of cleaning per occupied floor area	£/m²	45.32	31.79	41.08	45.71	34
Cost of cleaning per WTE	£/WTE	24,292.42	21,629.58	24,162.94	26,242.25	34
In-patient Food Services	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Gross cost of in-patient services per main meals requested (cost per in-patient meal)	£/meal	3.85	3.18	4.00	4.85	34
Laundry & Linen	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Laundry and linen services cost per occupied floor area	£/m²	12.42	8.04	10.01	12.20	34
Laundry and linen services cost per item	£/item	0.45	0.29	0.32	0.43	34
Portering (internal patient transport) Services	**Unit**	**Trust**	**Lower Quartile**	**Median**	**Upper Quartile**	**No. in Sample**
Cost of portering service per occupied floor area	£/m²	15.51	12.95	15.14	17.96	34
Cost of portering service per WTE	£/WTE	25,347.48	22,887.04	24,514.66	27,542.45	34
Occupied floor area per WTE	m²/WTE	1,371.42	1,406.52	1,723.75	2,008.87	34