Torbay and South Devon NHS Foundation Trust

Public Board of Directors

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

06 July 2016 09:00 - 06 July 2016 11:00

AGENDA

#	Description	Owner	Time
1	PART A: Matters for Discussion/Decision		
1.1	Apologies for Absence - Director of Estates and Commercial Development Note	Ch	
1.2	Declaration of Interests Note	Ch	
1.3	Minutes of the Board Meeting held on the 25th May and Outstanding Actions Approve 16.05.25 - Board of Directors Minutes Public.pdf 7	Ch	
1.4	Report of the Chairman Note	Ch	
1.5	Report of the Chief Executive Assurance Report of the Chief Executive.pdf 21	CE	
1.6	Strategic Issues		
1.6.1	Local Account Decision Local Account.pdf 27	DSI	
1.6.2	Annual Strategic Agreement Decision Annual Strategic Agreement.pdf 57	DoF	
1.6.3	ICO - The First Six Months Assurance	CE	

#	Description		Owner	Time
1.7	Quality and Safety Exception Reporting including Activity and Performance Assurance QPF Board Report.pdf	137	COO/CN	
1.8	Finance Exception Reporting		DoF	
1.9	Governors' Questions		Ch	
1.10	Any Other Items Requiring Discussion/Decision (including periodic items eg annual reports and BAF)			
1.10.1	Report of the Chief Operating Officer Decision Report of the Chief Operating Officer.pdf	187	COO	
2	PART B: Matters for Approval/Noting Without Discussion			
2.1	Reports from Board Committees Assurance			
2.1.1	Quality Assurance Committee ee_Report_to_Board_Template_v1_QAC June 2016.pdf	7	Ch	
2.1.2	Charitable Funds Committee Cttee_Report_to_Board_Template_v1_CharitFunds...	199	Ch	
2.2	Reports from Executive Directors			
2.2.1	Workforce Race Equality Standard Assurance Workforce Race Equality Standard.pdf	201	IDHR	
2.2.2	Revalidation Annual Report Assurance Revalidation Annual Report.pdf	213	MD	

#	Description	Owner	Time
2.2.3	Report of the Chief Nurse Assurance Report of the Chief Nurse.pdf 237	CN	
2.2.4	HIS Half Year Report - Trust IT Projects Update Assurance HIS Half Year Report.pdf 255	DoF	
2.3	Compliance Issues		
2.4	Any Other Business Notified in Advance	Ch	
2.5	Dates of Next Meeting - 9.30 am, Wednesday 3rd August 2016	Ch	
2.6	Exclusion of the Public	Ch	

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Torbay and South Devon NHS
NHS Foundation Trust

MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST BOARD OF DIRECTORS MEETING HELD IN THE ANNA DART LECTURE THEATRE, HORIZON CENTRE, TORBAY HOSPITAL ON WEDNESDAY 25TH MAY 2016

PUBLIC

Present:	Sir Richard Ibbotson	Chairman
	Mr D Allen	Non-Executive Director
	Mrs J Lyttle	Non-Executive Director
	Mrs J Marshall	Non-Executive Director
	Mr R Sutton	Non-Executive Director
	Mrs S Taylor	Non-Executive Director
	Mr J Welch	Non-Executive Director
	Mrs M McAlinden	Chief Executive
	Mr P Cooper	Director of Finance
	Mrs L Darke	Director of Estates and Commercial Development
	Ms L Davenport	Chief Operating Officer
	Dr R Dyer	Medical Director
	Mr M Ringrose	Interim Director of Human Resources
	Mrs A Wagner	Director of Strategy and Improvement
	Councillor J Parrott	Torbay Council Representative
In Attendance:	Mrs S Fox	Board Secretary
	Mrs J Gratton	Interim Head of Communications
	Mrs S Hoque	Director of Infection Prevention and Control
	Mrs J Phare	Deputy Director of Nursing
	Mr S Langridge	SPOT Torbay
	Mr R Scott	Corporate Secretary

Mrs C French	Lead Governor	Mrs C Carpenter	Governor
Mrs D Gater	Governor	Mrs G Grey	Governor
Mrs L Hookings	Governor	Mrs B Inger	Governor
Mrs M Lewis	Governor	Mrs W Marshfield	Governor
Mr J Smith	Governor	Mr P Welch	Governor

ACTION

PART A: Matters for Discussion/Decision

70/05/16 **Apologies**

Apologies were received from the Chief Nurse and Mr Furse.

71/05/16 **Declarations of Interest**

Nil.

72/05/16 **Minutes of the Board Meeting held on the 4th May 2016 and Outstanding Actions**

The Board approved as an accurate record the minutes of the meeting held on the 4th May 2016.

73/05/16 **Report of the Chairman**

The Chairman began by expressing his condolences following the sad death of Dr David Sinclair. He said there was a Book of Condolences available for anyone wishing to sign.

The Chairman informed the Board that court proceedings in respect of Mrs Vasco-Knight were taking place on Thursday 26th May regarding alleged fraud that took place whilst she was in the Trust's employment, but related to a national role.

The Chairman reported that he had been closely monitoring the work that had been taking place in respect of Bay Tree House and the need to secure alternative provision for its users. He wished to commend the work of the team taking this forward and referred to the photos of the accommodation at one of the alternative providers which was of a very high standard.

Finally the Board were informed that, following the retirement of the previous incumbent, Mrs Lyttle had been offered and accepted the post of Senior Independent Director. The nomination would be presented to the next Council of Governors for approval.

74/05/16 **Report of the Chief Executive**

The Chief Executive endorsed the comments made by the Chairman in respect of Dr David Sinclair.

In terms of her written report, the Chief Executive updated the Board on subsequent developments as follows:

- The Care Quality Commission had informed the Trust that their report would be published on the 7th June. The Quality Summit would be taking place on the 14th June.

- A Voluntary Sector Engagement Event was taking place on the 27th May. The event was to bring together a range of organisations that provided volunteering services across South Devon to enable discussion on new, better and more integrated ways of working. Governors had expressed an interested in attending and were asked to let the Corporate Secretary know if they wished to attend.

- Mr Parrott informed the Board that the CCG had attended the recent Overview and Scrutiny Committee and the Committee had made it clear to the CCG that they wished the Community Services Consultation to move forward as quickly as possible. This was to ensure that the consultation was about the right model of care in communities and did not become solely about the closure of community hospitals. Mr Parrott noted that the CCG could not take the consultation forward until NHS England had approved the consultation proposals and process.

Strategic Issues

75/05/16 **Bay Tree House – Progress**

The Board and Torbay Council's Overview and Scrutiny Committee requested a progress update as further assurance on the availability, suitability and cost of the alternative private sector provision before the decision to close Bayt Tree House in June 2016 was implemented. This report detailed the progress that had been made to date with the 39 current service users and their families/carers. This report was presented to the Overview and Scrutiny Committee on 18th May and the committee agreed to support the recommendation that the unit was closed on 30th June 2016 but in doing so asked that further assurance that the remaining three service users had plans in place for short breaks.

Significant progress had been made in identifying alternative placements for the people who used Bay Tree for a short break. This had been made possible through the work completed by the team working with families to agree support plans and the development of new providers.

The remaining risks were:

- There were three people for whom alternative arrangements have not been agreed
- Families want to feel confident that the time available would allow an appropriate time period for the transition to be made to the new service
- As staff start to secure alternative appointments the ability of the Trust to maintain safe services at Bay Tree beyond 30 June 2016.

The Chief Operating Officer reported that as part of the work detailed above, she had met with the families and that it had been a good opportunity to be apprised of any outstanding issues. She said that she felt a strong sense of a move forward to new providers, but concerns remained about the transition arrangements. She said there was a balance to be struck in terms of the continued sustainability of Bay Tree as some staff were now working shifts in the new facilities, but that she was confident the right plans were in place to enable Bay Tree to close on the 30th June.

Mr Langridge added that he had visited one of the new facilities and that it was an outstanding facility which went above and beyond what was expected. He added that once the moves had taken place contact with the families would continue to ensure their needs were met.

Mr Welch said that he felt the model used by the Trust to facilitate the closure of Bay Tree whilst ensuring the needs of families was met had been very successful and was one that should be replicated in the future. Mr Parrott echoed Mr Welch's comments.

The Chief Executive acknowledged that this work had been a joint effort between many organisations and that a true partnership approach had been taken, and that the Trust owed a debt of gratitude to all the organisations and partners involved to enable this change to happen.

The following recommendations were approved, subject to alternative provision being identified for the remaining three users:

a) The Board noted the progress to short breaks alternatives for Bay Tree House service users being put in place and the remaining numbers to be concluded.

b) The Board to take into account the feedback from the Torbay Council Overview and Scrutiny Committee meeting held on the 18th May 2016

that they supported the proposed implemented of the closure of Bay Tree House on the 30th June 2016.

c) The Board implements the previous recommendation to close Bay Tree House on the 30th June 2016.

76/05/16 **St Kilda**

The report sets out the outcome of the engagement exercise completed requested by the Board of Directors and the feedback from Torbay Health Overview and Scrutiny Committee.

The feedback from the engagement highlighted the following issues:

- Capacity of alternative providers to manage demand
- Quality and ethos of services provided by alternative providers
- Value for money
- Implications for staff

The responses provided to the questions raised enabled the Overview and Scrutiny Committee to support the recommendation not to replace St Kilda and to provide alternatives as part of the new model of care.

Councillor Parrott reported that, at the Overview and Scrutiny Committee, concern was raised around the future use of the St Kilda site that the community felt it should be used for sheltered housing, which he acknowledged was an issue for the Council, and that the money being put forward for future capital developments was much smaller than the original sum that was planned to have been spent on replacing St Kilda before the plans changed. The Chief Operating Officer said that this work was the first step in a number of planned changes and that the Trust would work with the League of Friends and voluntary sector to co-design how services should look like in the future and how they would be funded.

Finally, the Interim Director of Human Resources said that he was meeting with the Chief Executive of the St Kilda provider to discuss staffing issues.

The Board approved the following recommendations:

a) Given feedback from Overview and Scrutiny the Board reconfirmed its previous decision to close St Kilda as outlined in the report on the 6th April 2016.

b) The Board of Directors' recommendations were made in writing to the Director of Adult Social Care Services of Torbay Council for a final decision.

77/05/16 **Urgent Care Improvement Plan Update**

The report sets out progress against the Urgent Care Improvement Plan.

The following issues had been identified in the Urgent Care Improvement Plan risk register:

- Data quality – recording of accurate times on symphony
- Ability to cover extended ED Consultant rota
- Royal College of Emergency Medicine guidance on management of ED inpatients limit flexibility to release time to the Emergency Department
- EWS and PEWS data capture
- Capacity in the Information and Performance Team to meet increasing information requirements.

- Effective data capture on sepsis compliance in the Emergency Department

The Board noted progress against the Urgent Care Improvement Plan. The Chief Operating Officer reported that progress was regularly reviewed on a weekly basis. She said there had been some improvements in relation to the key aspects of the plan but the Trust was not at a point where there was confidence around the sustainability of the 95% target and the core quality measures that sat beneath it.

Mr Allen queried the 4-hour target and asked if the Trust was aiming for 92% or 95%. The Chief Operating Officer explained that the CCG, following the significant reduction in Vanguard funding to support two urgent care centres, had agreed a trajectory to reach 92% by September, but with an expectation the wider system would work with them on a plan to reach 95%.

The Chairman said that, on looking at the Trust's overall performance, and mindful of the fact that the Trust had a commitment to seek transformation funding, it must deliver performance and meet it targets. He added that there was risk attached to meeting the targets and he felt that perhaps the Trust was treading a middle ground at present – in order to secure transformation funding some difficult decisions would need to be made.

Mrs Lyttle agreed with the Chairman's concerns. She said that she regularly visited the Emergency Department and that it was regularly crowded with poorly patients and she was concerned that there was a danger that staff would become ill due to the pressure of working in the current environment. She said that the current recruitment drive for additional nurses would help ease the position, but she remained concerned about sustainability in the longer term. She said she felt that to make progress the system needed to change to enable staff to undertake clinical work in a safe environment.

The Board confirmed the progress and assurance contained within the report.

78/05/16 **Quality and Safety Exception Reporting including Activity and Performance**

This month's Integrated Quality and Performance Report, comprising high level summary performance dash board, narrative with exception reports and detailed data book, provided an assessment of the Trust's position for April (month 1) 2016/17 and the 12 month period to the year ended 30th April 2016 for the following:

- key quality metrics;
- regulator compliance framework national performance standards;
- local contractual framework requirements;
- community and social care framework requirements;
- change framework indicators; and
- corporate management framework KPIs.

Areas of under delivery or at risk of not delivering were identified and associated action plans were reported. Due to extended negotiations on the contract with the Trust's main commissioner the finance report was not included this month. Full details for months 1 and 2 would be reported in next month's report. The financial position for the 12 months to 31st March 2016 was included in last month's report.

This report was reviewed by the Finance and Performance Committee (24 May) and Executive Director Group (17 May). Contribution and performance of each Service Delivery Unit (SDU) was reviewed by Executive Directors on a bi monthly basis through the Quality and Performance meetings which were now chaired by the Director of Strategy and Improvement to provide assurance, prioritise areas for improvement, consider support required and oversee action plan delivery. This month the Surgical and Women, Children and Diagnostics Service Delivery Units were reviewed (16 May).

Due to the escalated concern regarding patients' experience in and performance of the emergency department, further assurance processes were in place. These included weekly executive-led improvement and assurance meetings with commissioner, NED and internal audit attendance; weekly Executive review meetings; weekly Executive to Executive scrutiny meetings with the CCG to provide further assurance; weekly Board briefings with key metrics which were shared with the CCG and Governors and monthly System Resilience Group (SRG) meetings where progress against the urgent care improvement plan was monitored. A detailed update on progress against the Urgent Care Improvement Plan was included in the Chief Operating Officer's report.

The following risks/issues were highlighted:

Quality Framework:

24 indicators in total of which 9 were RAG rated RED for April as follows:

- New pressure ulcers, category 3 & 4 (Acute acquired) – 1 (target 0)
- VTE risk assessment on admission (community) – 92.5% (target 95%)
- Medication errors (Acute) – 30 (target 20)
- Infection control (acute bed closures) – 236 (threshold 100)
- Fractured neck of femur (best practice) – 55% (target 90%)
- Fractured neck of femur (time to theatre) – 69% (target 90%)
- Dementia Find – 44% (target 90%)
- Dementia Assess & Investigate – 44% (target 90%)
- Follow ups past to be seen date – 6082 increasing trajectory

Of the remaining 15 indicators, 11 were rated GREEN, 3 AMBER and 1 TBC

NHSI (Monitor) Compliance Framework:

11 indicators in total of which 2 RAG rated RED as follows:

- Cancer 31 day wait for second/subsequent treatment (Radiotherapy) 93.5% (target 94.5%)
- Urgent care (ED/MIU combined) 4 hour wait– 89% (target 95%)

Of the remaining 9 indicators, 9 were rated GREEN including RTT and 2 AMBER

Contractual Framework:

14 indicators in total of which 9 RAG rated RED as follows:

- Diagnostic tests longer than 6 weeks (acute) – 1.5% (target 1%)
- Care plan summaries % completed within 24 hrs discharge weekdays 64% (target 77%)
- Care plan summaries % completed within 24 hrs discharge weekend 25% (target 60%)
- On the day cancellations for elective operations – 1.47% (target 0.8%)
- Cancelled patients not treated within 28 days of cancellation – 4 (threshold <4)
- Ambulance handovers greater than 30 minutes 102 (target < 75)
- Ambulance handovers greater than 60 minutes 26 (target < 10)
- A&E patients (Type 1 ED only) – 84% (target 95%) – continued improving trend
- 12 hour trolley waits in A&E – 3 (threshold 0) – continued improving trend

Of the remaining 5 indicators, 5 were rated GREEN

Community and Social Care Framework:

11 indicators in total of which 2 RAG rated RED as follows:

- Number of delayed discharges - 351 (threshold 185)
- Timeliness of adult social care assessment – 86% (threshold 75%)

Of the remaining 9 indicators, 3 were rated GREEN and remaining 6 awaiting data or not assigned a RAG rating as performance thresholds to be determined. Of note was the deteriorating position for waiting times for CAMHs referrals with April position 58% seen within 18 weeks.

Change Framework

4 indicators in total – no RAG ratings available pending agreement on tolerances:

- Board to note average length of stay and hospital stays in excess of 30 days both increased in April to levels not seen in past year.

Corporate Management Framework

4 indicators in total of which 1 RAG rated RED as follows:

- Staff vacancy rate (trust wide) – 7.92% (threshold 4%)

Of the remaining 3 indicators, 2 rated AMBER and 1 GREEN

The Board noted performance to date. The Director of Strategy and Improvement highlighted an error in the dashboard relating to the Timeliness of Adult Social Care Assessments. The target had been showing green and then red, when in fact it had been red and was now green. The error would be amended.

Mr Welch observed that the information provided in the summary sheet was very helpful in terms of understanding the targets and performance.

The Chief Executive noted that in order to improve performance some investment was required and the Board would have to consider its appetite for this, within a challenging financial envelope. She provided assurance that the Executive Team were working to address the barriers to better performance and what resource might be required to resolve them.

The Board noted the report.

79/05/16 **Governors' Questions**

Mrs Marshfield queried the implication that the Trust was paying twice for beds in Brixham Hospital/St Kilda. The Chief Executive said that the issue of 'paying twice 'for beds in Brixham had been raised, alongside concern about moving to a high cost environment when the care at St Kilda was replaced. She said that the Trust, whilst aspiring to ensure the patients were properly cared for, due to their complexity could not be accommodated at St Kilda so were being moved to empty accommodation at Brixham Hospital with nursing care provided from the hospital. In addition, work was taking place to increase capacity in the private sector. She said that there was no intention to pay twice for the same service, and Mrs Marshfield welcomed that clarification.

Mrs Marshfield then queried the Emergency Department Symphony IT system and the fact that it was updated every 15 minutes she asked if this was an automatic update. The Chief Operating Officer said that reporting from the system helped staff to understand what was happening in the department and through this improve flow.

The system was still in development and the more it was understood how it was used by staff, it was updated to meet needs. She confirmed that the refresh of information on the dashboard was automatic.

Mrs French asked if Executive were happy staff were provided with adequate training on the Symphony system and the Chief Operating Officer said that staff were trained in various ways – on the job, via video, phone applications etc. In addition during the junior doctors' strike, when there were different people working on the floor, training team were on site to provide support.

Mrs French then asked what assurances could be provided that care packages to prevent bed blockages were in place. The Chief Executive said that delays could take place in two ways - from the acute hospital to the community hospital and then from the acute and community hospitals into the community. She said the Trust had set itself a target of a maximum of 13 delayed transfers from the acute site and this was usually managed. In terms of delayed discharges from community hospitals, there were issues around the capacity and capability of the independent sector to receive patients. The Council had been working hard to stabilise the domiciliary care sector and the Trust had also agreed with the CCG and Council that expressions of interest for intermediate care could be sought to encourage new providers to come forward. In addition, the payment to independent sector care homes was being considered by both Devon and Torbay Councils. The Chief Executive added that this risk was on the Trust's Risk Register. Mrs French asked if an update paper around care packages and bed blockages could be provided at the next Council of Governors (CoG) and this was agreed. The Chairman suggested that someone from the team at St Edmunds who supported care packages could be invited to attend the CoG and this was noted. COO COO/CS

Mrs Carpenter asked if the MIU in Brixham would be closing. The Chief Operating Officer said that it was part of the community consultation proposals and no decision would be made until the outcome of the consultation. She then queried the GP cover at the hospital and Medical Director said that there had been some issues with cover, but these had been resolved.

The Chairman stressed the need to understand that the consultation process had not yet commenced and that no decision had been made. It was disappointing that the planned commencement date of 14th May had been postponed, and that a commencement date could not be identified until feedback from NHS England was received.

Any Other Items Requiring Discussion/Decision

80/05/16 **Annual Infection Prevention and Control Report 2016/16 and Annual Plan 2016/17**

The Annual Director of Infection Prevention and Control (DIPC) report provided a comprehensive review of the infection control performance against key targets and standards over the year. It also provided the Infection Prevention and Control Committee priorities for 2016/17 NHS England compliance targets for the coming year were unchanged:

MRSA - to report zero cases.
CDiff - to report less than 18 cases associated with a lapse in care

Key issues/risks were highlighted as follows:

Performance 2015/16:
The Trust reported 3 MRSA bacteraemias (one was a collection contaminant) from 1/4/15 to 31/3/16.
There was a 38% reduction in MSSA bacteraemias compared with the previous year.

The Trust reported 27 acute Trust, *Clostridium difficile* (*C difficile*). 11 patients were defined as a 'lapse in care' against a contractual target of 18 'lapses in care', however only two 'lapses in care' could have predisposed the patients to *C difficile* infections.

For the community hospitals, there was zero MRSA and there was 1*C difficile* lapse in care against a target of 4.

The incidence of acute Trust *C difficile* had increased this year but the total numbers and percentage of patients that acquitted *C difficile* after a hospital in-patient episode had reduced.

The Team structure was a key issue due to two retirements and the two members of staff returning to work part time, two further retirements were due in the next couple of years. The team having both a community and a hospital lead was challenging and under review. The DIPC and Chief Nurse were reviewing the IP&C leadership structure with HR support.

The annual deep clean was not completed due to high bed occupancy and the loss of a decant ward to a substantive ward. This has been discussed at the Infection Prevention and Control Committee and flagged to the Operations Lead as a significant risk. There was an association between levels of environmental cleanliness and the incidence of *Clostridium difficile* infections.

High Bed Occupancy meant that:

1. Risk assessment of side room use was critical to ensure these rooms were allocated appropriately.
2. In the Emergency Department, cubicles might be designated for patients to stay overnight.
3. Locating medical outliers on surgical wards could put post-operative patients at risk of MRSA wound infections.
4. It might not be possible to undertake the hydrogen peroxide vapour treatment in side rooms.

It was recommended that the planned six month review of the Infection Control Team structure and function was completed and reported back to the Quality Assurance Committee.

The annual deep clean programme would be reviewed to explore the possibility of a two-year cycle of bay-by-bay deep cleaning. The Quality Improvement Group would monitor delivery of the plan and report variance to the Quality Assurance Committee.

Noting the briefing provided above, the Chairman queried whether the deep clean team had enough resources to meet current demand, both in the acute hospital and the community. The DIPC said that, in her experience, the team always delivered and the only reasons they might not complete a deep clean was because they could not get into a room or bay to do so, because it had not been possible to move patients to alternative beds. The Director of Estates and Commercial Development added that she had reviewed the capacity of the teams, both at the acute site and in the community, to ensure there was enough capacity to meet reactive needs, but also to undertake the deep clean programme. She said that she was currently working with the Infection Prevention and Control team to create a realistic deep clean plan. It was hoped it could be delivered on an annual basis, but there was a possibility there might have to be a bi-annual programme. She added that in respect of additional side rooms, short-term work was taking place to identify additional capacity for medicine and also longer-term work around a substantive solution for medical wards in the future with a higher proportion of side rooms.

The Chief Executive highlighted the recent independent peer review of infection control that had taken place, which had been very positive. She said that one recommendation was for her and the DIPC to meet on a regular basis to discuss any issues. She added that Infection Prevention and Control performance would be monitored through the Quality Assurance Committee.

The DIPC said that the action plan suggested the need for a 24/7 Infection Prevention and Control nurse and she was working on a business plan for this resource. It also stressed the need for clinical teams and individuals to take ownership of infection control.

The Board noted the assurance contained within the report.

PART B: Matters for Approval/Noting without Discussion

81/05/16 **Reports from Board Committees**

Nil.

Reports from Executive Directors

82/05/16 **Report of the Chief Operating Officer**

To report sets out progress against key delivery objectives of the Trust including implementation of the planned care model changes.

The risk outlined in relate to compliance with key performance targets:

- Workforce gaps in clinical specialities including radiology and neurology
- Bed pressures that impact on inpatient surgery cancellations
- Ability to secure outsourcing capacity in some specialities including Upper GI

The care model implementation risks related to progress with the consultation and the potential implications for delay in delivery of community services.

The Board noted the report and the assurances provided.

83/05/16 **Report of the Interim Director of Human Resources**

The report updated 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 Group and provided the Board with assurance on workforce and organisational development issues.

The follow Key risks/issues were highlighted:

The staff appraisal rate for the Trust was 82% which benchmarked favourably with other local trusts. The target staff appraisal remained at 90%.

- The sickness absence rate was 4.10% in March 2016 which was above the target rate of 4.00% set for that month.

- The vacancy factor for the Trust at the end of March 2016 was 7.92% and for qualified nursing 6.69%. However in key patient areas the rate for qualified nurses was 9.09%. This report included details of short term and longer term strategies to reduce the vacancy gap and manage demand and supply.

- The Trust had negotiated an arrangement to provide the payroll service to Yeovil District Hospital NHS Foundation Trust.

- Recommendations of the Speak Up Review continued to be embedded and the development of a culture whereby staff were encouraged to raise concerns, confident in the knowledge that they would be listened to, that action would be taken and that they would be thanked and acknowledged for living the values of the NHS.

- Work continued to secure the occupation health service from the Trust's preferred supplier Optima Health. It was anticipated that contractual arrangements would be agreed later this month with service provision commencing in August 2016.

Risks identified included:

- A range of initiatives were being actioned and/or considered in support of trust wide recruitment issues.

- Recruitment to Band 5 nursing posts remained an issue which was consistent with other Trusts. A range of measures to mitigate the issue were contained within the report.

- Medical recruitment remained a challenge in key areas.

- Agency capped rates reduced further from 1st April 2016. The Trust continued to report weekly to monitor on all agency usage that was above the capped rate or through a non-framework provider. Early dialogue with the NHS Improvement Agency was taking place in an endeavour to address this issue.

- Implementation of the junior doctor contract by 3rd August 2016 was an anticipated challenge which is consistent with the national picture.

The Interim Director of Workforce highlighted the following:

- There was a typographic error on page 10, where the figure against 'Community – Southern Devon – number of staff likely or extremely likely to recommend' should read 1 not 13.

- Action to recruit nurses from the Philippines continued and it was hoped many good quality nurses would be identified.

- Agreement principle had been reached in respect of the Junior Doctors' contract and a ballot was taking place to allow junior doctors to vote in respect of the contract. If approved, the contract would be applied follow the ballot.

The Board noted the report and the assurances provided.

84/05/16 **Report of the Director of Estates and Commercial Development**

The report provided assurance to the Board on compliance with legislation, standards and regulatory requirements, and provided information on the assessed level of risk and management of same for Board consideration.

- Both the community Estates maintenance provider and the Trust team were still finding the urgent estates response target a challenge. An action plan was in place for both providers with a view to an improvement in performance by the end of Quarter 1 2016.

- Compliance with fire safety requirements remained a challenge, with fire safety audits identifying a specific issue due to door wedges in the

operational areas. A communications strategy had been developed and implemented including a new BuZZ video, to improve staff awareness and improve performance. A new look at the process and procedures around fire management was in process with a view to strengthening ownership by the operational team, actions and assurance in this area.

- Although displaying no pattern across the organisation, minor harm collision and manual handling incidents had increased in April 2016. The H&S team would keep a watching brief on this.

The Board noted the report and the assurances provided.

85/05/16 **Compliance Issues**

Nil.

86/05/16 **Any Other Business Notified in Advance**

Nil.

87/05/16 **Date of Next Meeting** – 9.00 am, Wednesday 6th July 2016

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).

BOARD OF DIRECTORS

PUBLIC

No	Issue	Lead	Progress since last meeting	Matter Arising From
1.	Team from St Edmunds who support care packages and domiciliary care to be invited to the next Council of Governors meeting.	COO/ CS	**Complete** - Invitiation sent to Divisional General Manager for Medicine with request to organise 20th July CoG	25/05/16
2.	Update paper on care packages/bed blockages to be presented at the next CoG	COO	**Complete** - Will be provided for CoG on 20th July	25/05/16

Report to:	Trust Board
Date:	6 July 2016
Report From:	Mairead McAlinden, Chief Executive
Report Title:	Chief Executive's Business Report

1 ICO Key Issues and Developments Update

Care Quality Commission: Inspection Report
Following the publication of our CQC report on 7 June, the formal Quality Summit was held with health and care partners on 14 June. Four key themes were identified for system-wide action plan:

- **Can we better manage urgent care demand** especially out of hours/weekends?
- **Can we reduce risk of delay to 'right care'** for very vulnerable people?
- **Can we improve outcomes and choice** for people approaching end of life?
- **Can we improve pace of transfers of care** to meet needs in the right place of care?

The Trust's action plan in response to the six CQC Requirement Notices is due for submission on 30 June and will be reported to the Board by the Chief Nurse..

A follow up inspection by CQC of our urgent and emergency care system is expected before September, and a full inspection within the next 12 months.

Interim Director of Human Resources and Organisational Development
Martin Ringrose, our Interim Director of Human Resources and Organisational Development, will be leaving the Trust at the end of July to take up a regional role with the Devon-wide Sustainability & Transformation Plan team, providing his wealth of experience and expertise to addressing the workforce challenges for the Devon health and social care system.

Martin has made a major contribution in our journey as an Integrated Care Organisation, guiding the complex workforce issues involved in bringing together our two legacy Trusts and ensuring staff were supported and protected in transitioning to the new organisation. I know the Board will wish to express our gratitude for his guidance and leadership, and join me in wishing him every success in his new role.

Judy Saunders, who has been appointed to the substantive role of Director of Workforce and OD, is taking up post on 1 August.

Urgent and Emergency Care Plan
The Board will receive a detailed update from the COO report on progress against plan and the performance report included in the board pack confirms that combined performance (ED and MIU) is 87.4% for the month of May against the SRG approved trajectory of 85%, and the trajectory target will increase to 92% by September 2016 to be maintained for the remainder of the financial year. This agreed trajectory, which is below the national target, is in recognition of the reduction in the funding for the local Urgent Care Vanguard plan, and work will continue with the CCG to identify system-wide development plans to achieve 95% compliance. Cumulative performance for June to 29th June for ED performance is 87.3% with performance exceeding 90% on 13 days and exceeding 95% on 5 days, which demonstrates that achievement of improved performance is becoming more embedded, supported by much improved flow across the system.

Voluntary Sector Engagement
I attended an engagement event held with voluntary organisations n 27th May organised through a partnership between the Trust, the Torbay Community Development Trust (CDT) and Community Voluntary Services (CVS) in South Devon. My presentation emphasised the vital role which voluntary organisations play in supporting local communities and the intention to develop more formal partnerships as we develop and implement our new model of care. Confirmation of the investments which have been agreed in services provided by local voluntary organisations was provided with intent to increase this investment.

The event was attended by representatives from across the voluntary sector and our own services. The key messages from this event and March's partnership event divide into two broad areas:

- Improvements in the way that we work with partners from all sectors in the future
- Priority areas for new partnerships with the voluntary and community sectors. These include consideration of issues such as community transport, low level mental health services, and some issues associated with housing.

The event has begun a new and stronger approach to engagement through which the Trust listens and responds to feedback from our partners and stakeholders and develops new delivery models in partnership with the 3rd Sector.

Post European Union Referendum Communication
Following the vote to leave the EU, the Chairman and I issued a communication to all staff to recognise the contribution of those who have come to the UK from overseas to work for this Trust. Whether that be from EU countries or elsewhere their contribution to the safety and quality of the services we provide is immense and is very much valued by the Trust. These staff are a key part of our workforce, a workforce committed to the delivery of high quality services to our 375,000 local people and who have contributed to the CQC's rating of 'Outstanding' for caring.

Dermatology Team National Recognition
I am delighted to inform you that our Dermatology Team has won a National Award from the British Dermatology Nursing Group. The team from the John Parkes Unit won the Dermatology Team of the Year Award for 2016. Sarah Burns, Advanced Nurse Practitioner, and Natalie Taylor, Dermatology Research Nurse, collected the award in Bournemouth at a ceremony earlier this month

This award was introduced to celebrate team work and to recognise the importance of working together effectively for patients. Our team is made up of nursing and administration staff who are all well supported by Dr Mihaela Costache. On behalf of the Board, I heartily congratulate the team at the John Parkes Unit who fully deserve the recognition this award gives them.

2 Local Health Economy Update

Wider Devon Sustainability and Transformation Plan (STP) Update
The Devon STP was submitted at the end of June, with full input from Torbay and South Devon system co-ordinated by Ann Wagner, with clinical leadership by Rob Dyer. Once approved, this submission will be circulated to all key stakeholders.

Healthwatch Devon and Healthwatch Torbay are supporting the engagement of key local stakeholders and an information and engagement event was held on 21 June at Upton Vale Main Hall in Torquay. It was attended by a wide range of people and groups including the voluntary sector, elected representatives and trades unions. The feedback is now being collated and will be used to inform future communications and engagement.

Community Services Consultation
It was originally planned that the CCG led Community Consultation would begin in May. However, due to the NHS England (NHSE) assurance process, consultation could not start as soon as had been planned.

The NHSE checking process is now nearing completion. Subject to final NHSE sign off it is likely that the consultation will not start until early September, as feedback from CCG engagement has indicated it would be preferable to avoid the core summer holiday period.

Key regional appointments/changes
Andrew Ridley, NHS England South Regional Director, is to take up a new post as the chief executive of Central London Community Health NHS Trust. Following Andrew's departure, the South's regional director role will be split into two posts because of the scale of the challenges in the South and the size of the region as it is.

Giles Charnaud, Rowcroft Hospice Chief Executive is to step down at the end of this summer. For the next few months Giles will be supporting the Board of Trustees and acting CEO to ensure a smooth handover of responsibilities and to introduce the new phase of leadership. In the interim before a new Chief Executive Officer is appointed, Jon Hill will lead Rowcroft as Acting Chief Executive Officer in addition to his role as Finance and Commercial Director.

3 Chief Executive Leadership Visibility

Internal	External
	Programmes/Boards/Groups
Volunteers' Tea Party	
Dartmouth Hospital Walk around	SW Chief Executives' Meeting
Freedom to Speak Up Guardians	Wider Devon STP Programme Delivery Executive Group
CCU Topping Out Ceremony	System Resilience Group
Theatres Walk around	CQC Quality Summit
General Surgery Team Meeting	Children Services' Open Day
Orthopaedic Consultants' Team Meeting	CCG Governing Body Meeting
Innovation Team	Dartmouth GPs
90 Years Celebration	Director of Children's Services Interviews
All Managers Meeting	
Clinical Managements Group	**Individuals**
Radiology Consultants' Team Meeting	
Medical Staff Committee	Chair, Dartmouth Hospital LoF
	Chair, Dartmouth Caring
	Director of People Business Strategy & Support and Cabinet Member for Adult Social Care and Health Services, Devon County Council

4 National Developments and Publications

Details of the main national developments and publications since the July Board meeting have been circulated to the Board each week through the weekly Board developments update briefing.

The Executive Team continues to review the implications of those national developments which particularly affect the ICO and the local health and care system, and will brief the Board and relevant Committees as appropriate.

Specific developments of interest from the past month to highlight for the Board include:

- Simon Stevens' speech to NHS Confederation stressing the importance of using the current year as a 'reset moment' to get NHS finances and performance on track
- Latest national emergency department performance figures
- Latest financial performance figures for the provider sector published by NHS I forecasting £500m deficit for 2016/17
- CCGs to be rated on STP progress, GP access and new care models
- NHS Improvement consultation on new 2016/17 provider performance framework
- NHS Confederation and the Local Government Association vision for integrated care.
- Getting serious about prevention paper on the work that Vanguards are doing to drive prevention and reduce health inequalities
- Call to speed up innovation from Sir Bruce Keogh medical director for NHS England
- Language test for overseas nurses eased by the Nursing and Midwifery Council in an attempt to address NHS staff shortages.

- Department of Health restructure to 4 new directorates - community care, global and public health, acute care and workforce and finance – as part of drive to reduce costs by 30%

The following national clinical reports/findings which warrant further “could it happen here?” consideration will be reviewed for learning through our clinical governance system:

- Stroke care improvements needed according to a report into stroke care by the Royal College of Physicians.
- Findings of the latest independent review of children’s cardiac services in Bristol
- Worldwide review of results on invasive surgery in end of life geriatric care

Torbay and South Devon NHS
NHS Foundation Trust

REPORT SUMMARY SHEET

Meeting Date:	6th July 2016
Title:	Local Account
Lead Director:	Ann Wagner
Corporate Objective:	Objective 1: Safe, Quality Care and Best Experience Objective 2: Improved wellbeing through partnership Objective 3: Valuing our workforce Objective 4: Well led
Purpose:	Decision

Summary of Key Issues for Trust Board

Strategic Context:

A draft of the Local Account was presented to, and endorsed by, the Board on the 25th May 2016 as a Part II item. The Local Account has since been reviewed by Members of the Council's Overview and Scrutiny Board, Torbay Healthwatch and the Experts through Experience group sponsored by the Trust.

The body of the text is unchanged from that reviewed by the Board in May, however feedback from each of the above reviews has been included in the document. This final version of the Local Account is presented to the Board for information and endorsement and will go a meeting of the full Council, as a public document, for approval on the 14th July 2016.

Key Issues/Risks

Section three of the Local Account summarises performance in 2015/16 and as such reiterates the outturn position across a range of indicators for adult social care services. These indicators have been reported internally, including through to the Board, during the course of the year and include successes in areas of:

- Annual reviews of the needs of people already receiving care.
- Getting care packages into place once an assessment of need has taken place.
- Keeping people informed about the cost of their care services.
- The proportion of people supported to live at home.
- The number of carers assessments undertaken.
- The proportion of people who find it easy to access information about services.
- A low incidence of repeated safeguarding investigations.

However there are known hotspots in performance which are also included in the Local Account:

- Mental health services where remedial action has been planned in collaboration between Devon Partnership Trust (who lead these services) and the Council.
- People receiving an assessment of their needs within 28 days of referral: this is a national indicator where we are performing at 69% against a target of 74%.
- Timeliness of safeguarding strategy meetings and case conferences: the current process

driven indicators have proved very difficult to meet due to a combination of staffing difficulties and the introduction of Making Safeguarding Personal. This is new, more collaborative approach, to the investigation of safeguarding concerns delivers higher quality outcomes for the people involved but is at odds with the existing process driven KPIs. This mismatch is being addressed as the KPIs are set for the 2016/17 ASA.

In addition to these activity indicators the financial summary confirms the year end overspend of £1.2m and data breaches in community services are declared in section 5.

Summary of Feedback from Healthwatch, Experts through Experience and the Overview & Scrutiny Board.

All three groups have endorsed the Local Account and welcomed the open way in which information is presented and the forward view to the provision of more integrated services through the ICO.

The Experts through Experience group gave some constructive feedback on ensuring that the document is tailored to the intended audience which will be taken into account in future years.

Recommendations:

The Board are asked to note and endorse the Local Account

Summary of ED Challenge/Discussion:

The Local Account has been discussed and endorsed at the Executive Directors meeting on the 28th June 2016.

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

The attached document has been developed with input from colleagues across finance, performance, professional practice and operations. The performance tables included replicate those reported monthly through Community Divisional Board and Adult Social Care Programme Board in routine performance reports.

Torbay Healthwatch, Experts through Experience and the Overview and Scrutiny Board of Torbay Council have all commented on the Local Account. The feedback from each body is included in the Local Account and summarised above.

Equality and Diversity Implications:

None.

Torbay and South Devon NHS
NHS Foundation Trust

Adult Social Care Local Account 2015 - 2016

A local account of how adult social care services in Torbay have been delivered and performed throughout 2015-16, with forward intentions through to 2017-18



Version Control: v3-1-2 DRAFT FOR APPROVAL BY TORBAY COUNCIL

TORBAY COUNCIL

July 2016

www.torbayandsouthdevon.nhs.uk

Contents

Foreword by Councillor Julien Parrott, Executive Lead for Adults and Children, Torbay Council

This is a landmark Local Account in the transformation of health and social care support for our residents in Torbay.

The establishment of the Integrated Care Organisation (ICO) known as Torbay and South Devon NHS Foundation Trust, on 1st October 2015 was the cornerstone that makes delivery and embedding of all the policies that we have talked about for several years truly achievable. If the key to the ICO was, and continues to be, trust and enlightened leadership among partners, those qualities will again be to the fore as we tackle the coming year's agenda.

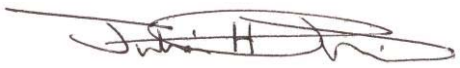
Work is well underway in localities to support people at home, something we all recognise as the 'new model of care' and is paying dividends in terms of the continued quality of life that we expect to see for our residents. This work includes a need to focus carefully on working with the range of provider markets, including housing providers, in developing options.

Partnerships with the public health and voluntary sectors will result in truly sustainable preventative work and early help including, crucially, combatting loneliness in later life through the Ageing Well project. Somebody said to me recently that the thing about early help is that it is not something that you can turn on and off. I believe that is the real distinction between our current strategies and those of the past. Our work must be truly sustainable; we are in this for the long haul.

Nobody associated with this huge undertaking is in any doubt about the major financial pressures we are working under in this time of austerity. This brings me back to my initial point about trust and enlightened leadership among partners. This year's Annual Account shows a notable beginning. The coming year will find us all facing very tough decisions if we are to see our work through for the good of all our residents. For several years now we have been 'talking the talk' of new models of health and social care. Now is the time we really have to 'walk the walk'.

I commend the Local Account, and thank everyone who works so hard for the health and wellbeing of the Bay's residents

Yours faithfully,



Councillor Julien Parrott
Executive Lead for adults and children, Torbay Council

Foreword by Sir Richard Ibbotson and Mairead McAlinden, Chair and Chief Executive of Torbay and South Devon Foundation Trust

In October 2015 local social care and health service saw the biggest local shake up to the way services are run in over a decade, when Torbay Hospital merged with community health and social care services. We created one single integrated care organisation to improve the outcomes for our local population.

Our vision is to have 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 and, when we need care, we will have choice about how our needs are met and only have to tell our story once.

In the forthcoming year, we will work towards finding new ways to meet the growing needs of our local population and achieving our vision. The current financial position, both locally and nationally, means that we will have to do this without spending more money and in addition to finding new ways of working this will mean making difficult choices.

Everything that we do centres around the people we care for and this remains our focus but the way we do things has to change.

A new model of care has been developed in conjunction with the Clinical Commissioning Group and the Council and this will look to develop community services, making them more sustainable for the future and helping to achieve our vision. These changes won't happen overnight and public consultation will take place first to seek your views but if proposals go ahead we could see changes take place later this year to where and how you receive social care and health services.

Being one organisation makes change and improvements easier to implement but we know we cannot work in isolation. We will need work with all our partnership organisations and this will include working closely with voluntary organisations and community groups who will play a fundamental role in supporting people to maintain an active and fulfilling life, retaining their independence for as long as possible. In Torbay this work is being progressed in partnership with the Torbay Community Development Trust and the Ageing Well programme; as a result we expect that colleagues from voluntary organisations will be working as an integral part of the Trust's local teams and services during 2016/17.

We are so lucky to have dedicated and passionate staff in our organisation and across Torbay who are committed what they do. Everyone is focused on ensuring you remain at the heart of what we do and at a period of vast change this is more important than ever. The local account sets out our commitment to social care for the next year and how well we met this last year.

RJ Ibbotson

Mairead Mc Alinden

Sir Richard Ibbotson

Chair

Mairead McAlinden

Chief Executive

2. Our intentions for services in in Torbay in the Next Five Years

Social care continues to be on a journey of transforming from the provision of a set of means tested good local services, provided by committed and caring staff to a more personalised set of solutions that are integrated across the NHS, volunteer and community sector provision.

As more of us have a mixture of needs that involve medical care as well as social support that exceeds the separate responsibilities of individual organisations, it is impossible to consider how we meet these challenges in isolation from the NHS, volunteers and our own family and friends.

Two major issues have impacted positively on adult social care in Torbay. The first of those is the Care Act**,** which is now in implementation and recognises through clear guidance the local authorities' responsibilities for vulnerable people, supported by a coherent set of legislation.

The second element is that the Integrated Care Organisation (ICO) commenced on the 1st of October 2015. This brings together adult social care, acute hospital services and community services into one organisation. This new organisation allows resources to be moved flexibly and dynamically amongst those different elements. This will bring about a further focus on holistic care for individuals with support for people to remain well and independent at home for longer, with better connections to locally based services and community networks. Our commissioning intentions are to commission the ICO for five years in line with the business case, and in April 2017, the first 18 months of that plan should have been delivered.

During 2016-17 we expect the ICO to have delivered our local strategy which stresses supporting people at home. The ICO will have provided multi skilled teams working in Torquay with an emphasis on prevention and delivery of high quality social care. There will also be new arrangements in Brixham and Paignton to support people in that locality with high quality information, care and support.

Financial pressures:

However, despite major positive changes in social care, local government is still faced with significant financial pressures, based on a further reduction in income from central government. This requires some difficult decisions to be made by the Council, as to what to prioritise, and I am pleased that Torbay Council continues to prioritise the support of vulnerable adults. However, there is still a difficulty in resolving future demand pressures for Adult Social Care, despite the allowance of 2 percent precept on council tax, which the Council in its medium term financial plan intends to apply and use.

Support for people with learning disabilities:

The Council as a commissioner with our provider partners have continued on a journey to support people on a more individual basis. This will result in a diverse range of support options being available with new local providers, some in house and it will see some well regarded services being decommissioned. Providing

greater choice for people locally is in line with the national 'Transforming Care' policy and we have taken steps with our partners to ensure that care solutions are available within the local area for people who currently live away from home in care settings.

Mental health services:

Mental health services remain a challenging area nationally and locally and we have worked with Devon County Council on an improvement plan with the provider Devon Partnership Trust. Mental health services remain the underdog of the Health and Care system. During 2016/17 we will continue to work with local and regional partners on integrating mental health services. Our objective is to deliver a service which provides a more seamless approach to all age mental health, addressing issues of transition planning between adult and child mental health services. To achieve this the Council will play a key role in mental health commissioning and service design.

Adults and children's services:

Adults and children's services and integrating their distinct approaches with the focus on family, remains a key ambition. The Council and the Trust are exploring options for integrating children's social care services (which are currently provided by the Council) with the ICO. The intention is to ensure there is joined up thinking on families within localities; positive and well-managed transition planning for those children and families who need adult services continues to be a key focus to improve their experience and health, education and care outcomes. We continue to prioritise early multi-agency work with our most troubled families and adults to prevent problems escalating wherever possible.

Market for care and support:

Local government was allowed by central government settlement to administer a 2 percent precept on council tax in order to support adult social care. Torbay Council took advantage of this opportunity in the knowledge that this will support the living wage, which will impact on the care sector. We will continue to work as a strategic commissioner with the market, in order to innovate and support new and existing provision. Our **Living Well At Home** contract is expected to bring further innovation in care, with a focus on personal goals for independence, not just tasks and new job roles for local people as we support more people in their own homes. The **care home market** has seen a reduction in the number of homes in the Bay, in line with our **market position statement.** As part of a wider strategy on accommodation based care and support we will be working on outcomes based commissioning and potentially a new form of contracting, to ensure specialist innovation and consistency for the business of our care home partners alongside further development of housing with care. This work will form part of our **housing strategy,** to support a variety of specialist accommodation for people with different abilities, and conditions as well as people in their end stage of life.

System Leadership:

This way of working sees the distinction between the Council and the Clinical Commissioning Group (CCG) as commissioners, and the ICO as a prime provider becoming more fluid. Much focus by NHS England and central government has been on place based solutions and system leadership. **Sustainable Transformation Plans** (STP) were required for NHS colleagues by June 2015 and this was submitted on a geographic Devon footprint. We also work on devolution proposals with Devon and Somerset for health and care. There are opportunities for new **Accountable Care Organisations** as well as other emerging contractual partnerships**.** The problems to be solved are the same no matter what the initiative, i.e. an affordable and dynamic, high quality health and care system for individuals and populations. We will continue to work flexibly and to navigate initiatives which help us achieve the best solutions for Torbay within a wider region.

Workforce

By 2017 workforce will continue to be one of the key system issues. Retaining social workers and ensuing they are valued and supported will be one of our intentions. Creating with providers new job roles for the model of care we commission is also vital. Whatever the outcome of the EU referendum the support for people who work in the care sector from overseas needs to be well managed, and combined with local and national planning on job roles and retention.

The health and care sector remains an important part of Torbay's economy and we will work with partners to develop skills for people who wish to commit to it. As part of the Council's wider role we will work with the health and care sector to develop opportunities as part of our **economic strategy** for the Bay.

Information and advice

Social care is means tested and for many people they will directly find their own support. Many of these people are sometimes called 'self-funders'. For all of us, whether supported by the state or not, we will ensure good quality information and advice is available. Often people find care at a point of crisis, and it is hard for families and individuals to feel they have made the right decision for, and with, their loved one. We will commission, as part of the ICO contract, a range of advice and support, which includes on-line help as well as carers support services and access to Healthwatch and voluntary sector support. This work will be developed with support from the Ageing Well programme which is being co-ordinated by the Torbay Community Development Trust. This programme is bringing welcome investment and expertise to the development of these functions as well as prevention and wellbeing services.

Equipment and Telecare

Under a separate contract the Council with the CCG commissions equipment services. By 2017 there is an opportunity to develop a more seamless approach to ensuring homes are adapted and the right use of technology as well as adaptations and equipment increases opportunities for people to remain in their own homes throughout all stages of their lives and health. The Council will work with partners to

improve solutions by joining up Disabled Facilities Grants (DFGs), home improvements (via the Home Improvement Agency scheme), equipment and telecare support, with the ICO taking a more active role in seeking telecare solutions.

Prevention

We know that many conditions that cause us to need care in later life can be prevented if we take action in middle age (or earlier). This includes dementia as a condition, and prevalence in the population is expected to increase, and this requires significant support, and is difficult for the individual and family to experience. We will work with public health and providers to ensure the local population can take every opportunity to be responsible for their own health, and make lifestyle choices which may prevent need for care and support in later life.

Safeguarding

A key responsibility for local government is adult safeguarding. The Care Act put this role on a statutory basis. The safeguarding board comprises of key partners and has an independent chair in order to challenge and champion safeguarding in the Bay. Part of the commissioning of the ICO would be to check the independence of safeguarding in the provider, acting as the local authority, is maintained; and to ensure all partners continue to play an active role within a community that is aware of what good looks like in care.

Quality and performance

Assurance through local governance processes and close work with the regulator CQC will continue to focus on quality. As well as measuring the national indicators for social care, including quality surveys, we will work with providers and local people to act on any concerns for quality. Health watch and local expert user groups provide additional assurance and can raise concerns, as well as good practice for providers to build on. These will continue to be shared through regular liaison via the multi-provider forum in the Bay.

Caroline Taylor
Director of Adult Social Care Services
Torbay Council

3. Our performance in 2015-16

This section of the Local Account looks at how we have performed and delivered on our responsibilities for adult social care in 2015-16. The information presented here is intended to provide the reader with information about how our local services have performed against national and local performance targets set by the NHS and the Council. We have indicated how well the performance targets have been met by using the following system of red, amber and green ratings.

Green	Exceeded, achieved or within 5 percent of the performance target
Amber	Narrowly missed performance target by between 5 percent and 10 percent
Red	Performance needs to improve, target missed by 10 percent or more

Torbay and South Devon NHS Foundation Trust (referred to here as 'the Trust' and previously as the ICO) and Torbay Council (referred to here as 'the Council') are aware from previous feedback that this information on its own is not always helpful to the reader in determining whether things have improved for themselves, their loved ones or the people they care for. So with this in mind, the commentary that follows also provides examples of how the work this year has made a difference to individuals or groups. These examples are based on real situations but to protect the privacy of the people we work with they are presented here as illustrations of the support which can be provided and drawn from more than one source rather than the specific circumstances of individual people or families.

The performance ratings and examples of the care provided are set out here under the four performance outcomes agreed between the Council and the Trust at the start of the year. These are:

- Outcome 1: Enhancing quality of life for people with care and support needs
- Outcome 2: Delaying and reducing the need for care and support
- Outcome 3: Ensuring people have a positive experience of care and support
- Outcome 4: Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

A description of what you might expect under these headings is also provided so that you can judge whether this is what you told us or experienced. The Trust and the Council are always striving to improve and develop services through lessons learnt and best practice and we have described how we plan to do that in the future. We have also included details of some things you might not be aware of which might help you or someone you know in the future.

As always there is the inevitable focus on the financial position and how we plan to allocate and spend the resources available to us. There will be a review of how we have used the resources available and how we have ensured best value for money at all times. We are also keen here to provide you with an open and transparent review of the risks both organisations are facing in the forthcoming year together with plans to mitigate these risks where possible.

Additionally, we have asked your local Healthwatch in Torbay and members of the Council's Overview and Scrutiny Committee to review the Local Account and ensure we have provided an open and transparent view of the services provided, in line with the views of members and constituents in Torbay. We have also asked our Experts through Experience panel to review the Local Account and have made amendments to the account to improve the information, layout and look of this Local Account as result of their feedback.

We do hope that you will find this Local Account useful and informative and would encourage you to contact us to provide feedback or to ask where you can find out further information which might be of use to you or a loved one.

Outcome 1: Enhancing the quality of life for people with care and support needs

What does this mean for the people of Torbay?

This is about individuals being able to live their lives to the full by maintaining their independence, not feeling isolated or lonely because they were able to receive the right level of high quality support, designed by them. It is also about carers being able to balance their role as a carer as well as maintaining their desired quality of life.

How have we performed?

Measure	2015/16 Outturn Provisional	2015/16 Target	2014/15 Outturn	2014/15 Target	2014/15 England Average	2014/15 SW Average
The proportion of clients informed about the cost of their care	93.6%	70.0%	90.1%	no tgt	83.7%	79.2%
The proportion of clients who receive direct payments	26.0%	10.0%	27.8%	no tgt	26.3%	24.7%
Proportion of adults in contact with secondary mental health services in paid employment	3.2%	7.1%	1.7%	5.5%	6.8%	8.4%
Proportion of adults with a learning disability who live in their own home or with their family	70.3%	70.0%	71.0%	69.0%	73.3%	69.5%
Proportion of adults in contact with secondary mental health services who live independently, with or without support	62.1%	77.0%	62.9%	77.0%	59.7%	53.8%
Proportion of clients receiving an annual review	78.1%	76.4%	76.4%	80.0%	n/a	n/a
Proportion of clients receiving a care support plan	88.5%	90.0%	90.0%	95.0%	n/a	n/a
Proportion of assessments completed within 28 days of referral	68.9%	74.1%	74.1%	70.0%	n/a	n/a
Proportion of clients receiving their care within 28 days of assessment	95.2%	90.0%	94.6%	85.0%	n/a	n/a

The table above shows that in the past year we have only 68.9 percent of people referred for an assessment have been seen within 28 days. This is a reduction on last year and reflects the pressure on our frontline teams, in relation to the increasing complexity of work including an increase in whole home safeguarding. This has been compounded by pressures during the winter period.

However the proportion of people who start to receive care within 28 days of their needs being assessed has increased to 95.2 percent and our performance on ensuring that people are kept informed of the cost of their packages of care has risen to 93.6 percent against a target of 70 percent.

Some people also opt to organise their own care and so receive what is known as a ‘direct payment’, the proportion of people receiving direct payments has fallen slightly to 26 percent which is in line with performance nationally and well above the local target of 10 percent. We expect this to improve in 2016/17 as we are about to introduce a system of pre-payment cards to make it easier for people to manage and pay for their own care.

Performance for adults who require and are supported by mental health services is lower than we would like. The high unemployment rate and seasonal employment patterns within Torbay contributes to this. Improving employment opportunities for people with learning disabilities and mental health needs is a key priority and our multi-agency work and forms part of the action plan agreed between the Council and Devon Partnership Trust who provide these services.

Case Study – learning disabilities

Robert has autism and learning disabilities. His family are local but he had lived in the north east of England, in supported accommodation, with two friends for more than ten years. Following the death of a close family member his relationships with his friends deteriorated as he stopped sleeping in his bed and took to living mainly in the lounge. Relatives stepped in and he returned to live with them locally. However after nine months this arrangement was also becoming difficult and he was referred to our learning disabilities service.

Robert and his family hoped he could live independently but at the point he was referred to the team here this seemed an unrealistic possibility. Robert had only ever lived with his family or in supported accommodation and because of his recent difficulties it seemed likely that he may need to move into residential accommodation.

Initial proposals were for a package of care in excess of £1,700 per week. After extended work with Robert and his family a place was found in a supported housing scheme. Robert has his own flat but there is support available on site and has a morning and evening visit for medication only. He also has support for four hours a day, four days a week to help him prepare meals and manage his housework. He goes out mid-week to play snooker and is able to visit his family at weekends.

This arrangement has been in place for over six months. There have been difficulties along the way but Robert is more settled in himself and is enjoying the level of independence he has. The current cost of his care package is less than £300 per week.

One way in which the Trust works to support people living at home and feeling safe is through the provision of our own dedicated TeleHealth Care service that provides advice, installation, maintenance and monitoring equipment which supports people to remain living at home. The range of equipment spans a basic community alarm and pendant to more sophisticated devices such as smoke detectors that will automatically raise a call to the monitoring centre. Where this is the only way to meet the needs of someone assessed as requiring support under the provisions of the Care Act the cost of these services can be funded through their care and support plan. Other people chose to pay for this support themselves by contracting directly with our service or one of the other similar services available both locally and nationally.

In total around 2,000 people rely on the monitoring service which operates 24 hours a day, 7 days a week and last year we received over 73,000 calls. These calls need a quick response and over 99 percent of calls are answered within 60 seconds. In order to ensure that our service continues to meet the highest standards we routinely survey our customers and in the last 12 months:

- 100 percent of people surveyed described our call handlers as friendly and helpful
- 99 percent of people surveyed described our installer as friendly and helpful

- 99 percent of people surveyed who required urgent help said it was handled efficiently

In addition to the survey statistics we also received several compliments about the service. Below are just a few of our comments:

"The family would like to thank you for the help and support that you gave to our mother in her later years of life. Without your help she would not have been able to stay at home until she died. Help was always close at hand. Thank you for this and know that all the elderly people in our town are supported by a wonderful team."

"Installer visited today and was a delight, polite, cheerful and efficient. They also put our mind at rest about the keysafe and we are happy with everything."

"Would not be without it, very assuring."

Case Study - telehealth

Mrs A lives alone with no relatives nearby, she suffers from Alzheimer's, heart arrhythmia and COPD and is at risk from falling. Some time ago, she fell and was unable to get to her phone and had to wait several hours for help when her care worker turned up and was able to summon assistance.

We have since provided a community alarm, pendant and keysafe for emergency access purposes, when she next fell she was able to contact the centre immediately via her pendant and we arranged for an ambulance to visit, this was all accomplished within 12 minutes of activation. The ambulance crew were able arrive quickly and to attend to Mrs A, taking the assessed/required action to ensure that all physical issues were addressed in a timely manner with as little distress caused as possible, within the circumstances.

Outcome 2: Delaying and reducing the need for care and support

What does this mean for the people of Torbay?

This is about individuals having the best opportunity possible to manage their own health and care because they have the right support and information. Early diagnosis and intervention means that dependency on intensive services is reduced and when it is required it means that individuals are helped to recover in the right setting which isn't necessarily in a hospital environment.

How have we performed?

Measure	2015/16 Outturn Provisional	2015/16 Target	2014/15 Outturn	2014/15 Target	2014/15 England Average	2014/15 SW Average
Number of people living permanently in a care home as at 31 March	635	630	641	644	n/a	n/a

During the last four years the number of individuals living permanently in a care home (at the end of the year) has reduced each year and this trend continued in 2015/16, although at a lower rate than we had planned. With an ever growing elderly population this enables those who most need this type of specialist care to receive it, whilst helping others to stay as independent as possible in the comfort of their own home.

We continue to work closely with the care homes within Torbay and rely on the intermediate care support they provide which can often avoid an emergency admission into an acute hospital. Our ability to place people at very short notice into temporary beds is part of our intermediate care service. The integrated nature of these services also helps ensure people have shorter stays in Torbay, Paignton and Brixham hospitals. The average length of stay for people admitted to Torbay Hospital in an emergency is amongst the lowest in the country and the number of people experiencing a delay in their discharge is minimal. This is achieved by having streamlined communication processes between teams to ensure people benefit from the rapid access to the service they need when they return home.

The Trust's reablement service (the Intensive Home Support Service) has been developed to provide an enabling domiciliary care service that works with people going through a change in their health and social care needs. The staff have received further training and are now led by an Occupational Therapist, which means that they are able to approach people with an enabling approach to their care and 'do with' rather than 'do for' the person.

Through the support afforded by the Ageing Well programme, the Trust has also been working with the Torbay Community Development Trust, and other voluntary sector organisations, to develop a more consistent and cohesive range of preventative and wellbeing services.

This Local Account reviews services provided in 2015/16 but these new wellbeing services are not due to be implemented until shortly after this Local Account is published; consequently these services are not fully described or referenced in this Local Account. It is, however, expected that they will be reported and discussed in the Local Accounts for future years.

Case Study: Intermediate Care

Mr B is 76 years old reluctant to accept any help or support at home prior to his input from Intermediate Care. Mr B had experienced at least four significant falls at home, in the four months prior to his hospital admission. He called an ambulance out each time but refused to accept a referral for any follow up input.

He suffered a further fall at home and fractured his hip; after a short stay at Torbay Hospital was transferred to an Intermediate Care bed to recover from his surgery and regain his strength and mobility. He was supported by the multi-disciplinary team whilst in placement and the same team supported him following his return home.

On discharge home he was reluctant to accept help but agreed to short term support from the Crisis Response Team. He received input from the Physiotherapist and support workers who worked with him on a programme of balance and mobility to reduce his risk of further falls and help him to regain his confidence. They also taught him what to do should he have a further fall and discussed ways in which he could make his home environment safer.

The team's Community Care Worker worked with him about his longer term support needs at home; he agreed to some support from Age UK voluntary services, and has been maintained safely at home with their ongoing support. He has not experienced any further falls in the last six months and is planning to start going out to a local café, with the support of the volunteer from Age UK.

Outcome 3: Ensuring people have a positive experience of care and support

What does this mean for the people of Torbay?

This is about individuals and carers being aware of the support that is available to them and when it is accessed, that it is sensitive to their needs and provides them with a positive experience.

How have we performed?

Measure	2015/16 Outturn Provisional	2015/16 Target	2014/15 Outturn	2014/15 Target	2014/15 England Average	2014/15 SW Average
Overall satisfaction of people who use services with their care and support - from annual user survey	67.9%	68.5%	69.7%	no tgt	64.7%	67.4%
The proportion of people who use services who find it easy to find information about services - from annual user survey	81.3%	77.3%	77.4%	no tgt	74.5%	76.6%
Carers receiving needs assessment, review, information, advice, etc.	43.3%	40.0%	41.3%	35.0%	n/a	n/a

This year we have had additional Care Act monies to fund additional carers support required as a result of the Care Act which was introduced in April 2015. One aspect of the Care Act was promoting whole family working – looking at all the carers affected by someone's situation, regardless of what age they are. We therefore funded a part-time worker who was experienced in working with younger people, and based them within the main Torquay team, to promote those workers considering the needs of the younger carers.

Case Study: Young carer

There is a young adult carer (a carer aged between 16 and 25) who is sole carer for her grandfather who has a dementia. His physical health has also been very unstable and he has had a couple of falls in the home. The young adult carer was very distressed about the situation, and it was really affecting her own health and wellbeing, so she spoke to the specialist carers worker. They were able to speak to the social worker who was managing her grandfather's care. They made an urgent visit together to look at the situation, and consider everyone's needs. As a result of this, the social worker arranged for the Crisis Team to stay overnight to keep an eye on the grandfather so that the carer could have a good night's sleep. This may not seem like much, but to the carer it made all the difference between feeling able to continue or not, and just to know that additional support would be available if she needed it again, made her much more confident.

We also fund a local voluntary agency - carers Trust Phoenix to provide health and wellbeing checks for carers, and to provide carers Advocacy – which again was promoted through the Care Act. Here is an example of the work that they have done for a carer who, like many carers, has multiple caring roles.

Case Study: Carers

Mrs A has three children; one has medical problems, another has a young grandchild with a disability and her husband has a degenerative condition and recently required additional treatment. She is a strong brave lady but also has her own health problems. She has used Carers Trust Phoenix on a number of occasions to support her with obtaining statutory service help. They have been able to support her and her family and have checked that she and her family have the correct entitlements for their many disabilities. As a result of the carer's assessment, she was eligible for a one-off payment for £200 to have small breaks with her family. The Carers Trust Phoenix continues to support her on a regular basis and advocate when necessary.

Outcome 4 – Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

What does this mean for the people of Torbay?

The Care Act 2014 put Safeguarding Adults into a statutory framework for the first time from April 2015. This placed a range of responsibilities and duties on the Local Authority which the Trust will deliver on behalf of the Council. This includes requirements in the following areas:

- Duty to carry out enquiries or cause others to do so
- Co-operation with key partner agencies
- Safeguarding Adults Boards
- Safeguarding Adult Reviews
- Information sharing
- Supervision and training for staff

Ultimate accountability sits with the Torbay Safeguarding Adults Board (SAB). This is a well-established group that will provide a sound basis for delivering the new legislative requirements. The Board will incorporate the requirements into its terms of reference and Business Plan for 2016/17, ensuring that all relevant operational and policy changes are in place for April implementation.

In addition the Council has signed up to the national initiative of Making Safeguarding Personal. This is an exciting initiative designed to measure Safeguarding Adult performance by outcomes for the individual, rather than the current reliance on quantitative measurement of timescales for strategy meetings and case conferences. Work will be done through SAB during 2016/17 to implement these new measures in Torbay.

The term **'safeguarding'** is used to mean both specialist services where harm or abuse has or is suspected to have occurred, and other activity designed to promote the wellbeing and safeguard the rights of adults.

In its broadest sense it is everybody's business: the public, volunteers and professionals, working together to ensure everyone is treated with dignity and respect, enable people to have choice and control in their lives and provide compassion in care.

How do we ensure that adults experiencing, or at risk of abuse or neglect are protected?

The Trust's work in this area primarily divides between the community operational teams who respond to safeguarding concerns, causing enquiries to be made by others such as Devon and Cornwall Police, maintaining strong local partnership arrangements, our Business Support and Quality team which works with care homes and domiciliary care providers to promote high quality care and proactive monitoring of quality standards and our Experts through Experience service which undertakes various activities to promote awareness and early interventions.

How did we perform?

Measure	2015/16 Outturn Provisional	2015/16 Target	2014/15 Outturn	2014/15 Target	2014/15 England Average	2014/15 SW Average
Proportion of safeguarding strategy meetings held within 7 working days	38.5%	80.0%	48.0%	n/a	n/a	n/a
Proportion of Safeguarding case conferences held within 30 working days of strategy meeting	65.3%	80.0%	72.0%	n/a	n/a	n/a
Proportion of repeat safeguarding referrals in last 12 months	4.9%	8.0%	7.6%	n/a	n/a	n/a

The figures in the table illustrate that 2015/16 was a challenging year for our safeguarding services. The service has been under pressure from staff shortages and an expanding workload. The workload pressures have come from the demands of whole home investigations and introducing new ways of working to meet the requirements of Making Safeguarding Personal.

Workers continue to report challenges in meeting the targets due to an increased emphasis on the good practice guidance contained in Making Safeguarding Personal. This is because the approaches mandated by this guidance focus on the need to talk with the people involved at an earlier stage, working with that person to identify initial preferred outcomes, getting key people around the table and arranging an initial meeting that best meets the needs of the person involved. This process, while delivering better qualitative outcomes for the people involved, will often conflict with the timescales set out in the existing quantitative indicators. Social Work Leads have discussed this and are currently working with managers and colleagues from the Safeguarding Board to find new ways of working which will address the issues.

Looking forward to 2016/17 a new team member started in April, which will address capacity issues, and contingency arrangements have been agreed with our community based teams to provide cover should unforeseen circumstances arise.

Regular performance analysis from all partner agencies will be reported to the SAB to give a clear picture of performance across the agencies.

Experts through Experience

The independent, and voluntary, Experts through Experience group continue to carry out key pieces of work for the Trust and to focus on safeguarding and quality of service with the public. There are three main areas the group have carried out work in, these being;

- Mystery shopping
- Peer safeguarding evaluations
- Domiciliary care evaluation

Mystery shopping

The Experts mystery shoppers have developed a standardised process when they visit care and nursing homes unannounced. National issues such as Winterbourne view has been taken into account when putting the programme together and home owners/managers are given feedback following visits. The BBC Spotlight programme recently recorded and aired a piece of dialogue from the Experts regarding their mystery shopping programme.

Peer safeguarding evaluation

The face to face peer evaluation, which is carried out by the volunteers of the Experts through Experience group, will inform and assist in developing strategies to promote safeguarding in a personalised way for people in Torbay ensuring they are informed and at the centre of any plans made with them. The Experts have also included the Independent mental capacity advocacy service to ensure people who experienced capacity issues still had a voice to make improvements

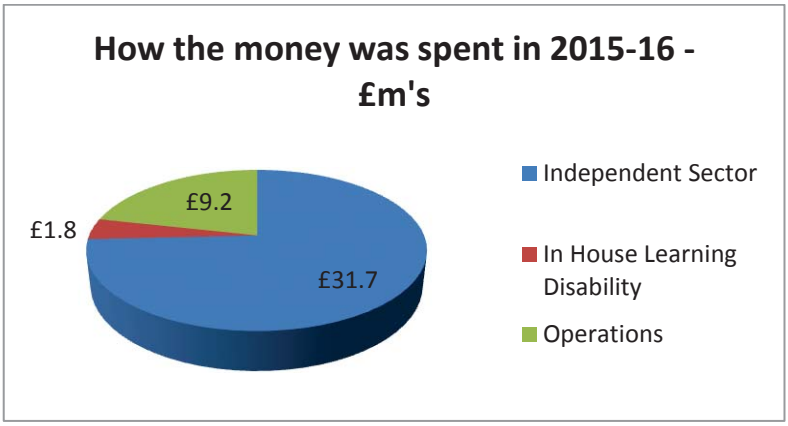
Domiciliary care evaluation

The independent Experts have gathered face to face information from people who use domiciliary care services. The findings from the initial piece of work have been fed back to the provider, commissioners and safeguarding board. The public again have a voice in shaping their services. This is an ongoing piece of work.

The independent, voluntary Experts through Experience also attend various committees and boards for example; The Safeguarding Adult Board, Executive safeguarding Board. We also have regional and local networks and look forward to continuing to work on behalf of the Trust.

4. Financial position and use of resources

This financial review provides an overview of the financial performance of adult social care services in the Torbay area in 2015-16. Over this period the budget for adult social care services in Torbay was £41.5m. Total expenditure against this budget was £42.7m which resulted in a £1.2m overspend. The chart below shows how the £42.7m was spent.



Despite the overspend of £1.2m significant cost improvement savings, of £3.3m, were achieved by the Trust in relation to adult social care services and this was managed without impacting negatively on service delivery. To achieve this savings have been delivered through:

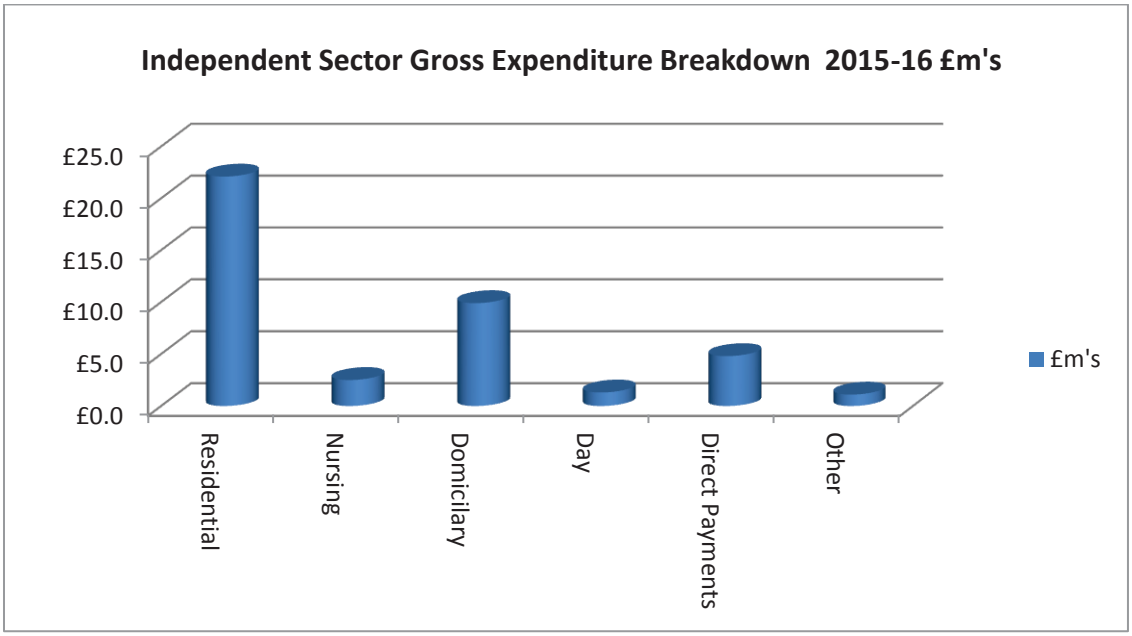
- Working with people to find alternative ways to meet their needs, including finding more effective ways of supporting people needing care at home and enabling people to remain living at home.
- Improvements in contract management to make better use of the resources used to buy care from independent providers.
- Operational efficiencies and vacancy management within our own teams.

Spend analysis 2015-16

Over 70 percent of the total net spend on adult social care services is the purchase of care (including residential, nursing, day and domiciliary) from independent providers. The majority of this spend is with providers within Torbay but some specialist residential care is provided out of area. At any point in time there were on average around 2,200 people receiving a core service.

The net spend figure in the independent sector was £31.7m in 2015-16. However this is the figure after the contributions made by people receiving services were taken into account.

Under national legislation people assessed as needing social care services which are provided or arranged by the Council also receive an individual financial assessment and this can result in a them being asked to contribute towards the cost of their care provision. The income collect from people in Torbay in 2015/16 was £10.1m. The total (gross) expenditure on services was therefore £42.8m. The allocation of this gross expenditure across different types of services is illustrated in the chart on the next page.



The budget for the in-house learning disability services provided directly by the Trust in 2015-16 was £1.8m. This was made up of £0.9m for residential services and £0.9m for the provision of day care.

Operational costs totalled £9.2m in 2015-16. This is the amount necessary to provide care management and social care support across Torbay; it includes the cost of social workers, community care workers, occupational therapists, physiotherapists, finance and benefit assessors and commissioning and support service staff.

The age of the people receiving these ranged from 18 to over 100 years old and services were provided to clients with learning disabilities, dementia, sensory and physical disabilities, vulnerable people and the frail and elderly.

Financial outlook for 2016-17 and beyond

At a national level there are continuing financial pressures across both adult social care and health services. Torbay is not immune to this and like other local authorities Torbay Council has funding constraints which have led to budget reductions in recent years and further reductions will be required for the foreseeable future.

Torbay Council and South Devon and Torbay Clinical Commissioning Group acknowledge the tight financial constraints and jointly believe that Torbay and South Devon NHS Foundation Trust, is best placed to continue to deliver the best possible care and support within these constraints. The Trust will achieve this through managing resources across health and social care to deliver a more efficient and effective profile of expenditure.

This will be dependent on how the overall funding envelope for the Trust can be best utilised to maintain a financially stable and sustainable health & social care system for the long term to improve people's experiences of health and social care. This will be done in consultation with the Council and, where it is necessary to make changes to the way services are delivered, consultation will take place with the people and carers who use those services.

5. Looking after information

The Trust takes the responsibility of safeguarding the information we hold very seriously. All incidences of information or data being mismanaged are classified in terms of severity on a scale of 0-2 based upon the Health and Social Care Information Centre *"Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation*.

Risks to information are managed and controlled by applying a robust assessment against the evidence collected as part of the national information governance toolkit return. During the period 1 April 2015 to 31 March 2016 the following breaches of confidentiality or data loss were recorded by the Trust which required further reporting to the Information Commissioner's Office and other statutory bodies.

Date of Incident	Nature of Incident	Summary of Incident	Outcome and Recommendations
23-Apr-15	Unauthorised Access	Member of staff accessed the record of a patient not involved in their direct medical care.	A full investigation was undertaken and the outcome of which resulted in a final written warning for the employee.
15-Jun-15	Information disclosed in Error	Patient received the medical records of another patient.	A full investigation was undertaken and a technical solution has been implemented to reduce the risk of an occurrence.
21-Aug-15	Information disclosed in Error	Patient received the medical records of another patient.	A full investigation was undertaken and it was identified that a change in process was required; This change has been adopted by the department.
17-Sep-15	Unauthorised Access / Disclosure	A member of staff accidently sent too much data via an insecure email account to the Devon Local Medical Committee (LMC). Upon receipt the LMC staff member realised there was a backing sheet to the summary information which contained some detailed data.	A full investigation was undertaken and the outcome of which resulted in changes to the way information is provided by the Trusts' Information Team to internal staff.

The conclusion of the Information Commissioner's Office to its investigation of the above incidents was that there was no regulatory action required against the Trust as the incidents did not meet the criteria set out in the ICO's Data Protection Regulatory Action Policy.

Any other incidents recorded during 2015/16 were assessed as being of low or little significant risk.

In accordance with the 2015/16 Monitor risk assessment framework, the Trust was able to declare level two compliance against the information governance toolkit requirements by 31 March 2016. A new action plan will be created to deliver improvements against the 2016/17 information governance toolkit and will be overseen by the Information Governance Steering Group.

In September 2015 the Information Commissioner's Office was invited to the Trust to carry out one of their regular support audits. Following pre-audit discussions with the Trust, it was agreed that the audit would focus on data protection governance, records management (manual and electronic) and data sharing. The auditors made a number of recommendations and gave the Trust an amber rating primarily around enhancing existing processes to facilitate compliance with the Data Protection Act. A detailed action plan has been created which is being implemented and monitored by the Information Governance Steering Group.

6. Commentary from Healthwatch Torbay

Torbay Adult Social Care has a reputation for innovation in the provision of integrated care services for local people. So the concept of a New Model of Care, combining staying well for as long as possible by being supported at home when our health is not at its best, is not entirely “new” to us. Torbay does have a lot to offer to keep us well as we age, which is why it is attractive for retirement and has high expectations from older people for good quality care. The complexity of the local population's care need is reflected in this Account and indicates that integrated care and innovative ways of working continue to be the future.

So in reality is our care system creaking at the seams to quote the media messages? Healthwatch Torbay is the local independent consumer champion for health and social care. We also have a reputation for innovation being one of the first Healthwatch, nationally, to use a Rate and Review website where the public's experience of health and social care services can be posted online, at any time. Our volunteers are out and about encouraging local people to share their insight and our office in Paignton Library is open for drop-in. In the last year there has been well over a hundred comments specifically about adult social care. Whilst the star rating is consistently high, with the quality of care being appreciated, within that experience there are comments which may indicate that financial and workforce pressures are having a detrimental effect. There are concerns that transfer from a hospital stay to care at home does not always work well. Both lack of carer involvement and the inconsistency of home care provider services has caused unnecessary stress. Healthwatch Torbay is specifically concerned that the process for complaints about social care does not operate at the same quality standard as within the NHS.

We highlight the concerns of local people and work towards building an independent evaluation of the standard of care. In this role, as the Account indicates, Healthwatch Torbay's input is welcomed. Providers appreciate our approach recognising that our intention is to work with them using intelligence from local people to drive up the standards of care. The voice of local people is listened to and acted on.

The Local Account brings forward an area of recurrent concern to local people. That of Mental Health Services. Especially, the initiative to focus on the balance between mental health and physical health but most significantly the need to look at all age mental health services. We have been made aware of disruption in care caused by the transfer from children's services to adult services, so this approach will be well received.

Healthwatch Torbay has consistently promoted the concept of a single point of contact supported by reliable, current advice. Although lists of private care providers are useful, we have been told that nothing is so disheartening as making a phone call to be told that the recommended organisation is so busy it is unlikely to be able to fit in with the needs of the consumer. Or that what is offered is inappropriate, either financially or in scope. That this service will be commissioned through the

Trust contract will facilitate an integrated approach within new models of care. But we also look for continued engagement with the public to ensure that their insight leads to a substantially improved service.

In conclusion, we are pleased to support the presentation of the Local Account and look forward to our continuing work to champion the voice of local people.

healthwatch Torbay
Registered Charity No: 1153450
FREEPHONE 08000 520 029

7. Commentary from Experts through Experience

Members were unsure who this document is aimed at. The group acknowledged the amount of work and information the document contains but also wonder if this is aimed at the general public would people read all of it due to its length.

Members liked the case studies and illustrations relating to how the impact of the Trusts work translates to service delivery. Particularly if the public and outside organisations want to know how the Trusts work affects daily lives.

Towards the end of the document some members focused on the case studies and illustrations to the detriment of the rest of the dialogue. If the document is aimed at the general public, members offer the idea of the information being summarized in bullet points together with the case studies for future editions.

The members liked the consistent message throughout the document which acknowledged the changes with the ICO but the focus of the Trust remaining on the individual and retaining their independence where possible.

Moving forward the document also noted the value of working with volunteers which the group felt was important as well as the consultations with the public where applicable.

Finally, the group hope the intended service delivery stated in the document, will in the future match the ethos of community care with people being moved swiftly from the hospital with quality and available domically care and residential care, whilst coping with ever decreasing finances.

Other than the small points above we felt the document gave an over view of the Trusts activity and how it relates to individuals as well as a realistic overtone of the current restraints everyone is encountering.

8. Statement from Torbay Council's Overview and Scrutiny Board on the Adult Social Care Local Account 2015/2016

Members of Torbay Council's Overview and Scrutiny Board considered the Adult Social Care Local Account for 2015/2016. The Board welcomes the openness and transparency with which this Local Account has been published. It appreciates the amendments that have been made to the format of the Account to reflect the Board's comments in previous years. However, the comments from the Experts from Experience Group show that there may still be further steps to be taken to ensure that document is accessible to the general public.

It is disappointing to note that, year on year, there is an acknowledgement that mental health services are not meeting the needs of clients. There is little indication as to how and when they are going to improve although the work with Devon County Council and Devon Partnership NHS Trust is welcomed. Despite the current national focus, mental health services remain the Cinderella of the health and social care system and, with the sobering thought that suicide figures are rising in Torbay, there is an urgent need to improve services.

The creation of the integrated care organisation for Torbay and South Devon is welcomed. The Torbay and South Devon NHS Foundation Trust must continue to work together with its partner agencies to build on the successes we have seen over the years brought about by integrating health and social care. To that end it appears to be an oversight that the work of the Torbay Community Development Trust, or the outcomes of their work, is not referenced within the Local Account[1].

Given the reducing availability of resources in the public sector, the Board would seek to ensure that all Trusts and partner organisations continue to work together for the benefit of the whole Torbay community.

Notes:

[1] *This feedback from the Overview and Scrutiny Board highlighted an omission in the original draft; voluntary organisations across Torbay provide invaluable input to the way services are developed and delivered across Torbay. Whilst some of this activity was referenced in the draft document the co-coordinating role of the Community Development Trust was not. The Trust and the Council are grateful for this feedback and the final text has been revised to include reference the role played by the Ageing Well Programme and the Community Development Trust.*

The Trust also wishes to note that this Local Account has been produced specifically in regard to the adult social care services provided in Torbay and on behalf of Torbay Council. Similar arrangements apply to the engagement and involvement of colleagues from voluntary organisations as part of the Trust's services in South Devon. These services and arrangements are however beyond the scope of this Local Account and therefore are not referenced in this document.

Torbay and South Devon NHS
NHS Foundation Trust

REPORT SUMMARY SHEET

Meeting Date:	6th July 2016
Title:	Annual Strategic Agreement (Torbay Council)
Lead Director:	Paul Cooper
Corporate Objectives:	Objective 1: Safe, Quality Care and Best Experience Objective 2: Improved wellbeing through partnership Objective 3: Valuing our workforce Objective 4: Well led
Purpose:	Decision

Summary of Key Issues for Trust Board

Strategic Context:

The Annual Strategic Agreement (ASA) relates to the adult social care services and functions delegated to the Trust by Torbay Council. The initial Agreement for 2016/17 was approved through the Trust Board and Council budget setting process in February 2016.

At that time it was agreed that the ASA should be refreshed by time of the July Council meeting. This was proposed to enable inclusion of further detail in regard to the services being provided on behalf of the Council and, in the context of the Risk Share Agreement, Trust wide CIP programs.

A draft of the refreshed ASA was reviewed by the Board as a Part II item on the 25th May 2016. The matters outstanding at that time have now been resolved; the ASA and associated funding envelop have also since been approved by Torbay Council's Overview and Scrutiny Board and are now due to be considered at a full meeting of Torbay Council to be held 21st July 2016.

The purpose of this report is to present the final version of the ASA to the Board for information and endorsement.

Key Issues/Risks:

The refreshed version of the ASA contains significantly greater detail on the services, and level of activity, to be delivered on behalf of the Council in 2016/17. However completing this work was complicated by the ongoing discussion of the underlying financial frameworks. The same is true of final agreement on activity targets against key performance indicators.

These issues have now been resolved:

- The financial concerns related to how monies associated with the Better Care Fund were managed between the Council and the CCG. This has now been resolved between the commissioners with no detriment to the Trust (Section 6 and Annex 6b refer).
- Over the same period the activity targets against key performance indicators have been reviewed and revised with the full involvement of colleagues from the Community Service Division who will be accountable for delivery (Section 2.7 and Annex 2 refer).
- Additionally the Trust has been able to share details of proposed CIP programmes with the Council (Section 6 and Annexes 9 & 13 refer).

Recommendations: The Board are asked to note and endorse the Annual Strategic Agreement for 2016/17.
Summary of ED Challenge/Discussion: The ASA was discussed at the Executive Directors meeting held on the 28th June and the current draft was noted and approved.
Internal/External Engagement including Public, Patient and Governor Involvement: ***Internal Engagement:*** The refreshed ASA has been prepared by a group of senior managers drawn from finance, performance, transformation, professional practice and operations. In addition the Community Divisional Board and Executive Team have been briefed on progress. ***External Engagement:*** Colleagues from the Council, including the Head of Partnerships, have been involved in the above meetings.
Equality and Diversity Implications: None.

Annual Strategic Agreement

Between:

Torbay Council and Torbay and South Devon NHS Foundation Trust

For the delivery of:

Adult Social Care April 2016 to March 2017

For Approval by Torbay Council 21st JULY 2016

Version 3:18

Consultation and Approval Process:

Meeting	Papers to be circulated	Meeting Date	Status of papers
Trust Executive	5th May	10th May	Confidential
Trust Board (part 2)	19th May	25th May	Confidential
Council Senior Leadership Team	Not known	25th May	Confidential
Council Policy Development Group	Not known	25th May	Confidential
Mayor and Lead member to agree Draft for Circulation to O&S	Not known	2nd June	Confidential
Overview and Scrutiny Board	2nd June	15th June	Public
Trust Executive	16th June	21st June	Confidential
Trust Board	29th June	6th July	Public
Full Council	13th July	21st July	Public

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1 Introduction

1.1 Definitions

This agreement is between Torbay Council (referred to in this document as 'the Council') and Torbay and South Devon NHS Foundation Trust ('the Trust').

This Annual Strategic Agreement (referred to here as the 'Agreement') describes the Adult Social Care (referred to as 'ASC') services the Trust will provide and procure on behalf of the Council.

This will include discharging the Council's statutory duty to provide information, undertake assessments of need and commission individual packages of care to meet the assessed care and support needs of adults and older people living in Torbay.

The Trust will also collect income on behalf of the Council where it has been agreed that charges will be made for social care services.

The provision of care and collection of income will be carried out in accordance with all relevant legal and statutory instruments set nationally as well as Council policy.

1.2 Scope of the Agreement

The scope of this agreement is Adult Social Care services provided for the population for which Torbay Council is accountable. This will normally mean people who are resident in Torbay but will also include people placed in accommodation in other areas of the country where national policy dictates that the Council remains the accountable authority.

In addition to the services described in this Agreement, the Trust provides other services, including those commissioned by South Devon and Torbay Clinical Commissioning Group, NHS England specialist, dental and screening teams. These services are beyond the scope of this Agreement in that they are described and agreed elsewhere.

One of these additional services is Drug and Alcohol service which are commissioned by the Council's Public Health team from the Trust and Devon Partnership Trust; these services are agreed separately and therefore fall outside the scope of this Agreement.

The Trust also acts as a supplier to other Trusts and organisations for clinical and support services.

1.3 Status of the Agreement

This document is the second iteration of the ASA for 2016/17. This two stage approach has been necessary because planning in regard to health services could not be finalised within the timescales of the Council's budget setting process which culminated in agreements reached at the Council meeting held on the 25th February 2016.

The finalisation of plans for NHS services may have an impact on the need or demand for Adult Social Care Services but not the eligibility thresholds for access to those services. However the Trust accepts that the planned budgets for Adult Social Care Services in 2016/17 were fixed at the Council meeting on the 25th February 2016.

All organisations are committed to working in partnership with NHS, local authorities, other providers, voluntary organisations and community groups to deliver the model of integrated care for which Torbay and South Devon is renowned. This includes our commitment to drive integration to a new level, including extended organisational care pathways between health and social care services.

Where specific service specifications are required to ensure clarity and accountability for specific functions, or to ensure successful and timely delivery of the work outlined, these will be developed separately.

1.4 Context

On the 1st October 2015 the Trust was created as an Integrated Care Organisation (ICO) through the merger of the community and acute provider Trusts in Torbay and South Devon.

This Agreement, therefore, represents the first year of operation for the new integrated provider. The Agreement is made in the context of the national and local policy frameworks and the prevailing national and local fiscal requirements. As such the services described will comply with all relevant legislative requirements and be aligned with the service development priorities set out in local agreements and the regional Sustainability and Transformation Plan.

This Agreement is made in the context of the Council's efficiency plan which will see a 3% reduction in funding in the period 2016/17 to 2019/20.

Funding for the services delegated and described in the Agreement will flow through the tripartite risk share agreed between the Trust, the Council and the Clinical Commissioning Group (CCG). The arrangements for managing this process are set out in Section 6: Finance and Risk.

The legislative framework and other contextual agreements are set out in further detail in Annex 1.

1.5 Summary of services to be provided

The service provided under this Agreement will include:

- provision of information and advice to people enquiring about ASC services;
- assessment of need for social care services, including the provision of rehabilitation and reablement services;
- commissioning and monitoring individual packages of care, including case management assessments under the Mental Capacity Act, Deprivation of Liberty safeguarding and engagement in Court proceedings;
- monitoring of the quality, performance, and cost of services provided by Trust staff and other providers;
- safeguarding the needs of adults and older people living in Torbay. This includes servicing the Torbay Adult Safeguarding Board, investigations of individual safeguarding concerns and whole homes investigations;
- ensuring that services are provided in a cost effective way whilst still offering the choice to which people are entitled;

- collection of income for chargeable services, including and assessment of an individuals' financial circumstances and ensuring that people are receiving any welfare befits to which they are entitled;
- the collection, collation and submission of activity information and performance returns as required operationally, by the Council and to meet local, regional and national statistical returns;
- the collection, collation and submission of financial returns and budget reports as required operationally, by the Council and to meet local, regional and national statistical returns.

1.6 ASC Commissioning Priorities

The Council's Corporate Plan (2015-2019) includes the following commissioning priorities for 2016-2017.

Care Model

- Living Well@Home development programme
- Care Homes outcomes based commissioning
- Accommodation, care and support strategy
- Outcomes based specification for extra care housing and procurement

Autism

- Provide autism awareness training for all staff that come into contact with people with autism
- Provide specialist training for key staff, such as GPs and community care assessors.
- Undertake community care assessments for adults with autism irrespective of their IQ and perceived ability
- Appoint an Autism lead for Torbay
- Develop a clear pathway to diagnosis and assessment for adults with autism
- Commission services based on adequate population data and needs assessment

Learning Disabilities

- Focus on people living full and independent lives, where secure homes and fulfilling lives are a priority
- We will help people and let them know what options they have to help them achieve their goals
- Improved accessibility to community services for those people who have a learning disability
- Improve access to employment and housing

Mental Health

- Delivery of the improvement plan with joint commissioning arrangements with Devon County Council and South Devon and Torbay Clinical Commissioning Group
- Support for integrated personal care planning and brokerage

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Housing and Care

- Implement the homelessness prevention plan
- Re-commissioning of accommodation based and outreach support for single homeless and young peoples' homelessness support services and young parents service
- Implement the Devon protocol to support joint action on improving health through housing
- Accommodation-based care and support plan
- Better use of equipment, home improvements, grants and technology
- Homelessness strategy delivery including, prevention and early intervention and alternatives to temporary accommodation and improved hospital discharge
- Undertake full assessment of the health needs of the homeless population of Torbay is carried out by Oct 2016
- The physical development of Care Homes to provide an environment for fit for the provision of care and in support through the Villa Revival programme and Housing Strategy.

Safeguarding Adults

- Continue to prevent abuse and neglect wherever possible, understand the causes of abuse and neglect, and learn from experience
- Safeguard adults in a way that supports choice and control and improves their lives
- Provide information and promote public awareness to enable people in the community to be informed so that they know when, and how, to report suspected abuse

2 Current Services

2.1 Activity Assumptions

These figures relate to activity as of 31st December 2015 and are the basis of activity assumptions applied in the Council planning processes for setting the 2016/17 budget.

Table 1: Activity Assumptions

Types of Care and Support Plans	Mental Health Under 65	Mental Health Over 65	Learning Disability	Adults and Older People			Total
				Torquay	Paignton	Brixham	
Packages of Care Under £70 week (At Home)	38	17	7	129	75	42	308
Care between £70 & £606 per week (At Home)	58	45	209	286	214	86	898
Care under £606 per week (Residential Care)	38	144	66	164	111	32	555
Care Over £606 per week *(At Home & Residential)*	7	5	109	16	6	5	148
Full Cost care *(Residential)*	0	44	0	38	32	6	120
Full Cost Care *(At Home)*	9	12	10	73	58	26	188
Total	150	267	401	706	496	197	2,217 People

2.2 Projected activity

These figures are based on activity assumptions of steady state in non-residential care and support plans and a reduction of 2% in the number of care home placements.

Table 2: Projected Activity 2016/17

Types of Care and Support Plans	Mental Health Under 65	Mental Health Over 65	Learning Disability	Adults and Older People			Total
				Torquay	Paignton	Brixham	
Packages of Care Under £70 week (At Home)	38	17	7	129	75	42	308
Care between £70 & £606 per week (At Home)	58	45	209	286	214	86	898
Care under £606 per week (Residential Care)	37	141	65	161	109	31	544
Care Over £606 per week *(At Home & Residential)*	7	5	109	16	6	5	148
Full Cost care *(Residential)*	0	44	0	38	32	6	120
Full Cost Care *(At Home)*	9	12	10	73	58	26	188
Total	149	264	400	703	494	196	2,206 People

2.3 Activity Baselines and Planning Assumptions:

At any one time the Trust will be supporting around 2,200 adults and older people with social needs through the provision of Adult Social Care Services and support funded through the Adult Social Care budgets delegated to the Trust under this Agreement.

Delivery is monitored through local operational meetings, the Trust's Community Divisional Board and the Adult Social Care Programme Board against financial run rates and performance targets.

The Trust will operate autonomously to take any management action is necessary to correct performance which can be taken within the parameters of this Agreement. However, should exceptional circumstances arise, through excess demand or other external factors not taken into account when the budget allocations underpinning this agreement were made, the impact and any corrective actions will be discussed through the Adult Social Care Programme Board and Risk Share Oversight Group.

Performance indicators for the service will be those set nationally, under the Adult Social Care Outcomes Framework (ASCOF), or agreed locally. A description of the ASCOF indicators is set out in Annex 2 and includes details of the performance and benchmarking information against each KPI.

2.4 Impact on quality, activity and cost including cost improvement

Current levels of run rate are based upon demand and the legal duties within the Care Act with which we have a legal duty to comply. As a result (and as can be seen from the above tables) there is little impact on the number of people the Trust will be expected to support, aside from the reductions in care home placements.

Consequently although action is necessary to bring run rates back in line with delegated budgets it is expected that the majority of cost improvements will need to be found through one or both of the following ways of reducing the cost of each individual package of care:

i. Tight adherence to national eligibility criteria and/or
ii. Finding more innovative ways of meeting peoples' needs which deliver better solutions at lower cost.

To support this approach there have been additional quality assurance processes developed in 2015/16 which will continue in 2016/17, these are described in Section 5.

2.5 Adult Social Care Workforce

The provision of integrated health and social care services through local multidisciplinary teams has proved to be an effective model for delivery, able to respond to customer needs swiftly, facilitate rehabilitation and avoid admissions to residential care and hospital where ever possible. However, the existing model relies on a level of staff resources which will not be sustainable in future given the additional demands. An alternative model is being designed which will have an impact on how staff are deployed.

The new care model will be built on a strengths based approach, aligning entirely to the model in use within the voluntary sector and Integrated Personalised Commissioning. Adopting this approach across social care, health services and the voluntary sector will bring a synergy of approach not previously seen. For social care this is building upon the previous 'Personalisation Strategy' which was been successful in delivering a change of philosophy from time based and care based provision to outcomes based commissioning.

A social care workforce strategy is in development which will underpin the above strategy and also take into account a number of specific challenges that relate to recruitment and retention of professionally qualified social workers. This has been a recent development resulting, in part, from market forces in relation to pay. Left unchecked this will have an impact on delivery of social care activity and KPIs.

As part of the workforce strategy consideration will be given to the future workforce required within Health and Wellbeing Teams including changes to skill mix (to manage more the complex workloads which are resulting from legislative requirements), changes to the management of short term work and the increased application of telephone based interventions.

The increased complexity of workload is being driven by the Care Act legislation, an increased number of Best Interest assessments, Court work, Domestic Deprivation of Liberty Safeguards and the increased time associated with Making Safeguarding Personal.

In the past the impact of young people transitioning from children's to adult services has been a key issue. A strategy is now in place for transitions and the Special Educational Needs and Disabilities (SEND) partnership has prioritised clarifying the pathway between children and adults services. This includes a tool to assist young people and parents. We have also identified transitions co-ordinators in the zones based adult social care teams to support the process.

2.6 Safeguarding

The Trust will continue to deliver the delegated responsibilities of Torbay Council regarding Safeguarding Adults. The Care Act 2014 put Safeguarding Adults into a statutory framework for the first time from April 2015. This placed a range of responsibilities and duties on the Local Authority with which the Trust will need to comply. This includes requirements in the following areas:

- duty to carry out enquiries;
- co-operation with key partner agencies;
- Safeguarding Adults Boards;
- Safeguarding Adult Reviews;
- information sharing;
- supervision and training for staff.

Accountability for this will sit with the Torbay Safeguarding Adults Board (SAB). This is a well-established group that will provide a sound basis for delivering the new legislative requirements. The Board will incorporate the requirements into its terms of reference and Business Plan for 2016/17, ensuring that all relevant operational and policy changes are in place for April implementation.

Regular performance analysis from all partner agencies will be reported to the SAB to give a clear picture of performance across the agencies. The Council will ensure high level representation on the Board by the Director of Adult Social Care Services and Executive Lead for Adult Social Care.

In order to maximise capacity Torbay SAB will work closely with the Devon SAB with an increased number of joint sub-committees and shared business support. In addition

to this, to provide internal assurance that the Trust is fulfilling its Safeguarding Adult requirements, the Board will have a sub-committee which will oversee performance. This will have a particular focus on training and performance activity.

The Council has signed up to the national initiative of **Making Safeguarding Personal**. This is an exciting initiative designed to measure Safeguarding Adult performance by outcomes for the individual, rather than the current reliance on quantitative measurement of timescales for strategy meetings and case conferences. Work will be done through SAB during 2016/17 to implement these new measures in Torbay.

The Trust also has delegated responsibility as a provider of social care services to ensure that we participate as a full partner in the TSAB and meet all regulatory requirements in safeguarding adults and children.

2.7 Delivery and Performance Management: Adult Social Care Services

Given the operational challenges facing these services and the current financial constraints little change is planned in relation to activity against the key performance indicators. Consequently the majority of activity targets for 2016/17 will be set at the same level as 2015/16. The exceptions to this are summarised below with details being set out in Annex 2:

- **Safeguarding**
  Where targets need to be reset to meet the requirements of 'Making Safeguarding Personal'.
- **Direct Payments**
  Where annual outturn position of 26% (against a target of 10%) has been rolled forward.
- **Mental Health Services**
  Targets to be agreed between the Council and Devon Partnership Trust.

3 Service developments

Key developments in the way ASC services are provided, and any changes in what services will be provided, are outlined in the following paragraphs. Where appropriate the planning and implementation of these changes will involve internal and external consultation with key stakeholders as set out in the Decision Tracker which is managed by the Adult Social Care Programme Board. Where appropriate the Decision Tracker will also clarify accountability for decision making in these developments.

The new care model will target resources to those in greatest need and provide a universal service to allow people to be as independent as possible and be connected with their local community. The new care model will require significant change and we will need to ensure that we support staff and managers through complex change.

To support the resilience and sustainability of services, we will work closely with the voluntary sector in relation to co-production of solutions that provide solutions for 'what matters to me'.

The Ageing Well Programme, led by the Community Development Trust, and the new Directory of Services is an enabler to improve access to preventative services and providing alternatives to traditional social care commissioned services.

3.1 Social Care Workforce Plan

Delivery of Care Act compliance is a key deliverable for our social care staff and in 2016/17 we will develop and implement a workforce plan for social care services which focuses on:

- working in partnership with our community, addressing the issues faced by our most vulnerable members;
- revisiting our approach to ensure we are inclusive with users, carers and community organisations – using strengths based approaches as our principal theoretical approach and operating model;
- promoting the reputation of social work in Torbay through engagement with users and the co-design of our approach;
- supporting staff to reach their potential using a capability framework; training the Social Work health check and by providing support to improve resilience;
- delivering a high quality, safe and well respected service through use of quality, safety and governance processes.

3.2 Strengths Based Approach

The Care Act 2014 requires local authorities to consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help in considering what else other or alongside the provision of care and support might assist the person in meeting the outcomes they want to achieve. In practice, this means operationalising strengths based approaches into the care model.

A strengths based approach will be the bed rock of how we work in the new Health and Wellbeing Teams. It will become the golden thread which runs through all our interactions with people, both in terms of how we invest care and support in our teams

and how our teams in turn invest care and support in the people they serve. To support the deployment of a strengths based approach we have developed the following principles for the implementation:

- we will empower staff to use their skills and experience;
- we will let go of care management approaches;
- we will focus on community involvement;
- we will concentrate on the assets and strengths of the people who use our services, our staff and our partners.

3.3 New Approaches to Person Centred support Planning

During the course of 2016/17 the Trust will continue to explore new approaches to undertaking support planning. This will include furthering existing schemes for people with learning disabilities and undertaking wider proof of concept work in partnership with voluntary and third sector organisations.

3.4 Wellbeing Coordinators

There will be Wellbeing Coordinators in place within Health and Wellbeing teams from Quarter two onwards. They will be a bridge between the statutory and voluntary sector providing alternatives to traditional social care commissioned services. There will be a focus on reducing social isolation and providing support for activities that social care cannot do as they are required to focus on more complex work. Evidence from Newquay Pathfinder site has shown reductions in cost where they included in their cohort of people receiving packages of care under £50 and over £200.

We will develop new approaches to support planning, building on the learning so far, which maximise the use of the voluntary sector and best value.

3.5 Standardisation of process

We will continue to build on the standardisation work that streamlines our systems and processes making sure the most appropriate staff focus on the right work. We will build on the strength of delivering standardisation across the Bay whilst keeping a local focus for Paignton and Brixham and Torquay. We will use benchmarking to consider further opportunities for standardisation and the delivery of productivity and cost improvement.

3.6 Direct Payments

The implementation of Direct Payment cards starting in Quarter one will extend choice and make it easier for people to access Direct Payments which will support the deliver of improvements in this KPI to enabled us to deliver the outturn position for this consistently.

The legislative change in relation to providing pensions may impact on the rate we pay for personal assistants which would be a cost pressure if this rate had to be increased.

The Trust currently does well in terms of carer assessments and we will continue to support carers within the overall framework recognising they are key to keeping people well at home.

3.7 Care Model Implementation

The proposal is that health and wellbeing teams will be providing a range of functions details of which are below:

- encourage self-care, healthy lifestyles and maintain independence;
- help to grow community assets/develop resilience;
- assessment, support planning and professional social work support;
- provide rehabilitation;
- provide nursing care;
- integrated medical management of people with complex co-morbidities;
- reactive care coordination of people with deteriorating complex health issues and frail elderly;
- proactive care co-ordination of people with complex needs and frail elderly;
- proactive integrated long term conditions support;
- high quality discharge support from hospital to home, integrated planning and seamless handover of care;
- provide falls prevention services;
- provide palliative care as part of end of life care pathway.

The proposals for establishing these new teams are currently subject to consultation, the timescales for implementation will be set after the consultation process has closed and the CCG governing body has been able to taken final decisions.

3.8 Services for people with learning disabilities

Following a public engagement and consultation in 2015/16 the decision was made by the Trust board to close Baytree House during 2016/17 on the following basis:

a. that Baytree House should in due course close and the short break beds nights should alternatively be sourced in the independent sector;
b. that a transitional period to 30/6/16 occurs before the decision to close is implemented;
c. that Adult Social Care Commissioners in partnership with the Support Planning Services are tasked urgently over the next four months to work closely with provider to develop and secure satisfactory provision;
d. that progress on this change programme and all the associated activity will be reported to and monitored by Torbay Council Overview and Scrutiny function.

During the early part 2016/17 our Support Planning Services will be reviewing all 39 service users and families who use Baytree to secure alternative services in the independent sector.

The target date for closure is 30th June but that the building may have to stay open a little longer for those who did not have solutions in place.

However this may be challenging staffing wise as employees are currently going through a redeployment process and will start to find alternative employment. We will keep the situation under close review and may need to be flexible about the day offered at Baytree as the number of users and staff changes.

3.9 Residential and day Services for Older People

At the Trust Board in April 2016 a number of ways forward were agreed with respect to the current and proposed St Kilda facility. Four recommendations were approved:

- that the previously proposed new build St Kilda on the Brixham Community Hospital site does not proceed and instead the Board accepts the revised proposal as presented as the preferred solution;
- that the team undertakes more formal engagement with current service users and with stakeholders in Brixham (League of Friends, Brixham Does Care and the Town Council) with respect to these proposals;
- that the ICO works in partnership with Sandwell Community Caring Trust (SCCT) to find alternative services for its clients and employment for SCCT staff within the NHS and SCCT will develop a detailed operational plan and agree the sequence of changes required; and
- the output of the engagement will be detailed into a report and a recommendation made to the Director of Adult Social Care at Torbay Council at the earliest opportunity for a final decision.

To deliver the above in 2016/17 implementation plans are being developed to re-provide services elsewhere.

3.10 Single Point of Contact

Essential to the future model will be a standardised way of working across Torbay so that people receive equitable and consistent outcomes and secondly a single point for telephony access for Torbay, and ideally for the whole footprint of the Trust, to include Southern Devon localities. Any telephony Single Point of Contact (SPOC) solution will need to be cost effective and sustainable, therefore our model must be economic and deliver savings, whilst retaining a quality response. The following changes will be delivered in 2016/17:

- a single point of telephony contact in Torbay to be implemented in Torbay for the two localities; this will be called the Customer Service Centre (CSC);
- feasibility work will be undertaken to ascertain if in the long term our first point of contact and call handling should continue to be delivered separately in Torbay and South Devon or whether a unified solution should be sought;
- Standard Operating Procedures (SOP) and associated business flow charts will be put in place. This is fundamental to deliver and implement the SPOC, for a local solution in Torbay to facilitate a consistent and reliable approach for the local authority area.

3.11 Emergency Duty Service

The responsibility to provide the statutory out of hours Emergency Duty Service (EDS) has been delegated by the Council to the Trust.

The service receives and triages calls for:

- Adults
- Children

- Mental Health Assessments

The service has been operating at risk for many years because this tri-service remit covers a broad spectrum of requirements often with a minimum number of staff available and recurring recruitment difficulties. Many EDS services nationally face the same problems.

In October 2015 there was an internal review of EDS and the recommendations from this are being worked through with governance and decision making taking place through the Adult Social Care Programme Board.

A service specification for EDS provision is attached as Annex 3.

3.12 Double Handed Care

This project is designed to review packages of care which require two workers to deliver and consider if through provision of equipment and training to the workers and the client that care can then be delivered by one staff member. The expectation is that this will reduce domiciliary care hours the details of which will be reviewed on a case by case basis. The project will be developed across Quarters one to three.

3.13 Reviews

Reviews will continue within zones and specialist services as part of business as usual. In addition to this there is a review team who concentrate on high cost packages review. This team in 16/17 are focussing on reviews of independent living providers with support from Commissioners to consider the care and accommodation costs and driving best value.

There will also be a review and further refinement of standardised processes and systems for high cost packages. This work will be ongoing throughout the year with outcomes reported through existing reporting arrangements.

3.14 Programme Management Office (PMO) arrangements to ensure delivery

This work will be co-ordinated through the Transformation Team, and the governance arrangements that are in place within the organisation, with progress being reported through the ASCPB. Please see section 8 for details.

3.15 Key milestones

Project	Timelines
• Workforce strategy	Quarter 2
• Strengths based approach	Ongoing
• Wellbeing Coordinators	Quarter 2
• Standardisation	Quarter 1- 4
• Direct payments	Ongoing
• Care Model Implementation	Ongoing
• Services for people with learning disabilities	Quarter 2
• Residential and day care services	Quarter 3
• Single point of contact	Quarter 1
• Emergency Duty Service	Ongoing
• Double handed care	Quarter 1- 3
• Reviews including supported living	Quarter 1-4
• Workforce strategy	Quarter 2

4 Mental Health

The Council has statutory responsibilities for providing services to eligible people with poor mental health under the Mental Health Act 1983 and NHS and Community Act 1990, which are delegated to the Trust. These include:

- approval and provision of 'sufficient' numbers of Approved Mental Health Practitioners (AMHP);
- guardianship under section 7;
- financial and Budgetary responsibilities for the whole Mental Health budget, including activity below assigned to DPT.

Devon Partnership Trust (DPT) will be commissioned by the Council to operationally deliver these under 65 social care mental health services in Torbay. This is in compliance with Torbay Council's statutory duties under the Care Act, Mental Health Act and other relevant legislation, including:

- aftercare under section 117;
- care management services, including operational brokerage of social care packages.

Strategic Commissioning Support for this arrangement will be provided by Torbay Council's Joint Commissioning Team including, co-location of the Trust mental health commissioner and day to day work allocation and support.

Professional Practice oversight of AMHP will remain with the Trust. This arrangement will be governed by this annual strategic agreement and a contract between DPT and the Trust.

The priorities for the commissioned service in 2016 to 2017 are outlined in the Joint Improvement Plan (JIMP) between the Council, Devon County Council and DPT and will be available as Annex 4 (JIMP in progress). Quarterly performance and finance reports will be submitted to the ASCPB. A joint governance structure is in place with Devon County Council to monitor the JIMP.

It is expected that during 2016 employment of the Approved Mental Health Practitioners will transfer from the Council to the Trust.

5 Quality Assurance

5.1 National: CQC (Care Quality Commission)

The Commission will make sure health and social care services provide people with safe, effective, and compassionate high-quality care and encourage care services to improve. They monitor, inspect, and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.

5.2 Local: Torbay and South Devon NHS FT

The Trust will provide quality assurance of both its own integrated business activity and the services it commissions on behalf of the community. A quality and safety report is being developed, which will report all social care quality, safety and performance metrics quarterly. Interim performance monitoring is via the ASCPB; which receives performance reports and updates on ad hoc issues.

A Quality Assurance Framework has been developed and is now in use with independent and voluntary sector providers to provide assurance in regard to the quality of care provided to people in their own homes and in care homes.

5.3 Multi-agency Safeguarding Hub (MASH)

Since October 2015 the Single Point of Contact for safeguarding adults has been co-located with Torbay Council Children's Services

There will be a continued focus on ensuring that all staff have the appropriate level of training for their role, as set out in the Torbay Safeguarding Adults Multi-Agency Training Policy.

6 Finance and Risks

6.1 Budget allocations

ASC budget proposals are listed as Annex 5.

6.2 Financial Risk Share:

The Risk Share Agreement (RSA) developed as part of the transaction creating the ICO took effect from its inception on 1st October 2015. The share of financial risk going forward is a function of the wider performance of the Trust, rather than specifically in relation to Adult Social Care.

The financial baseline from the Council and the CCG commissioners funding the ICO through the RSA is confirmed in the financial table contained within the 2016/17 variation to the RSA. The variation has been agreed by all parties and is contained in Annex 6a along with the original RSA as set out in Annex 6b. In addition to confirming the financial baselines the 2016/17 variation also set out specific changes or variations to the original RSA.

Efficiency Risks:

- delivery of the wider cost improvement programme;
- agency and temporary staffing costs;
- increasing costs of medical technologies;
- rate of expenditure in both Adult Social Care and Placed People;
- delayed delivery of financial benefits associated with the implementation of the revised care model.

Risks pertinent to Adult Social Care expenditure include:

- the scale of savings required;
- the Judicial Review challenging Care Home fees set by the Council;
- insufficient capacity in the domically care market;
- sufficiency in the care home market;
- community Support for Change;
- impact of case law relating to the Deprivation of Liberty Safeguards;
- pressures within the out of hours Emergency Duty Service;
- impact of the Care Act;
- the increasing complexity of needs.

Please refer to Annex 7 Risk Matrix for further details.

6.3 Revenue Budget 2016-17

The budget for the ICO is set out in Annex 8. Delivery against this budget will require:

- commissioners to maintain the funding levels set out in the Long Term Financial Model in 2016/17 and beyond;
- shortfalls in Adult Social Care Cost Improvement Plans carried forward from 2015/16 to be addressed. The scheme shortfall and associated explanations are described in Annex 5;
- achievement of ASC Cost Improvement Plans (Annex 9). These schemes are designed to improve efficiency and are not expected to have any impact on either the volume or quality of services provided by the Trust. Before finalisation each will be subject to a formal Quality Impact Assessment;
- delivery of care model changes and their associated savings (Annex 10).

6.4 Care Home Fees Judicial Review Appeal

The commitment set out in the RSA (Annex 6b) includes an interim assessment of the increase in care home fees associated the judicial review established in 2015/16. The Council have agreed to fund this in addition to the original opening baseline, along with any additional settlement agreed or instructed in the final decision on the judicial review appeal.

6.5 Better Care Fund / S256

The financial table contained in the 2016/17 RSA variation (Annex 6a), and copied below, identified £1.3M of funding, referred to as S256 / BCF and committed to the ICO that is jointly and severally underwritten by the Council and the CCG. However the allocation of this amount between the Council and the CCG was under dispute.

	RESTATED RISK SHARE AGREEMENT VALUES				
	2015/16	2016/17	2017/18	2018/19	2019/20
	£m	£m	£m	£m	£m
Income			Future years to be confirmed by 30th June 2016		
South Devon & Torbay CCG (Community)	60.4	77.1			
South Devon & Torbay CCG (Acute)	160.2	161.7			
SD&T CCG Sub Total	220.6	238.8			
Torbay Council ASC	37.2	36.1			
CCG - Section 256/Better Care Fund	3.0	2.1			
Torbay Council sub total	40.2	38.2			
Council - Section 256/Better Care Fund		0.9			
Other Operating Revenue	121.8	115.7			
TOTAL INCOME	382.6	393.6			

Both commissioners were, and continue to be, agreed that the outcome of the dispute over contributions to the BCF will be neutral to the ICO. At the time of drafting this Agreement it is understood that the agreement reached between the Council and CCG

is that:

- The CCG has confirmed that it will raise the minimum contribution to £2,050,000 leaving the council to identify a further £926,000. Between them these two changes to contributions will meet the £3m commitment set out in the table
- There is agreement that should BCF allocations be increased these will be passported to the Council in line with guidance.
- This will be consistent with planning and agreements with ICO on risk sharing agreements.
- Both CCG and Council will ensure a strategic approach rather than a short-term tactical fix for 16/17.
- It is understood that this means the agreement reached is secured on a recurrent basis and that the CCG and Council will respectively contribute the £2,050,000 and £926,000 set out above throughout the lifetime of the Risk Share Agreement.

7 Client Charges

7.1 Power to Charge

With the introduction of the Care Act, the Council now has a 'power to charge for services' whereas previously, there was a 'duty to charge' for long term residential/nursing care and a 'power to charge' for non-residential care.

The Council has made the decision to utilise the 'power to charge' for both residential and non-residential services. The Trust will discharge this power on behalf of the Council and in doing so will apply sections 14 and 17 of the Care Act and the Care and Support (charging and assessment of resources) regulations 2014.

7.2 Residential and Non Residential Charges

Charges per unit of care for residential services will be amended each April as directed by the Department of Health new rates.

Charges per unit of care for non-residential care services will be set annually through the Council's charging policy.

Client contributions are based on the level of care a person requires and an assessment of their financial circumstances, including capital and income. The Trust will ensure that individual financial assessments are updated at least annually (but more frequently where the financial circumstances of an individual service user are known to have changed during the course of the year).

Consequently the charges made to an individual may change in the course of a year if there are changes in their financial circumstance or the level of care they require.

The Trust will ensure that all clients in receipt of a chargeable service receive a full welfare benefit check from the Finance and Benefits team and an individual financial assessment in person for new assessments where possible.

There is no charge for Intermediate Care or Continuing Health Care services.

7.3 Carers

Services provided specifically to carers will, in principle, not be subject to a charge but this will be reviewed in view of final guidance on implementation of the Care Act, dependent upon resource allocation. These are services provided directly to the carer (rather than the person that they care for) which include open access services such as Carers Emergency Card and Carers Education Courses, and simple services provided as a result of an assessment including emotional support or one-off direct payments for a carer's break.

7.4 Universal Deferred Payments

The Care Act 2014 established a requirement for a universal deferred payments scheme which means that people should not be forced to sell their homes in their lifetime to pay for the cost of their care.

A deferred payment is, in effect, a loan against the value of the property which has to be repaid either from disposal of the property at some point in the future or from other

sources. The scheme has now been running since April 2015 as all councils in England are required to provide a deferred payment scheme for local residents who move to live in residential or nursing care, own a property and have other assets with a value below a pre-determined amount (currently £23,250). They must also have assessed care needs for residential or nursing care.

The Council's deferred payments policy is now fully implemented as part of the policy the Trust has the ability to recover any reasonable costs it may incur in setting up a Deferred Payment Arrangement in addition to the cost of any services provided. These management costs may be included in the deferred payment total or be paid as and when they are incurred.

The interest rate payable on deferred payments is advised by the Department of Health and changed every six months. Interest will be added to the balance outstanding on the deferred arrangement on a compound daily basis, in accordance with the regulations.

8 Governance

8.1 Adult Social Care Programme Board (ASCPB)

The Adult Social Care Programme Board will become the contract management Board for this Agreement. The Board will drive adult social care and improvement plans. Its Terms of Reference cover the following areas:

- to assist the development of the strategic direction of adult social care services supporting the new context faced by the Council and Trust in terms of public sector reform, reducing public resources and potential devolution;
- to receive regular reports and review progress against transformation and cost improvement plans differentiating between those areas incorporated within the budget settlement and any cost pressures over and above this;
- to receive reports and review performance against indicators and outcomes included in the Annual Strategic Agreement providing and/or participating in regular benchmarking activities;
- to monitor action plans against any in-year areas of concern, raising awareness to a wider audience, as appropriate;
- to discuss and determine the impact of national directives translating requirements into commissioning decisions for further discussion and approval within the appropriate forums. This will include the initial list of service improvement areas planned for 2014-15 and onwards;
- to discuss and develop future Annual Strategic Agreements;
- co-ordinate the production of the Local Account.

8.2 Consultation, engagement and involvement process

As the Accountable Authority the Council will lead consultation processes where the need for change is being driven by the needs and requirements of the Council. The Trust is committed to supporting the consultation and engagement processes the Council undertakes in relation to service changes recognising the Council's statutory duty and good practice.

As a provider the Trust will engage all stakeholders in service redesign and quality assurance including, playing an active role with Torbay Council Health Overview and Scrutiny Committee. Additionally the Trust will be engaged with the CCG Locality Teams where the primary focus will be on consultation in regard to NHS services.

Where service changes will result in variation in the level or type of service received by individual service users, the Trust will comply with statutory guidance on the review/reassessment of care needs and ensure that those service users affected are given appropriate notice of any changes.

The Council, the Trust, and the CCG will continue to support the role of Healthwatch and the community voluntary sector in involving people who use services in key decisions as well as service improvement and design. The Council also expects the Trust to engage actively with service users and the voluntary sector in Torbay in developing new service solutions. This will apply irrespective of whether the service

changes are driven by the necessities of the current financial environment or the need to ensure the continual evolution and development of services.

8.3 Programme Management

Programme management support for the programmes of work set out in the Agreement will be provided from within the Trust's Transformation team. Delivery will be tracked by the Trust's Programme Management Office (PMO), monitored through standing internal meetings (such as the Community Divisional Board) and reported to the ASCPB.

8.4 Key Decisions

Whilst this agreement places accountabilities on the Trust for the delivery and development of Adult Social Care Services, the Trust may not act unilaterally to make or enact decisions if they meet the criteria of a 'key decision' as described in the standing orders of the Council.

This requirement reiterates section 22.3 of the Partnership Agreement under which services were originally transferred from the Council to Torbay Care Trust. Key decisions must be made by the Council in accordance with its constitution.

In Schedule 8 of the Partnership Agreement a key decision is defined as a decision in relation to the exercise of council functions, which is likely to:

- result in incurring additional expenditure or making of savings which are more than £250,000;
- result in an existing service being reduced by more than 10% or may cease altogether;
- affect a service which is currently provided in-house which may be outsourced or vice versa and other criteria stated within schedule 8 of the Partnership Agreement.

In addition when determining what constitutes a key decision consideration should be given to the possible level of public interest in the decision. The higher the level of interest the more appropriate it is that the decision should be considered to be a 'key decision'.

8.5 Governance of other decisions

Governance of other decisions will vary according to the scope and sensitivity of the decision being made. To ensure clarity about whether decisions are to be taken by the Trust, Council or CCG and at what level the decision should be taken a 'Decision Tracker' has been developed.

The Decision Tracker will be reviewed, managed and updated by the ASCPB throughout the year.

8.6 Risk Share Oversight Group

The Risk Share Agreement (RSA) describes the framework for the financial management of the multi-year investment by health and social care commissioners for the services provided by the Trust. The RSA sits alongside the NHS Standard

Contract and this Agreement. Whilst does not override the quality or administrative elements it does supersede all financial components.

The implementation of the RSA will be monitored by the Risk-Share Oversight Group (RSOG), which includes senior officer representation from the Council and Directors from the Trust and CCG, to provide strategic oversight of the RSA. Please refer to Annex 11, Terms of Reference for RSOG.

8.7 Individual Roles and Responsibilities

8.7.1 Torbay Council Executive Lead Adults and Children

The role of Executive Lead is held by an elected Member of Torbay Council, as part of their duties they will sit as the Council's representative on the Trust Board to provide oversight, challenge, and liaison.

8.7.2 Director of Adult Social Services

The role of Director of Adult Social Services (DASS) is a statutory function, and is fulfilled by a senior officer of the Council who is accountable for all seven responsibilities of the role set out in statutory guidance dated May 2006. However responsibility for Professional Practice and Safeguarding are delegated to the Deputy DASS employed within the professional practice directorate of the Trust.

8.7.3 Assistant Director of Adult Social Services

The role will provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding and support the running of the Adult Social Care Programme Board.

8.8 Emergency cascade

Please see Annex 12 for details of Torbay Council's Emergency Planning Roles in Council's Emergency cascade. The Trust will be expected to identify social care senior officers to be part of emergency cascade, to co-ordinate delivery of Adult Social Care in an emergency situation.

Legislative framework and other contextual agreements

The Care Act 2014

The Care Act 2014 represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. The element of the Act which places a limit on the amount anyone will have to pay towards the costs of their care has been delayed until 2020. However the principles of wellbeing and putting people in control of their care and support is policy direction which is, and will continue to be, reflected in the local redesign of service and the development of new models of care. The Act strengthens previous commitments to an integrated approach across organisations and health and social care boundaries, including a requirement of continuity during transition between children's and adult services.

Five Year Forward View

NHS England has produced a five year forward view (October 2014). This document sets out a clear direction for the NHS-showing why change is needed and what it will look like. It supports patients being in control of their own care, and supports combined budgets with local government as well as personal budgets. It supports integration between GPs and hospitals, physical and mental health, health and care. It described a strategic direction which is in line with local plans and our Health and Wellbeing Board strategy.
It also stresses a radical upgrade in prevention and public health. Public Health England has been created and public health commissioning responsibilities is now embedded in local government. Our local strategy reflects those ambitions to improve the health and support of our local population through prevention and self-care and community support, wherever possible.

Adult Social Care Outcomes Framework (ASCOF)

The ASCOF is part of a suite of three outcomes frameworks covering Health, Public Health and Adult Social Care along with an outcomes framework for training for care. The guidance that it provides sets a framework which supports the council to improve the quality of the care and support services it provides. At a national level it is the Department of Health's main tool for setting direction and strengthening transparency in adult social care. There are clear inter-linkages between the three main outcomes frameworks and these enable priorities and work to be directed to supporting one and all.

Transforming Care Partnerships

The aim of the Transforming Care Partnerships is primarily to improve the support to the community for people of all ages who have a learning disability and/or autism who display behaviour that challenges. The focus will be those individuals who are at risk of being admitted into hospital for lack of appropriate community support. Partnerships are required to have robust system wide plans in place to ensure a long term development of local services that enable people to be supported and treated as close to home as possible.

All stakeholders are required to work collaboratively and to make the best use of economies of scale and collective leverage within the market. It is hoped that this will result in positive, coordinated, pro-active and planned strategic change for this population. Locally a Devon wide Transforming Care Partnerships has been put in place to work across local authority and CCG boundaries.

Integrated Personal Commissioning

Announced in the Summer of 2014 the Integrated Personal Commissioning (IPC) Programme is a new programme that joins up health and social care funding for individuals with complex needs and gives them greater control over how their combined health and social care budget is used. The goals of the IPC programme are to improve the quality of life of people with complex needs and their carers by:

- Enabling them and their families to achieve important goals through greater involvement in their care.
- Being able to design support around their needs and circumstances.
- Preventing crises in people's lives that lead to unplanned hospital and institutional care by keeping them well and supporting self-management.

The Trust is part of a south west regional demonstrator pilot and as part of this will be testing the use of IPC tools and integrated personal budgets during 2016/17.

National Financial Context

The outcome of the spending review for local government is a planned reduction of £6.1bn or 56% in real terms over four years. In the provisional local government finance settlement announced 17th December 2015 the Revenue Support Grant for Torbay is to reduce from £26m to £6m over four years (in 2016/17 this will mean a £7m reduction). As a result the resources available to Torbay Council will reduce to the lowest level ever over the next three years. However it has also been announced, by the Government, that councils will have the flexibility to raise an extra 2% locally each year specifically to support adult social care services.

The NHS Comprehensive Spending Review was delivered on the 25th November setting out the budget for NHS England's from which local CCG's receive their funding. Nationally the NHS England budget will increase from £101.3bn in 2015/16 to £119.9bn in 2020/2, an average annual increase of 1.5%. The average growth across England that is being allocated to CCG's next year is 3.4%. However our local CCG is assessed as being over funded and they will therefore not receive this level of growth. South Devon and Torbay CCG will therefore receive growth provided nationally at 2.3% in 2016/17 and will continue to receive less than average growth for each year through to 2020/21, when its allocation will have been brought back to within 5% above target share; a level of tolerance deemed acceptable by NHS England.

Local Position

The joint commissioning and delivery of services underpins the direction of travel which the Council, CCG and provider Trusts set out since the recent NHS reforms. The local context is shaped by the creation of the Integrated Trust, as well as the success of being a national 'pioneer' and Vanguard area to deliver further integration and innovation.

The CCG, Council, and the Trust and other providers will continue to pursue a strategic direction designed to maximise choice and independence for those requiring adult health, social care and support.

Torbay Council Corporate Delivery Plan

The Corporate Plan 2015-2019 has been prepared by the Mayor and the council Executive and approved by the Council. It is a key document and provides an overarching framework setting out the strategic ambitions for the council over the next four years and the principles within which the council will operate. The Plan provides clarity as to the council's ambitions and gives staff, partners and the community a clear understanding of what it seeks to achieve and how it prioritises spending.

Local Financial context

Funding arrangements for NHS and Adult Social Care (ASC) are under great pressure to ensure the NHS and councils can continue to provide safe and quality services within constrained resource and against a backdrop of rising public expectations and a more challenging demography.

The Trust will use the flexibility of the Risk Share Agreement (RSA) to deliver a transfer of resources from inpatient beds to care provided in people's homes, which is of high quality and value for money for our population. To deliver this we expect to

see a shift in the current workforce configuration to more community based care and support, delivering seven day a week services.

Care Model

The care model represents a significant change in how the Trust will deliver services to our local population, now and in the future. By fundamentally transforming the way we work and using the resources available to us differently, the Trust will be able to provide a credible, robust service offer which is financially sustainable and enables a cultural shift for both staff and local people in approaches towards health care and wellbeing.

There will be a significant focus on changing culture and behaviour; moving from a paternalistic relationship between professional and patient, to a partnership approach where identifying 'what matters to you' is the new focus, as opposed to the traditional 'what is the matter with you' relationship. The Trust seeks to develop multi-agency partnership arrangements and ensure that volunteers, carers, neighbourhoods and civic functions all play an equal role within integrated multi-disciplinary teams, in the attainment of a balanced and empowered way of life for our residents of Torbay and South Devon.

The core principles underpinning the care model will run as a thread through our plans for change:

- Shifting the focus of care into the community and away from a bed-based model of care.
- Providing consistent and reliable alternatives to hospital admission and embedding the ethos that, wherever possible, ***"the best bed is your own bed"***.
- Establishing a model of care in which the focus is on ***"what matters to people"*** rather than '*what is the matter with them'*.
- Focusing on prevention and early intervention to reduce demand for acute services and release specialist capacity to support more people in community settings.
- Integrating the services we provide to ensure a seamless experience of care by working in partnership with other statutory providers, independent organisations, voluntary and community groups.
- Removing traditional financial barriers and restrictions to deliver more flexible and effective responses to people's needs.
- Using our current workforce more flexibly, developing new, multi-skilled roles and extending the scope of existing roles.

- Adopting a strengths-based approach to practice, which empowers people to take greater responsibility for their own health and wellbeing.
- Working much more closely with independent providers, voluntary and community groups.

Health and Wellbeing Board

The emphasis for the work of Torbay's Health and Well-being Board is on adding value by focussing the causes of poor health and cross-cutting issues. This is reflected in strap line for the Joint Health and Well-being Strategy: "Building a Healthy Community".

Since the previous joint strategy was written, much work has taken place to bring partners together around a joint plan. Consequently the Joint Health and Well-being Strategy for 2015 to 2020 represents a pragmatic approach to joining up a number of plans which are already in existence:

- The Joined-up Health and Social Care Plan
- The Healthy Torbay framework
- The Community Safety and Adult and Children's Safeguarding plans

With this emphasis on integration, it is recognised within this strategy is now the over-riding framework which incorporates many of the previous strategies and plans. Consequently the Children's and Young People plan, the Older People Active Ageing Strategy and the Supporting People strategy will be taken forward within the Joined-up plan. In addition the Health and Well-being Board will agree three or four key cross-cutting issues each year for particular consideration where there are significant issues for health and well-being.

Performance Measures from the Adult Social Care Outcomes Framework (ASCOF), Better Care Fund (BCF) & Local Indicators (Version 3.7)

Torbay and South Devon NHS
NHS Foundation Trust

Domain & KPI	Frame work	Available	2016/17 Target	2015/16 Target	2014/15 Target	2015/16 Prov Outturn	2014/15 Outturn	2014/15 England Average	2014/15 SW Average
Domain 1: Enhancing quality of life for people with care and support needs									
ASC 1A: Social care-related quality of life	ASCOF	Annual	19.4	19.2	no tgt	19.7	19.4	19.1	19.3
ASC 1B: The proportion of people who use services who have control over their daily life	ASCOF	Annual	79.0%	79.0%	no tgt	81.5%	80.4%	77.3%	79.9%
ASC 1C part 1A: The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support)	ASCOF	Monthly	90.0%	no tgt	no tgt	93.6%	90.1%	83.7%	79.2%
ASC 1C part 1B: The proportion of people using social care who receive self-directed support (carers receiving self-directed support)	ASCOF	Monthly	83.0%	no tgt	no tgt	82.6%	79.7%	77.4%	71.0%
ASC 1C part 2A: The proportion of people using social care who receive direct payments (adults receiving direct payments)	ASCOF	Monthly	26.0%	no tgt	no tgt	26.0%	27.8%	26.3%	24.7%
ASC 1C part 2B: The proportion of people using social care who receive direct payments (carers receiving direct payments for support direct to carer)	ASCOF	Monthly	83.0%	no tgt	no tgt	82.6%	79.7%	66.9%	47.7%
ASC 1D: Carer-reported quality of life	ASCOF	Biennial	9.0	n/a	no tgt	n/a	8.3	7.9	7.9
ASC 1E: Proportion of adults with a learning disability in paid employment	ASCOF	Monthly	4.0%	4.5%	no tgt	3.9%	3.8%	6.0%	6.3%
ASC 1F: Proportion of adults in contact with secondary mental health services in paid employment (commissioned outside ICO)	ASCOF	Monthly	6.0%	7.1%	5.5%	3.2%	1.7%	6.8%	8.4%
ASC 1G: Proportion of adults with a learning disability who live in their own home or with their family	ASCOF	Monthly	75.0%	70.0%	69.0%	70.3%	71.0%	73.3%	69.5%
ASC 1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support (commissioned outside ICO)	ASCOF	Monthly	68.0%	77.0%	77.0%	62.1%	62.9%	59.7%	53.8%
ASC 1I part 1: Proportion of people who use services who reported that they had as much social contact as they would like	ASCOF / BCF	Annual	50.0%	41.7%	no tgt	49.4%	43.9%	44.8%	45.7%
ASC 1I part 2: Proportion of carers who reported that they had as much social contact as they would like	ASCOF	Biennial	41.5%	n/a	no tgt	n/a	41.5%	38.5%	36.4%
D40: % clients receiving an annual review	Local	Monthly	76.0%	76.0%	80.0%	78.1%	76.4%	n/a	n/a
SC-005: No. of overdue reviews	Local	Monthly	no tgt	no tgt	500	677	710	n/a	n/a
SC-007b: Number of OOA placements reviews overdue by more than 3 months (snap shot)	Local	Monthly	0	0	no tgt	0	8	n/a	n/a
D39: % clients receiving a Statement of Needs	Local	Monthly	90.0%	90.0%	95.0%	88.5%	90.0%	n/a	n/a
NI132: Timeliness of social care assessment	Local	Monthly	70.0%	74.1%	70.0%	68.9%	74.1%	n/a	n/a
NI133: Timeliness of social care packages following assessment	Local	Monthly	94.0%	90.0%	85.0%	95.2%	94.6%	n/a	n/a
Domain 2: Delaying and reducing the need for care and support									
ASC 2A p1: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 1 - younger adults	ASCOF	Monthly	no tgt	no tgt	no tgt	tbc	6.7	14.2	16.8
ASC 2A p2: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 2 - older people	ASCOF / BCF	Monthly	563.2	572.6	594.6	tbc	606.3	668.8	678.2
ASC 2B p1: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 1 - effectiveness	ASCOF / BCF	Annual	88.7%	88.7%	82.0%	80.0%	77.2%	82.1%	84.0%
ASC 2B p2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 2 - coverage	ASCOF	Annual	no tgt	no tgt	no tgt	n/a	3.5	3.1	3.5
ASC 2C p1: Delayed transfers of care from hospital and those which are attributable to adult social care. Part 1 - total delayed transfers	ASCOF	Monthly	no tgt	no tgt	no tgt	7.0	7.6	11.1	15
ASC 2C p2: Delayed transfers of care from hospital and those which are attributable to adult social care	ASCOF	Monthly	no tgt	no tgt	no tgt	3.0	3.4	3.7	5.9
BCF-04a: Average monthly number of days of delayed transfers of care per 100,000 population aged 18 and over	BCF	Monthly	2460	tbc	tbc	tbc	tbc	tbc	tbc
ASC 2D: The outcomes of short-term support: sequel to service	ASCOF	Monthly	85.0%	no tgt	no tgt	tbc	82.7%	74.6%	76.0%
LI-404: No. of permanent care home placements at end of period	Local	Monthly	617	630	644	635	641	n/a	n/a
LI-450: Proportion of clients supported in a care home at end of period	Local	Monthly	no tgt	no tgt	18.0%	21.3%	20.0%	n/a	n/a
BCF-01: Non-elective hospital admissions (general and acute) per 100k population	BCF	Monthly	17,688	14,119	tbc	tbc	14,119	n/a	n/a
BCF-03: Dementia Diagnosis Rate	BCF	Annual	66.71%	60.0%	tbc	tbc	tbc	n/a	n/a

Domain & KPI	Frame work	Available	2016/17 Target	2015/16 Target	2014/15 Target	2015/16 Prov Outturn	2014/15 Outturn	2014/15 England Average	2014/15 SW Average
Domain 3: Ensuring that people have a positive experience of care and support									
ASC 3A: Overall satisfaction of people who use services with their care and support	ASCOF	Annual	68.0%	68.5%	no tgt	67.9%	69.7%	64.7%	67.4%
ASC 3B: Overall satisfaction of carers with social services	ASCOF	Biennial	46.4%	n/a	no tgt	n/a	46.4%	41.2%	41.9%
ASC 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for	ASCOF	Biennial	75.7%	n/a	no tgt	n/a	75.7%	72.3%	72.1%
ASC 3D part 1: The proportion of people who use services who find it easy to find information about services	ASCOF	Annual	81.3%	77.3%	no tgt	81.3%	77.4%	74.5%	76.6%
ASC 3D part 2: The proportion of carers who find it easy to find information about services	ASCOF	Biennial	75.0%	n/a	no tgt	n/a	74.9%	65.5%	66.4%
NI135: Carers receiving needs assessment, review, information, advice, etc.	Local	Monthly	40.0%	40.0%	35.0%	43.3%	41.3%	n/a	n/a
Domain 4: Safeguarding adults who circumstances make them vulnerable and protecting from avoidable harm									
ASC 4A: The proportion of people who use services who feel safe	ASCOF	Annual	72.3%	69.6%	no tgt	72.3%	67.2%	68.5%	68.3%
ASC 4B: The proportion of people who use services who say that those services have made them feel safe and secure	ASCOF	Annual	85.2%	85.6%	no tgt	85.2%	83.3%	84.5%	86.9%
QL-018: Proportion of high risk Adult Safeguarding Concerns where immediate action was taken to safeguard the individual	Local	Monthly	100.0%	n/a	n/a	n/a	n/a	n/a	n/a
TCT14b: % repeat safeguarding referrals in last 12 months	Local	Monthly	8.0%	8.0%	n/a	4.9%	7.6%	n/a	n/a

EDS specification

The commissioner needs to develop and agree a detailed service specification that must contain the following:

- Service objectives
- Service standards and policies
- Staff standards and key personnel allocations
- Relationships with the day service
- Referral responsibilities and formal handshakes
- Referral criteria
- Day time alert process two way
- Resource and organisational obligations (leave/sickness/rota arrangements etc.)
- Management cover
- Quality Assurance including monitoring and KPI expectations.
- The provider must then recognise and price these expectations in the service specification and understand its need to adhere to its obligations.
- The service needs to develop a succession planning policy, with a focus on the induction of new staff to generic working.
- The EDS requires a performance management framework for the team, and specific service standards. The lack of performance management arrangements means that the effectiveness of the team cannot be measured and the quality of the service provided cannot be assured. There is an available EDT Access Database which records call profile, call categories, lengths of calls, times of calls etc. that could produce quality management information for workforce and capacity planning. This database has been used by the review to evidence the recommendations in this report.
- It is recommended that the EDS carries out regular self-evaluation of how well the service is meeting the needs of service users and other agencies, including an evaluation of how well the needs of families and carers were met.
- The EDS needs to be clear in its policy statement about the level of service they are providing. This message needs to be emphasised to other agencies which may refer cases.
- The service requires a radical change on operation just on the basis that it continuously relies on the goodwill of the personnel working in EDS. There is no flexibility or surplus capacity in its existing form. Only a move to a more dynamic approach will achieve this, especially in the light of continuous recruitment problems.

Adult Social Care

Director: Caroline Taylor
Executive Lead: Cllr Christine Scouler

Agreed Savings – Outline details	Savings for 2015/16				
	Income £	Budget reduction £	Estimated Recurrent Savings £	Balance	Notes
Adult Social Care (via Partnership Agreement with Torbay and Southern Devon Health and Care NHS Trust / ICO)					
1. Renegotiation of Contracts:		220,000	188,000	(32,000)	Secured best value from a range of existing contracts, without affecting service volumes or outcomes, through negotiation of terms and conditions with suppliers.
2. Review of all existing community care support plans		381,000	111,000	(270,000)	This was within existing policy and continued to ensure equity and parity between service users. The scheme has delivered savings in 2014/15 and partial savings into 2015/16. This has been predominantly underpinned by savings on Packages of Care over £606 per week.
2a. Review of all existing community care support plans (Low Cost Packages of Care specific)		117,000	Nil	(117,000)	This area is under severe pressure in 2015/16 and **not** only has no progress been made on the CIP target of £117K but there is an additional cost pressure of £361K forecast for the year. It should be noted that this is year 2 of a two year programme and that the first year target of £400K was undelivered and this underlying issue has been carried forward into 2015/16.
3. Care Home Placement Numbers & Rates		360,000	494,000	134,000	There has been a year on year reduction in the number of placements, which are necessary to meet assessed needs, over the last five years and this continued throughout 2015/16. This trend has developed as alternative forms of care have come on stream.

Agreed Savings – Outline details	Savings for 2015/16				
	Income £	Budget reduction £	Estimated Recurrent Savings £	Balance	Notes
4. Equitable Application of Non-residential Charging policy	50,000		50,000	Nil	This was within existing policy and ensured equity and parity between service users. The scheme started in 2014/15 and all relevant service users had been assessed by April 2015.
5. Community Alarms		48,000	48,000	Nil	**Operations based** – Managed within the bottom line of operational spend, within the Trust and laterally the ICO.
6. Learning Disability Development Fund		17,000	17,000	Nil	**Operations based** – Managed within the bottom line of operational spend, within the Trust and laterally the ICO.
7. Voluntary Sector Block Contracts		38,000	17,000	(21,000)	Reduction in block contracts with the voluntary sector. Only partial savings achieved in 2015/16.
8. Service Redesign - Learning Disability		525,000	675,000	150,000	Detailed review through engagement processes which included people with learning disabilities and representative groups. Over achieving this target required a range of challenging redesign work to be completed on a co-production basis with stakeholders and services users. This covered day care and residential service including transport arrangements.

Agreed Savings – Outline details	Savings for 2015/16				
	Income £	Budget reduction £	Estimated Recurrent Savings £	Balance	Notes
9. Service Redesign - Respite Care		250,000	Nil	(250,000)	Following a consultation process a revised policy (now referred to as short breaks) was implemented to ensure equitable availability of respite care services according to need. Unfortunately, since this scheme was originally proposed (late 2013 as part of 2 year CIP programme) there has been a significant demand pressure that has resulted in no CIP being achievable.
10. Service Redesign - St Kilda's		320,000	63,000	(257,000)	During 2015/16 no progress was made on the proposed new build that it was hoped would have realised the full level of savings required. In the interim £63K was realised, mainly as a result of private / out of area clients utilising the residential element of the St Kilda facility.
11. Delivery Model 1 - Assessment Process		668,000	668,000	NIL	**Operations based** – Managed within the bottom line of operational spend, within the Trust and laterally the ICO.
12. Delivery Model 2 - Emergency Duty Team		274,000	274,000	NIL	**Operations based** – Managed within the bottom line of operational spend, within the Trust and laterally the ICO.
13. Delivery Model - Quality Assurance		127,000	127,000	NIL	**Operations based** – Managed within the bottom line of operational spend, within the Trust and laterally the ICO.

Agreed Savings – Outline details	Savings for 2015/16				
	Income £	Budget reduction £	Estimated Recurrent Savings £	Balance	Notes
14. Movement of clients from residential homes to Extra Care Housing		500,000	Nil	(500,000)	The scheme objective was to support people to remain, or return to, living independently in their own accommodation. This area was looked into in some detail specifically with regard alternative accommodation alternatives specific to the Learning Disability client group. Nothing suitable could be sourced within the two year CIP time frame.
15. Non recurrent in year savings		Nil	617,000	617,000	Savings were achieved in the first half of the financial year (Learning Disability was £361K of overall total) but due to pressures in the second half, expenditure levels have increased and therefore, the on-going commitments do not signal recurrent savings moving into 2016/17.
TOTAL	**50,000**	**3,845,000**	**3,349,000**	**(546,000)**	

Torbay and South Devon NHS
NHS Foundation Trust

TORBAY COUNCIL

NHS
South Devon and Torbay
Clinical Commissioning Group

This statement is agreed on 18 May 2016 between NHS South Devon and Torbay Clinical Commissioning Group (the "CCG"), Torbay and South Devon NHS Foundation Trust (the "Trust") and Torbay Council ("the Council") in its role as commissioner of social care, and sets out the agreements made on the unresolved issues for 2016/17. This statement will be included within the 2016/17 NHS Standard Contract (the "contract"), Schedule 2G and will be varied into the Risk Share Agreement (RSA). The RSA sits alongside the contract and whilst does not override the quality or administrative elements, does supersede all financial components.

The following points have been agreed:

1. Transformation funding to be managed as £3.9m investment pool (£2m funded from the CCG and £1.9m from the Trust). The investment pool will sit outside of RSA and will, if underspent, be shared 50:50 between the Trust and the CCG.

2. Better Care Fund (BCF).
    a. For Torbay Council the BCF value for protecting Adult Social Care is proposed to be £1.65m. This represents a reduction of £1.3m based on 15/16. A mediation process is being undertaken by NHS England that will place the risk with either the Council or the CCG. This mediation process commences Tuesday 24 May. The Council and CCG will underwrite the value of £1.3m to ensure the risk is not placed with the Trust. The Trust will not charge either commissioner until the outcome of the mediation is determined at which point it will be backdated from 01 April 2016. Delivery of improvements as a result of BCF investment will be monitored.
    b. For Devon County Council the BCF value for protecting Adult Social in 15/16 was £2.4m. £1.2m has already been removed from the RSA baseline. Of the residual value, an additional £600k will also be removed from the RSA baseline

3. For the management of funds following the transfer of west Devon services, Northern Eastern and Western (NEW) Devon CCG has agreed an annual payment of £919k to the Trust. The residual shortfall value of £750k will be split 50:50 between the CCG and the Trust. The CCG and the Trust will conclude a piece of work by 31 August 2016 to confirm the recurrent arrangements. This will include following up the indication from NEW Devon CCG that the £919k block will remain in place for three years, with 2015/16 being year one of three.

4. To avoid 'double jeopardy', failure of relevant Quality Requirements as per the contract will result in the Trust developing Remedial Action Plans (RAP) that include, where necessary, the value of additional investments made by the Trust in order to recover delivery to the agreed trajectory. No other financial penalty will be applied by the CCG.
   A collaborative process will be agreed between the Trust and the CCG that describes the governance arrangements for the non-delivery of quality requirement thresholds. This will include RAPs that are transparent and allow challenge via the respective Trust Board and CCG Governing Body. Plans must demonstrate actions that will bring delivery back to agreed trajectory and will be available for public scrutiny.

5. The quality payments associated with Commissioning for Quality and Innovation (CQUIN) will be treated as part of the RSA block value and will not be variable based on performance.

6. The responsibility of the placed people service will remain delegated from the CCG to the Trust for 16/17. A proposal will be developed by 30 September 2016 which, if agreed by the Trust, the CCG and the Council will be implemented at the earliest on 01 April 2017, unless otherwise

agreed. Savings delivered in 16/17 will form part of the RSA unless the 'who benefits' [1] framework, being developed jointly all three parties, determines a different conclusion.

7. All parties agree to an adjustment to the deficit position from which the RSA will operate. The planned deficit of £0.9m as written in the RSA will be adjusted to £1.8m deficit due to the receipt of the Sustainability and Transformation Funds of £6.7m and adjusted for the investment in urgent and emergency care. Where actual performance is better than the baseline £1.8m deficit, agreement will be reached between finance leads on the appropriate sharing of benefits between parties, mindful to avoid withdrawal of the STF for non-delivery of the target surplus of £2.3m as agreed with NHS Improvement.

8. The RSA baseline will be restated and presented for approval to the Risk Share Oversight Group on Wednesday 25 May.

9. The full year effect of QIPP delivered in 2015/16 of £920k will be deducted from the value of the CCG acute contract as per the RSA baseline.

10. In 2016/17 the Council will fund £1,566k previously withdrawn from the RSA value in respect of the 'Mayoral Challenge'. All parties will work to generate income or drive efficiencies in services outside of direct care delivery to address this matter on a recurring basis in 2017/18.

11. The Council have uplifted the RSA value in respect of the interim payment in response to the Judicial Review into care home fees. Any balance due as a result of the outcome of this, existing Judicial Review result in a further increase in the Council's RSA value. Further increases in care home fees, either inflationary or arising from new factors such as the living wage will be managed though the RSA without adjustment to RSA baseline value.

[1] 'who benefits' framework being developed by Ann Wagner, Jo Turl and a Council representative by 30 June 2016.

Acquisition of Torbay and Southern Devon Health and Care NHS Trust by South Devon Healthcare NHS Foundation Trust

Annex 6b

In partnership with Torbay Council and South Devon and Torbay Clinical Commissioning Group

Risk-Share Agreement

Contents

1 Purpose of agreement

To facilitate the development of integrated health and social care and secure the quality of services. Changing the model of care through creating a stable financial environment for multi-year investment and aligned financial incentives. The future model of care will provide more proactive and preventative care, delivering:

- A shift away from incentivising activity volume growth (in acute services);
- A focus on population groups that are experiencing greatest demographic growth (the very young and the more elderly);
- A shift towards incentivising improved overall system capacity and the use of alternatives to acute admission (including development of community based care);
- To simplify and ease contractual processes and negotiations, to make time for more productive and developmental activities;
- To maximise the use of health and social care funds for care, rather than organisational and administrative processes;
- To maintain levels and quality of service despite reducing real terms resourcing;
- To reduce the volatility arising from individual organisations' exposure to demand and cost changes;
- To support a long-term contract for services between the parties; and support Heads of Terms for agreements between the parties and any regulatory authorities.

2 Parties to agreement

Commissioners:

- South Devon and Torbay Clinical Commissioning Group (SDTCCG) *(Lead: Simon Davies)*
- Torbay Council *(Lead: Martin Phillips)*

Providers (Integrated Care Organisation - ICO):

- South Devon Healthcare NHS Foundation Trust (SDH) *(Lead: Paul Cooper)*
- Torbay and Southern Devon Health and Care NHS Trust (TSD) *(Lead: Mark Hocking)*

The process of developing the agreement has been to understand each of the parties needs from the agreement and then build these into the principles and operational mechanism to deliver a mutually acceptable framework. This has included oversight from the Non-Executives and Governors from the South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health and Care Trust, the GP Governing body of the South Devon and Torbay Clinical Commissioning Group and elected members, and the Mayor from Torbay council. The agreement has also been formally approved by the local authority through their Full Council meeting (pt2).

3 Key principles behind risk-share

1. A financial and service baseline will be agreed for a period of five years, on a rolling basis. Variance from this baseline will trigger the risk-share mechanism;
2. The risk share mechanism focuses on variance in actual costs incurred by the ICO. For the purposes of this risk-share agreement the cause of variance in costs (i.e. demand or efficiency) is not important – the impact will be shared regardless of origin;
3. Variances from planned cost in the ICO will be shared between the parties in agreed proportions. The impact of negative and positive variances will be mirrored;

4. Variances from plan will be calculated on the total income and expenditure position of the ICO. This includes all commercial activities and all NHS commissioned services. Therefore, variances arising in services commissioned by NHS England (including specialised services), NEW Devon, and Public Health will also trigger implementation of the risk share agreement;

5. As part of this agreement, and by committing to a five year funding envelope defined by current baseline adjusted for expected growth / contraction in their allocations going forward, commissioners are committed to maintaining planned levels of spend for the duration of this agreement. This envelope recognises that prevailing national economic conditions plan for a real terms decrease. Any downward change to planned resource availability will require re-specifying service commitments to be deliverable within available resources. Any upward change to planned resource availability will also require joint consideration of the service commitments. Such allocation changes, in either direction will, other than by agreement be limited to the overall percentage change applied to the relevant commissioner's overall allocation;

6. Enhancements to elective care pathways delivered by the ICO will deliver a better patient experience and it is therefore expected that patient choice will support the ICO's market share in this area. The impact of patient choice will be accommodated through funding transfer arrangements as part of this agreement. These could increase or decrease the ICO income and will be calculated with reference to the planned and actual level of elective activity delivered in the ICO;

7. The planned ICO cost enables a sufficient margin on income to provide a 1% surplus to the ICO over the five years of this agreement. This surplus may be reduced by adverse cost variances shared through this agreement;

8. This agreement requires a long term commitment from all parties. The initial five year duration for the agreement is set to enable the ICO to recover set up costs and to deliver the 1% target surplus on a sustainable basis. Beyond this point it is recognised that parties may wish to reduce the duration to three years;

9. All parties should seek to minimise costs to the system as a whole where possible and to maximise the utilisation of all public expenditure;

10. Sufficient transparency around the cost base of the ICO and CIP plans, along with associated transparency around commissioner (financial and commissioning) plans will be a prerequisite for the successful operation of the risk share agreement;

11. Where parties have a responsibility to commission services, set prices, or enter into agreements which may affect the cost of the ICO, these responsibilities will be exercised with due regard to the risk share agreement, and the parties to it. Early and sufficient transparency around such arrangements will be the expectation;

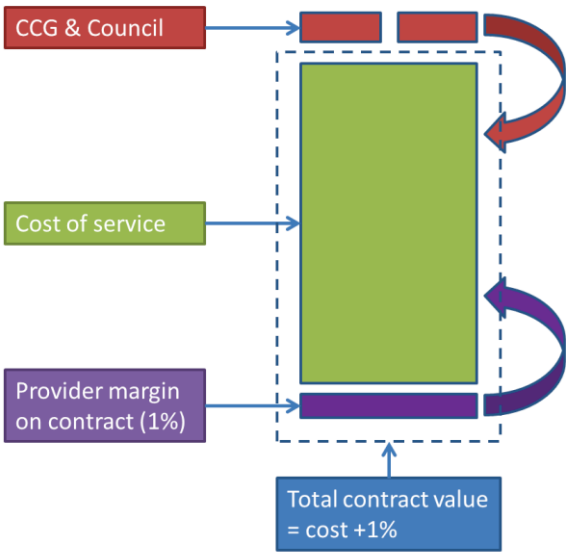
12. The impact of unplanned changes to commissioner funding envelopes will be managed in accordance with key principle five above.

4 Description of risk-share mechanism

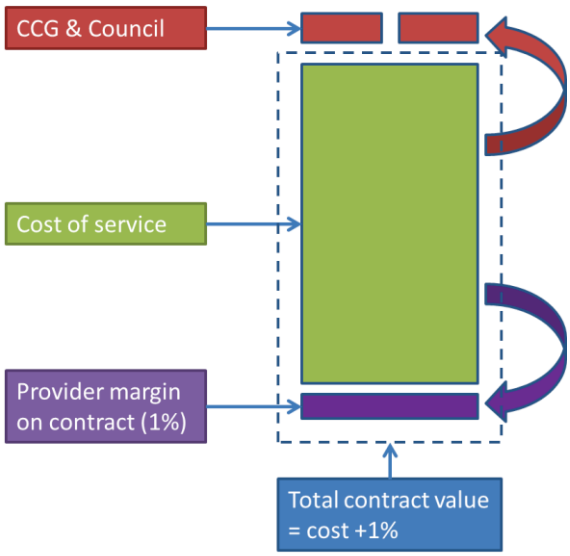
1. **Agree baseline**: A planned level of service commitment and ICO spend on these services will be agreed for an initial five year fixed period. The agreement will move to a rolling three year period beyond this point;
2. **Commit resources**: Commissioners will agree to commit the necessary resources to meet the baseline level of service as described in current plans, allowing for a 1% surplus for the ICO;
3. **Deliver service efficiencies**: The ICO will deliver agreed levels of efficiency improvements throughout the period;
4. **Manage variance**: Any variance in the planned financial performance of the ICO, as initially captured in the LTFM (baseline summarised in Appendix A on page 13). This may be subsequently amended by agreement, and will be shared according to proportions described below;
5. **Changes to risk share contributions:** Changes to risk share contributions will normally only arise where they follow a shift in baseline resource between commissioning organisations not already described in current plans. Changes in baselines already described in current plans will not give rise to alterations in the risk share contributions set out above.

Party	Share	Practical application
ICO (currently SDH and TSD)	50%	Overspend: All costs incurred within ICO Underspend: All costs incurred within ICO
TSDCCG	41%	Overspend: Share of variance is paid to ICO Underspend: Share of variance is withheld from ICO
Torbay Council	9%	

This is represented diagrammatically:



To agreed proportions (CCG 41%; TC 9%, ICO 50%), participants fund any deficits in the planned ICO position



To agreed proportions (CCG 41%; TC 9%, ICO 50%), participants gain from any surpluses in the planned ICO position

5 Scope of risk-share mechanism

Contract between the current SDH and CCG	
Elective services (planned)	In
Non-elective services (urgent)	In
All other services (e.g. PTS)	In
Contract between the current TSD and CCG	
Continuing healthcare (live cases)[1]	In
Continuing healthcare (retrospective cases)	Out
Community health services	In
Contract between the current SDH and Torbay Council	
Public health	In
Contract between the current TSD and Torbay Council	
Public health	In
Adult social care	In
Other relevant factors[2]:	
Other sources of income to SDH	In
Other sources of income to TSD	In
Supporting people	Out
Joint equipment store	Out
Devon social care	Out
West Devon contract with NEW Devon CCG	In
Additional non-clinical service resource allocations e.g. Consultant Merit Awards, etc.	In
Impact of Care Act and other regulatory changes	In

[1] There will be a requirement to continue managing the distinction between health and social care for South Devon patients, unlike for Torbay patients where the commissioning is fully integrated. It is assumed that proportion of people receiving continuing healthcare is aligned between Torbay Council and Devon County Council.

[2] Any surplus or deficit the ICO makes from activities outside the scope of the risk share agreement may be factored into the agreement (and, therefore effect the financial position of all parties) by mutual agreement of the parties as described in Section 7 (page 8).

6 Definition of baseline

The baseline will be defined as follows:

Service commitments

The services provided by SDH and TSD at the end of 2014/15 will define the baseline range of services to be provided by the ICO once formed.

The level of activity provided within each service will not be explicitly measured as part of this risk share agreement, as payments will not be made on an activity basis. However, activity will be recorded and reported as per other regulatory requirements, and for the purposes of service analysis and improvement (in concert with commissioners and national initiatives).

Although income will not be linked to activity, should costs exceed income an understanding the driver(s) for a deficit will be essential to help identify solutions. Many of the costs in the ICO will continue to be linked to levels of demand, understanding variances between planned and actual demand will therefore be a requirement of this agreement.

Both commissioners five year financial plans are described explicitly in the ICO final business case (FBC) and form a key component of the financial baseline within the ICO LTFM. A summary is provided in the appendix, page 13.

The CCG and the acute trust have agreed Heads of Terms for the 2015/16 contract which describes the mechanism to achieve the necessary opening recurrent baseline. These Heads of Terms identify the treatment of the associated opening baseline risks and will be applied in advance of the ICO Risk Share Agreement being applied.

The specification and mode of delivery of services may be changed by the ICO (undertaking relevant consultation where necessary) in order to better meet the needs of the community while continuing to deliver against the above frameworks.

Shifts in services, either into or out of the ICO will result in a cost change to the baseline of the ICO but will otherwise not affect the operation of the agreement (except insofar as they are so material they would trigger other aspects of the agreement). In other words, where commissioners incur net costs or savings as a result of the shift in service, these will be borne by the commissioners.

Performance Management

The ICO will meet the requirements of all statutory performance frameworks for these services. These frameworks are as follows:

- The Monitor risk assessment framework
- The Single Outcomes Framework which is currently under development by the parties.

The Commissioners and the ICO are committed to the delivery of all performance standards in the standard NHS contract. It is recognised that imposed penalties will not in and of themselves enable achievement of standards and may run counter to the aims of the risk share agreement. Any penalties which are calculated under the NHS standard contract will be used in full to address the performance issues for which it was identified.

It is recognised that penalties may apply in two distinct circumstances - planned and unplanned.

- Where an unplanned penalty is applied, i.e. a breach of performance standard which was not planned, this will be subject to management as described above;
- Where the breach is planned (i.e. agreed in advance with Commissioners), e.g. backlog patients impacting on RTT or managing diagnostic waiting times, etc. then this will be subject to a more proactive approach describing the plan to the commissioner upfront. In these circumstances penalties will not be levied.

It is the Commissioner and Trust intention that as many breaches of performance standards as possible fall into the planned category and are managed in the way set out above.

Service costs

The cost baseline will be defined and agreed for the services described above over the initial 5 year period. This will set out a profile of the total cost of ICO health and care services for the relevant population for this period and analysed by commissioner.

The initial cost will be determined by the indicative resource availability information provided by the commissioners in advance of this agreement, which has been informed by historic service costs alongside key service changes for 2015/16.

This cost baseline will be set out in the final ICO LTFM in support of the Transaction Agreement as submitted to Monitor and the Trust Development Authority (TDA) for the purpose of regulatory assessment. A summary is provided in the appendix on page 13.

As a general principle the ICO will be supported to make a 1% surplus on its services, and a 1% margin will be applied on the total planned service cost within this agreement. Changes to surplus can however be considered as part of level 2 and level 3 risk share considerations (below).

Arrangements for the appropriate recovery of VAT in line with current arrangements between the Council and Torbay and Southern Devon Health and Care NHS Trust insofar as they will relate to the on-going services provided by the ICO will be considered alongside this arrangement. Further guidance on the VAT implications of Better Care Fund, and in particular as it relates to this arrangement, will be considered alongside this arrangement.

Financial Mechanism

The basic model of payment underpinning the risk share agreement is seeking to move from a historic negotiated contract based on an initial agreement of likely future demand and income under tariff to a longer term, planned level of income, in line with commissioner funding, which seeks to better enable the ICO to move settings of care from more to less acute settings. The current and planned cost of the ICO along with anticipated efficiencies will inform the payment model, alongside a view of current and future commissioner funding. This will be supported through greater transparency for commissioners around the current cost base of the ICO, as well as sight of and input to investment (particularly capital and workforce) plans and reciprocally, greater transparency of commissioner funding and associated spending plans. Both commissioners and provider will evaluate the value for money of this approach as a minimum in the context of national standard contract terms and conditions and current national tariff.

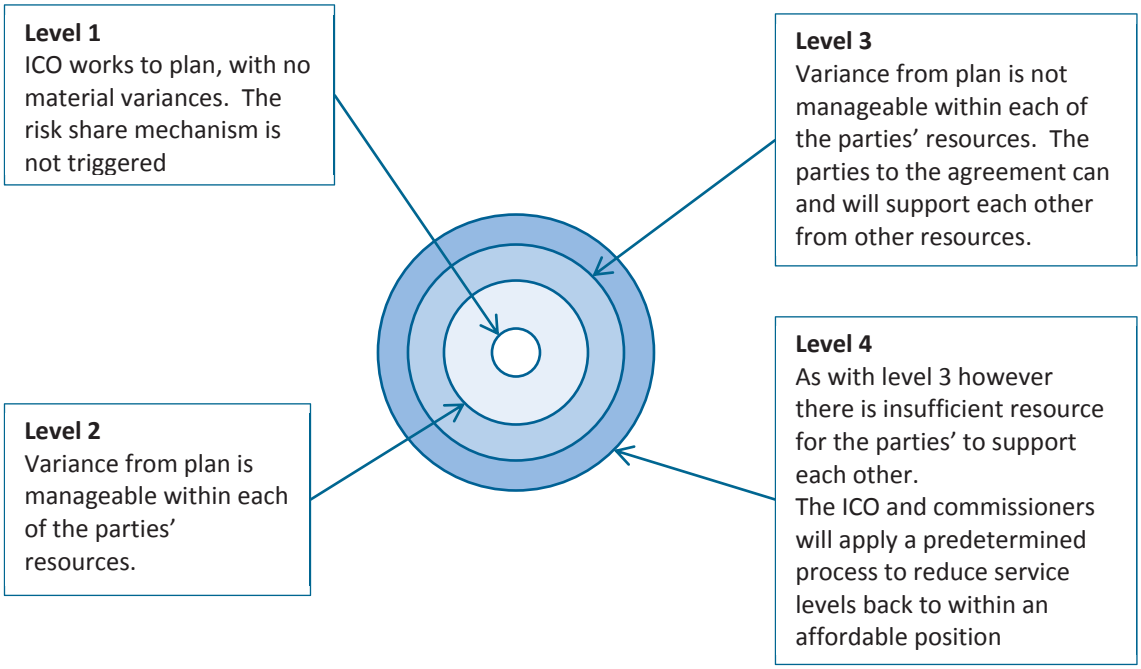
Payments for the delivery of services (as per the agreed capitation baseline) will be made monthly.

Variance between actual costs and the baseline will be reviewed in arrears on a quarterly basis. If actual costs are higher than the agreed baseline then the relevant additional share will be paid to the ICO for the quarter, in accordance with agreed risk share proportions. If actual costs are less than the agreed baseline then that month's contract payment will be reduced to account for underspend in the quarter, in accordance with agreed gain share.

This mechanism to apportion the variance will apply at each of the levels 2, 3 and 4 of extraordinary measures that are described in section 7 below.

7 Cooperation and extraordinary measures

The core mechanisms within this risk share agreement aim to incentivise a reduction in cost of health and care across the community, and reduce the risk to individual parties through sharing the impact of adverse (or positive) financial performance between the parties.



These mechanisms are summarised as "Levels 1 & 2" below:

Level	Description	Action
Level 1	Agreed plan is met with no material variance	Contract sums are paid on a monthly basis.
Level 2	Variance from plans is manageable within normal flexibilities available to parties	The risk share mechanism is applied as described herein, with variations applied on a quarterly basis.

It is possible that external events or extraordinary pressures may lead to a situation where one or more parties to this agreement struggle to meet their contractual commitments. This is a particular risk in the public sector where new rules or budget changes can be imposed without warning and in a short time period.

The parties have agreed to operate in a spirit of cooperation to meet challenges to the local community over the life of this agreement. As such the parties will consider flexibilities they may have in order to support each other.

The following table (describing escalation levels 3 and 4) indicates how the parties will aim to support each other in such circumstances.

Level	Description	Action
Level 3	One party raises concerns meeting their obligations within the agreement. The other parties have capacity to support the troubled party. These issues may be raised by the risk share oversight group which meets on a quarterly basis.	Support may be provided through the following routes (this list is not exhaustive): Mutual agreement to flexible management of financial commitments within the contract period. Consideration of how services and funds that are out of scope of the risk share agreement (see page 2) but have a potential impact on other parties could contribute towards the wider group's sustainability. Consideration of other (potentially third party) routes of support that could be drawn upon to support the wider group's sustainability.
Level 4	One party raises concerns about meeting their obligations within the agreement. The other parties do not have capacity to support the troubled party. These issues will be raised by the risk share oversight group. It is anticipated that this would occur infrequently (for instance as part of an annual review) and with significant notice.	Solutions may be drawn from the following routes, which would only be considered where other options have been exhausted, and where the parties agree the chosen option would be a "least harm" approach (this list is not exhaustive): Consideration of potential changes to service scope or specification in order to reduce costs while meeting statutory demands. Consideration of potential for one or more parties to compromise delivery of expected performance or financial standards on a temporary basis, alongside a plan to resolve the situation and put the agreement onto a more sustainable position.

8 ICO Care Model investment and transitional funding

Under this type of collaborative agreement both commissioners and the provider have needs of assurance that are different than under a PbR contract type. Commissioners are seeking assurance around the investments necessary to deliver the care model changes and other significant investments and the ICO provider is seeking assurance from commissioners in their role as system managers in managing demand.

ICO Investments: All investment business cases are considered through the Joint Leadership Group in the run up to the ICO. As the ICO we move to business as usual a strategic meeting (in addition to the normal contracts meeting) will be initiated between the ICO and commissioners to review the system performance and the planned strategy for the short, medium and longer term. This should be the formal vehicle for securing CCG support for major service development plans and contract changes. The Trust acknowledges that the main commissioner will want to have some discussion on any significant spend that increases capacity whether capital or revenue and there will be regular dialogue between relevant directors to ensure the CCG is informed before any material decisions are taken. The Commissioner recognises that general operational revenue or capital will need to be committed to maintain services and this agreement will not slow that necessary spend to maintain a commissioned service.

Commissioner demand management: The ICO will need to respond to demand pressure arising from elective and emergency referrals and the CCG role managing system demand will be key in controlling these pressures. In addition to considering the ICO response including its investment response to pressures, the newly convened strategic review group will also consider the actions being taken to support demand management and the effectiveness of these actions.

9 Treatment of funds released through "underspends"

The parties anticipate that in the absence of special circumstances, any underspend achieved by the ICO should be pooled, and an appropriate cross-party body would be involved in deciding how such funds are invested in future health and care services. A group such as the Pioneer Board or JoinedUp Cabinet may be appropriate for this role.

In circumstances where one or more parties are under extreme financial pressure, the parties agree that any of such parties may need to retain underspends for internal use.

10 Legal basis of agreement

This agreement will take the form of a contract between the parties with an initial term of five years, leading to a three year contract renewed annually on a rolling basis beyond the first five years.

This agreement is designed to sit alongside and complement the existing contracts for services between the two provider trusts (that will become the ICO) and the commissioners. It will not override any of the service quality or administrative elements of those contracts, but will supersede all financial components of these contracts.

11 Governance/control

A risk share oversight group will be created, with initial membership based on the group developing this agreement. It will operate in shadow form from the 1st April 2015 and operate through to the start of the ICO. Administration for the ***RSA Oversight Group*** will be through the CCG finance lead Simon Bell. They will act to ensure the risk share mechanism is ready to operate from the expected start date of the 1st October 2015. They will have a particular responsibility to consider the medium term operation of the risk share agreement and

provide early advice around likelihood of maintaining risk at level 1 or 2 of the agreement and consider and recommend actions where this is not the case.

Services and cost plans will be reviewed annually, and the rolling contract renewed by the risk share oversight group. Mutually agreed changes will be accounted for as the rolling contract is refreshed each year. This will include review of future government funding plans, and 'horizon scanning' of likely cost and demand pressures.

Financial and service performance against plan, along with review of performance and quality standards will be formally reviewed in the bi-monthly meeting of a contract review group. This will be chaired by an executive director of the CCG. All parties to the risk share agreement will be members of this contract review group.

Each respective organisations statutory responsibility and internal governance mechanisms remain unaffected by this agreement.

12 Contract Variation

Variation to the agreement is possible through the consent of all parties. This may include the addition of new services or reflecting the provider's intention to withdraw from provision or subcontract a service. It may also reflect the commissioner's decision to tender services provided by the ICO.

All parties to the agreement will work together to fully assess the impact of the proposed variation and will be given sufficient time to enable due diligence to be carried out. The specifics of any change will determine the level of materiality and therefore the period of time required for due diligence. However it is envisaged that 3 months will be sufficient in most instances to provide a full impact assessment. This will be followed by a 6 month notice period for the variation to take effect.

Variations will normally be managed through the annual review of the contract, therefore unless the parties agree an alternative start date variations will commence on the 21st April each year.

13 Dispute resolution

All parties are expected to operate in good faith and with transparency with regard to the agreement. Where disputes around the operation of this agreement arise it is expected that the Risk Share Oversight Group will, in the first instance, seek to understand the dispute and either agree remedies or else agree and describe the parameters of the dispute for further consideration.

As it will be important in terms of on-going operation of the agreement to seek to resolve all disagreements locally where the risk share oversight group cannot reach agreement, a special meeting of Chief Executive Officers of the parties will be convened to consider the dispute as described by the risk oversight group and agree a solution.

In the unlikely event that parties to the agreement consider that external mediation is required to resolve a dispute, and with due consideration for the likely impact on the on-going success of the agreement, an external mediation provider will be appointed and all parties to this agreement agree to be bound by the final judgement reached.

The external mediator will be the Centre for Effective Dispute Resolution. The costs of the mediation will be borne by the parties to this agreement equally.

14 Contract Termination

This agreement has been put in place as a medium to long term means of managing the risks relating to volatile funding arrangements alongside increasing demand for care. There is also an expectation that this agreement will help to facilitate service reconfiguration over the course of the agreement.

This agreement should ensure that the first step for any party who wishes to change or withdraw from the agreement should be to sit down with the other parties to understand the circumstances and identify an appropriate solution that best meets the needs of the local population and balances the interests of the parties. Therefore there is no explicit premature termination clause within this agreement.

The duration of this agreement is set to allow sufficient time for the ICO to make the necessary service changes and investments and to achieve the resulting efficiencies. The modelling has indicated that this will be achieved of the first 5 years of the ICO and this period has therefore been agreed as the initial duration of the contract. At the end of the initial 5 year term the contract term will revert to a rolling 3 years.

During this time all efforts will be made to support each other in the event that individual parties' become financially distressed. However if one party is not in a position to continue the agreement the notice period is 12 months. This period of time is required for the other parties to the agreement to conclude their own exit plans. At the end of this notice period the default contractual terms set out in the NHS standard contract will apply. For the acute aspects of the business this will be payment by results (PbR) and for the community aspect of the business the traditional cost plus contract terms will apply to the extent PbR tariff have not been developed.

Force majeure

There may be a small number of exceptions to the above, which account for circumstances where there is a very serious catastrophe or event that threatens the health of the local population on a large scale or the existence of any of the parties as a going concern.

One of the partners shall not be deemed in default of this Agreement, nor shall it hold the other Parties responsible for, any cessation, interruption or delay in the performance of its obligations (excluding payment obligations) due to earthquake, flood, fire, storm, natural disaster, war, terrorism, armed conflict, or other similar events beyond the reasonable control of the Party provided that the Party relying upon this provision:

1) gives prompt written notice thereof, and

2) takes all steps reasonably necessary to mitigate the effects of the force majeure event.

For clarity most changes in government policy or funding would not be covered by this force majeure clause. We can reasonably anticipate that there will be changes in policy and funding in the life of this agreement and such changes should not signal an end to the relationships described in this agreement. The purpose and spirit of this agreement is to:

1) Recognise the level of uncertainty in health and care services and the existence of local risk

2) Ensure that the parties collaborate to prepare for and manage such risks for the medium-long term

3) Share the financial impact of any residual risk and benefit

15 External references

This risk share agreement will be referenced within the following documents:

- The Business Transfer Agreement
- The contract for services between the ICO and SDTCCG – financial schedules
- Torbay Council – The Annual Strategic Agreement
- The SDH Final Business Case
- The TSD Divestment Business Case

16 Signatures

Signed on behalf of **South Devon and Torbay Clinical Commissioning Group (SDTCCG)**

Signature: …… Name: ……

Signed on behalf of **Torbay Council**

Signature: …… Name: ……

Signed on behalf of **South Devon Healthcare NHS Foundation Trust** (SDH)

Signature: …… Name: Mairead McAlinden, CEO

Signed on behalf of **Torbay and Southern Devon Health and Care NHS Trust** (TSD)

Signature: …… Name: ……

17 Appendix A – Baseline income and costs

	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m
INCOME					
South Devon & Torbay CCG (Community) [1]	60.4	62.2	64.1	66.1	68.2
South Devon & Torbay CCG (Acute) [2]	160.4	162.6	164.9	167.2	169.6
Torbay Council ASC	38.0	36.5	35.6	34.7	33.9
Other operating revenue [3]	115.7	117.6	120.5	121.7	124.4
Non-operating revenue	-6.0	0.0	0.0	0.0	0.0
Total income	**374.5**	**378.9**	**385.1**	**389.7**	**396.1**
COSTS					
Employee Benefit expenses	-210.1	-206.4	-200.7	-198.8	-198.8
Drug expenses	-27.1	-29.1	-30.8	-32.8	-35.0
Clinical supplies and services expenses	-30	-30.6	-31.9	-33.1	-34.5
Adult Social Care	-39.4	-38.9	-38.4	-37.9	-37.4
Other Expenses	-57.2	-54.5	-55.6	-58.3	-61.8
PFI operating expenses	-0.9	-0.9	-0.9	-1.0	-1.0
Non-operating expenses	-17.7	-21.5	-21.6	-23.8	-21.1
Total costs	**-382.5**	**-382.0**	**-380.0**	**-385.7**	**-389.6**
NET SURPLUS / DEFICIT	**-13.9**	**-3.1**	**5.2**	**4.0**	**6.6**
Normalised surplus / deficit	**-7.4**	**-0.6**	**6.2**	**6.5**	**6.6**

Notes

[1] The TSD CCG element of ICO income combines the growth rates of the CCG assumptions on CHC and the balance of TSD budgets.

[2] The baseline value is consistent with the opening contract identified in the Heads of Terms and the Standard NHS contract. As the Trust and commissioners secure the savings needed to manage the costs down by £2.2M in year and £4.4M recurrently this will reduce the contract value to the target level of £156M.

[3] The transaction finance from commissioners has been excluded from clinical income, but is included in Other Operating Revenue, this is separately referenced in the Transaction Agreement.

18 Appendix B – Summary extract from long term financial model (LTFM)

	2015/16 Plan £m	2016/17 Plan £m	2017/18 Plan £m	2018/19 Plan £m	2019/20 Plan £m	2020/21 Plan £m
Income and Expenditure						
Income	374.5	378.9	385.1	389.7	396.1	404.1
Operating expenses	(364.8)	(360.5)	(358.4)	(361.9)	(368.5)	(375.5)
EBITDA	**9.7**	**17.6**	**25.8**	**27.8**	**27.6**	**28.5**
Non-operating revenue	(6.0)	-	-	-	-	-
Non-operating expenses	(17.7)	(21.5)	(21.6)	(23.8)	(21.1)	(20.6)
Net surplus / (deficit)	**(13.9)**	**(3.1)**	**5.2**	**4.0**	**6.6**	**7.9**
Nominalised surplus	(7.4)	(0.6)	6.2	6.5	6.6	7.9
...included in the above :						
Impairment	(0.5)	(2.5)	(1.0)	(2.5)	-	-
Investment in ICO transition Costs	(3.4)	(3.6)	(1.2)	(0.5)	(0.6)	-
ICO Merger Synergies	0.9	1.0	0.0	0.0	0.0	0.0
ICO Care Model	1.6	3.3	1.7	0.1	0.1	0.1
Continuous Improvement Plan (CIP)	15.2	11.8	13.5	11.6	9.9	11.0
	4.2%	3.3%	3.8%	3.2%	2.7%	2.9%
Cash balance and key movements						
Cash Balance	**27.8**	**19.0**	**19.4**	**22.3**	**25.5**	**29.5**
Capital Expenditure	(29.1)	(27.8)	(15.9)	(15.2)	(9.3)	(9.3)
Loans & leases Drawdown	31.6	14.5	5.4	5.5	0.2	0.3
Key Metrics						
EBITDA Margin	2.6%	4.6%	6.7%	7.1%	7.0%	7.1%
ICO changes as % of cost	(0.7%)	(1.2%)	(0.5%)	(0.0%)	(0.0%)	(0.0%)
CIP as % of Cost	(4.2%)	(3.3%)	(3.8%)	(3.2%)	(2.7%)	(2.9%)
I&E Surplus Margin	(3.7%)	(0.8%)	1.3%	1.0%	1.7%	2.0%
Continuity of Service Measures						
Liquidity Ratio Rating	4	2	2	3	3	4
Capital Servicing Capacity Rating	1	2	3	3	3	3
Continuity of Service Risk Rating	**3**	**2**	**3**	**3**	**3**	**4**

Risk Matrix

Analysis of risks set out in ASA: The risk analysis set out in this grid has been completed against the Trust's risk scoring matrix under which a score of 4 or less is regarded low, between 6 and 14 as moderate and 15 to 25 as significant.

Risk Title	Trust Risk Number	Risk Description	Controls and Mitigation in Place	Current Risk Score			Risk Owner
				Impact	Likelihood	Score	
FINANCIAL							
Increased overspends on the independent sector	**1236**	Increase in overspends on the Independent Sector (Placed People, Adult Social Care) budgets will impact on the Trust's ability to achieve the business plan current year's business plan.	This risk will be mitigated through discussion at the following groups and meetings: 1. Monthly Finance, Performance & Investment Committee meetings. 2. Monthly Social Care Programme Board meetings. 3. Placed People Oversight Group. 4. SFIs and Scheme of Delegation	5	4	20	Shared
STRATEGIC / COMMISSIONING							
Care Home Fees	**Council Risk**	In 2014/15 care home fees were set within a new banding structure for residential care. This has been challenged through JR.	• This challenge is currently under appeal and in addition to this commissioners (Torbay Council) are in on-going discussions with the care home market.	3	4	12	Council
Insufficient capacity for Domiciliary Care	**631**	The risk is that there is insufficient capacity in relation to domiciliary care.	A range of controls are in place as set out in the corporate risk register.	4	3	12	Shared

Risk Title	Trust Risk Number	Risk Description	Controls and Mitigation in Place	Current Risk Score			Risk Owner
				Impact	Likelihood	Score	
OPERATIONS							
Community support for change	**Council Risk**	Concern may be raised in response to implementation of the programme of work outlined in this agreement which may affect the pace of delivery.	This is mitigated through: • The close involvement of, and engagement with the individuals involved, their families and carers through the relevant assessment and reassessment processes. • Moderation of decision making in complex cases through Zone managers and the complex care review panel. • Consistent application of the cost choice risk policy • Escalation of individual cases to the Social Care Programme Board, support from Council Legal services and briefing for Members where particularly difficult, sensitive or contentious cases arises.	4	3	12	Council
Mental Capacity Act 2005 Deprivation of Liberty Safeguards	**803**	In March 2014 the Supreme Court set a ruling to clarify the threshold for a Deprivation of Liberty, this now set as being: "A person is under Continuous Supervision and Control and not free to leave". As a consequence of the ruling, the number of people residing in Care home or Hospital settings that fall within the scope of the Deprivation of Liberty Safeguards, has significantly increased.	A range of controls are in place as set out in the corporate risk register.	3	4	12	Shared

Risk Title	Trust Risk Number	Risk Description	Controls and Mitigation in Place	Current Risk Score			Risk Owner
				Impact	Likelihood	Score	
Risk Of Not Covering The EDS Rota Due To Staff Shortages	**668**	Risk of not covering the Emergency Duty Social worker (EDS) rota due to staff shortages and recruiting appropriately qualified staff. Current staff are also of retirement age and there is a great reliance on good will.	A range of controls are in place as set out in the corporate risk register.	4	3	12	Trust
Complex Care Delivery Risk	**722**	Risk that the Trust may not deliver on development of integrated complex care over full patch.	• Pioneer bid in support- national sponsor identified. Complex Care teams integrated within zones, community hubs in Torbay area driving model. Working in conjunction with commissioners and Director of Organisation for Pioneer. • CHC SDIP monitoring Place People. Governance Group meeting with CG on a monthly basis.	3	2	6	Shared

NOTE: The shared risks recorded in the grid will be managed separately by the Trust and the Council through their respective risk management processes.

17 Appendix A – Baseline income and costs

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ASC – Potential CIP Schemes 2016/17 – Draft 3

(11th January 2016)

Scheme Number	Area	Scheme	Savings £'000s	Notes
ASC 1	In House Learning Disability	Bay tree (Reprovision of Respite Care)	**250**	Could be one off costs in 2016/17 if staff cannot be redeployed. Public consultation is underway and Trust Board decision is anticipated March 2016. Scrutiny date (Torbay Council) to be confirmed. This effects circa 40 users per annum.
ASC 2	Independent Sector	Reduction in Care Home Placements (Standard under £606 per week)	**175**	2% reduction of base budget. In the previous three financial years there has been a 4% year on year reduction but client numbers are currently at their lowest point and further savings will be more difficult to achieve. A snapshot of client numbers (October 2015), indicate there are 565 clients in a Care Home costing under £606 per week so there would need to be a net reduction of 11-12 clients.
ASC 3	Independent Sector	Removal of Community Care Trust block and replace with spot purchase	**100**	This is specific to Mental Health Under 65 (Mental Illness) client group and assumes a saving of circa 33% could be achieved on the block payment as a result of negotiated efficiencies with the provider.
ASC 4	Independent Sector	Reduction in High Cost Packages of Care (Over £606 per week) and Non-Residential Packages of Care (£70 to £606)	**750**	See Enabler Schemes Listed (over page) and £750K is a 4.5% saving on current October 2015 levels. There are circa 150 clients with a high cost package of care and 920 clients with a non-residential package of care between £70 and £606. It should be noted that the enabler schemes could effect all clients and some clients might be impacted by more than one scheme.
	Total		**1,275**	

Enabler Schemes for ASC 4 (Note that in isolation all the schemes below ultimately cut across the same client base)

- **Double Handed Care** - Reduce cost of double handed care through effective moving & handling assessment. Initial pilot of ten clients to be undertaken in early 2016. In total there are estimated to be 70 clients in ASC (Domiciliary Care) and this has proved successful in other local authorities, for example Bournemouth. Based on an estimated 2 hours saving, per client, per week a full year effect saving could be in the region of £100K.

- **SPACE** - will entirely focus upon supporting planning and independence for Learning Disability clients in Supported Living and making savings on those packages by working with providers and matching service users in shared arrangements or moving people with consent into new settings that enhance their independence. A new contract with SPACE for 16/17 has been agreed and the service will also develop working with other clients using the support planning model, such as Mental Under 65 and younger physically disability and head injury clients. It is planned to review 40 clients and an average saving of £100 per week, per client would deliver £200K of savings (full year effect). The exact timing of this will be linked to the Baytree CIP scheme detailed above.

- **Supported Living** - Reviewing the supporting living contracts to separate the cost of care and accommodation costs. This will require partnership working between the Trust and Council / CCG commissioners.

- **Telecare / Telehealth** - This would require pump priming that has not been available in recent years. Scoping work is currently underway through the Transformation team within the Trust and will be linked / progressed through the Social Care Programme Board.

- **Enhanced brokerage** for high cost packages - More expertise in brokerage can reduce unit cost and manage the market across a range of providers. A review is currently underway and learning is being taken from a pilot with Continuing Healthcare placements (South Devon) which utilised an enhanced brokerage service provided by Devon County Council. This scheme would require an element of pump priming (invest to save).

- **Responsive management** of domiciliary care. Working with Mears, our prime living well at home contractor to have a seconded social care worker with Mears to support early review and reduction of care packages. Anticipated start date of April 2016.

	Activity Change			Savings		Investments		
Element	Bed Reduction	ED Attendance Reduction	Outpatient Appointment Reduction	Pay	Non Pay	Pay	Non Pay	Net impact
				£	£	£	£	£
3a Acute Frailty	24	4,000	-	893,405	169,743	849,224	-	
3b Community frailty	-	-	-	175,000	-	310,000	-	
3c Single Point of Contact	-	-	-	-	-	-	20,000	
3d Community Localities	-	-	-	383,790	63,980	425,580	610,332	
3e Community Hospitals	18	3,000	-	2,016,579	1,318,105	-	101,000	
4a – e Acute Innovations	15	24,000	29,500	4,767,850	1,683,171	1,374,420	30,000	
MAAT	8	4,000	-	399,196	65,543	289,312	10,000	
Intermediate Care	-	-	-	-	499,276	-	-	
A&E Investment	-	-	-	-	-	1275,000	-	
Medical skill mixing*	-	-	-	-		-	-	
TOTAL	**65**	**35,000**	**29,500**	**8,635,820**	**3,799,818**	**5284,772**	**771,332**	**TOTAL**
				TOTAL £12,435,638		**TOTAL £6,055,804**		**£6,379,834**

Risk-Share Oversight Group
Terms of Reference - December 2015

Constitution

The Risk–Share Agreement (RSA) was signed by Torbay and South Devon NHS Foundation Trust (TSD), herein known as the integrated care organisation (ICO), Torbay Council and NHS South Devon and Torbay Clinical Commissioning Group (CCG) in September 2015. It describes the framework for the financial management of the multi-year investment by commissioners for services provided by the ICO. The RSA sits alongside the NHS Standard Contract and whilst does not override the quality or administrative elements, does supersede all financial components. The RSA states a Risk-Share Oversight Group (RSOG) is established with all parties, to provide strategic oversight of the agreement.

Purpose

For the Risk–Share Agreement, the Risk-Share Oversight Group will:

1. Provide assurance on system performance
2. Oversee strategy (short, medium and long term)
3. Agree support of major service development plans and contract changes.

Responsibilities

The role of the Risk-Share Oversight Group shall be to carry out the functions relating to the strategic delivery of the Risk–Share Agreement. In particular the group will have responsibility for:

1. Operation of the risk-share 'mechanism'
2. Medium term operation of the RSA
3. Renewal of RSA
4. Consideration of disputes

Whilst not an exhaustive list, this includes the following activities:

- Receipt of key information, in an agreed format to monitor the activity, finance and performance of the ICO.
- Seek assurance on the implementation of the ICO care model

Membership

The Risk-Share Oversight Group shall consist of the following members from the three organisations:

Integrated care organisation:

- Director of Finance, Performance & Information and Deputy Chief Executive
- Head of Performance, Information and Contracting

Torbay Council:

- Director of Adult Services
- Chief Accountant
- Finance Manager

South Devon and Torbay CCG:

- Chief Finance Officer (chair)
- Deputy Chief Finance Officer (vice chair)
- Commissioning director with portfolio responsibility for the integrated care organisation

Reporting arrangements It is the responsibility of the members of the Risk-Share Oversight Group to ensure outcomes from the group are communicated to the governance arrangement of each organisation. South Devon and Torbay CCG will submit Commissioning and Finance Committee. The Delivery Assurance Group
Administration Secretariat support for the Risk-Share Oversight Group will be provided by South Devon and Torbay CCG. The secretariat will circulate the notes of the group committee within 5 working days of the meeting to all members.
Conduct of the Group The committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles.

Quorum	Frequency of meetings	Terms of Reference
Quorum The Risk-Share Oversight Group is quorate when at least one member is present from each organisation, including the Chair or the Deputy Chair.	Frequency of meetings The Risk-Share Oversight Group will meet as required to conduct its business, and will meet a minimum of four times per year.	Review These terms of reference may be amended by mutual agreement between all parties at any time to reflect changes in circumstances which may arise. They will be formally reviewed by the membership in quarter four of each year. **Date approved**: **03 Dec 15** **Next review: January 2016**

Torbay Council, Emergency Planning Roles in Council's Emergency cascade

- **Strategic commissioning of adult social care services (residential care and community care and support)**
- **Responsibility for housing commissioning and strategy**
- **Commissioning of accommodation based and outreach (floating) support for Homeless People and other Vulnerable Groups.**
- **Relationships with external providers and joint commissioners in health and neighbouring local authorities**
- **Delivery of adult social care services**

ADULT SERVICES PRIMARY CONTACTS

Name / Title	Emergency Role	Contact Details
Fran Mason Head of Partnerships, People and Housing	Communication with contracted providers of Care and Support for vulnerable people. Availability and co-ordination of needs assessment. Safeguarding vulnerable adults and serious case review including authorisation of deprivation of liberty under Mental Capacity Act.	01803 208424 (W) 01803 524311 (H) 07984757774 (M)
Jo Williams Associate Director of Adult Social Services	assessment of vulnerable people, brokering packages of care, moving people from residential or nursing care identifying suitable alternatives, liaising with health to make sure prescriptions/meds available, identifying rest centres, aids and adaptations, other support for displaced vulnerable people, responsible for maintaining access to out of hours emergency support	

ADULT SERVICES SECONDARY CONTACTS

Name / Title	Emergency Role	Contact Details
Vacant Strategic Partnership Manager	Communication with contracted providers of Care and Support for vulnerable people. Availability and co-ordination of needs assessment. Safeguarding vulnerable adults and serious case review including authorisation of deprivation of liberty under Mental Capacity Act.	
Robin Willoughby Lead AMHP	Assessment and placement, access to services, medication and packages of care and place of safety for older people with poor mental health	
Sharon O'Reilly Manager Older person	Assessment and placement, access to services, medication and packages of care and place of safety for people under 65 with poor mental health	

Mental health team

Trust CIP Programme and Governance Structures

The Trust has, historically, had a good record on delivering against its CIP Targets. This has been possible through the organisation's ability to scope opportunities, produce good quality data and identify and resource dedicated project teams and project managing schemes that deliver on time, supported by a robust CIP performance management and Project Management Office (PMO) function. However, like most other NHS organisations, we acknowledge that identifying and delivering recurrent savings, in particular, is proving increasingly challenging and requires a different approach.

Additionally in regard this Annual Strategic Agreement trying to align the different planning cycles which are driven nationally for local authorities and the NHS has been challenging.

The Trust wide CIP programme for 2016/17 builds on the strategies of the past and also seeks to address the challenges faced through a constructive, inclusive approach to deliver authenticated schemes. The proposed portfolio is partially based upon the Trust's Five Year Plan that was previously submitted to Monitor in 2015 and was the product of Healthcare benchmarking provided by the NHS Benchmarking authority, trust-wide engagement and regional networking as well as a review undertaken by Ernst & Young. It has been cross referenced to the findings of the Carter Review.

The CIP planning process is dynamic and the number of projects in play changes as schemes progress through the development stages. At the time of drafting this Agreement the Trust has identified 74 schemes with the potential to reduce cost or improve efficiency. The indicative full year effect of these schemes is £14.5m, the schemes are summarised in Table One below.

The schemes include:

- Workforce savings to be achieved through a range of initiatives which focus on reducing the need for expensive temporary staff, improved rostering, revised skill-mix, management-restructuring and reduced absenteeism.
- Income generation created through partnerships with our neighbours for example utilisation of capacity, within our Cardiac Catheterisation lab, and through exploiting volume based commissioning arrangements where possible. The Trust will also continue to run profitable franchised services and further expand salary sacrifice schemes.
- Enhanced procurement to reduce the costs of our consumables and our cost-base will be further lowered through a range of pharmacy initiatives to reduce drug spend.

- Within community services, we will continue to reduce costs through earlier intervention, in partnership with primary care services, further utilisation of the independent sector and improved management/review of care. We will seek to support greater independence through supported living for people with learning disabilities, re-structure packages of care and remove double handling. The service will also benefit from reduced costs in areas such as insurance as a result of integration.

Once the consultation exercise current being run by the CCG has concluded, and the outcomes have been carefully considered, it may be that further schemes can be developed.

The schemes set out in Table One have been scoped to assess the potential for delivery and RAG rated with the following results:

- Green (delivered or low risk to delivery): £ 3.2m
- Amber (moderate risks to delivery): £ 4.5m
- Red (significant risks to delivery): £ 2.3m
- Not yet assessed £ 4.6m

£14.5m

In addition to the potential savings schemes set out in Table One other areas where there may be the opportunity to make further savings have been suggested but have not yet been scoped. These areas are listed in Table Two; work to assess the potential of these suggested savings schemes will be progressed by the PMO.

The areas of work set out in Tables One and Two comprises projects that span all areas of our recently integrated community and acute services. The potential benefits will be delivered in parallel with the synergies achieved through integration and a new care model that seeks to provide the right care in the right place at the right time for people who live in Torbay and South Devon.

The Trust recognises that delivery against these schemes is not yet assured and that successful delivery requires projects that are feasible, clear leadership, sufficient delivery resource and a robust governance framework to ensure visibility and accountability.

The Trust has appointed an interim deputy Chief Operating Officer to provide additional professional input to the process. The Trust has also created a dedicated transformation project delivery team who will assist with the delivery of the ICO based CIP projects. In addition, the PMO and Finance reporting tools are being further enhanced to ensure the timely reporting of scheme delivery progress to the Executive board. Appropriate action will be taken to get any delayed schemes back on track (or devise replacement schemes).

The next phase sees outline planning for each project to establish key metrics such as timeline, resources, workforce implications and risks. These will be set out on a standard Project Inception Document for all schemes over £50k. A quality impact assessment will also be produced and signed off by the Medical Director and Chief Nurse to ensure any risks to patient care are resolved.

All 'approved schemes' will be managed through a revised governance process that includes a more robust reporting, assurance and escalation through a bi-weekly CIP review meeting with key managers.

Reporting to Board is secured through a reporting structure through the Senior Business Management Team meeting, through Finance Committee to Board. Detailed scheme level reporting will be in place across all of these levels.

The output from the Trust's internal process is reported through the Risk Share Oversight Group, which is the forum through which Commissioners gain assurance.

Table One

Potential CIP Schemes at 6th June 2016

Ref	Area	Opportunity	16/17 Likely Value £000	Forecast Confidence				Programme Stage
				Green £000	Amber £000	Red £000	Not Assessed £000	
		ASC Independent Sector		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
ASC2	ASC Independent Sector	Independent Sector - Assumed continuing demographic reduction in Care Home Placements (Standard under £606 per week)	£ 175	£ 175				Delivery
ASC3	ASC Independent Sector	Independent Sector - change from block to spot contracting arrangements	£ 100	£ 100				Delivery
ASC4a	ASC Independent Sector	Independent Sector - Double Handed Care	£ 125		£ 125			Delivery
ASC4b	ASC Independent Sector	Independent Sector - SPACE person centred care planning to achieve more personalised and cost effective care plans.	£ 125		£ 125			Idea
ASC4c	ASC Independent Sector	Independent Sector - Supported Living	£ 125		£ 125			Idea
ASC4d	ASC Independent Sector	Independent Sector - Telecare/Telehealth	£ 125		£ 125			Idea
ASC4e	ASC Independent Sector	Independent Sector - Enhanced Brokerage	£ 125		£ 125			Idea
ASC4f	ASC Independent Sector	Independent Sector - Responsive Management of Domicilliary Care	£ 125		£ 125			Idea
	ASC Independent Sector	Income collection - assumes run rate from 2015/16 is recurrent.	£ 100	£ 100				Delivery
ASC6	ASC Independent Sector	Reduction in Short Stay Placements	£ 236		£ 236			Idea
ASC7	ASC Independent Sector	Close St Kilda	£ 100			£ 100		Subject to engagement and decision by Council
ASC8	ASC Independent Sector	Contracting efficiencies	£ 36	£ 36				Delivery
ASC2 (more rigour)	ASC Independent Sector	As scheme ASC2 but doubled the anticipated savings	£ 175		£ 175			Idea
ASC4 (More rigour)	ASC Independent Sector	As scheme ASC4 but doubled the anticipated savings	£ 750		£ 750			Idea
	ASC Independent Sector	ASC Insurance Premium Reduction	£ 100	£ 100				Idea
	ASC Independent Sector	Community Nursing Review - Torbay and SD	£ 5		£ 5			Idea
			£ 2,527	**£ 511**	**£ 1,916**	**£ 100**	**£ -**	
		Placed People		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
PP03 (CCG)	Placed People	Bring review assessments up to date	£ 430	£ 430				Idea
PP1	Placed People	Tightening panel process (CHC)	£ 498	£ 498				Idea
PP2	Placed People	Increasing PHB numbers	£ 62		£ 62			Idea
PP4	Placed People	Contracting efficiencies	£ 81	£ 81				Delivery
PP5	Placed People	Reduction in Intermediate Care (Short Stay Placements)	£ 204		£ 204			Idea
PP6	Placed People	Robust review process for adult IPPs	£ 100	£ 100				
			£ 1,375	**£ 1,109**	**£ 266**	**£ -**	**£ -**	
		In-House LD		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
ASC1	In-house LD	In House Learning Disability Bay Tree (Reprovision of Respite Care)	£ 175	£ 175				Delivery
			£ 175	**£ 175**	**£ -**	**£ -**	**£ -**	
		Public Health		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
	Public Health	Non Recurrent CIP Saving assumption based on previous years	£ 200	£ 200				Idea
			£ 200	**£ 200**	**£ -**	**£ -**	**£ -**	

Table One

		Torbay		£ Green	£ Amber	£ Red	Not Assessed	
	Torbay	Non Recurrent CIP Saving assumption based on previous years	£ 500		£ 500			Idea
	Torbay	Recurrent Impact of Community Support Team savings	£ 80	£ 80				Complete
	Torbay	Vacant FAB team posts to be reviewed re, Care Act Funded	£ 44		£ 44			Complete
	Torbay	Move to 1 front end across Torbay Zones	£ 45		£ 45			Idea
	Torbay	Service redesign	£ 76		£ 76			Idea
	Torbay	Outsource Dom Care IHSS & CRT to independent Sector deleted and included in above	£ 228		£ 228			Idea
	Torbay	Co-location of Paignton & Brixham Zones	£ 250		£ 250			Idea
	Torbay	Cavanna House - termination of existing lease at end of current term	£ 102		£ 102			Delivery
	Torbay	Review of specialist LD vacancy	£ 37		£ 37			Idea
			£ 1,362	**£ 80**	**£ 1,282**	**£ -**	**£ -**	
		South Devon		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
	South Devon	Non Recurrent CIP Saving assumption based on previous years	£ 150	£ 150				Idea
			£ 150	**£ 150**	**£ -**	**£ -**		
		Finance		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
G11	Finance	Staff Salary Sacrifice Schemes	£ 122				£ 122	Delivery
	Finance	Review Revenue Costs for IT Systems	£ 81				£ 81	Idea
NP01	Finance	Procurement efficiencies	£ 540				£ 540	Idea
8	Finance	Lost pager review	£ 2				£ 2	Complete
	Finance	Mobile Phone review/Buy Your Own Device	£ 30				£ 30	Idea
CC07	Human Resources	Workforce Flexibility - impact of applying the principles from Carter review to be assessed.	£ 571				£ 571	Idea
NP03	Finance	Printing and Electronic Communicaiton Strategy	£ 75				£ 75	Delivery
	Finance	Benchmarking, Carter & other tools	£ 1,000				£ 1,000	Idea
			£ 2,421	**£ -**	**£ -**	**£ -**	**£ 2,421**	
		EFM		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
CC11	EFM	EFM Savings	£ 400				£ 400	Idea
			£ 400	**£ -**	**£ -**	**£ -**	**£ 400**	
		Operations - Medicine		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
CI10	Operations - Medicine	Additional income via Utilisation of new Cardiac Lab	£ 30				£ 30	Idea
M03	Operations - Medicine	Community Dietetics funding set based on Run Rate spend last yr.	£ 108	£ 108				Complete
M01	Operations - Medicine	Bowel Cancer Screening Programme	£ -					Delivery
			£ 138	**£ 108**	**£ -**	**£ -**	**£ 30**	
		OPERATIONS - SURGERY		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
CC02	Operations - Surgery	Outpatient Productivity	£ 25	£ 25				Planning
S04	Operations - Surgery	Clinically led procurement	£ 300	£ 300				Delivery
	Operations - Surgery	Non-Pay Challenge	£ 440		£ 440			Delivery
			£ 765	**£ 325**	**£ 440**	**£ -**		
		OPERATIONS - WCDT		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
NP05	Operations - WCDT	Microbiology VAT saving	£ 30	£ 30				Delivery
NP06	Operations - WCDT	Review existing contractual arramengements	£ 200	£ 147			£ 53	Delivery
	Operations - WCDT	Private Therapy Income	£ 5		£ 5			Idea
	Operations - WCDT	Medical Electronics Reorganisation	£ 30	£ 30				Delivery
	Operations - WCDT	Clinical Psychology Staff Saving	£ 30	£ 30				Delivery
	Operations - WCDT	Reduction in spend on Blood in progress	£ 50	£ 50				Delivery
	Operations - WCDT	Therapies recurrent vacancy factor in progress - complete	£ 198	£ 198				Complete
	Operations - WCDT	Increase Ultrasound scan charge Idea to work up further	£ 10		£ 10			Delivery
	Operations - WCDT	Reduction in discretionary spend	£ 57	£ 57				Complete
			£ 610	**£ 542**	**£ 15**	**£ -**	**£ 53**	

Table One

		WCDT Ideas to be Worked Up		£ Green	£ Amber	£ Red	Not Assessed	
	Operations - WCDT	Review of tests requested by consultants	£ 50		£ 50			Idea
	Operations -	MR contrast for livers is being discussed.	£ 13		£ 13			Idea
	Operations - WCDT	MR contrast for cardiac is about to be ordered in different volumes. This reduces waste and potentially saves £3,500 pa (again est. patient numbers).	£ 4		£ 4			Idea
			£ 67	**£ -**	**£ 67**	**£ -**	**£ -**	
		Human Resources		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
	Human Resources	Agency Reduction (Senior Manager, Admin and Clerical)	£ 350				£ 350	Idea
	Human Resources	Improved auditing of interface between Rosterpro to ESR for Payment errors	£ 20	£ 20				Complete
			£ 370	**£ 20**	**£ -**	**£ -**	**£ 350**	
		Strategy and Improvement		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
CI03	Strategy and Improvement	Charity/Sponsorship	£ 50				£ 50	Idea
			£ 50	**£ -**	**£ -**	**£ -**	**£ 50**	
		UNALLOCATED		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
	Unallocated	Functional Efficiency Challenge	£ 2,164			£ 2,164		Idea
	Unallocated	Integration Synergies	£ 1,184		£ 1,184			Idea
			£ 2,164	**£ -**	**£ -**	**£ 2,164**	**£ -**	
		PMU		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
4	PMU	PMU - increased sales on top of planned surplus	£ 300				£ 300	Idea
			£ 300	**£ -**	**£ -**	**£ -**	**£ 300**	
		PHARMACY		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
G10	Pharmacy	Drug savings	£ 160				£ 160	Idea
	Pharmacy	FP10 Outpatients	£ 100				£ 100	Idea
	Pharmacy	Integrated Medicines Management	£ 250				£ 250	Idea
			£ 510	**£ -**	**£ -**	**£ -**	**£ 510**	
		MEDICAL WORKFORCE		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
CC04	Medical Workforce	Medical Workforce Productivity	£ 389				£ 389	Idea
			£ 389	**£ -**	**£ -**	**£ -**	**£ 389**	
		EDUCATION		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
G05	Education	eLearning Strategy	£ 50				£ 50	Idea
			£ 50	**£ -**	**£ -**	**£ -**	**£ 50**	
		NURSING		**£ Green**	**£ Amber**	**£ Red**	**Not Assessed**	
CC05	Nursing	Nursing Workforce Productivity and Agency Spend Reduction	£ 500		£ 500			Delivery
			£ 500	**£ -**	**£ 500**	**£ -**	**£ -**	
		Totals	**Likely Value £000**	**Green £000**	**Amber £000**	**Red £000**	**Not Assessed £000**	
			£ 14,523	**£ 3,220**	**£ 4,486**	**£ 2,264**	**£ 4,553**	

Table Two

Potential Savings Suggested but Not Yet Scoped

Area	Opportunity
Education	Income from Training
Finance	Patient Access Booking
Human Resources	Improved Rostering Practices
Human Resources	Removal of paper timesheets
Human Resources	Employee on line self service
Human Resources	Staff wellbeing and improved Absence (Sickness, Holiday and other absences) recording to ensure better visibility and accountability
Operations - Community	Review Continence assessments
Operations - Community	Review CHC Nursing model
Operations - Community	Benchmarking and consistency across zones
Operations - Community	Blue badges – administration
Operations - Community	Chronic fatigue services – service redesign.
Operations - Community	Review of on-call arrangements
Operations - Community	Redesign of Stroke and Neuro pathways
Operations - WCDT	Open Access to GP patients for plain x-rays
Operations - WCDT	RFID Tagging
Operations - WCDT	Review outsourced maintenance contracts
Operations - WCDT	Review Community Loan Service
Operations - WCDT	Long term plan to combine UKAS registration into one instead of four
Operations - WCDT	Investigate potential for synergies from further back office shared services
Operations - WCDT	Order Comms savings
Operations - WCDT	Increased scope for Advanced Practitioner Reporting Radiographers would reduce the need for outsourcing of plain film radiography
Strategy and Improvement	Private Treatment
Strategy and Improvement	On-line medical sales
Strategy and Improvement	Advertising Income
Strategy and Improvement	R&D income generation

Torbay and South Devon NHS
NHS Foundation Trust

REPORT SUMMARY SHEET

Meeting Date:	6th July 2016 – Trust Board
Title:	**Integrated Quality, Performance & Finance Report**
Lead Director:	Ann Wagner, Director of Strategy & Improvement
Corporate Objective:	Objective 1**: Safe, Quality Care and Best Experience** Objective 4: **Well led**
Purpose:	Assurance

Summary of Key Issues for Trust Board

Strategic Context:

This month's Integrated Quality, Performance and Finance Report, comprising high level summary performance dash board, narrative with exception reports, detailed data book And financial schedules provides an assessment of the Trusts position for May (month 2) 2016/17 and the cumulative position for April and May for the following:

- key quality metrics;
- regulator compliance framework national performance standards and financial risk ratings;
- local contractual framework requirements;
- community and social care framework requirements;
- change framework indicators; and
- corporate management framework KPIs.

Areas of under delivery or at risk of not delivering are identified and associated action plans are reported. The report also identifies areas where performance has improved.

This report has been reviewed by the Finance and Performance Committee (28th June) and Executive Director Group (28th June). Contribution and performance of each Service Delivery Unit (SDU) is reviewed by Executive Directors on a bi-monthly basis through the Quality and Performance review meetings. This enables the corporate team to receive assurance, prioritise areas for improvement, consider support required and oversee action plan delivery. This month the Medical and Community Service Delivery Units were reviewed (20th June).

Following feedback from key stakeholders the Quality and Performance report is undergoing significant development. This month there are some developments included within the dashboard and some within the data book. This includes amalgamating several acute and community measures and removing measures where performance continues to be measured via an alternative metric. The inclusion of run charts is intended to help communicate the performance clearly and accurately. There are a range of other formatting changes, including 13 rather than 12 months data so that the same month in the previous year can be seen. This is the first set of changes which will continue with more significant enhancements over coming months.

Key Issues/Risks:

Quality Framework:

15 indicators in total of which 4 were RAG rated RED for May as follows:

- VTE risk assessment on admission (community) – 92.9% (target 95%)
- Medication errors (Acute) – 45 (threshold < 20)
- Dementia Find – 29.8% (target 90%)

- Follow ups past to be seen date – 6073 marginal improvement

Of the remaining 11 indicators, 5 were rated GREEN, 6 AMBER

Of note is improvement in the fractured neck of femur (time to theatre) – 88.6% from 69% in April

NHS I (Monitor) Compliance Framework:
12 performance indicators in total including the quarterly governance rating of which 2 RAG rated RED for May as follows:

- Cancer 31 day wait for second/subsequent treatment (Surgery) 93.6% (target 94%)
- Urgent care (ED/MIU combined) 4 hour wait– 87.4% against national standard 95% - note overachieving against SRG agreed STF trajectory

All of the remaining 10 indicators were rated GREEN including RTT and the FORECAST Monitor governance rating. The forecast Monitor governance rating includes cancer standards which are assessed quarterly. Following May's addition to the April performance the cumulative quarter to date position has moved to compliant and reduced the score by 1 point.

At month 2 for 2016/17 the Trust is in line with the planned Financial Sustainability Risk Rating of a 2. Areas under pressure include:

- EBITDA adverse position
- CIP delivery
- Capital expenditure behind plan
- Agency spend on nursing above agreed cap

Contractual Framework:
15 indicators in total of which 11 RAG rated RED as follows:

- RTT waits over 52 weeks – 6 (standard 0)
- On the day cancellations for elective operations – 1.4% (target 0.8%)
- Cancelled patients not treated within 28 days of cancellation – 9 (standard 0)
- Ambulance handovers greater than 30 minutes 149 (target 40)
- Ambulance handovers greater than 60 minutes 12 (standard 0)
- A&E patients (Type 1 ED only) – 81.2% (target 95%)
- Number of Clostridium Difficile cases (acute & community) – 5 (threshold <3)
- Care plan summaries % completed within 24 hrs discharge weekdays 56% (target 77%)
- Care plan summaries % completed within 24 hrs discharge weekend 22% (target 60%)
- Clinic letter timeliness % specialties within 4 days – 72.7% (threshold 80%)

All of the remaining 4 indicators were rated GREEN

Community and Social Care Framework:
11 indicators in total of which 1 RAG rated RED as follows:

- CAMH's % of referrals seen within 18 weeks – 80% (target >92%) improvement from April

Of the remaining 10 indicators, 6 were rated GREEN, 1 amber and the remaining 3 awaiting data.

Of note is the significant improvement in beds days lost in community hospitals from delayed discharges. In May 166 days were lost compared to 351 in April.

Change Framework
3 indicators in total – no RAG ratings available pending agreement on tolerances

- Board will note average length of stay reduced by 0.4 of a day and hospital stays in

excess of 30 days remained fairly constant.

Corporate Management Framework
4 indicators in total of which 1 RAG rated RED as follows:

- Staff vacancy rate (trust wide) – 7.99% (threshold 4%)

Of the remaining 3 indicators, 1 rated AMBER, 1 GREEN and 1 data was not available

Recommendation:

1. To **note** the contents of the report and appendices and **seek further assurances** and **action** as required.

Summary of ED Challenge/Discussion:
The Executive Directors have considered the May position. In addition to the usual focus on urgent care and the other targets linked to the STF, Directors also held a deep dive on stroke services at their meeting on 21st June and on Nursing expenditure at their meeting on 28th June. In relation to CIP Programme Delivery this month's Finance and Performance Committee considered plans for PMO arrangements and reviewed latest updates on CIP delivery, CARTER and Care Model developments and further actions to close the efficiency gap which are being driven by the newly established Efficiency Delivery Group Chaired by the Director of Strategy and Improvement.

Internal/External Engagement including Public, Patient and Governor Involvement:
Public scrutiny is available through the publishing of this report and the associated data book. Executive briefings to monthly all managers meetings provide a comprehensive update for the Organisation and helps team leaders in setting priorities. Weekly report on Urgent Care issued to all stakeholders.

Equality and Diversity Implications:
N/A

Torbay and South Devon NHS
NHS Foundation Trust

Report to:	Trust Board
Date:	6th July 2016
Report From:	Director of Strategy & Improvement
Report Title:	Integrated Performance Report (Month 2: May 2016)

1 Introduction

This report provides commentary against performance variances and improvements at the end of May (month 2) highlighted in the performance dashboard, supported by the detailed data book and finance schedules. It has been informed from the outcomes and actions from the Quality and Performance Review meetings, Executive debate and challenge and Finance and Performance Committee scrutiny.

The report is structured by each section of the dashboard and draws out areas of significant variation for review and comment. The report also highlights those indicators where improvements have been secured.

2 Quality Framework Indicators

2.1 CQC regulation compliance assessment

The CQC carried out a comprehensive inspection of Torbay & South Devon NHS Foundation Trust in February 2016. The final inspection report was received in May. The overall rating for the Trust is Requires Improvement. Overall we were given an Outstanding for Caring.

The CQC inspected 20 core services (locations) in total. 4 were rated Outstanding overall, 8 were rated as Good and 6 as Requires Improvement. Walnut Lodge did not receive a rating, as CQC do not have the ability to do this, although a report with no concerns is available.

Overall the Emergency Department was rated as Inadequate. A requirement notice was issued to the Trust in March 2016 and an action plan has been submitted to CQC and monitored by NHSE / CCG / CQC collectively.

A further 6 requirement notices were issued with the final report – responses are currently being prepared. Delivery will be monitored through the CQC Assurance Group reporting to the Quality Improvement Group and to the Quality Assurance Group with Trust Board oversight.

The formal Quality Summit was held on the 14th June and the final report is now published.

The Trust expects a follow up inspection to ED within the next three months, and a follow up inspection sometime before the end of February 2017.

2.2 Fractured neck of femur time to theatre

RAG RATING: AMBER

The percentage of patients who have suffered a fracture and who receive their procedure within 36 hours of arrival in hospital has improved from 69% in April to 88.6% in May, the target is 90%.

ACTION: The plan to extend trauma operating capacity to provide an additional 2 hours operating per day will increase resilience and improve this performance. The business case which has been presented to Executive Directors was challenged on costs which are being reviewed with a refreshed business case due by early July for Executive decision and Committee approval.

2.3 Stroke time spent on a stroke unit - part of SSNAP domain 2

RAG RATING: RED

There has been deterioration against the overall performance rating from C to D in the latest national reports. The table below identifies the movement in performance over the last 4 quarters;

SSNAP Scoring Summary:	*Routinely admitting team*	*Routinely admitting team*	*Routinely admitting team*	*Routinely admitting team*
Team	Torbay Hospital	Torbay Hospital	Torbay Hospital	Torbay Hospital
Quarter	***Apr-June 2015***	***July-Sep 2015***	***Oct-Dec 2015***	***Jan-Mar 2016***
SSNAP level	D	C	C	D
SSNAP score	57	66	68	49.6
Team-centred Domain KI levels:				
1) Scanning	D	D	D	D
2) Stroke unit	E	E	D	E
3) Thrombolysis	D	C	C	D
4) Specialist Assessments	D	D	C	D
5) Occupational therapy	B	A	A	A
6) Physiotherapy	D	B	B	C
7) Speech and Language therapy	D	C	C	D
8) MDT working	C	C	C	C
9) Standards by discharge	B	B	A	C
10) Discharge processes	B	A	B	C
Team-centred KI level	D	C	C	D
Team-centred Total KI score	52	64	68	52
Team-centred SSNAP level	D	C	C	D
Team-centred SSNAP score	52	64	68	46.9

The local data which does not provide for national comparison indicates little overall change in the performance rating for April and May. There has however been an improvement in the percentage of time spent on a stroke ward from 61% in April to 87% in May against the target of 80%.

ACTION: The National Stroke Audit (SSNAP) performance for the period January to March has been reviewed in detail and Executive Team undertook an in depth assessment with the operational team on the 21st June. This highlighted the challenges in achieving the compliance required to meet standards as a 'stand-alone' service and, while areas for immediate improvement are being pursued by the Team, it is likely that further improvement in the short term will be limited by workforce constraints. There is currently only one substantive consultant in place, and recruitment is a major challenge while there is uncertainty about the future configuration of services. Neighbouring Trusts are also challenged and a review of stroke services is identified as a potential priority for a Devon-wide plan under the STP.

2.4 Completion of Dementia 'find' assessment on admission to hospital
RAG RATING: RED

The standard of completing a dementia assessment for all patients admitted to hospital over 75 years old is not being achieved. In May 30% of eligible patients were assessed, the standard is 90%. The introduction of "Nerve Centre" clinical data system will make recording of this data part of the routine electronic data capture and remove the issues of double transcription currently needed which impacts out our reported compliance figures.

ACTION: Three pilot wards are due to commence using Nerve Centre in September 2016 (Allerton, Midgley and Louisa Cary).

2.5 Care Planning Summary timeliness
RAG RATING: RED

There remain challenges with the time it takes to complete CPS conflicting with junior doctor clinical commitments. In May 56% (target 77%) were sent to GPs within 24 hours on weekdays and 22% (target 60%) on the weekends.

ACTION: Content of new CPS agreed. Implementation dependent on software rewrite expected to be complete by early July. New version will be tested on wards in July in time for implementation for new intake of junior doctors 3 August 2016. Implementation will be supported by new communication and incentivisation being considered through the CPS group.

2.6 VTE Risk Assessment on admission
RAG RATING Amber (acute) / Red (community)

The completeness of patient risk assessments on admission for venous thromboembolism is recorded as below target of 95%. In May the performance was 94% for acute admissions and 93% for community admissions. We have good evidence for the acute that this is a recording issue relating to reliance on the CPS for collection of data. This standard is expected to improve with the Nerve Centre implementation.

2.7 Follow up appointments passed their to be seen by date
RAG RATING: RED

The number of follow up outpatients waiting six or more weeks beyond their 'see by date' remains too high, 6072 patients waited beyond six weeks in May. Clinical teams with the greatest number of patients waiting over six weeks have been asked to assess the clinical risk for patients and the steps they can take to reduce any risks identified. Exception reports for Ophthalmology and Orthotics have been produced and provided to Board previously. Other specialties in this position have been requested to provide their risk assessments and exception reports.

ACTION: These reports are being prepared over the next two weeks and will be shared at the next Board Meeting in August. They will detail the key issues and assessment of the clinical risk as well as the actions agreed or decisions required to achieve reduction in this clinical risk.

3 NHS Improvement (NHS I) [1]performance framework indicators

3.1 Annual Plan for 2016/17

The Trust's Annual Plan for 2016/17 was submitted to NHS I in April with declared risks against the following national standard indicators:

- **A+E and MIU 4 hour 95% standard:** The submitted annual plan declaration showed risk of delivery in relation to the national 95% 4 hour standard with an initial trajectory submitted to deliver 95% by October 2016. Following the annual plan submission in April, a revised trajectory was agreed through the local System Resilience Group (SRG) following a case for change review to achieve stepped improvement to 92% (combined performance ED and MIU) by September and to sustain this level for the remainder of the year to March 2017. This revised trajectory has been submitted to NHS I as part of the Service Transformation Fund (STF) submissions. Performance monitoring will be against the revised STF trajectory.
- **Referral to Treatment (RTT) 92% standard** – compliance is planned from July 2016 and supported by a detailed action plan.

3.2 May 2016 update against NHS I risk assessment framework performance indicators

3.2.1 4 hour standard for time spent in A+E

RAG RATING AGAINST SRG TRAJECTORY: GREEN

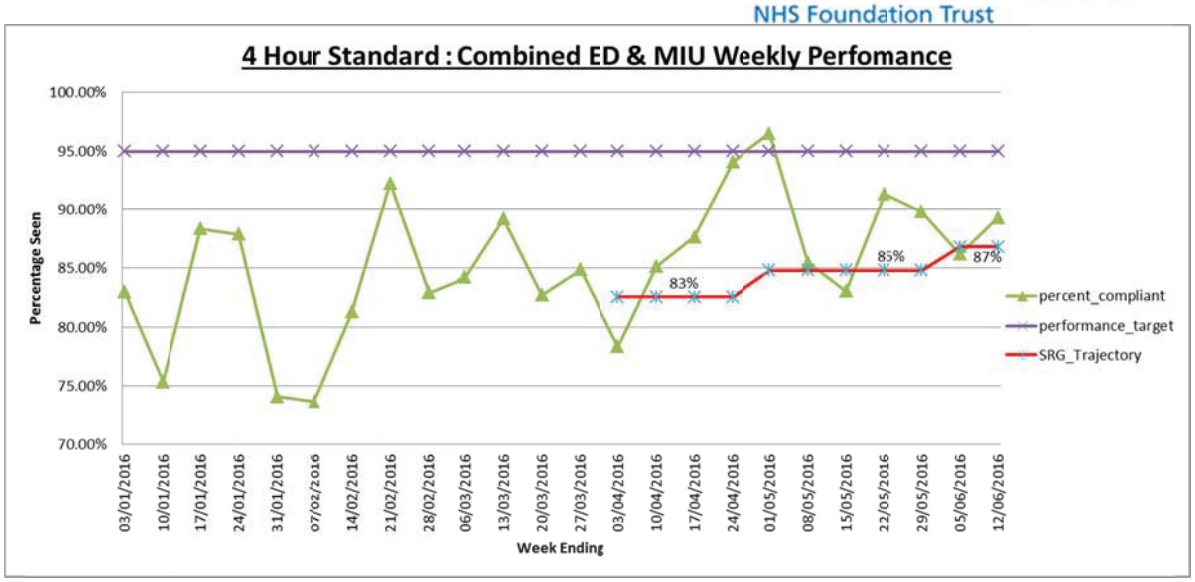
The 4 hour action plan continues to be reviewed weekly by the Urgent Care Improvement and Assurance Group (UCIAG) led by the Chief Operating Officer. To support this oversight and track the impact of service improvement, a detailed weekly performance report has been developed. The weekly report provides a detailed analysis of the work to improve clinical pathways, safety indicators and system performance oversight.

A Summary of most recent progress and issues against action plan monitoring are summarised below:

- The combined performance of ED and MIU's in May was 87.4% against the STF trajectory for May of 85%. Performance in the first two weeks of June has shown a slight improvement from May with 88.3% of patients in MIU's and A&E being seen in 4 hours, and the combined target for the last two weeks has been over 94%. This is compliant with the trajectory which for June has stepped up by 2% to 87%.

  The following graph illustrates the weekly performance against the standard and the SRG agreed STF trajectory;

[1] From the 1st of April Monitor formally became known as NHS improvement (NHSI).



- Time to initial assessment has improved and this has been consistently maintained over the period, with the implementation of the Rapid Assessment Area and additional nursing for triage. Processes have also been implemented which have improved SWAST handover times. The median time to initial assessment is consistently just below 10 minutes however, more work is required to achieve the target of 85% seen within 15 minutes.

Increasing senior doctor presence later in the evening and at weekends is key to embedding and improving performance and safety of care. The operational team is engaging with consultants about a change in the doctors working pattern with an intended implementation date of September 2016. Further details are included in the Chief Operating Officer's report.

3.2.2 Referral to Treatment (RTT) incomplete pathways

RAG RATING: GREEN

The confirmed RTT performance for May is that 92.5% of patients waited 18 weeks or less for their treatment at the Trust. This is the second month in a row the Trust has delivered the 92% standard when taking the total performance of all specialities together. This performance represents earlier delivery than originally planned as the trajectory is to deliver 92% by July.

However a number of specialties and in particular Neurology have been identified as 'at risk' due to workforce and other challenges and the cumulative effect is creating a corporate risk to the delivery of the 92% target in aggregate. More Information on individual specialties is included below. The forecast is for RTT performance in June to fall back from 92.5%, at this stage in the month it is too close to say whether this will be below the standard of 92%.

At individual specialty level further significant improvement in Ophthalmology has continued. The backlog of Ophthalmology patients waiting over 18 weeks has reduced further and is now 80 better (or fewer) than the trajectory. This is the main factor for achievement against overall target in May.

There are a number of specialties where performance is deteriorating and will threaten delivery of the Trust aggregate 92% position these are summarised below:

Neurology – The backlog over patients waiting over 18 weeks has risen to 91 due to loss of consultant capacity. **ACTION:** Discussions with neighbouring trusts to create arrangements for partnership working and increased on site capacity are on-going. It is unlikely that any substantive arrangements will be in place before Sept 2016.

Pain Management – The backlog has risen to 83 due to a locum consultant leaving and not being able to recruit to this vacant post which has impacted on capacity and the backlog of patients waiting treatment is therefore increasing. **ACTION:** A local in-house solution to change work plans is being sought, once implemented this will replace the lost capacity, but it will not be in place until Sept 2016.

Gastroenterology – The current shortfall in capacity will continue until the new consultant starts in Sept 2016. **ACTION:** The clinical team are supporting additional clinics but this remains below the level of capacity that is required to reduce current backlog.

Orthopaedics – Pressure on beds over the winter and spring resulted in high numbers of elective cancellations. Recent reduction in referrals for hip and knee outpatients following introduction of the new MSK service under the 'care model' changes is encouraging, and while this frees up outpatient clinical capacity, as expected the numbers of patients being added to the operating list have remained unchanged. The RTT backlog of patients over 18 weeks has risen to 277 and is likely to increase further as a consultant has resigned. **ACTION:** The Trust is working with our local private provider to help reduce the number of patients waiting over 18 weeks.

Colorectal and Upper GI – The number of routine patients waiting for treatment remains above plan. Clinical priority is given to the more urgent pathways and loss of elective capacity from on-going winter pressures on beds has resulted in additional cancelled operations. **ACTION:** The clinical team has a plan developed for an additional consultant to support both the emergency and elective capacity to achieve RTT trajectory.

Governance and monitoring: All RTT delivery plans are reviewed at the biweekly RTT and diagnostics assurance meeting chaired by the chief operating officer (COO) with the CCG commissioning lead in attendance.

3.2.3 Clostridium Difficile (c-diff)

RAG RATING: GREEN

The 2016/17 National objective for the number of C.diff cases is 18 cases. For Monitor compliance reporting the target in 2016/17 is 18 cases measured as the number of cases agreed with commissioners being due to a "lapse in care".

In May, there are 5 new cases of c-diff recorded with four confirmed as No lapse in care and one still to be assessed. The cumulative lapse in care for 2016/17 is one case.

The dashboard details the number of cases and the split between community and acute settings.

3.2.4 Cancer standards

RAG RATING: AMBER

Provisional data for the 31 days for subsequent Surgery standard is reported as not being achieved in May. This is prior to final validation and submission in national returns which is due in early July. From the total patients treated in May of 47 there were 3 patients who were not treated within 31 days, of these 2 patients choose to wait. These are provisional figures and are likely to improve once validation is complete. The forecast for Q1 is for all cancer targets to be achieved.

3.3 Summary Finance Report

RAG RATING: AMBER

The Trust submitted an Annual Plan to NHS I for the financial year 2016/17, based on a Payment By Results (PbR) contract arrangement. However, as reported at the last Board meeting, agreement has been secured to reinstate a Risk Share Agreement that underpinned the business case for the creation of the Integrated Care Organisation. A revised plan has been prepared, reflecting this agreement, with the Trust picking up a share of the system risk in 2016/17, and resulting in a predicted deficit of £5.1m in line with risk share for deficit greater that £1.9m. Following discussion with our NHS I Regional Director, the Director of Finance has written to NHS I requesting a formal amendment to the Trust's control total in this regard.

Key financial headlines for month 2 to draw to the Board's attention are as follows:

- **EBITDA:** for the period to 31 May 2016 EBITDA is £0.15m. This is broadly in line with plan, both as submitted and revised. When compared to the current PbR based plan it represents a £0.09m adverse variance. Should the revised plan based on the Risk Share arrangement be accepted by NHS I, this would result in an adverse EBITDA variance plan of £0.23m.

- **Income & Expenditure:** the year to date income and expenditure position is a £2.5m deficit; again broadly in line with both original and revised plan. This level of performance represents a £0.23m favourable against the PBR plan, and £0.10m favourable against the RSA plan.The Trust has a £1.34m deficit in May after risk share income has been applied.

- **CIP Programme** - delivery remains challenging, with £1.33m delivered to date. Whilst supporting revenue performance is in line with plan, we need to secure the remainder of the CIP Programme as a matter of urgency. The level of savings planned increases significantly from Quarter 2 forward, so it is imperative that we secure better traction in the programme. With that in mind, detailed action plans have been developed in support of the vast majority of schemes, and progress will be reported at scheme level to the Finance and Performance Committee.

- **Risk Rating**: The Trust has delivered a Financial Sustainability Risk Rating of 2, which is as planned.

- **Cash Position**: balances are lower than plan (PBR plan by £10.14m, RSA plan by £8.67m) mainly due to debtors, offset by lower than planned capital spend.

- **Capital:** capital expenditure is £2.69m behind plan at month 2.

- **Agency Spend:** Agency Registered Nursing spend to date is running at 11% in month, 10% year to date, against a cap of 4%. AS a result NHS I has written to the Trust to confirm they are re-profiling our expenditure threshold across the year.

Further details are included in the attached financial schedules and narrative

4 Contract Framework

The CCG contract for 2016/17 is now agreed, heads of terms for the contract have been signed and the detailed contract documentation is being reviewed and processed.

4.1 Service Transformation Fund (STF) performance trajectories

The trajectories below have been agreed and submitted to the CCG and NHS I. These will contribute to the Trusts ability to secure the STF:

STF trajectories and performance

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
4 hour standard	82.5%	84.8%	86.8%	89.9%	90.5%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Performance against plan / standard	89.4%	87.4%										
RTT - incomplete pathways	90.9%	91.2%	91.3%	92.02%	92.6%	92.9%	93.1%	93.2%	93.2%	93.1%	93.3%	93.3%
Performance against plan / standard	92.1%	92.5%										
Diagnostics < 6 weeks wait	98.91%	98.98%	98.96%	99.01%	99.0%	99.0%	99.2%	99.2%	99.2%	99.2%	99.2%	99.1%
Performance against plan / standard	88.50%	99.10%										
Cancer 62 day	96.0%	92.5%	85.9%	93.0%	90.3%	87.8%	86.5%	88.2%	88.7%	91.0%	86.4%	85.2%
Performance against plan / standard	87.6%	90.0%										

1. A+E / MIU (type 1 and 2) waiting times < 4 hours (Target trajectory 92%) - Planned trajectory of improvement to achieve 92% by September 2016 to be maintained for remainder of 16/17
2. RTT % patients waiting under 18 weeks (Target 92%) - Planned delivery July 2016
3. Diagnostic waiting times < 6 weeks (Target 99%) - Planned delivery from July 2016
4. Cancer 62 day referral to treatment (Target 85%) - Target delivered from April 2016.

4.2 Commissioning for Quality and Innovation (CQUIN)

The CQUIN Schemes for 2016/17 are under review by both the CCG and the Trust and are due to be signed by the long stop date (30th June) in the contract.

4.3 Diagnostic tests waiting over 6 week
RAG RATING: GREEN

In May the standard for diagnostic waits has been achieved with 0.9% of patients waiting at the end of month over 6 weeks. There continue to be service pressures in particular for CT scanning. Further actions to reduce the overall number of patients waiting and provide resilience to fluctuations in demand are being implemented.

4.4 12 hour Trolley waits
RAG RATING: GREEN

In May there were no 12 hour trolley waits recorded

4.5 Cancelled operations
RAG RATING: RED

Operations cancelled on the day of admission by the hospital remain above the national standard. In addition in May 9 patients were not re-admitted within 28 days of cancellation. The number of patients cancelled and not re-admitted within 28 days has increased steadily since February.

5. Community and Social Care Framework

5.1 CAMHS
RAG RATING: RED

The percentage of patients seen within 18 weeks has improved in May to 80% from 59% in April although this remains below the target of 92%. At the end of May the longest wait for treatment experienced by our patients was 27 weeks from referral.

5.2 Community Service Delivery Unit Harm Free care

The CSDU harm free rate was exceptionally low this month at 85.8% (previous month 92.5%) – Pressure Ulcer Harms reported on the day of ST audit was the main contributory factor and these were as follows:

- PU Harms CSDU 10.87% (previous month 6.7%)
- 'Old'/Transferred in PU harms = 9.27% (previous month 6.5%)
- 'New' PU harms 2.43% (previous month 2.22%)

5.3 Delayed Discharges

RAG RATING: GREEN (May) Red (year to date)

There has been a significant improvement in the number of community bed days lost. May saw the lowest level over the last 13 months with 166 bed days lost, previously the best performing month was October 2015 when 211 bed days were lost. The improvement in delays for reasons solely attributable to Social Care are as follow; Apr: 223 days lost; May: 141 days lost. The Hospital that showed the greatest improvement was Newton Abbot Templar Ward (Apr: 166 Bed Days Lost to delays; May: 62).

The reasons recorded for delays and the improvement between months is analysed as follows;

- Patient / Family Choice (Apr: 76 days; May 24 days)
- Residential Home Placement (Apr: 87 days; May: 32)
- Nursing Home Placement (Apr: 35 days; May: 0)

SAFER patient flow management principles, which include daily MDT review of all patients have been implemented in Ashburton Hospital and Templar Ward during May 2016 with a strong focus on discharge planning. This initiative advocates full engagement with patients and families on the choices available to them and their expected date of discharge. Whilst it is too early to statistically attribute this work to the improvements in the reduction in community delays outlined above, there is no doubt that discharge improvements have been seen. In addition a dedicated discharge co-ordinator has been allocated to Newton Abbot Hospital to support discharge processes and additional support to Totnes Hospital is planned. However, it should also be noted that during May there have been short periods of bed closures due to infection across the community Hospitals which have impacted on bed capacity.

A system-wide piece of work to review complex discharge planning is underway, supported by the Trusts' Quality Improvement Team building on from the success of a Discharge Coordination Site which enables tracking of patients across the Acute and Community bed-based system. On-going monitoring will track how these

6 Supporting documents to this integrated performance report

1. Month 2 Quality, Performance and Finance Dashboard
2. Month 2 Quality and Performance Databook
3. Month 2 Financial schedules and narrative

Corporative Objective		Target 2016/2017	13 month trend	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Year to date 2016/17
QUALITY FRAMEWORK																	
1	Safety Thermometer - % New Harm Free	>95%							96.5%	96.1%	95.9%	97.3%	97.1%	97.0%	96.8%	96.0%	96.4%
1	Reported Incidents - Major + Catastrophic *	<6		4	4	0	2	4	2	3	2	3	1	2	1	5	6
1	Avoidable New Pressure Ulcers - Category 3 + 4 *	9 (full year)		1	0	0	1	2	2	0	0	3	4	3	0	1	1
1	Never Events	0		0	0	1	0	1	0	0	0	0	0	0	0	0	0
1	Written Complaints - Number Received *	<60		34	39	36	26	33	36	42	32	40	42	34	31	46	77
1	VTE - Risk assessment on admission - (Acute)	>95%		94.0%	94.0%	95.2%	95.3%	94.6%	96.2%	96.1%	95.8%	95.6%	95.0%	94.0%	95.9%	93.9%	94.8%
1	VTE - Risk assessment on admission - (Community)	>95%		95.8%	98.6%	100.0%	93.4%	97.1%	91.7%	100.0%	100.0%	98.7%	88.8%	90.4%	92.5%	92.9%	92.7%
1	Medication errors - (Acute) *	<20		205	28	30	34	36	36	45	39	38	28	31	33	45	78
1	Medication errors - (Community) *	<20		32	32	48	35	25	27	21	24	18	32	31	24	21	45
1	Hospital standardised mortality rate (HSMR) - 3 months in arrears YTD = last 12 months cumulative	<100%		110.0%	95.0%	98.0%	103.2%	106.8%	85.4%	92.2%	95.1%	90.7%	83.9%	82.2%	89.8%	103.0%	96.7%
1	Infection Control - Bed Closures - (Acute) *	<100		955	288	40	68	18	54	92	36	12	57	38	236	56	292
1	Fracture Neck Of Femur - Time to Theatre <36 hours	>90%		86.8%	57.5%	65.9%	76.5%	72.2%	85.7%	86.8%	66.7%	88.6%	80.6%	80.9%	69.0%	88.6%	77.9%
1	Stroke patients spending 90% of time on a stroke ward	>80%		76.0%	79.0%	90.0%	87.0%	84.0%	79.0%	85.0%	82.0%	84.0%	81.0%	73.0%	61.4%	87.5%	72.3%
1	Dementia - Find - monthly report	>90%		41.4%	51.8%	55.2%	74.8%	71.4%	74.4%	73.5%	65.5%	64.3%	54.0%	40.7%	43.9%	29.8%	36.5%
1	Follow ups past to be seen date	3500		3577	3745	4020	4570	4873	4731	4542	5090	5291	4938	5732	6082	6073	6073

Corporate Objective Key	
1	Safe, Quality Care and Best Experience
2	Improved wellbeing through partnership
3	Valuing our workforce
4	Well led

NOTES

* For cumulative year to date indicators, RAG rating is based on the monthly average

[STF] denotes standards included within the criteria for achieving the Sustainability and Transformation Fund

Corporative Objective		Target 2016/2017	13 month trend	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Year to date 2016/17
MONITOR COMPLIANCE GOVERNANCE																	
1	Overall Quarterly Monitor Governance Score and rating	N/A			2			1			2			2	2	1	
1	A&E - patients seen within 4 hours [STF]	>95%		89.9%	91.2%	82.4%	80.2%	90.2%	91.4%	87.9%	85.3%	81.8%	82.0%	84.9%	89.4%	87.4%	88.3%
	A&E - trajectory [STF]	>92%		82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	84.8%	84.8%
1	Referral to treatment - % Incomplete pathways <18 wks [STF]	>92%		91.7%	91.4%	92.4%	92.2%	92.1%	91.5%	91.2%	90.8%	91.2%	91.4%	91.8%	92.1%	92.5%	92.5%
	RTT Trajectory [STF]			90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	91.2%	91.2%
1	Number of Clostridium Difficile cases - Lapse of care - (ICO) *	<18 (year)		1	3	2	1	2	0	1	0	0	0	0	1	0	1
1	Cancer - Two week wait from referral to date 1st seen	>93%		94.0%	95.2%	93.0%	94.7%	97.6%	98.1%	97.3%	97.7%	98.7%	97.0%	97.1%	96.3%	96.4%	96.3%
1	Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	>93%		94.4%	94.7%	100.0%	97.4%	100.0%	98.1%	93.6%	97.8%	95.8%	98.0%	100.0%	97.7%	99.0%	98.4%
1	Cancer - 31-day wait from decision to treat to first treatment	>96%		98.7%	98.4%	100.0%	98.7%	98.3%	96.6%	98.7%	98.8%	94.4%	98.7%	97.7%	96.4%	98.0%	97.2%
1	Cancer - 31-day wait for second or subsequent treatment - Drug	>98%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
1	Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	>94%		95.7%	98.5%	100.0%	93.6%	96.6%	97.7%	96.4%	100.0%	87.9%	96.5%	100.0%	93.5%	98.3%	96.2%
1	Cancer - 31-day wait for second or subsequent treatment - Surgery	>94%		93.8%	94.6%	92.9%	95.2%	97.4%	96.8%	92.3%	96.0%	95.1%	90.9%	96.9%	100.0%	93.6%	96.1%
1	Cancer - 62-day wait for first treatment - 2ww referral [STF]	>85%		92.5%	84.3%	93.0%	90.3%	87.8%	86.5%	88.2%	88.7%	91.1%	89.9%	89.5%	87.6%	90.0%	88.9%
1	Cancer - 62-day wait for first treatment - screening	>90%		100.0%	95.7%	93.3%	100.0%	90.9%	100.0%	90.5%	100.0%	93.3%	100.0%	100.0%	90.5%	93.3%	91.7%
MONITOR COMPLIANCE FINANCIAL SUSTAINABILITY																	
4	Capital Service Cover	2			1			1			1			1	1	1	1
	Capital Service Cover - Plan														1	1	1
4	Liquidity	3			3			2			4			4	4	4	4
	Liquidity - Plan														4	4	4
4	I&E Margin	4			0			2			1			1	1	1	1
	I&E Margin - Plan														1	1	1
4	I&E Margin Variance From Plan	3			0			4			4			3	3	3	3
	I&E Margin Variance From Plan - Plan														3	3	3
4	Overall Financial Sustainability Risk Rating	3			2			2			2			2	2	2	2
	Overall Financial Sustainability Risk Rating - Plan														2	2	2

The Governance rating score is assessed against the number of failed indicators in accordance with the Risk Assurance framework. A score of 4 or over will trigger a RED rating. Any individual indicator failed for 3 consecutive months can trigger a status of governance concern leading to potential investigation and enforcement action.

Corporative Objective		Target 2016/2017	13 month trend	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Year to date 2016/17
CONTRACTUAL FRAMEWORK																	
1	Diagnostic tests longer than the 6 week standard [STF]	<1%		2.5%	1.2%	1.1%	2.6%	2.7%	0.4%	0.8%	1.1%	2.8%	1.0%	1.6%	1.5%	0.9%	1.2%
	Diagnostic trajectory [STF]			1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.02%	
1	RTT 52 week wait incomplete pathway	0		0	0	0	1	1	1	1	2	3	5	4	4	6	6
1	Mixed sex accomodation breaches of standard	0		0	0	0	0	3	1	0	0	0	0	1	0	0	0
1	On the day cancellations for elective operations	<0.8%		1.3%	1.0%	0.7%	0.8%	0.8%	1.0%	1.0%	1.4%	1.3%	1.4%	0.9%	1.5%	1.4%	1.4%
1	Cancelled patients not treated within 28 days of cancellation *	0		2	4	3	2	0	0	2	3	2	9	10	4	9	13
1	Ambulance handover delays > 30 minutes [STF] *	0		27	18	68	87	86	42	103	75	113	234	170	102	149	251
	Handovers > 30 minutes trajectory *			50	50	50	50	50	50	50	50	50	50	50	50	40	90
1	Ambulance handover delays > 60 minutes [STF] *	0		0	0	1	3	2	2	2	5	2	35	16	26	12	38
1	A&E - patients seen within 4 hours DGH only	>95%		89.9%	91.3%	82.4%	80.2%	90.2%	87.8%	83.3%	79.7%	74.6%	74.4%	77.8%	84.5%	81.2%	82.8%
1	A&E - patients seen within 4 hours community MIU	>95%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
1	Trolley waits in A+E > 12 hours from decision to admit	0		0	0	0	0	0	0	3	1	13	10	1	2	0	2
1	Number of Clostridium Difficile cases - (Acute) *	<3		4	4	3	2	3	1	2	1	0	1	3	1	4	5
1	Number of Clostridium Difficile cases - (Community)	0		0	1	1	1	0	0	0	1	1	0	0	0	1	1
1	Care Planning Summaries % completed within 24 hours of discharge - Weekday	>77%		55.6%	60.0%	61.0%	61.7%	61.5%	62.4%	61.8%	55.0%	58.5%	58.5%	54.0%	63.6%	56.2%	59.6%
1	Care Planning Summaries % completed within 24 hours of discharge - Weekend	>60%		27.3%	32.8%	37.4%	28.1%	24.3%	26.7%	30.2%	23.8%	35.3%	22.0%	24.6%	25.0%	22.4%	23.7%
1	Clinic letters timeliness - % specialties within 4 working days	>80%		72.7%	86.4%	77.3%	72.7%	59.1%	59.1%	72.7%	77.3%	72.7%	77.3%	86.4%	81.8%	72.7%	77.3%

NOTE

* For cumulative year to date indicators, RAG rating is based on the monthly average

Corporative Objective		Target 2016/2017	13 month trend	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Year to date 2016/17
COMMUNITY & SOCIAL CARE FRAMEWORK																	
1	Number of Delayed Discharges *	2216 (full year)		508	401	320	403	317	211	467	327	325	415	338	351	166	517
1	Timeliness of Adult Social Care Assessment assessed within 28 days of referral	>70%		71.3%	70.6%	71.0%	70.3%	69.6%	69.9%	71.0%	67.0%	68.8%	68.8%	68.9%	86.0%	78.7%	78.7%
3	Clients receiving Self Directed Care	>90%		92.2%	92.4%	93.3%	93.4%	93.1%	92.8%	92.5%	92.7%	92.1%	92.9%	93.6%	92.5%	91.6%	91.6%
2	Carers Assessments Completed year to date	40%		11.3%	18.5%	18.4%	24.2%	27.4%	32.1%	35.9%	38.2%	41.2%	42.8%	43.3%	5.9%	11.9%	11.9%
3	Number of Permanent Care Home Placements	617		652	652	646	645	639	645	630	636	637	640	635	628	624	624
1	Children with a Child Protection Plan (one month in arrears)	NONE SET		157	156	161	190	199	216	216	212	174	147	139	131		131
3	4 Week Smoking Quitters (reported quarterly in arrears)	NONE SET			126			231			303						
3	% OCU in Effective Drug Treatment (reported quarterly in arrears)	NONE SET			7.2%			6.3%			6.4%						
1	Safeguarding Adults - % of high risk concerns where immediate action was taken to safeguard the individual [NEW]	100%													100.0%	100.0%	100.0%
1	Bed Occupancy	80% - 90%		90.7%	92.1%	90.6%	92.3%	89.9%	90.3%	92.7%	92.4%	94.8%	92.5%	91.9%	92.8%	89.8%	91.3%
1	CAMHS - % of referrals seen within 18 weeks	>92%		73.9%	77.8%	33.3%	45.5%	71.4%	90.0%	72.0%	50.0%	83.3%	53.6%	76.5%	59.3%	80.0%	64.9%
CHANGE FRAMEWORK																	
3	Number of Emergency Admissions - (Acute)			2546	2631	2732	2580	2694	2776	2760	2708	2609	2740	2945	2797	2975	5772
3	Average Length of Stay - Emergency Admissions - (Acute)			3.4	3.5	3.2	3.2	3.2	3.2	3.4	3.5	3.5	3.3	3.4	3.7	3.3	3.5
3	Hospital Stays > 30 Days - (Acute)			23	33	27	21	28	17	18	21	21	28	29	35	34	69
CORPORATE MANAGEMENT FRAMEWORK																	
2	Staff Vacancy Rate (excl temp workforce and additional hours)	<5%		7.00%	5.80%	6.50%	4.50%	6.40%	6.60%	6.80%	7.50%	6.80%	7.00%	7.45%	7.92%	7.99%	7.99%
2	Staff sickness / Absence 1 month arrears	<3.5%		4.30%	4.20%	4.20%	4.20%	4.10%	4.10%	4.00%	4.00%	4.00%	4.00%	4.05%	4.11%		4.11%
2	Appraisal Completeness	>90%		84.00%	86.00%	86.00%	86.00%	84.00%	80.00%	77.00%	78.00%	86.00%	85.00%	83.00%	82.00%	82.00%	82.00%
2	Mandatory Training Compliance	>85%		87.00%	87.00%	88.00%	88.00%	87.00%	89.00%	89.00%	90.00%	90.00%	89.00%	88.10%	87.85%	88.00%	88.00%

Performance & Quality Databook

Month 2 May 2016

Contents

QUALITY FRAMEWORK

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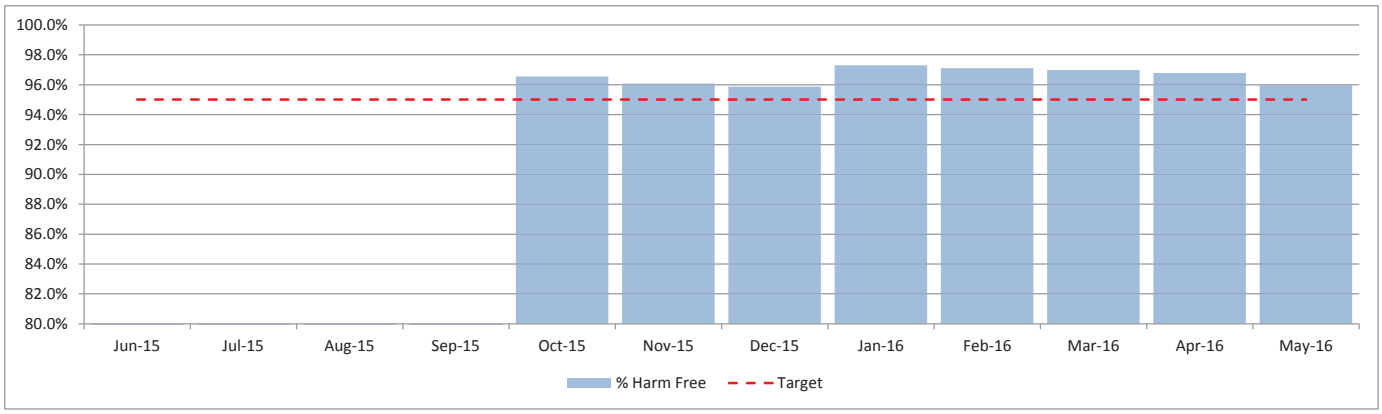
QUALITY FRAMEWORK

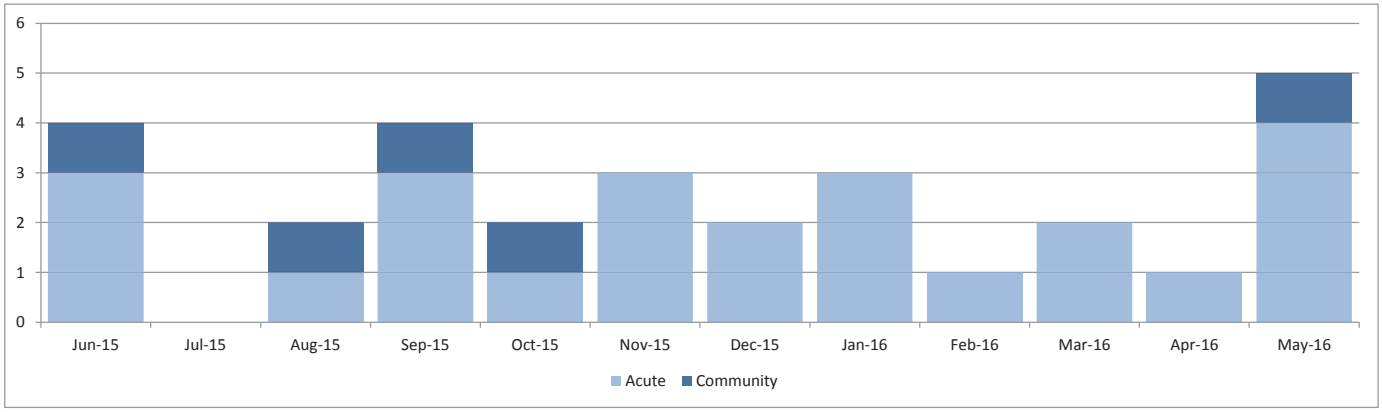
Harm Free - Trust Total

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Patients					985	1044	994	1109	1075	1057	1027	1044
Harm Free					951	1003	953	1079	1044	1025	994	1002
% Harm Free	n/a	n/a	n/a	n/a	96.5%	96.1%	95.9%	97.3%	97.1%	97.0%	96.8%	96.0%
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%



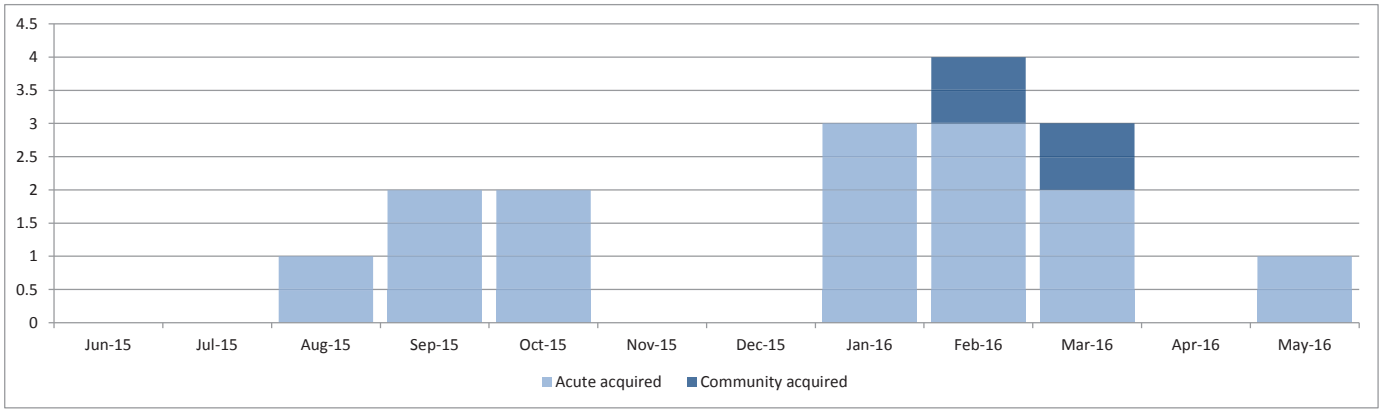
Reported Incidents - Major and Catastrophic

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Acute	3	0	1	3	1	3	2	3	1	2	1	4
Community	1	0	1	1	1	0	0	0	0	0	0	1



New Pressure Ulcers - Categories 3 and 4 (avoidable)

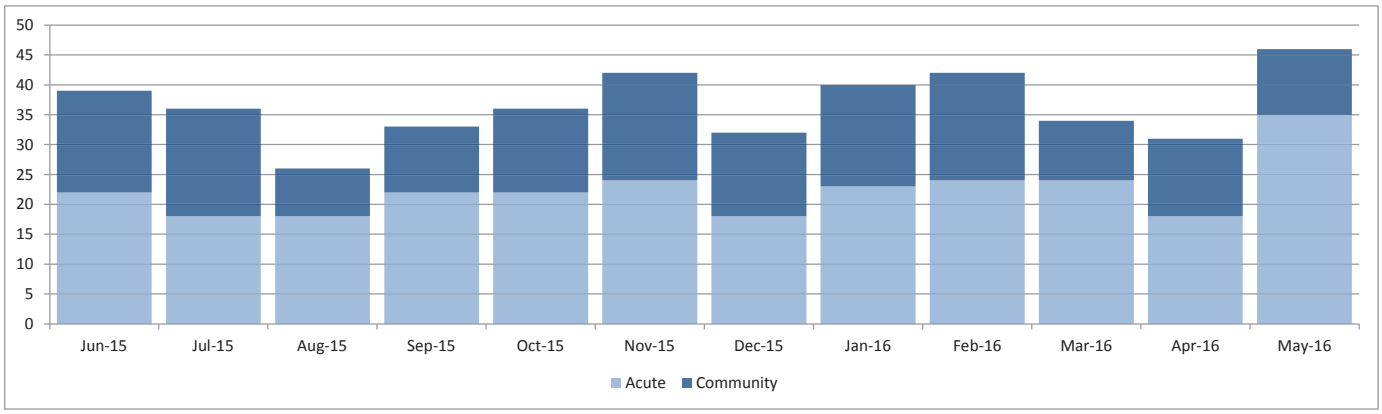
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Acute acquired	0	0	1	2	2	0	0	3	3	2	0	1
Community acquired	0	0	0	0	0	0	0	0	1	1	0	0



QUALITY FRAMEWORK

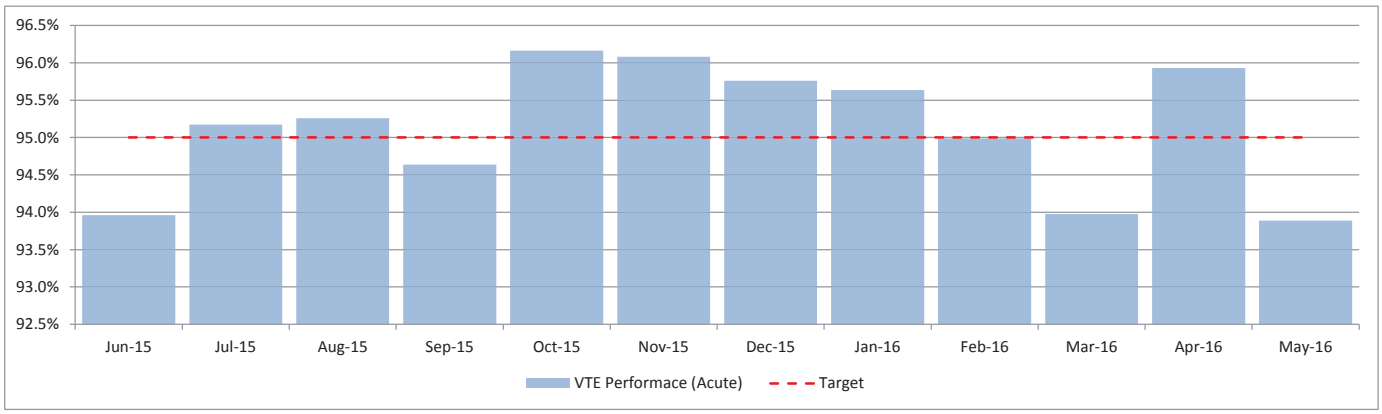
Written complaints

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Acute	22	18	18	22	22	24	18	23	24	24	18	35
Community	17	18	8	11	14	18	14	17	18	10	13	11



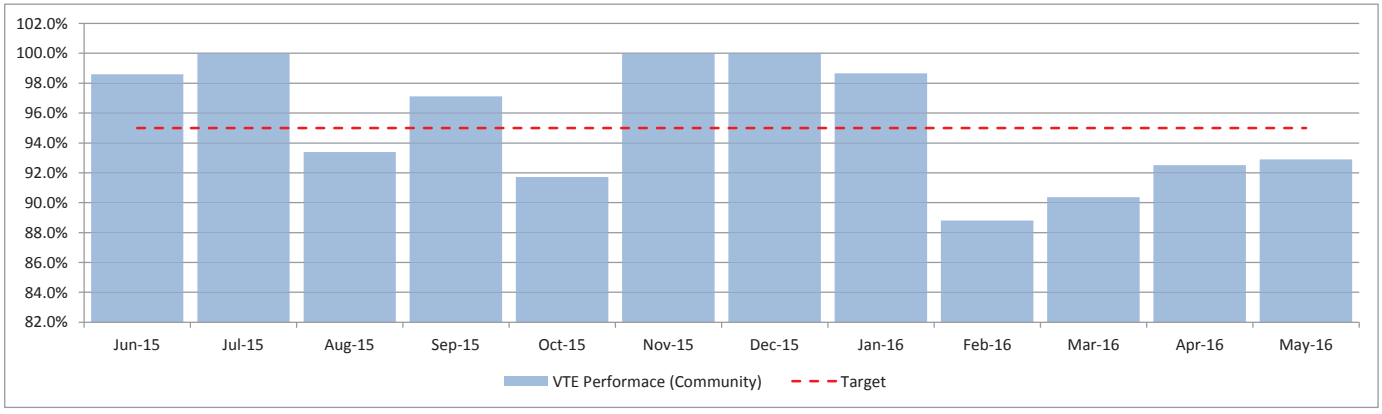
VTE Risk assessment on admission - (Acute)

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
VTE Numerator	5709	5955	5528	5930	5738	5593	5352	5653	5424	5573	5261	6098
VTE Denominator	6076	6257	5803	6266	5967	5821	5589	5911	5710	5930	5484	6495
VTE Performace (Acute)	94.0%	95.2%	95.3%	94.6%	96.2%	96.1%	95.8%	95.6%	95.0%	94.0%	95.9%	93.9%
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%



VTE Risk assessment on admission - (Community)

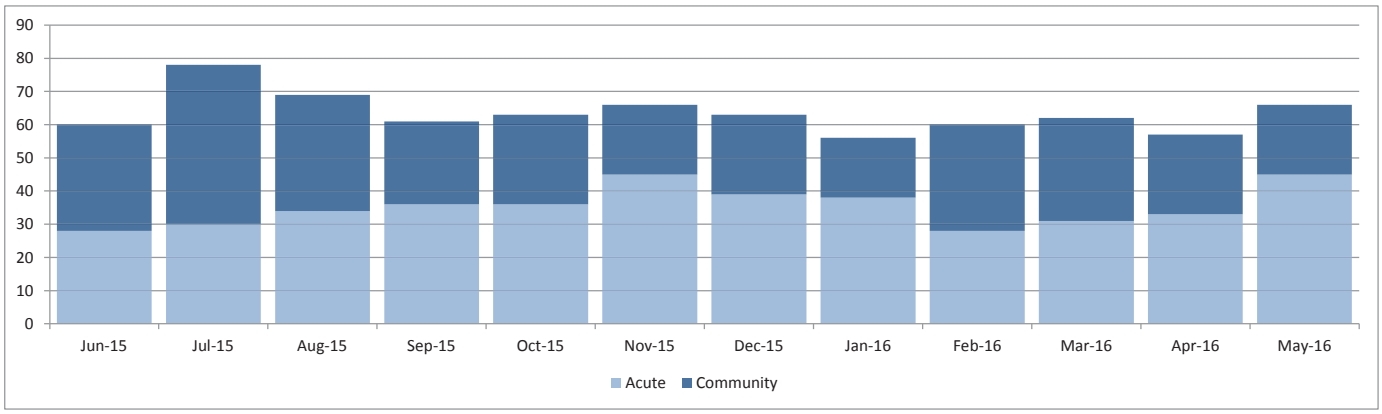
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
VTE Numerator	140	130	127	135	133	135	137	148	135	122	136	131
VTE Denominator	142	130	136	139	145	135	137	150	152	135	147	141
VTE Performace (Community)	98.6%	100.0%	93.4%	97.1%	91.7%	100.0%	100.0%	98.7%	88.8%	90.4%	92.5%	92.9%
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%



QUALITY FRAMEWORK

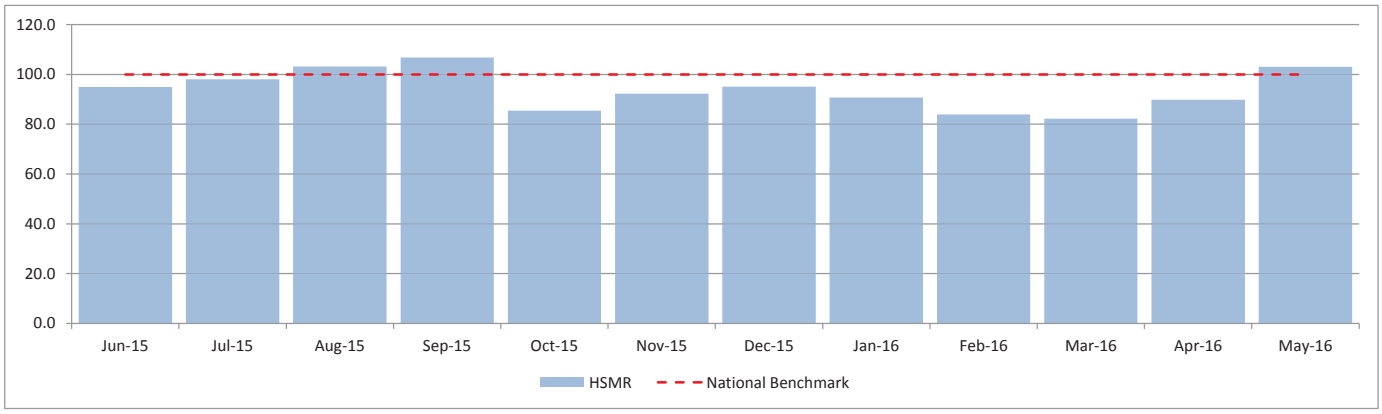
Medication Errors

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Acute	28	30	34	36	36	45	39	38	28	31	33	45
Community	32	48	35	25	27	21	24	18	32	31	24	21



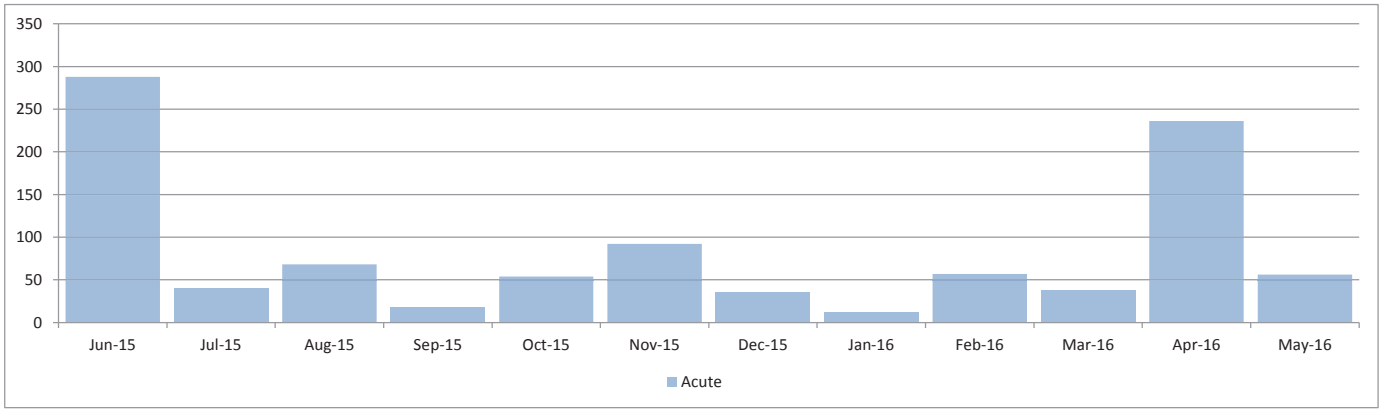
Hospital Standardised Mortality Rate (HSMR) national benchmark = 100

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
HSMR	95.0	98.0	103.2	106.8	85.4	92.2	95.1	90.7	83.9	82.2	89.8	103.0
National Benchmark	100	100	100	100	100	100	100	100	100	100	100	100



Infection Control - Bed Closures (acute)

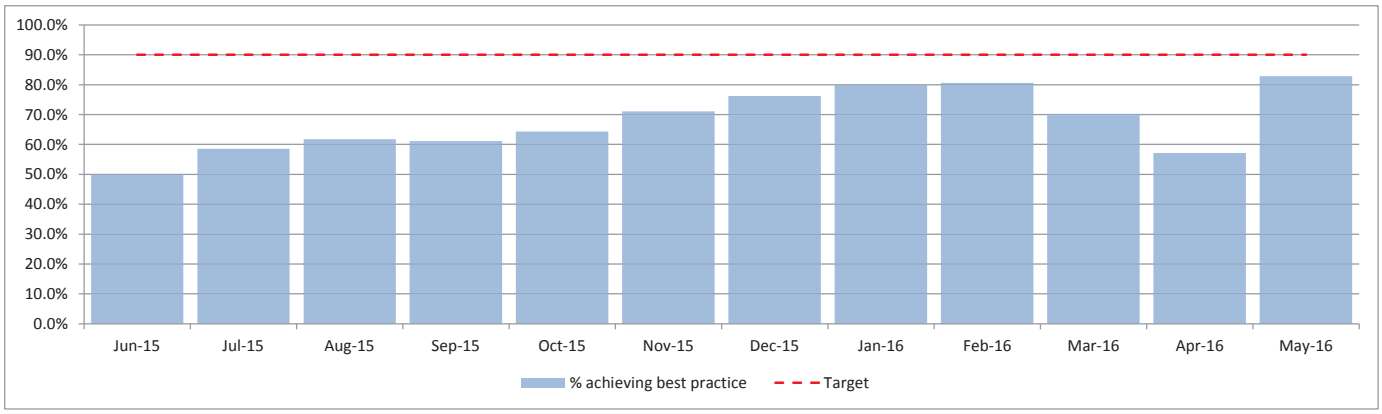
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Acute	288	40	68	18	54	92	36	12	57	38	236	56



QUALITY FRAMEWORK

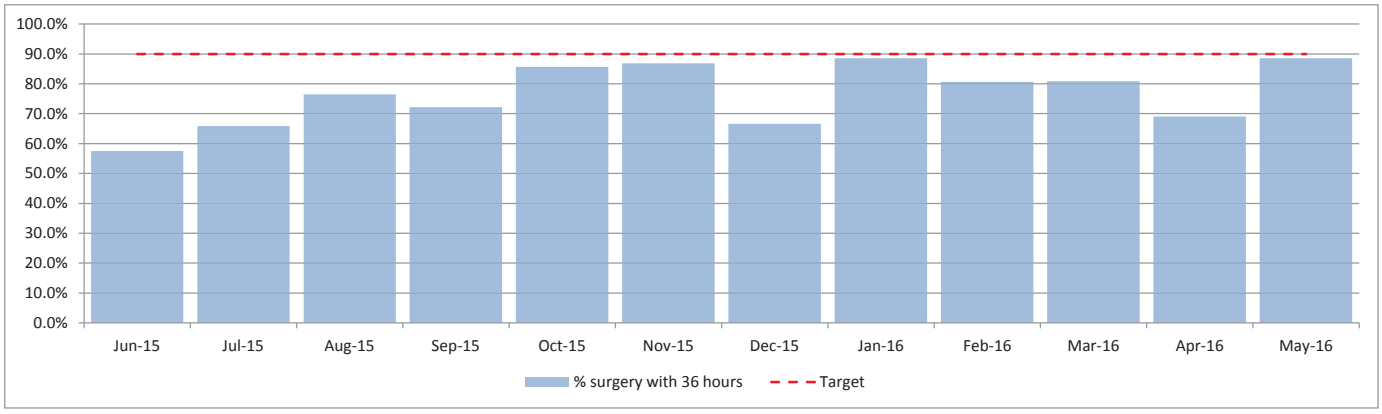
Fracture Neck of Femur - Best tariff assessment

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Patients	40	41	34	36	28	38	42	35	31	47	42	35
Achieving best practice	20	24	21	22	18	27	32	28	25	33	24	29
% achieving best practice	50.0%	58.5%	61.8%	61.1%	64.3%	71.1%	76.2%	80.0%	80.6%	70.2%	57.1%	82.9%
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%



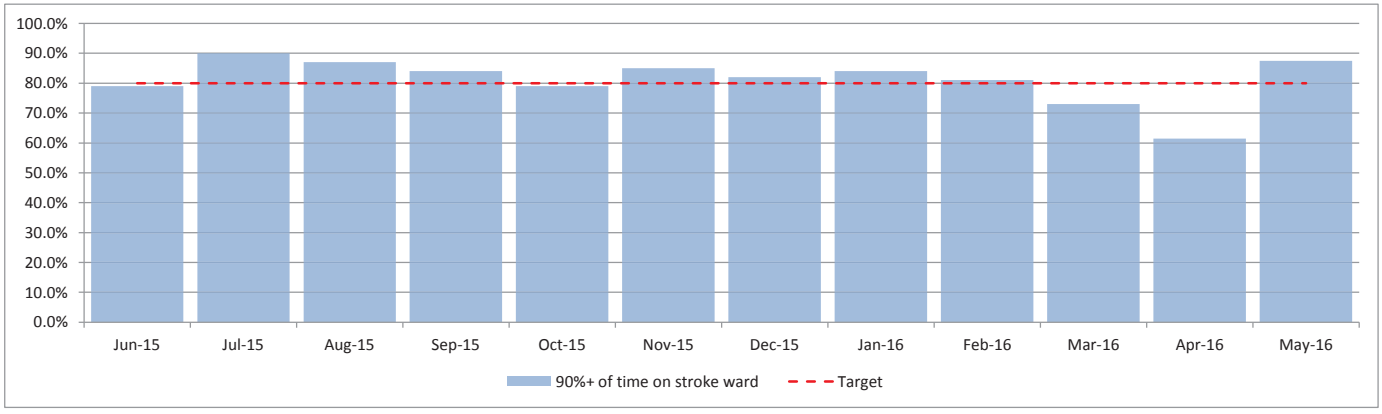
Fracture Neck of Femur - Time to theatre within 36 hours

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Patients	40	41	34	36	28	38	42	35	31	47	42	35
Surgery with 36 hours	23	27	26	26	24	33	28	31	25	38	29	31
% surgery with 36 hours	57.5%	65.9%	76.5%	72.2%	85.7%	86.8%	66.7%	88.6%	80.6%	80.9%	69.0%	88.6%
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%



Stroke

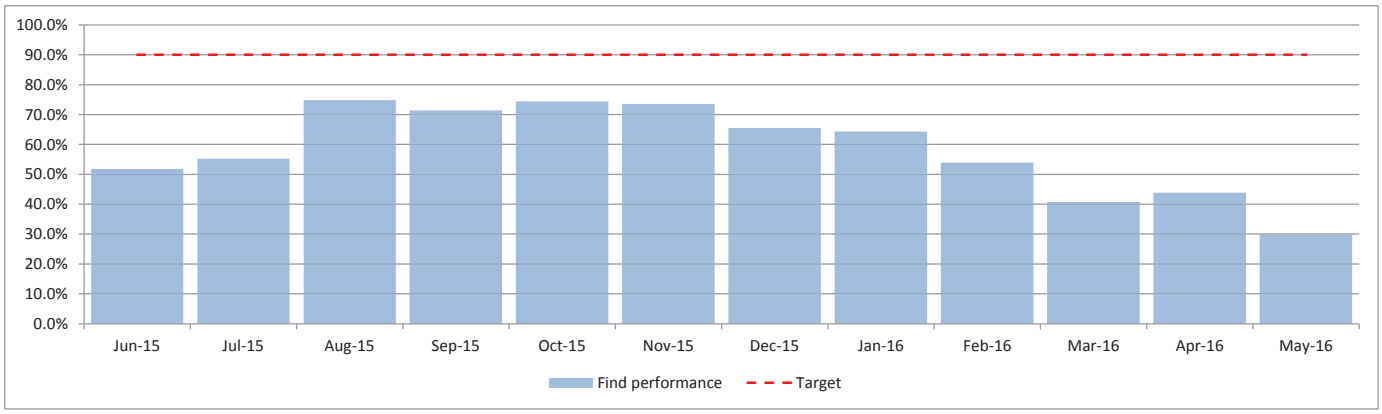
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
90%+ of time on stroke ward	79.0%	90.0%	87.0%	84.0%	79.0%	85.0%	82.0%	84.0%	81.0%	73.0%	61.4%	87.5%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%



QUALITY FRAMEWORK

Dementia - Find

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Numerator	362	401	457	423	472	461	484	402	360	350	366	133
Denominator	491	531	543	532	581	556	630	558	545	584	607	446
Find performance	51.8%	55.2%	74.8%	71.4%	74.4%	73.5%	65.5%	64.3%	54.0%	40.7%	43.9%	29.8%
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%



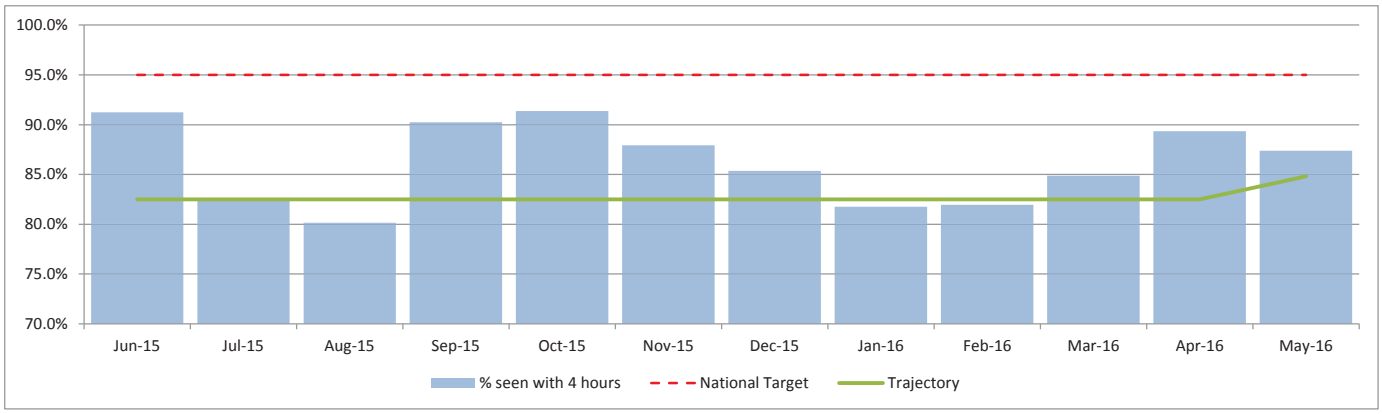
MONITOR COMPLIANCE FRAMEWORK

Month 2 May 2016

MONITOR COMPLIANCE

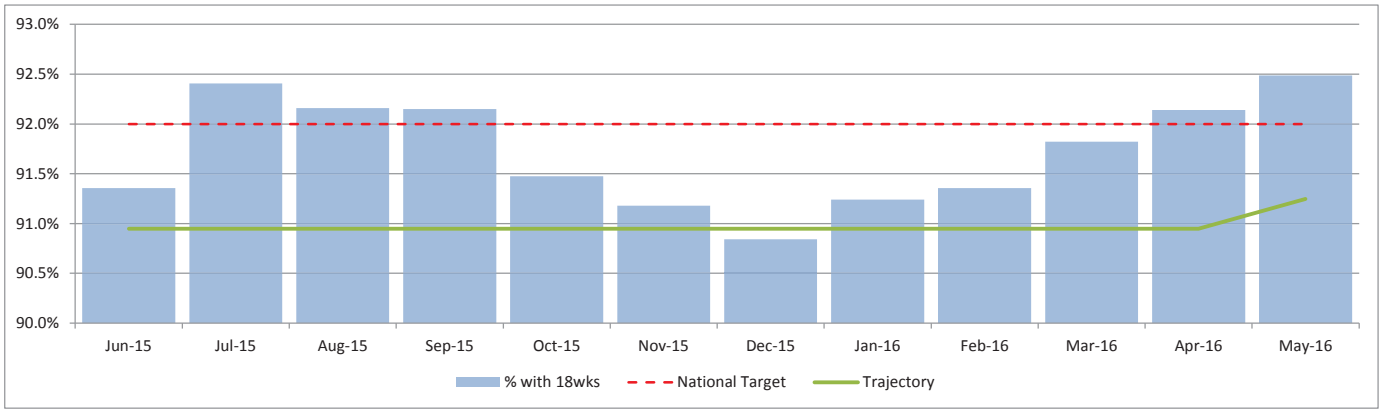
A&E and MIU patients seen within 4 hours

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Patients	6518	6755	6209	6087	8712	8451	8135	8223	8084	9298	8627	9741
4 hour breaches	571	1192	1232	594	753	1020	1192	1500	1459	1406	918	1229
% seen with 4 hours	**91.2%**	**82.4%**	**80.2%**	**90.2%**	**91.4%**	**87.9%**	**85.3%**	**81.8%**	**82.0%**	**84.9%**	**89.4%**	**87.4%**
National 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%
Trajectory	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	84.8%



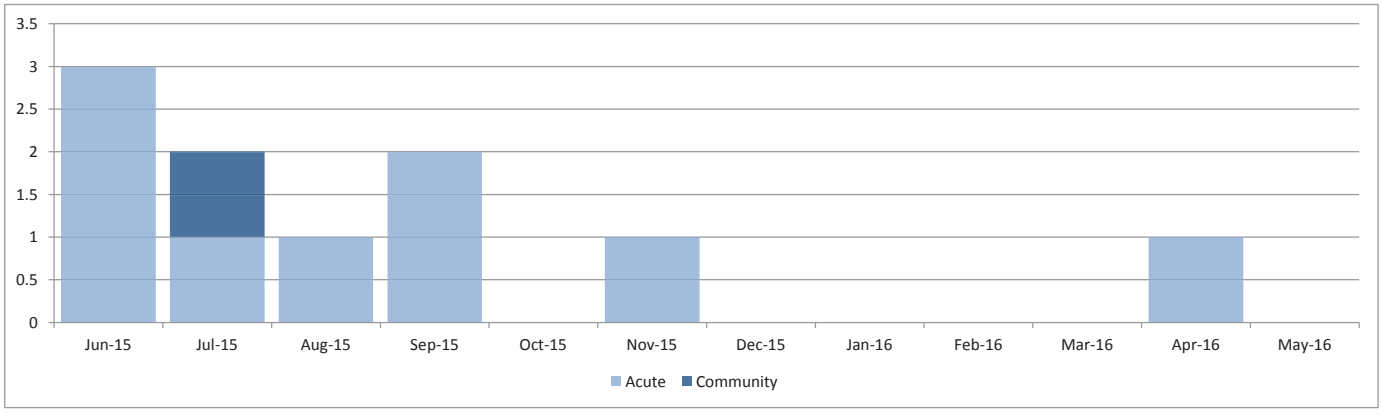
Referral to Treatment - Incomplete pathways

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Incomplete <18wks	14226	16101	15763	14849	14140	14100	14503	14292	14566	14518	14771	15194
Incomplete >18wks	1346	1323	1341	1265	1318	1364	1462	1372	1378	1293	1260	1234
% with 18wks	**91.4%**	**92.4%**	**92.2%**	**92.1%**	**91.5%**	**91.2%**	**90.8%**	**91.2%**	**91.4%**	**91.8%**	**92.1%**	**92.5%**
National Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Trajectory	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	91.2%



C Diff. Lapse in Care

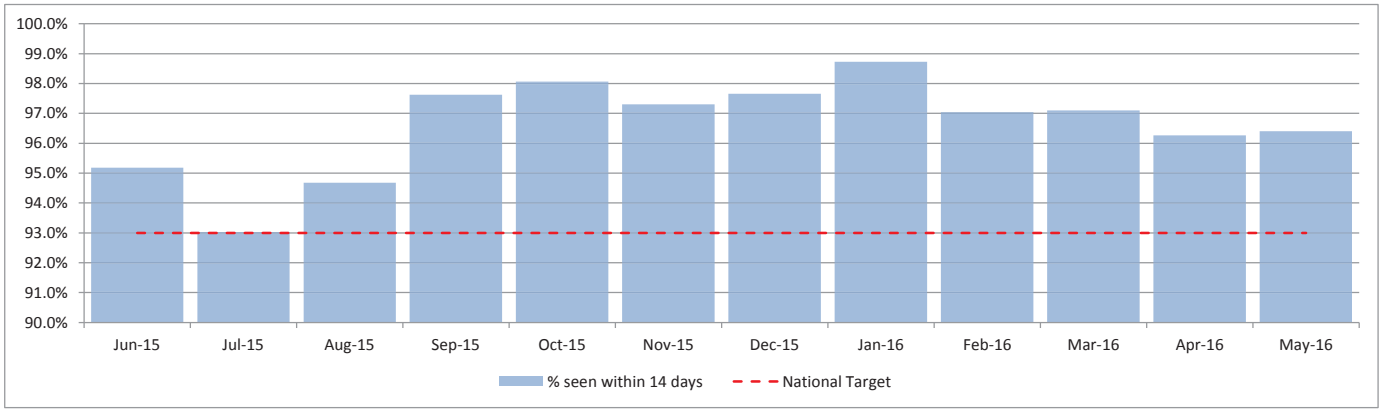
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Acute	3	1	1	2	0	1	0	0	0	0	1	0
Community	0	1	0	0	0	0	0	0	0	0	0	0



MONITOR COMPLIANCE

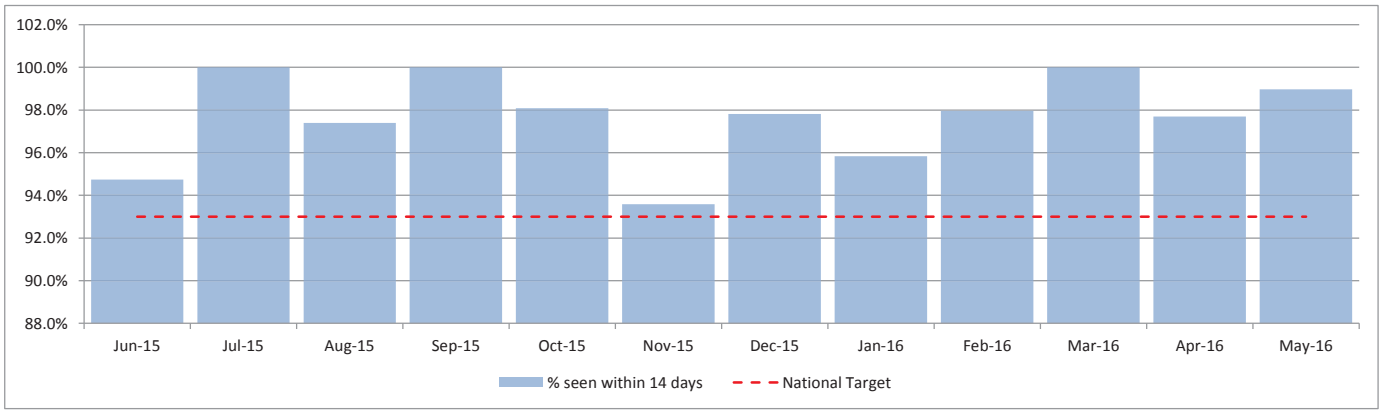
Cancer - Two Week Wait Referrals

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
2ww Referrals	913	903	826	884	879	889	897	705	846	965	884	1001
Seen within 14 days	869	840	782	863	862	865	876	696	821	937	851	965
% seen within 14 days	95.2%	93.0%	94.7%	97.6%	98.1%	97.3%	97.7%	98.7%	97.0%	97.1%	96.3%	96.4%
National 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%



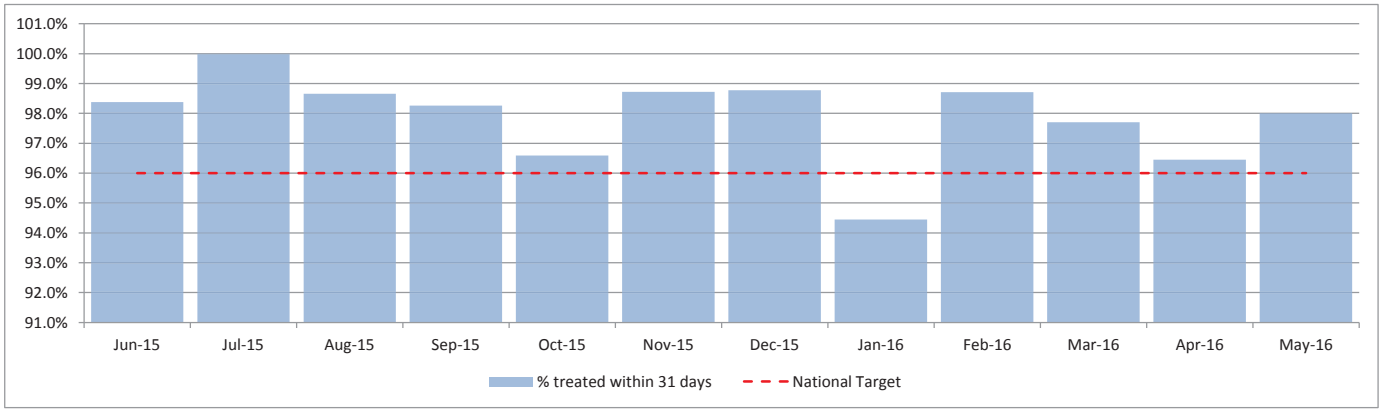
Cancer - Breast Symptomatic Referrals

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Breast symptomatic referrals	114	112	115	90	104	109	137	96	98	130	87	97
Seen within 14 days	108	112	112	90	102	102	134	92	96	130	85	96
% seen within 14 days	94.7%	100.0%	97.4%	100.0%	98.1%	93.6%	97.8%	95.8%	98.0%	100.0%	97.7%	99.0%
National 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%



Cancer - 31 day wait from decision to treat to first treatment

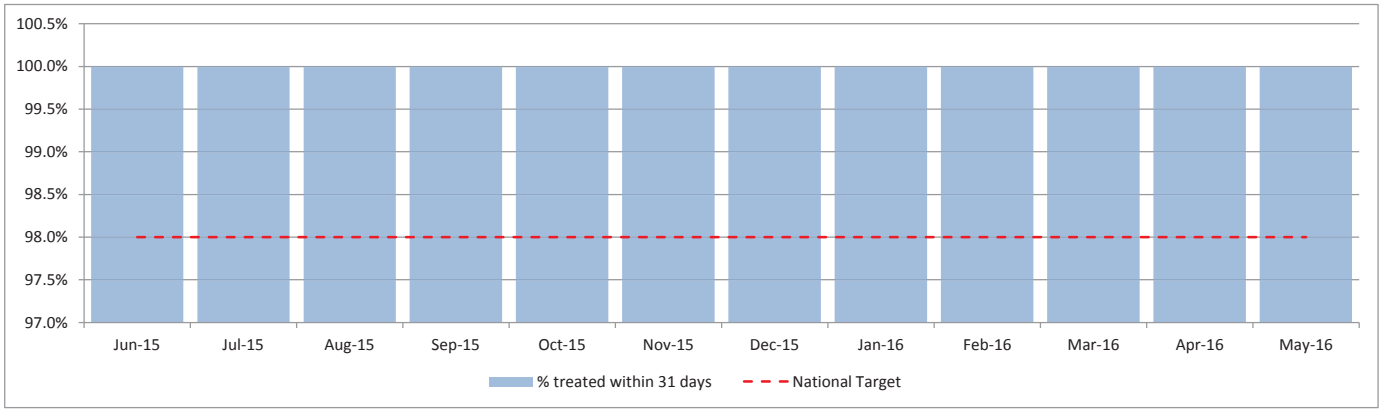
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
1st treatments	185	169	149	172	176	156	163	162	155	174	197	200
Breaches of 31 day target	3	0	2	3	6	2	2	9	2	4	7	4
% treated within 31 days	98.4%	100.0%	98.7%	98.3%	96.6%	98.7%	98.8%	94.4%	98.7%	97.7%	96.4%	98.0%
National 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%



MONITOR COMPLIANCE

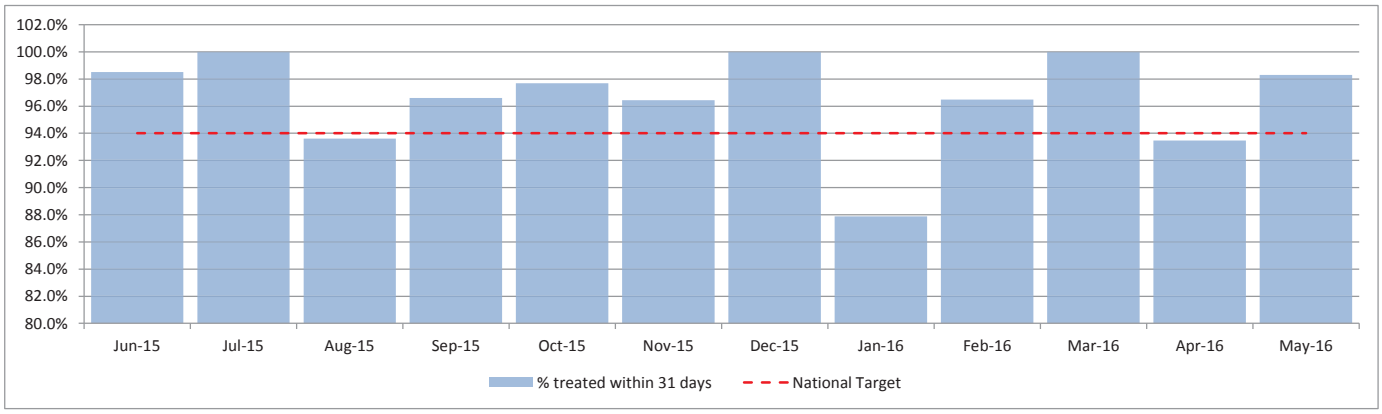
Cancer - 31 day wait for second or subsequent treatment - Drug

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Subsequent Drug treatments	57	48	38	55	52	49	47	59	52	62	71	66
Breaches of 31 day target	0	0	0	0	0	0	0	0	0	0	0	0
% treated within 31 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
National 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%



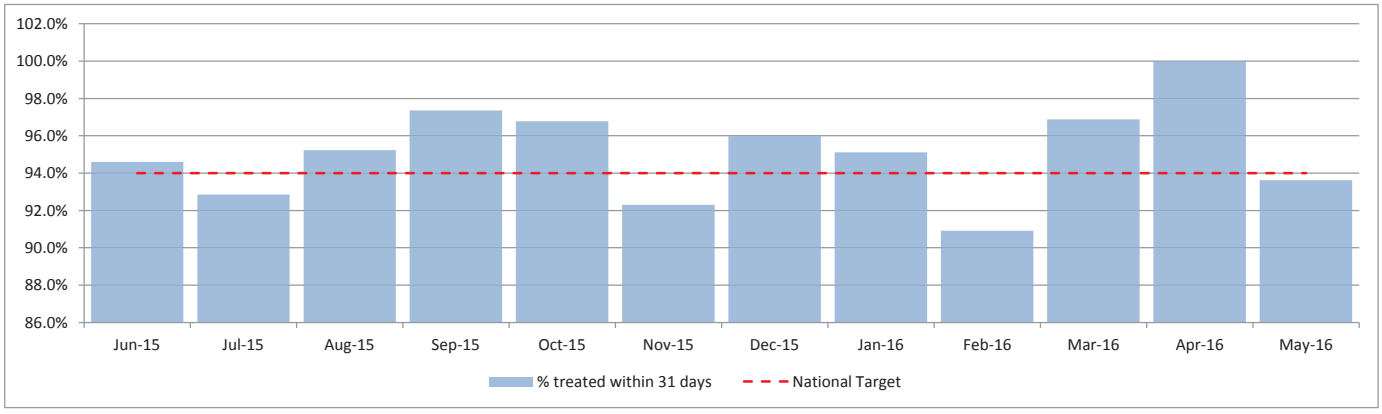
Cancer - 31 day wait for second or subsequent treatment - Radiotherapy

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Sub radiotherapy treatments	67	46	47	59	43	56	42	66	57	64	46	59
Breaches of 31 day target	1	0	3	2	1	2	0	8	2	0	3	1
% treated within 31 days	98.5%	100.0%	93.6%	96.6%	97.7%	96.4%	100.0%	87.9%	96.5%	100.0%	93.5%	98.3%
National 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%



Cancer - 31 day wait for second or subsequent treatment - Surgery

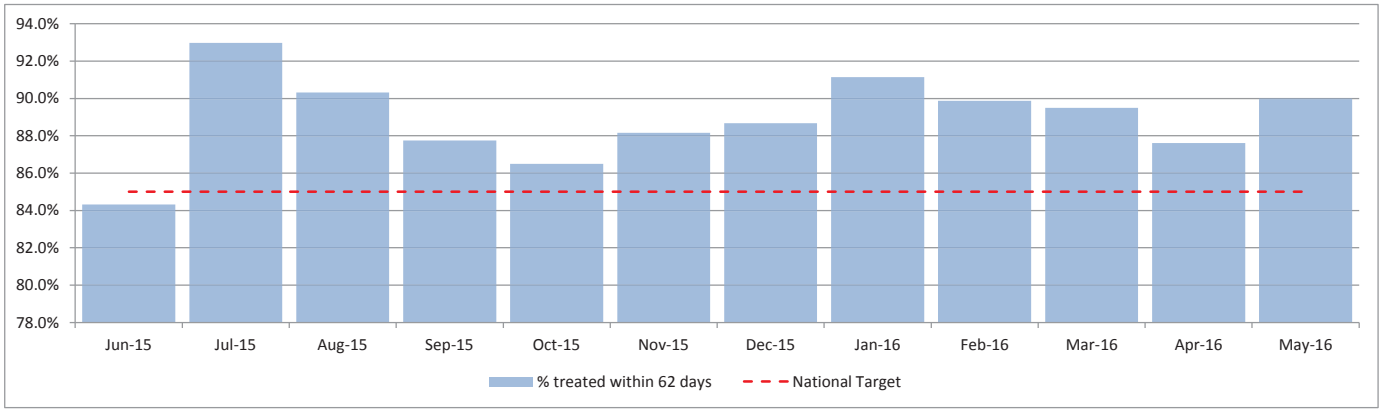
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Subsequent surgery treatments	37	28	21	38	31	39	25	41	44	32	30	47
Breaches of 31 day target	2	2	1	1	1	3	1	2	4	1	0	3
% treated within 31 days	94.6%	92.9%	95.2%	97.4%	96.8%	92.3%	96.0%	95.1%	90.9%	96.9%	100.0%	93.6%
National 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%



MONITOR COMPLIANCE

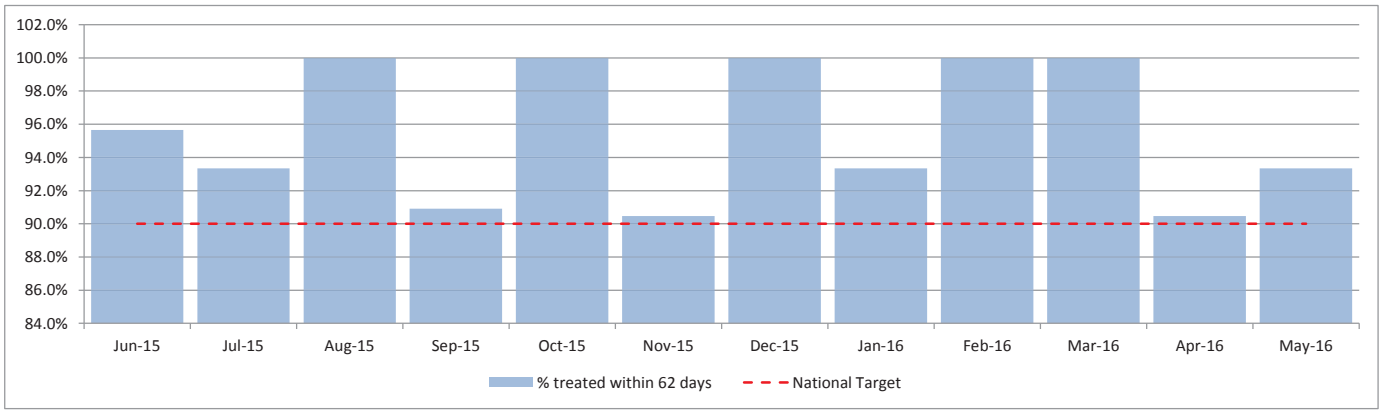
Cancer - 62 day wait for 1st treatment from 2ww referral

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
1st treatments (from 2ww)	92.5	85.5	77.5	98	100	76	75	79	79	90.5	105	115
Breaches of 62 day target	14.5	6	7.5	12	13.5	9	8.5	7	8	9.5	13	11.5
% treated within 62 days	84.3%	93.0%	90.3%	87.8%	86.5%	88.2%	88.7%	91.1%	89.9%	89.5%	87.6%	90.0%
National 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%



Cancer - 62 day wait for 1st treatment from screening referral

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
1st treatments (from screening)	11.5	7.5	8	11	11	10.5	15.5	15	7	13.5	21	15
Breaches of 62 day target	0.5	0.5	0	1	0	1	0	1	0	0	2	1
% treated within 62 days	95.7%	93.3%	100.0%	90.9%	100.0%	90.5%	100.0%	93.3%	100.0%	100.0%	90.5%	93.3%
National 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%



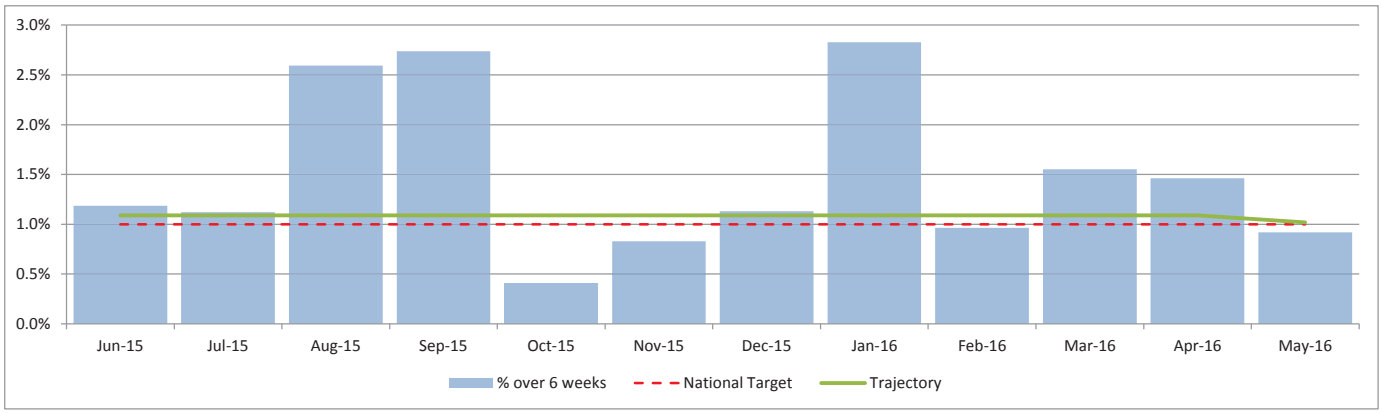
CONTRACTUAL FRAMEWORK

Month 2 May 2016

CONTRACTUAL FRAMEWORK

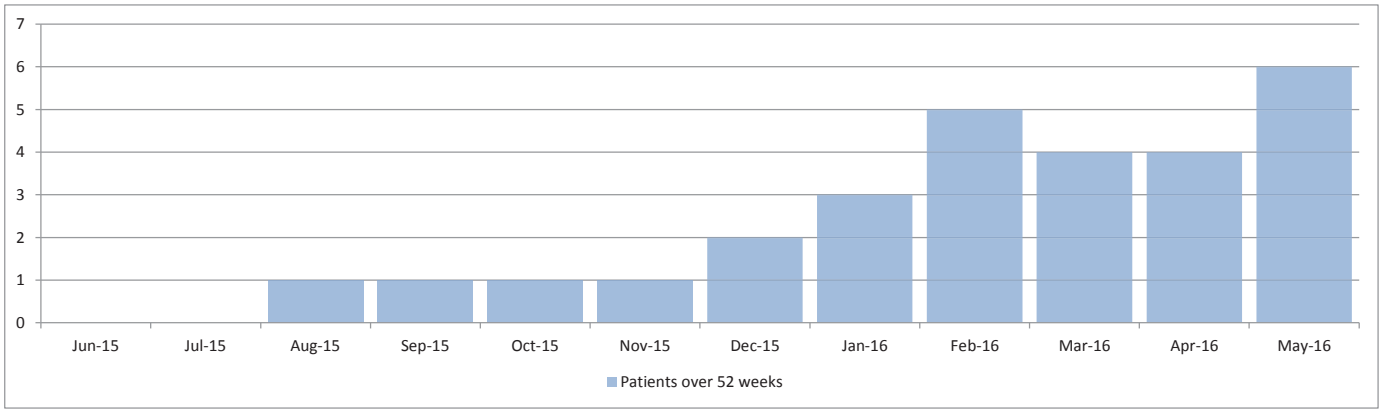
Diagnostic Tests Longer than the 6 week standard

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Patients	3455	3834	3470	3688	3667	3382	3800	3750	3637	3543	3693	3377
Waiting longer than 6 weeks	41	43	90	101	15	28	43	106	35	55	54	31
% over 6 weeks	**1.2%**	**1.1%**	**2.6%**	**2.7%**	**0.4%**	**0.8%**	**1.1%**	**2.8%**	**1.0%**	**1.6%**	**1.5%**	**0.9%**
National Target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Trajectory	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.0%



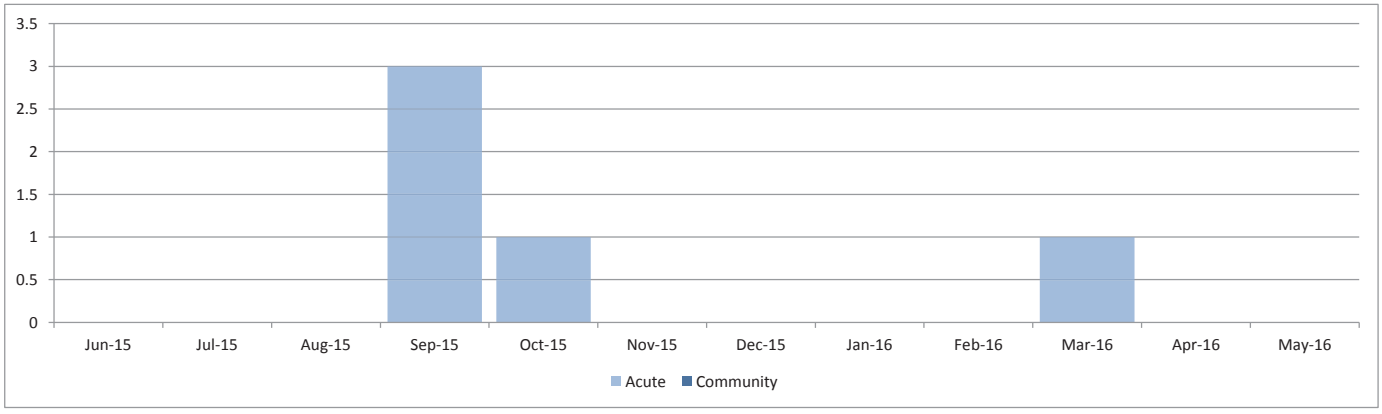
Referral to Treatment over 52 week incomplete pathways

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Patients over 52 weeks	0	0	1	1	1	1	2	3	5	4	4	6



Mixed sex accomodation breaches of Standard

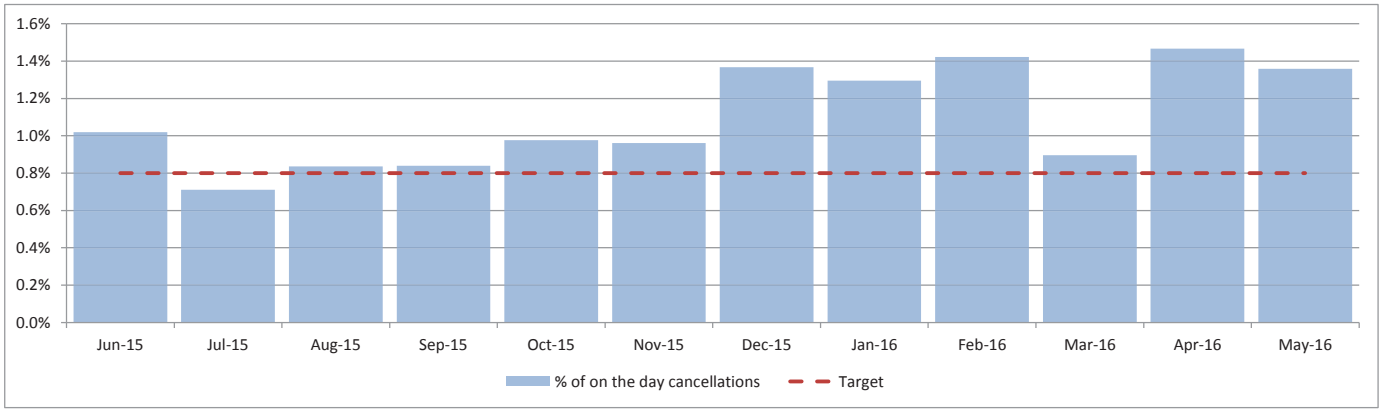
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Acute	0	0	0	3	1	0	0	0	0	1	0	0
Community	0	0	0	0	0	0	0	0	0	0	0	0



CONTRACTUAL FRAMEWORK

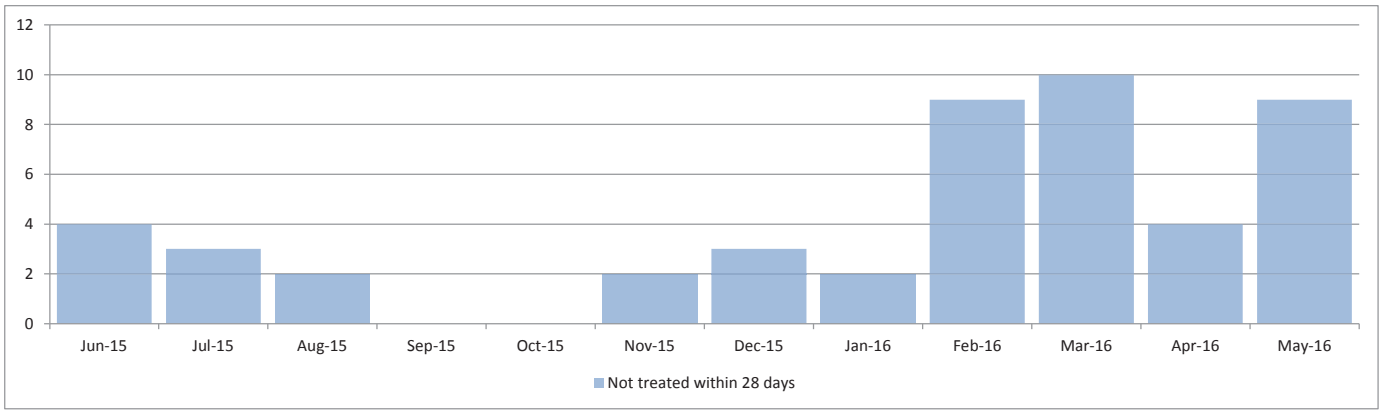
On the day cancellations for elective operations

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Cancellations	36	26	27	30	32	30	41	40	45	29	47	46
Elective spells	3534	3662	3229	3576	3275	3123	2998	3089	3164	3236	3205	3387
% of on the day cancellations	1.0%	0.7%	0.8%	0.8%	1.0%	1.0%	1.4%	1.3%	1.4%	0.9%	1.5%	1.4%
Target	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%



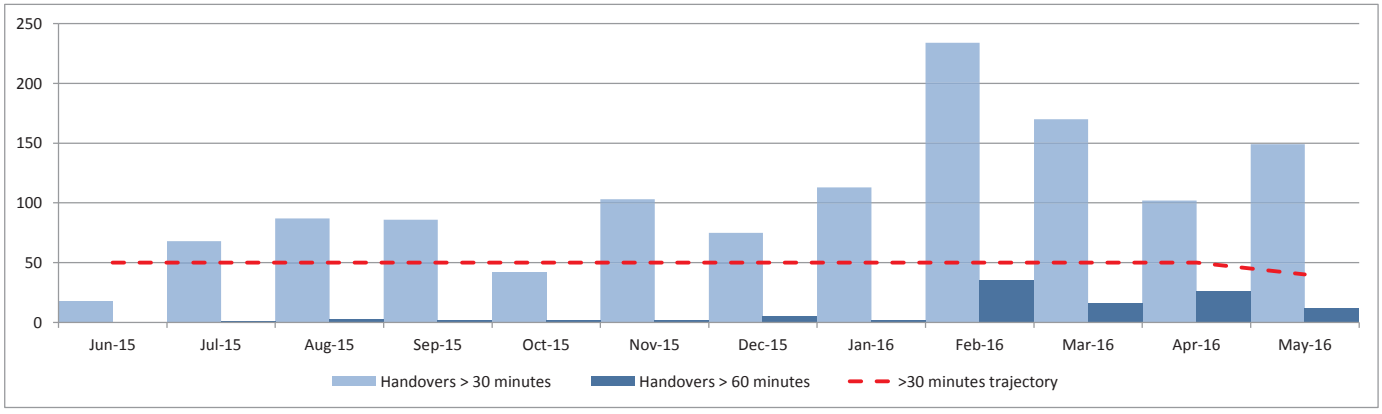
Cancelled patients not treated within 28 days of cancellation

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Not treated within 28 days	4	3	2	0	0	2	3	2	9	10	4	9



Ambulance handovers

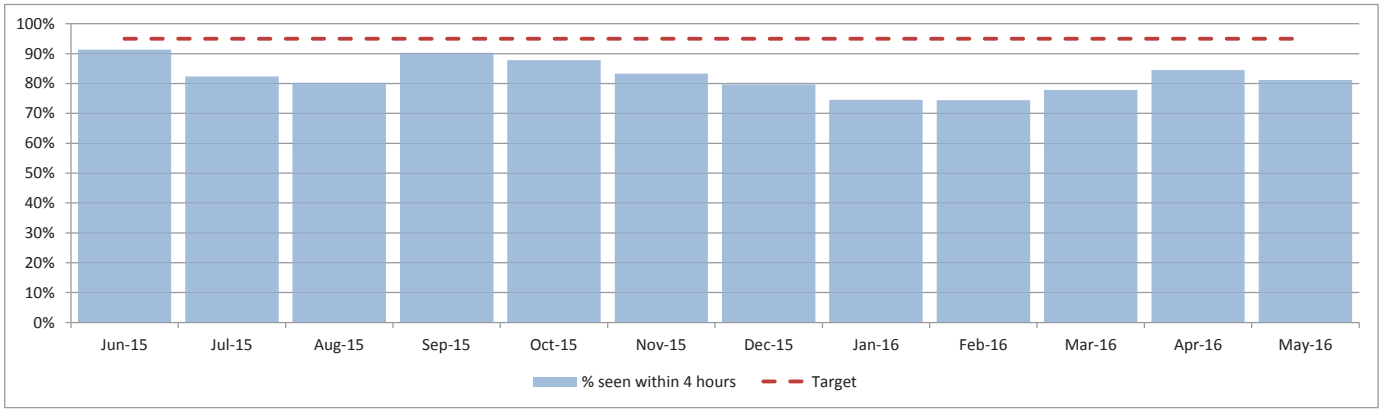
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Handovers > 30 minutes	18	68	87	86	42	103	75	113	234	170	102	149
Handovers > 60 minutes	0	1	3	2	2	2	5	2	35	16	26	12
>30 minutes trajectory	50	50	50	50	50	50	50	50	50	50	50	40



CONTRACTUAL FRAMEWORK

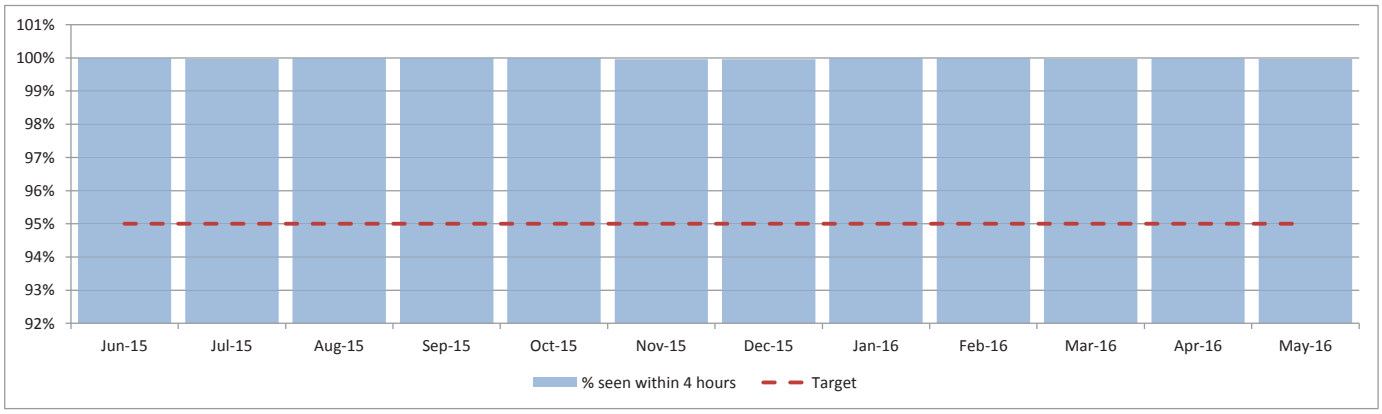
A&E patients seen within 4 hours (DGH only)

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Patients seen	6518	6755	6209	6087	6192	6090	5874	5896	5693	6334	5924	6534
4 hour breaches	566	1192	1232	594	753	1019	1191	1500	1459	1405	918	1228
% seen within 4 hours	91%	82%	80%	90%	88%	83%	80%	75%	74%	78%	85%	81%
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%



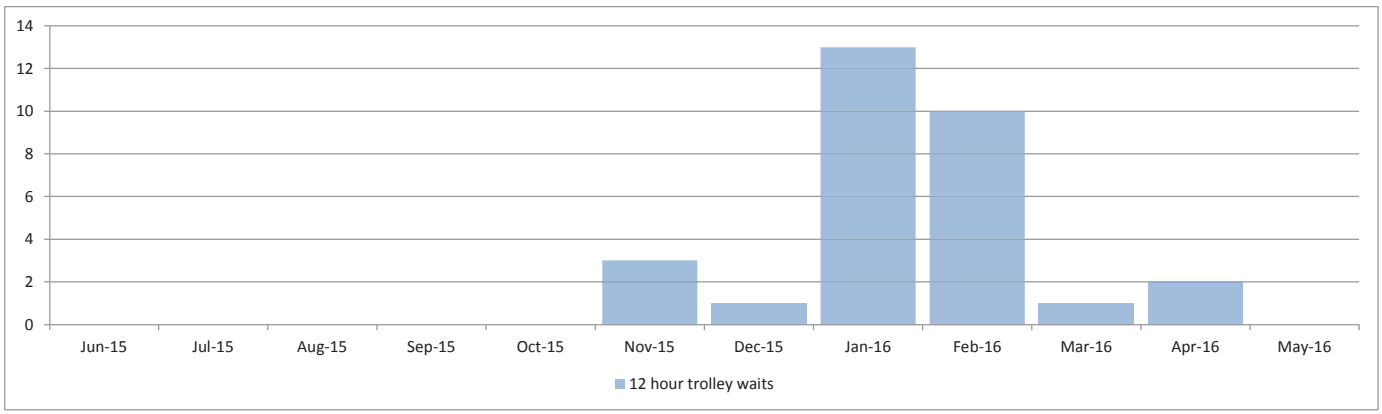
A&E patients seen within 4 hours (community MIU)

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Patients seen	3308	3477	3159	2788	2520	2361	2261	2327	2391	2964	2703	3207
4 hour breaches	0	1	0	0	0	1	1	0	0	1	0	1
% seen within 4 hours	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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%



A&E Trolley Waits over 12 hours from decision to admit

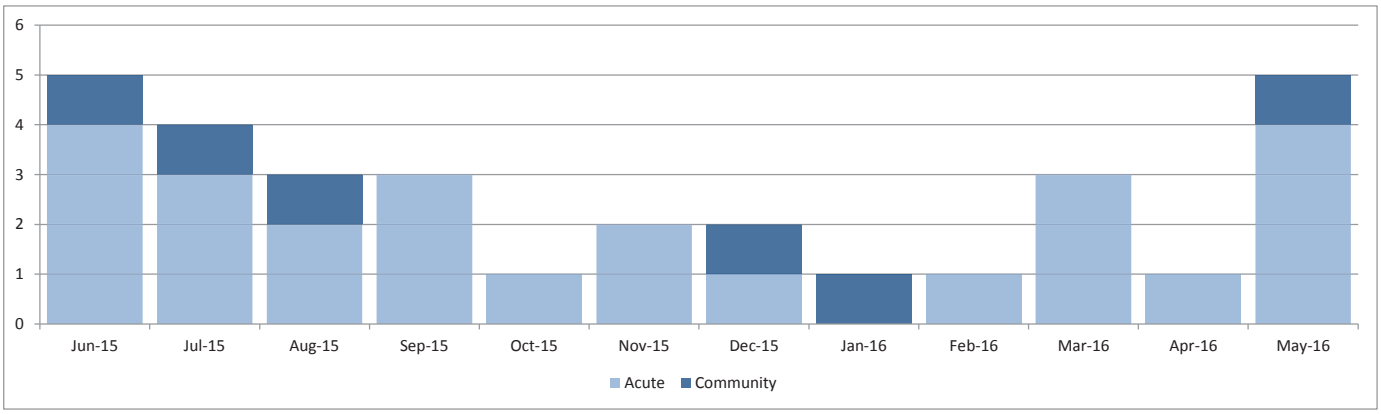
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
12 hour trolley waits	0	0	0	0	0	3	1	13	10	1	2	0



CONTRACTUAL FRAMEWORK

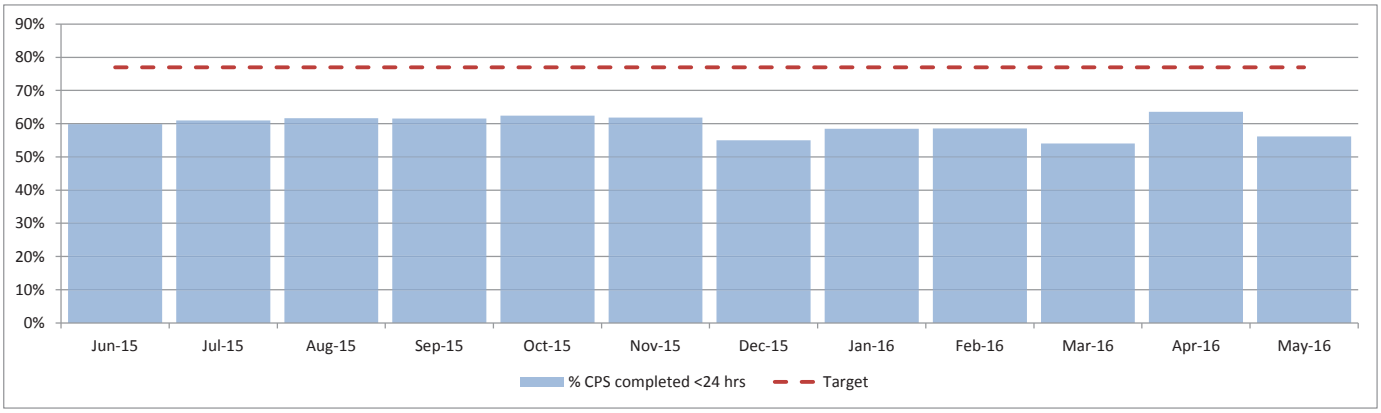
Number of Clostridium Difficile cases

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Acute	4	3	2	3	1	2	1	0	1	3	1	4
Community	1	1	1	0	0	0	1	1	0	0	0	1



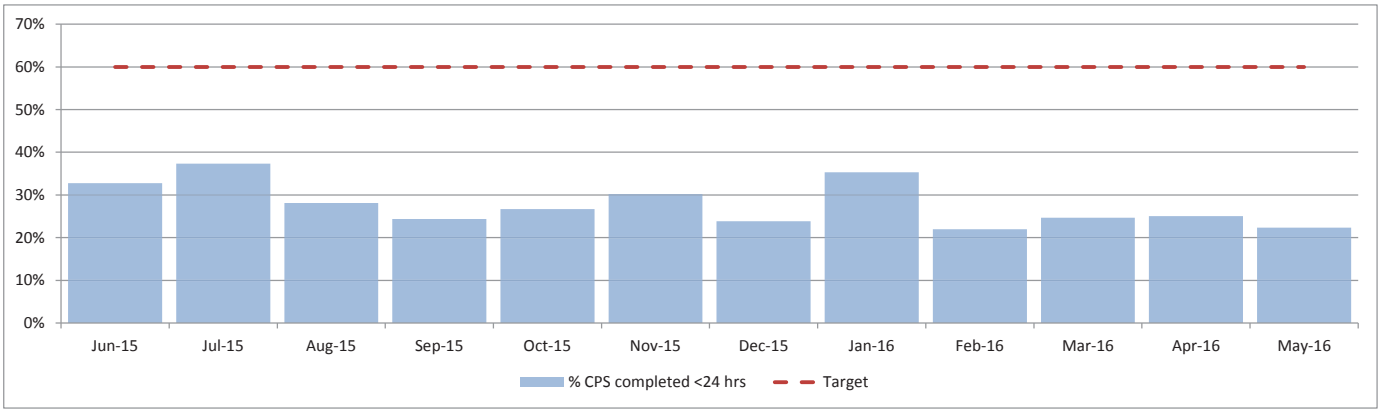
Care Plan Summaries completed with 24 hours of discharge - Weekday

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Discharges	1099	1167	1032	1165	1148	1132	1025	997	1089	1085	1105	1109
CPS completed within 24 hours	1833	1913	1673	1893	1840	1831	1863	1705	1860	2008	1737	1975
% CPS completed <24 hrs	60%	61%	62%	62%	62%	62%	55%	58%	59%	54%	64%	56%
Target	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%



Care Plan Summaries completed with 24 hours of discharge - Weekend

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Discharges	137	158	159	108	132	134	93	166	91	100	132	119
CPS completed within 24 hours	418	423	565	444	495	444	390	470	414	406	528	532
% CPS completed <24 hrs	33%	37%	28%	24%	27%	30%	24%	35%	22%	25%	25%	22%
Target	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%



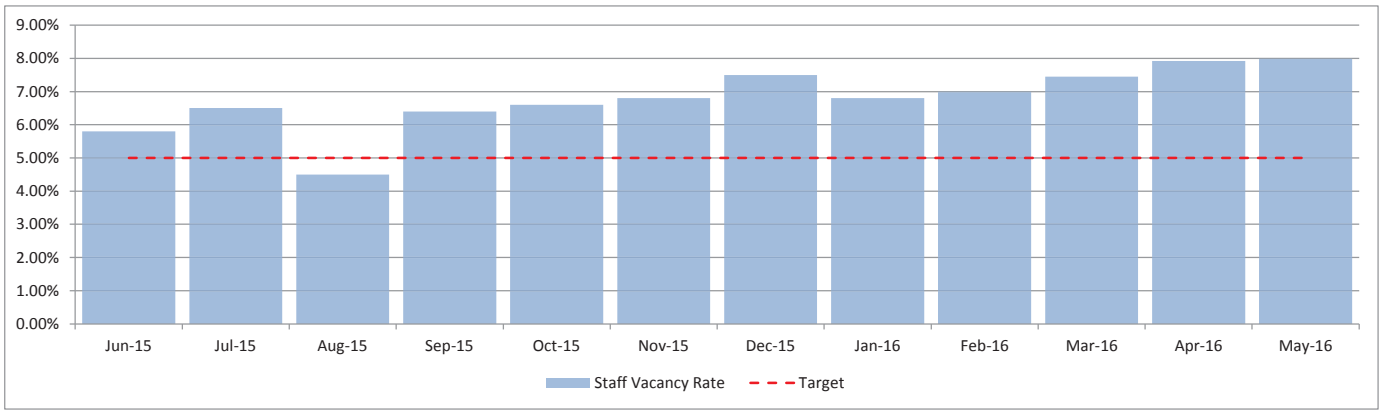
CORPORATE MANAGEMENT FRAMEWORK

Month 2 May 2016

CORPORATE MANAGEMENT FRAMEWORK

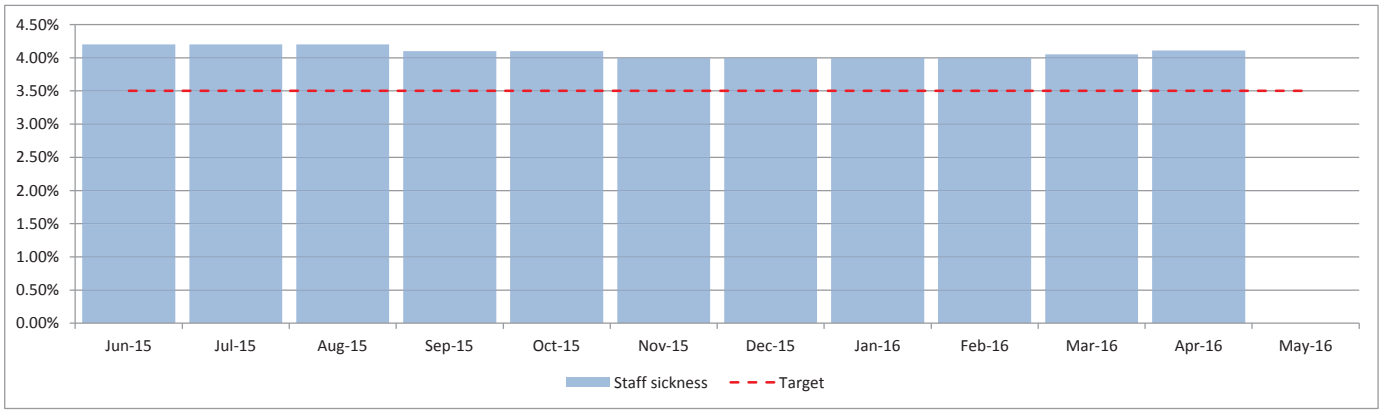
Staff Vacancy Rate (excluding temp workforce and additional hours)

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Staff Vacancy Rate	5.80%	6.50%	4.50%	6.40%	6.60%	6.80%	7.50%	6.80%	7.00%	7.45%	7.92%	7.99%
Target	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%



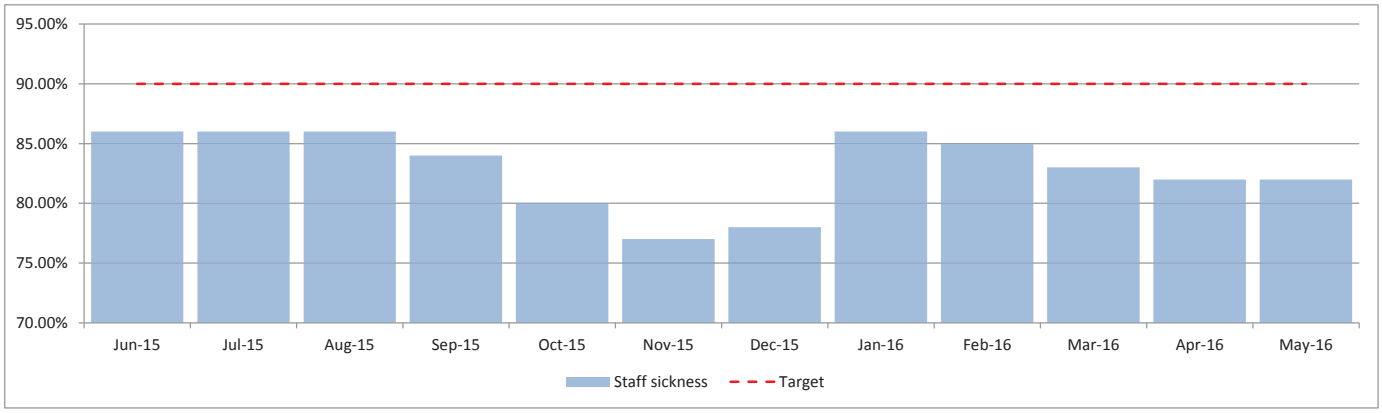
Staff sickness

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Staff sickness	4.20%	4.20%	4.20%	4.10%	4.10%	4.00%	4.00%	4.00%	4.00%	4.05%	4.11%	n/a
Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%



Appraisal Completeness

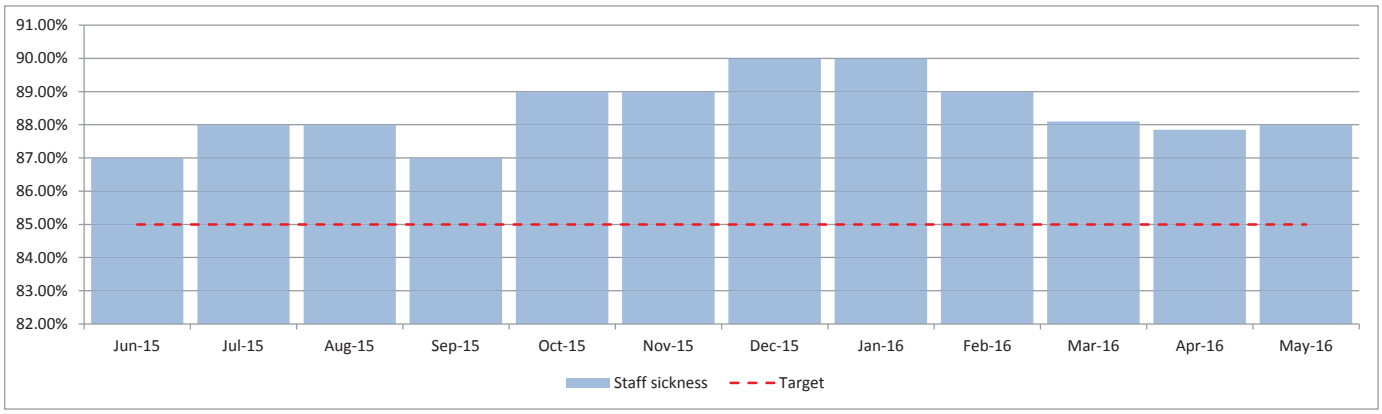
	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Staff sickness	86.00%	86.00%	86.00%	84.00%	80.00%	77.00%	78.00%	86.00%	85.00%	83.00%	82.00%	82.00%
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%



CORPORATE MANAGEMENT FRAMEWORK

Mandatory Training Completeness

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Staff sickness	87.00%	88.00%	88.00%	87.00%	89.00%	89.00%	90.00%	90.00%	89.00%	88.10%	87.85%	88.00%
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%



Summary of Financial Performance

	Year to Date - Month 02			Plan Changes		Previous Month YTD	
	PbR Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance to RSA Plan £m	Change
Income & Expenditure							
Income	64.83	66.18	1.35	1.82	(0.47)	0.44	↓
Operating expenses	(64.89)	(66.33)	(1.43)	(1.68)	0.24	0.04	↑
EBITDA	**(0.06)**	**(0.15)**	**(0.09)**	**0.14**	**(0.23)**	**0.48**	↓
Non-operating revenue	0.03	0.32	0.29	0.00	0.29	(0.00)	↑
Non-operating expenses	(2.68)	(2.65)	0.03	0.00	0.03	(0.00)	↑
Surplus / (Deficit)	**(2.71)**	**(2.47)**	**0.24**	**0.14**	**0.10**	**0.48**	↓
Cash & Balance Sheet							
Cash Balance	23.29	13.15	(10.14)	(1.47)	(8.67)	(5.72)	↓
Capital Expenditure	4.17	1.48	(2.69)	0.00	(2.69)	(1.19)	↓
Loans & leases Drawn down	1.31	0.00	(1.31)	0.00	(1.31)	(0.24)	↓
Key Metrics							
EBITDA Margin	(0.1%)	(0.2%)	(0.1%)			(0.7%)	↑
I&E Surplus Margin	(4.2%)	(3.7%)	0.4%			(0.7%)	↑
Financial Sustainability Risk Rating measures							
Capital Service Capacity	1	1	0			0	↔
Liquidity	4	4	0			0	↔
I&E Margin	1	1	0			0	↔
I&E Margin variance	3	3	0			(2)	↑
Overall Financial Sustainability Risk Rating	**2**	**2**	**0**			0	↔

The Trust submitted an Annual Plan to Monitor for financial year 2016/17 showing EBITDA of £19.1m and an overall surplus of £1.7m, based on a Payment By Results contract arrangement.

The Board have been briefed on the overall financial challenge to the Health and Care System in 2016/17 and the difficulties in agreeing contract arrangements, that initially resulted in the movement away from the planned Risk Share Agreement (RSA) for the original plan. Encouraged by both Regulators - NHS England and NHS Improvement - negotiations to reinstate the RSA have continued and have reached conclusion. This report is presented on the basis that the RSA has been maintained, with the Trust picking up a share of the system risk in 2016/17. The main change from the PbR arrangements is that income expectations will be set under a block contract arrangement, with the corresponding removal of QIPP saving targets and inflationary pressures from Adult Social Care and Placed People are within the RSA. This results in a revised EBITDA of £11.2m surplus and an overall deficit of £7.7m after estimated risk share income has been applied. In order to show a meaningful position the movement between this two plans can be seen in the "Changes to PbR and RSA plan" column.

The Trust has briefed NHS Improvement regularly on the expected impact on the Trust's plan and is attempting to negotiate permission to submit a revised plan on the basis of final contract settlement. This would avoid the adverse FSRR scoring associated with the 'I&E margin variance' and better secure the Sustainability and Transformation Fund.

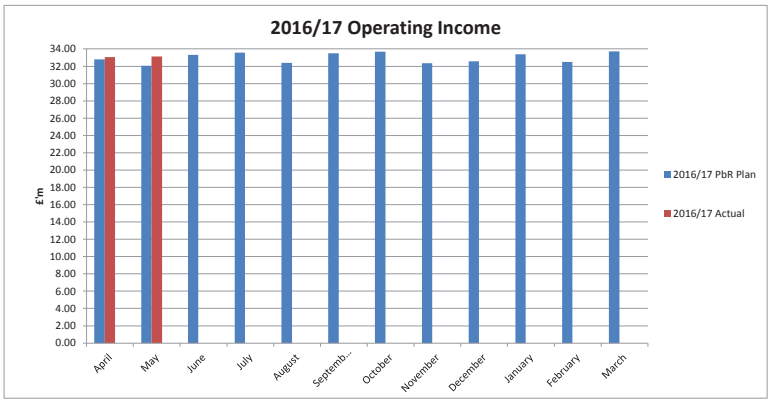
At EBITDA level, performance for month 2 based on the PbR plan is £0.09m adverse. Should the plan be agreed based on the Risk Share arrangement this would result in an EBITDA position of £0.23m adverse.

Within this position, income is ahead of plan by £1.35m based on PbR, and £0.47m behind plan based on risk share agreement. Under the terms of the proposed risk share agreement an additional £2.1m has been accrued to reflect the contribution expected from commissioning organisations . This is based on the month two position versus the fixed target risk share position.

4.2 Statement of Comprehensive Income

4.2.1 Operating Income

	Year to Date - Month 02			Plan Changes		Previous Month	
	Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance to RSA Plan £m	Change
Income by Category							
Healthcare (Acute and Community)	47.68	50.40	2.72	3.48	(0.76)	0.41	↓
Social Care	9.25	9.08	(0.17)	(0.21)	0.03	0.00	↑
Other Income	7.90	6.69	(1.20)	(1.46)	0.25	0.02	↑
Total	**64.83**	**66.18**	**1.35**	**1.82**	**(0.47)**	**0.44**	↓



- Income is ahead of PBR plan by £2.72m. Within this value, Acute income based on PbR is actually £0.45m behind plan at M2. Of this, based on PbR, c£0.4m relates to NHS E and this is mainly NonElective and chemo therapy income being behind plan. It is too early in the year to take any views on this variance . Using the RSA, the Trust is £0.42m behind plan, with the variances being broadly the same as above.
- £2.1m income has been accrued to reflect the risk share contribution expected from commissioners based on the month 2 position agains the risk share phased target.
- Other income is £1.2m adverse against the PbR plan, and £0.26m favourable against a Risk Share plan. This mainly relates to the Sustainability and Transformation funding income (£6.7m under the Pbr arrangements ,full year effect and set at £3.35m in the reforecast). Final rules for achievement of this funding are yet to be published. Whilst we have assumed 50% achievement in the reforecast, there has not been any income accrued against this in month 2.

Healthcare Income - Commissioner Analysis							
South Devon & Torbay Clinical Commissioning Group	26.22	26.95	0.72	0.74	(0.01)	(0.00)	↔
North, East & West Devon Clinical Commissioning Group	0.89	0.90	0.01	(0.00)	0.01	0.01	↔
NHS England - Area Team	1.24	1.22	(0.02)	0.00	(0.02)	(0.01)	↔
NHS England - Specialist Commissioning	4.78	4.40	(0.38)	(0.04)	(0.34)	(0.25)	↓
Other Commissioners	1.34	1.22	(0.12)	(0.05)	(0.06)	(0.02)	↓
Sub-Total Acute	**34.47**	**34.69**	**0.22**	**0.64**	**(0.42)**		↓
South Devon & Torbay Clinical Commissioning Group (Placed People and Community Health)	12.80	13.15	0.35	0.35	(0.00)	0.00	↔
Other Commissioners	0.41	0.39	(0.02)	(0.01)	(0.00)	0.00	↔
Total Acute and Community	**47.68**	**48.23**	**0.55**	**0.97**	**(0.43)**	(0.28)	↓
Healthcare Income - By Business Unit							
Medical Services	14.73	16.01	1.29	0.49	0.79	0.51	↑
Surgical Services	10.96	11.90	0.93	0.42	0.50	0.56	↓
Women's, Childrens & Diagnostic Services	7.23	7.17	- 0.06	(0.03)	(0.03)	(0.28)	↑
Community Services	13.21	13.54	0.33	0.33	0.00	0.00	↔
Non-Clinical Services / Central Contract Income	1.55	- 0.39	- 1.95	(0.25)	(1.70)	(1.07)	↓
Total	**47.68**	**48.22**	**0.55**	**0.97**	**(0.43)**	(0.28)	↓

Improvement Plan			
No.	Action	Lead	Date
1	R&D recruiting posts	Fiona Roberts	On-going
2	Specialty level plans to recover elective under-performance	Liz Davenport	On-going

Governance Arrangements
1 Research & Development Committee / SBMT
2 SBMT / Service Unit Performance review meetings

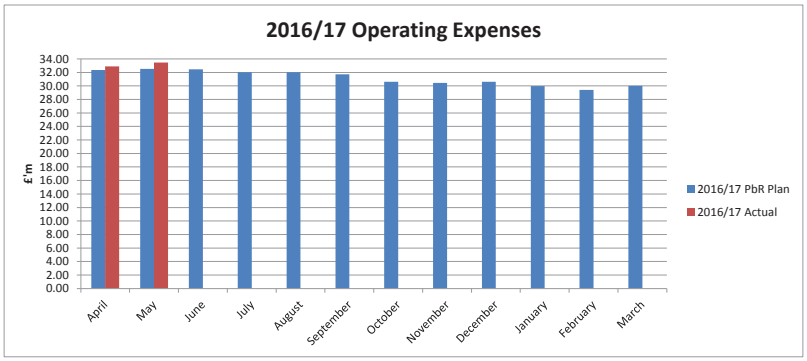
4.2.1 Operating Income (Continued)

	Year to Date - Month 02			Plan Changes		Previous Month	
	Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance £m	Change
Healthcare Activity - By Setting							
	Activity	Activity	Activity			Activity	
Elective In-Patient Admissions	714	719	5	83	(78)	(94)	↑
Elective Day Case Admission	5,119	5,572	453	179	274	(121)	↑
Urgent & Emergency Admissions	19,303	19,117	(186)	91	(277)	(546)	↑
Out-Patients	69,172	75,343	6,171	1,204	4,967	2,196	↑
Community Services							
Total	**94,308**	**100,751**	**6,443**	**1,557**	**4,886**	**1,435**	↑
Social Care Income							
Torbay Council - ASC Contract income	6.78	6.52	(0.26)	(0.26)	(0.00)	0.00	↔
Torbay Council - Public Health Income	0.83	0.83	(0.00)	(0.00)	0.00	0.00	↔
Torbay Council - Client Income	1.65	1.74	0.09	0.06	0.03	(0.00)	↑
Total	**9.25**	**9.08**	**(0.17)**	**(0.20)**	**0.03**	**0.00**	↑
Other Income							
Non Mandatory/Non protected clinical revenue	0.25	0.25	0.00	(0.90)	0.90	(0.01)	↑
R&D / Education & training revenue	1.45	1.52	0.07	0.00	0.07	0.02	↑
Site Services	0.39	0.37	(0.02)	0.00	(0.02)	(0.00)	↓
Revenue from non-patient services to other bodies	0.91	0.99	0.08	0.00	0.08	0.01	↑
Misc. other operating revenue	4.90	3.56	(1.33)	(0.56)	(0.78)	(0.01)	↓
Total	**7.90**	**6.69**	**(1.20)**	**(1.46)**	**0.25**	**0.02**	↑

Statement of Comprehensive Income

Operating Expenditure

	Year to Date - Month 02			Plan Changes		Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance to RSA Plan £m	Change
Total Operating Expenses Included in EBITDA							
Employee Expenses	37.80	38.32	(0.52)	0.39	(0.13)	(0.14)	↑
Non-Pay Expenses	27.00	27.86	(0.86)	1.28	0.43	0.20	↑
PFI / LIFT Expenses	0.09	0.14	(0.05)	0.00	(0.05)	(0.02)	↓
Total	**64.89**	**66.33**	**(1.43)**	**1.68**	**0.24**	**0.04**	↑

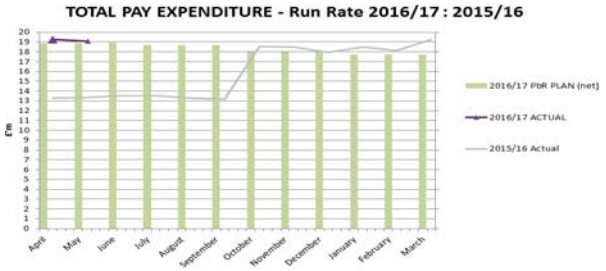


- Total Operating Expenditure included in EBITDA is £1.43m above plan and therefore showing an adverse year to date position. Based on a Risk Share arrangement this is a favourable position by £0.24m.
- Pay is showing an overspend of £0.52m against PbR plan , and £0.13m adverse against the Risk Share plan. Run rates show a small reduction in total pay costs compared to the previous month. However agency costs have increased which is offset by a reduction in bank and established pay costs. Medicine is showing an overspend against RSA plan mainly due to agency costs in ED and General Medicine £0.62k, whilst there are underspends against plan in Community services £0.21m, HQ and corporate services £0.35m mainly in the HIS team, specialling, and HR.
- Non pay is showing an overspend against PbR plan of £0.86m, and a favourable position £0.43m against Risk Shareplan. The difference in the variance is mainly due to the plan adjustments relating to QIPP targets causing an adverse variance against the PBR plan.
- Clinical supplies are overspend £0.22m at month 2. Run rate spend is marginally higher than the previous month,
- Pass through Drugs, Bloods and devices are £0.30m over spent against plan, income is received to offset against these costs. This includes high cost drugs, and the pass through drugs are reflected in additional specialist commissioning income
- Miscellaneous costs are underspent against the RSA plan by £0.78m. This comprises of overspends in outsourcing £0.43m, Independent Sector £0.12m, offset by underspends in premises costs £0.35m, care model £0.21m, and other miscellaneous, operational and discretionary costs £0.6m. If comparing to the PBR plan these costs show as an overspend against that plan due to the QIPP target set for non pay.
- CIP targets have been profiled , with a stepped increase mainly after quarter one to the end of the financial year.

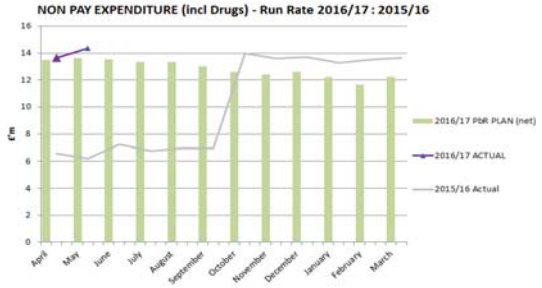
Employee Expenses - By Category							
Medical and Dental staff	8.75	8.47	0.28	0.07	0.35	0.23	↑
Registered nurses, midwives and health visiting staff	9.44	9.91	(0.47)	0.12	(0.35)	(0.20)	↓
Qualified scientific, therapeutic and technical staff	7.35	7.07	0.28	0.06	0.34	0.16	↑
Support to clinical staff	3.09	3.57	(0.48)	0.00	(0.48)	(0.31)	↓
Managers and infrastructure Support	9.18	9.31	(0.13)	0.14	0.01	(0.02)	↑
Total	**37.80**	**38.32**	**(0.52)**	**0.39**	**(0.13)**	**(0.14)**	↑
Employee Expenses - By Type							
Substantive	35.27	34.85	0.42	0.34	0.75	0.32	↑
Bank	0.58	1.50	(0.92)	0.00	(0.92)	(0.55)	↓
Locum	0.23	0.22	0.01	0.06	0.07	0.05	↑
Agency	1.72	1.75	(0.04)	0.00	(0.04)	0.04	↓
Total	**37.80**	**38.32**	**(0.52)**	**0.39**	**(0.13)**	**(0.14)**	↑

4.2.2 Operating Expenditure (Cont'd)

	Year to Date - Month 02			Plan Changes		Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance to RSA Plan £m	Change
Employee Expenses - By Service							
Medical Services	6.98	7.59	(0.61)	0.00	(0.61)	(0.33)	↓
Surgical Services	7.85	7.82	0.03	0.00	0.03	(0.03)	↑
Women's, Childrens & Diagnostic Services	6.27	6.26	0.01	0.00	0.01	0.06	↓
Community Services	7.53	7.40	0.13	0.00	0.13	0.04	↑
Non-Clinical Services + Harmonisation	9.16	9.25	(0.09)	0.39	0.29	0.13	↑
Total	**37.80**	**38.32**	**(0.52)**	**0.39**	**(0.13)**	**(0.14)**	↑



Non Pay Expenses - By Category							
Clinical Supplies	3.65	3.87	(0.22)	0.00	(0.22)	(0.04)	↓
Drugs (Excluding Pass through)	1.82	1.75	0.07	0.00	0.07	0.01	↑
Pass through Drugs, Blood and Devices	3.36	3.66	(0.30)	0.13	(0.17)	(0.12)	↓
Non Clinical Supplies	0.44	0.47	(0.03)	0.00	(0.03)	(0.01)	↓
Miscellaneous / Other	17.74	18.12	(0.37)	1.16	0.78	0.37	↑
Total	**27.00**	**27.86**	**(0.85)**	**1.28**	**0.43**	**0.21**	↑



Torbay and South Devon NHS Foundation Trust
Agency Nursing Information
Financial Year 2016/17

ICO - Plan Spend		Plan April	Plan May	Total FY 2016-17
Registered nurses, midwives and health visiting staff, agency	£m	(0.386)	(0.386)	(2.211)
Registered nurses, midwives and health visiting staff, total (inc agency)	£m	(4.717)	(4.720)	(55.218)
Nursing agency costs as % of total nursing costs	%	8.2%	8.2%	4.0%

ICO - Actual		Actual ICO April	Actual ICO May	Total ICO FY 2016-17
Registered nurses, midwives and health visiting staff, agency	£m	(0.442)	(0.544)	(0.986)
Registered nurses, midwives and health visiting staff, total (inc agency)	£m	(4.980)	(4.927)	(9.907)
Nursing agency costs as % of total nursing costs	%	8.9%	11.0%	10.0%

Variance - Plan vs Actual		Actual ICO April	Actual ICO May	Total ICO FY 2016-17
Registered nurses, midwives and health visiting staff, agency	£m	(0.056)	(0.158)	1.225
Registered nurses, midwives and health visiting staff, total (inc agency)	£m	(0.263)	(0.207)	45.311
Nursing agency costs as % of total nursing costs	%	0.7%	2.9%	5.9%

4.2 Statement of Comprehensive Income

4.2.4 Non Operating Revenue & Expenses

	Year to Date - Month 02			Plan Changes		Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance to RSA Plan £m	Change
Non-Operating Expenses							
Donations & Grants	0.01	0.00	(0.01)	0.00	(0.01)	0.00	↓
Depreciation & Amortisation	(1.68)	(1.63)	0.05	0.00	0.05	0.01	↑
Impairments	0.00	0.00	0.00	0.00	0.00	0.00	↔
Restructuring Costs	0.00	0.00	0.00	0.00	0.00	0.00	↔
Finance Income	0.03	0.02	(0.00)	0.00	(0.00)	(0.00)	↔
Gains / (Losses) on Asset Disposals	0.00	0.30	0.30	0.00	0.30	0.00	↑
Interest cost	(0.51)	(0.48)	0.03	0.00	0.03	0.03	↔
Public Dividend Capitals	(0.94)	(0.91)	0.03	0.00	0.03	0.00	↑
PFI Costs	(0.05)	(0.10)	(0.04)	0.00	(0.04)	(0.04)	↔
Corporation Tax expense	(0.00)	(0.00)	0.00	0.00	0.00	0.00	↔
Total	**(3.16)**	**(2.81)**	**0.35**	**0.00**	**0.35**	**(0.00)**	↑

- Gains/losses on Asset Disposals is £300k favourable to RSA Plan, due to the sale of the surgical robot to Nicolaus Copernicus University in Poland.
- There are no other noteworthy variances in Non-Operating Expenses.

Statement of Comprehensive Income

Cost Improvement Programme (Based on full year for both Trusts)

	Year to Date - at Month 02			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Change
Schemes Delivered to Date M1 to M12					
Delivered Schemes : Recurrent	13.90	1.01	12.89	n/a	n/a
Delivered Schemes : Non-Recurrent	0.00	0.32	-0.32	n/a	n/a
Delivered Schemes : Total	**13.90**	**1.33**	**12.57**	n/a	n/a
Full Year Forecast Delivery					
Forecast Schemes : Recurrent	13.90	5.22	8.68	n/a	n/a
Forecast Schemes : Non-Recurrent	0.00	1.31	-1.31	n/a	n/a
Forecast Schemes : Total	**13.90**	**6.53**	**7.37**	n/a	n/a

Monitor recognises that CIP delivery, in the early months of the financial year, is lower than later in the year. Although not shown here, the shortfall for the first two months is £317k.
Looking at the the position for the whole year, based on Month 2 intelligence, the Trust is forecast to deliver £6.5m of savings against the £13.9m CIP target. This results in a year end £7.4m shortfall with our further action.
Although a total CIP scheme potential value of £17m had previously been identified, statistical sensitivity analysis has been applied to derive the risk rated delivery figure of £6.53m.
During Month 3 further work will be undertaken to assess the impact on Quality, test the scheme viability and seek delivery assurance.
This will be supported through athe new automated Project Mamanagment Office

Improvement Plan

No.	Action	Lead	Date
1	CIP Scheme Delivery assurance during Month 3	Paul Cooper	Ongoing
2	Carter Financial aspects identified and communicated	Paul Cooper	Ongoing
3	Automation of PMO process and single point of entry for scheme tracking and perfomance management	Paul Cooper/ Ann Wagner	Ongoing
4	Establishment of Exec Director CIP Efficiency	Paul Cooper	Complete

Quarterly Service Delivery Unit Performance reviews, monthly SBMT review, Service Delivery Units Board meetings.

Balance Sheet

	Year to Date - Month 02			Plan Changes		Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance to RSA Plan £m	Change
Non-Current Assets							
Intangible Assets	8.28	7.54	(0.74)	0.00	(0.74)	(0.52)	↓
Property, Plant & Equipment	152.57	149.51	(3.05)	0.00	(3.05)	(1.83)	↓
On-Balance Sheet PFI	17.19	16.95	(0.24)	0.00	(0.24)	(0.22)	↓
Other	1.89	2.01	0.12	0.00	0.12	0.08	↑
Total	**179.92**	**176.01**	**(3.91)**	**0.00**	**(3.91)**	(2.49)	↓
Current Assets							
Cash & Cash Equivalents	23.29	13.15	(10.14)	(1.47)	(8.67)	(5.72)	↓
Other Current Assets	22.24	32.68	10.45	1.61	8.84	7.02	↑
Total	**45.53**	**45.84**	0.31	**0.14**	**0.17**	1.30	↓
Total Assets	**225.45**	**221.85**	**(3.60)**	**0.14**	**(3.74)**	(1.19)	↓
Current Liabilities							
Loan - DH ITFF	(6.40)	(6.16)	0.24	0.00	0.24	0.21	↑
PFI / LIFT Leases	(0.72)	(0.63)	0.09	0.00	0.09	0.09	↔
Trade and Other Payables	(30.05)	(29.89)	0.16	0.00	0.16	(1.00)	↑
Other Current Liabilities	(1.64)	(1.84)	(0.20)	0.00	(0.20)	(0.14)	↓
Total	**(38.81)**	**(38.52)**	**0.29**	**0.00**	**0.29**	(0.85)	↑
Net Current assets/(liabilities)	**6.72**	**7.32**	0.60	**0.14**	**0.46**	0.45	↑
Non-Current Liabilities							
Loan - DH ITFF	(61.94)	(60.90)	1.04	0.00	1.04	0.03	↑
PFI / LIFT Leases	(20.43)	(20.85)	(0.42)	0.00	(0.42)	(0.42)	↔
Other Non-Current Liabilities	(3.97)	(3.90)	0.07	0.00	0.07	0.05	↑
Total	**(86.35)**	**(85.66)**	**0.69**	**0.00**	**0.69**	(0.34)	↑
Total Assets Employed	**100.29**	**97.68**	(2.62)	**0.14**	**(2.76)**	(2.38)	↓
Reserves							
Total	**100.29**	**97.68**	(2.62)	**0.14**	**(2.76)**	(2.38)	↓

The 2016/17 Plan had to be submitted prior to the finalisation of the 2015/16 balance sheet position. Non-current assets are lower than RSA Plan by £1.6m due to changes to the 2015/16 closing position made after the Plan had been submitted.

In addition to the above, non-current assets are lower than RSA Plan by a further £2.3m, principally due to a reduced level of capital expenditure.

Cash is lower than RSA Plan by £8.7m, principally due to debtors being higher than RSA plan by £8.5m and loan drawdown lower than RSA plan by £1.3m, partly offset by capex lower than Plan by £2.7m.

Debtors are higher than RSA Plan by £8.5m. Extensive efforts are currently underway to recover outstanding debts. The principal outstanding items at M02 were:

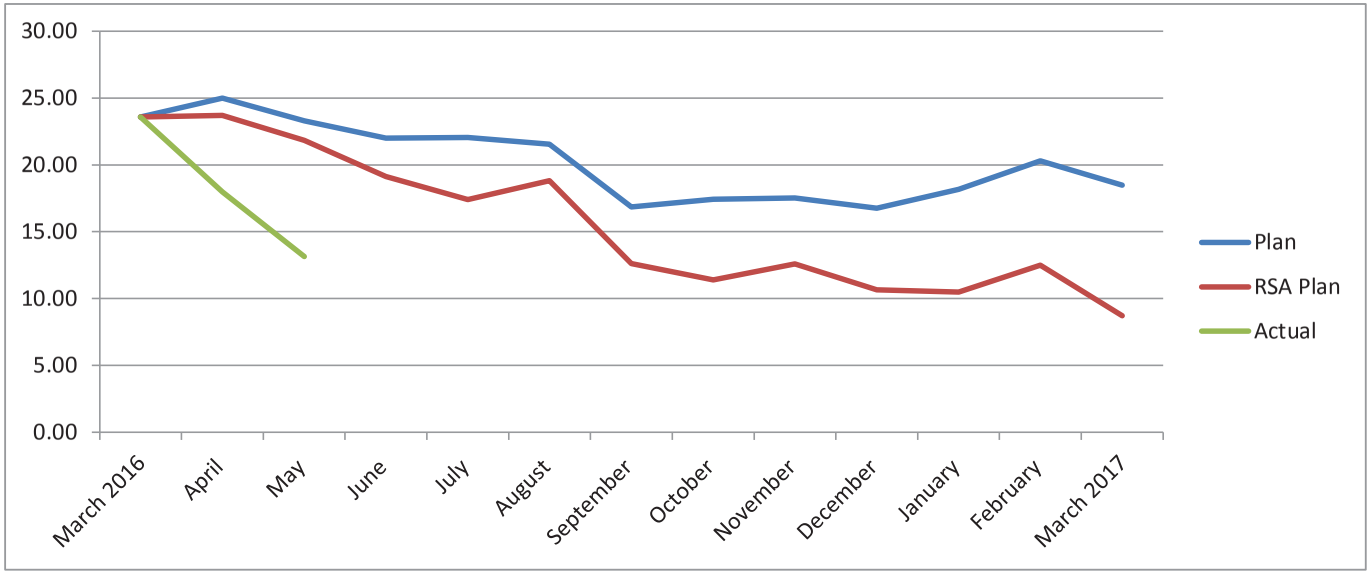
- West Devon rebasing £1.8m (£1.2m paid M03);
- Torbay Council reorganisation of invoicing £1.2m (promised M03);
- Risk Share Agreement 2016/17 £0.6m higher than RSA plan;
- NHS England block income M02 £0.6m (payment received early June);
- Livewell outstanding debtors £0.4m
- debtor owed by Charitable Fund £0.9m (promised M03).

All NHS debtors have been agreed in the final accounts process for 2015/16. Increased balances therefore reflect a timing rather than recoverability issue.

Cash Flow Statement

	Year to Date - Month 02			Plan Changes		Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance to RSA Plan £m	Change
Opening Cash Balance	**23.57**	**23.57**	**0.00**	**0.00**	**0.00**	0.00	↔
Cash Generated From Operations	0.02	0.08	0.06	0.14	(0.08)	(0.90)	↑
Debtor Movements	5.08	(6.13)	(11.21)	(1.61)	(9.61)	(6.46)	↓
Creditor Movements	(2.10)	(2.29)	(0.19)	0.00	(0.19)	1.04	↓
Capital Expenditure	(4.16)	(1.48)	2.68	0.00	2.68	1.19	↑
Net Interest	(0.49)	(0.32)	0.17	0.00	0.17	0.20	↓
Loan drawndown	1.31	0.00	(1.31)	0.00	(1.31)	(0.24)	↓
Loan repayment	(0.11)	(0.08)	0.03	0.00	0.03	0.00	↑
PDC Dividend	0.00	0.00	0.00	0.00	0.00	0.00	↔
Other	0.16	(0.20)	(0.36)	0.00	(0.36)	(0.54)	↑
Current Cash Balance	**23.29**	**13.15**	**(10.14)**	**(1.47)**	**(8.67)**	(5.72)	↓

Cash Flow Against Plan (£m):



The M02 closing cash balance is lower than revised Plan by £8.7m. This is principally due to three factors:

- Debtor Movements (£9.6m adverse). As explained in section 4.3, a number of the issues have been resolved in M03 and considerable efforts are underway to resolve the remaining issues.

- Capital expenditure (£2.7m favourable).

- Loan drawdown (£1.3m adverse). The planned drawdown was made in M03.

The RSA Plan shows a decline in cash during the year and, as described in section 4.5, the capital expenditure plan is currently being reviewed to identify options which could mitigate this.

Capital

	Year to date - Based upon Annual Plan (April 16)		
	Plan £m	Actual £m	Variance £m
Capital Programme	4.17	1.48	(2.69)

Significant Variances in Planned Expenditure by Scheme:

HIS schemes	0.78	0.27	(0.51)
Estates schemes	2.43	1.05	(1.38)
Medical Equipment	0.20	0.04	(0.16)
Other	0.09	0.00	(0.09)
PMU	0.50	0.12	(0.38)
Contingency	0.17	0.00	(0.17)
Prior Year schemes	0.00	0.00	0.00
Total	**4.17**	**1.48**	**(2.69)**

The Trust submitted an Annual Plan to Monitor in April of this year. The Annual Plan assumed that the Trust would produce a small Income and Expenditure surplus in year. That projected surplus, coupled with planned external sources of finance, i.e. Independent Trust Financing Facility loans was to fund a planned capital program totalling £36.9m during 2015/16

Since the preparation of the April 2016 Plan, the contractual position of the Trust has become clearer and the forecast Income and Expenditure position of the Trust has deteriorated by circa £8m. This financial performance deterioration will have an adverse impact upon the Trust's cash reserves and may also be deterimental to the Trust's future borrowing capability.

For these reason's the Trust Finance team is currently co-ordinating a process to provide the Trust Board with options on how the capital program can be rephased and/or re-financed.

Governance Arrangements

Capital expenditure projects are approved in line with the Trust's Investment policy. The capital prioritisation process takes place at the Senior Business Management Team meetings and is overseen by the Trust's Executive Directors. Capital schemes are prioritised based upon Risk Scores and Financial payback opportunities.

Forecast

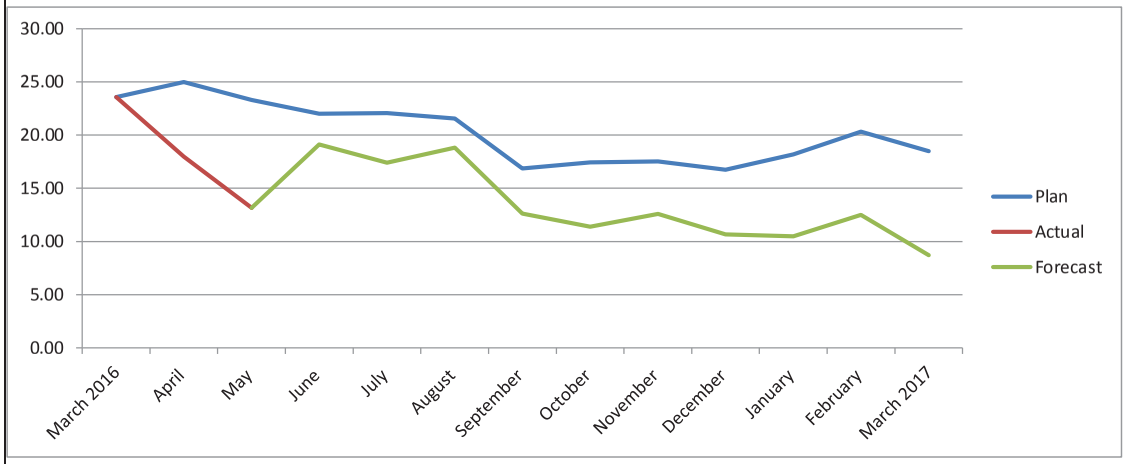
	Current Month			Plan Changes		Previous Month	
	Plan £m	Forecast £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance £m	Change
Income & Expenditure							
Income	393.25	396.47	3.22	3.22	0.00		
Operating expenses	(374.15)	(386.86)	(12.70)	(12.70)	0.00		
EBITDA	**19.10**	**9.61**	**(9.49)**	**(9.49)**	**0.00**		
Non-operating revenue	2.76	2.76	0.00	0.00	0.00		
Non-operating expenses	(20.13)	(20.13)	0.00	0.00	0.00		
Operating surplus / (deficit)	**1.74**	**(7.75)**	**(9.49)**	**(9.49)**	**0.00**		
Cash Flow							
Opening Cash Balance - 01/04/2016	**23.57**	**23.57**	**0.00**	**0.00**	**0.00**		
Cash Generated From Operations	22.36	12.88	(9.49)	(9.49)	0.00		
Debtor Movements	4.41	4.14	(0.27)	(0.27)	0.00		
Creditor Movements	(2.10)	(2.10)	0.00	0.00	0.00		
Capital Expenditure	(36.90)	(36.90)	0.00	0.00	0.00		
Net Interest	(2.90)	(2.90)	0.00	0.00	0.00		
Loan drawndown	18.65	18.65	0.00	0.00	0.00		
Loan repayment	(5.95)	(5.95)	0.00	0.00	0.00		
PDC Dividend	(2.58)	(2.58)	0.00	0.00	0.00		
Other	(0.08)	(0.08)	0.00	0.00	0.00		
Forecast Cash Balance - 31/03/2017	**18.48**	**8.72**	**(9.76)**	**(9.76)**	**0.00**		

Due to the move from a PbR contract (as assumed in the original Plan) to a Risk Share Agreement contract, Income is forecast to be £3.2m higher, offset by Operating Expenses £12.7m higher. This reduces the original planned surplus of £1.7m to a deficit of £7.8m.

The closing cash position (per the original Plan was £18.5m). The change in the contract (described above) results in a similar reduction in the forecast closing cash position, which is forecast to be £8.7m (a reduction in £9.8m to the original Plan).

As described in section 4.5, the capital expenditure plan is currently being reviewed to identify options which could mitigate this adverse forecast cash position.

Cash Flow Forecast £m:



Torbay and South Devon NHS
NHS Foundation Trust

REPORT SUMMARY SHEET

Meeting Date:	6th July 2016
Title:	Chief Operating Officer's Report
Lead Director:	Liz Davenport
Corporate Objective:	Safe, Quality Care and Best Experience
Purpose:	Information and **DECISION**

Summary of Key Issues for Trust Board

Strategic Context:

To report sets out progress against key delivery objectives of the Trust including implementation of the planned care model changes.

Key Issues/Risks

- Delay to Community Consultation commencing - the NHSE Gateway Process is ongoing and therefore a firm date for the CCG to commence public consultation cannot be confirmed, but it is anticipated that this will be delayed until September 2016 with a final decision by the CCG Governing Body in January 2017 (Section 3).
- Associated risks to maintaining levels of safe nursing care during this extended period of uncertainty over the future of Community Hospitals, and escalated risk in relation to Paignton Hospital (Section 3)
- Pace of change in implementing the new Care Model, with plans to move to full model implementation in 2 localities by September 2016.
- Delivery of the Urgent Care improvement plan and achievement of SRG-approved performance trajectory linked to:
    - Increasing numbers of shifts in Emergency Department being covered by Agency nurses while recruitment to vacant posts continues and people take up post.
    - Consultant Medical staffing capacity to cover 16 hours per day to meet Royal College of Emergency Medicine guidelines, and interim proposals for rota changes.
    - Utilisation of Symphony to deliver robust, real time data on compliance and performance
    - Governance due to incomplete assurance against work plan due to delays in submitting evidence in support of completed actions

Recommendations:

The Board is asked to:

- **Consider and challenge the progress and assurances within this** report, advising whether additional actions are required.
- **Approve** the recommendation to manage a critical risk to quality and safety of inpatient care at Paignton Hospital due to inability to maintain safe nurse staffing levels by reducing beds from 28 to 16 and increasing intermediate care capacity (Section 3)
- **Endorse** the proposed Carers' pledge that the health and wellbeing of carers a key priority in the delivery of our new model of care.

Summary of ED Challenge/Discussion:

The Executive Team has a weekly 'huddle' to provide direction and challenge to the Urgent Care Improvement Plan and has approved actions to address any barriers and delays, including discussions with consultant colleagues on aligning medical capacity to demand, nurse staffing levels, environmental

improvements, and care pathways changes including more recently additional investment in an alternative pathway for Gynaecology patients.

The care model implementation plans have been reviewed with a particular focus on increasing the pace of change including introduction of new ways of working. A further development session is planned with the Executive Team on 8 July 2016.

The management of risk during the extended period of uncertainty for our Community Hospitals has required the Executive Team to urgently consider and challenge options to maintain a safe service.

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

CCG involvement in Urgent Care Improvement Governance system.

Ongoing engagement with local stakeholders on the proposed changes to Community Hospitals.

Ongoing engagement with voluntary and community sector partners on new ways of working in partnership at local level.

GP engagement on medical support for care model and co-design .

Equality and Diversity Implications:

An Equality Impact assessment has been completed on the care model changes.

PUBLIC

Report to:	Board of Directors
Date:	6 July 2016
Report From:	Chief Operating Officer
Report Title:	Report of Chief Operating Officer

1 Purpose

To provide the Board of Directors with an update against key operational issues

2 Provenance

The report is informed by the following:

- Minutes and action log from the Care Model Operational Group
- Minutes and action log from Senior Business Management Team
- Minutes and action log from Community Services Transformation Group
- Minutes of the Executive Team
- A written briefing from the Trust Carers lead

3 Care Model Delivery

Delivery structures

Work is in progress to design the delivery structure for the organisation. The Clinical Management Group have approved the key principles that inform the structure and a subgroup led by Shelly Machin and Morven Leggott have undertaken to bring back proposals on how this would work in practice with the intention of commencing implementation in the autumn. Recruitment to the GP Clinical Directors is progressing with interviews due to take place in August 2016.

Coastal- Teignmouth Hospital

As part of the planned service changes in the Coastal locality the inpatient beds were closed at Teignmouth Hospital on 6 June 2016 with 5 of the 12 beds transferring to Newton Abbott Hospital to support the transition. These changes allow for the consultation with staff to support the enhancement of staffing levels at Dawlish and the development of the rehabilitation function at Teignmouth Hospital in line with plans agreed as part of the public consultation in 2015.

Community services consultation

The NHSE Gateway Process is ongoing and therefore a firm date for the CCG to commence public consultation cannot be confirmed, but it is anticipated that this will be delayed until September 2016 with a final decision by the CCG Governing Body in January 2017. These proposals, which support the development of our new model of care, involve the reduction and relocation of community hospital inpatient beds supported the Board's decision to invest £3.9m this year in additional community services. This proposed reduction in inpatient beds affects four of our nine Community Hospitals – Bovey Tracey, Ashburton, Paignton and Dartmouth. When these proposals were made public by our CCG in May, it was anticipated that public consultation would begin shortly after and we were confident that, although very challenging, we could maintain inpatient services in Paignton, Dartmouth and Ashburton until the

consultation process produced a decision. Inpatient beds at Bovey Tracey Hospital have already been temporarily relocated to Newton Abbot Hospital because of the inability to provide safe levels of nursing care.

The Chief Nurse has kept the Board informed of the risks arising from the national shortage of trained nurses, with around 90 current nursing vacancies within our Trust and an over-reliance on a flexible workforce of bank and agency nursing. The Board has supported local and overseas recruitment to minimise this risk to the stability and safety of our services and, in seeking to retain our current nursing workforce, we have reassured all staff that there will be no compulsory redundancies as a consequence of service change, as long as people are able to be flexible about roles and location. This message has again been reinforced with staff in our Community Hospitals, and Senior Managers, HR and Trade Union colleagues have visited these hospitals as requested to ensure staff are supported and their concerns addressed.

However the extended period of uncertainty over the future of the Community Hospitals proposed for closure as a consequence of delays in the public consultation process referred to above has increased the challenge of providing safe levels of nurse staffing in these Hospitals. It has become increasingly difficult to maintain safe levels of nursing care, with an inability to recruit to cover an increasing level of vacancies as staff retire or secure new posts. This, together with the usual level of sickness absence and leave, has resulted in an increasing reliance on temporary nursing cover which is becoming increasingly difficult to secure.

Paignton Hospital

The risk to providing safe levels of nurse staffing in our Community Hospitals, referred to above, has become particularly critical in Paignton Hospital. On 28 June the Senior Operational Manager responsible for Community Hospitals escalated urgent concerns about stability and safety of nurse staffing levels at Paignton, which would create an unacceptable risk to the quality and safety of the inpatient service, and presented the Executive Team with a range of options aimed at securing continuity of a safe, good quality service. The Executive Team, having considered all possible options to address these urgent concerns, propose the following risk management strategy for Board approval:

- To temporarily reduce the bed numbers at Paignton Hospital from 28 to 16 in July 2016.

- To work with staff across the organisation, with a view to strengthening the core staffing numbers at Paignton including a workforce strategy to engage with staff who have secured posts elsewhere in the Trust to discuss a delay in taking up these posts to help maintain the safety of care in Paignton Hospital.

- To optimise capacity within Intermediate Care so that more people can be supported with this local service where this is a suitable alternative to community hospital inpatient care.

Executives have alerted CCG colleagues to this risk and the proposals to manage it, and received support for the proposed reduction in beds to maintain the safety of services at Paignton Hospital.

A communications plan has been prepared to communicate the Board's decision today, and staff and key local stakeholders have been informed that the Board is considering this proposal at this meeting.

The Board of Directors is asked to consider and endorse this proposal.

Care model developments
Progress is being made against all aspects of the care model delivery programme:

Ways of working
At the heart of the care model ethos is an intention to develop a proactive strengths based approach that supports delivery of the agreed prevention and proactive care strategy. The work programme that supports implementation of the new ways of working to include introduction of a competency based framework, skills development for all staff and design and implementation of a series of tools that workers will be able to use as part of their engagement with people who use our services.

It is our intention to build on this work by enhancing the approach to personalised care planning. To achieve this, the Trust has entered into a partnership with the Community Development Trust (CDT) and 'My Support Broker' to introduce a model of personal brokerage which has a track history of improving outcomes and reducing costs. The programme will commence implementation in July 2016.

Wellbeing coordination
Recruitment is underway through the voluntary sector with the expectation that remaining staff will be in post by July 2016. These staff will have an initial period of training and will be located in localities supporting people to access the right level of support from a range of community and service options including access to services within the Multi- Long term Conditions service.

Intermediate care
The funding allocations have been made to the locality clinical hubs, the workforce plan has been developed and recruitment has commenced. Discussions are underway to agree the medical support arrangements. These developments are critical to the implementation of the 'Discharge to Assess' model which will enable more people to be assessed and care needs determined at home or near to home to expedite hospital discharge or as an alternative to hospital admission. The model will be operational in advance of the winter months.

Multi- long term conditions
The service is now operational in 2 of the 5 localities and after an initial test period it is expected that the service will increase numbers of clinics and capacity. In September the intention is to roll out clinics to all 5 localities incrementally increasing capacity from 800 patients per annum pro rata to 2000 patients in 2017.

GPs are identifying suitable patients to be referred to these clinics and MDT meetings are in place with the first people being seen in Brixham and Teignmouth.

MSK pathways

The hip and knee pathway has resulted in a significant reduction in people listed for surgery. Although the referrals to the Trust have remained broadly consistent we understand that less complex referrals to other providers have reduced. We are working with our commissioning colleagues to understand the scale of the reduction and the cost saving to the system.

Single point of coordination

Initial discussions with the Head of Adult Social Care at Devon County Council have concluded that there is a potential mutual benefit in developing a shared approach to a Single Point of Coordination. It is the intention to develop a formal proposal for consideration in July.

Next steps

Good progress has been made with delivery of the individual components of the care model but in order to deliver the benefits to the level described in the Business Plan it is critical that the components are brought together into a fully functional delivery system at locality level. It is intended to implement in two localities in September 2016 and work is underway to achieve this. It will involve consolidating the delivery of the key building blocks of the care model for example discharge to assess, frailty pathways, outpatient innovations and multi- long term conditions management with the introduction of new ways of working and implementation of multi- disciplinary team structures. Teams are coming forward wishing to participate in this important next step in our work programme.

4. Carers pledge

Whilst we move towards the new model of care where 'the best bed is your own bed' and 'care closer to home', we must be mindful that, although this is undoubtedly preferable for a multitude of reasons, it necessarily entails additional responsibility upon the unpaid Carers within our community, 83% of whom share that home. In order for the new model of care to succeed, we must therefore support Carers in the same way as the people for whom they care.

The first step is to join Carers UK leading organisations across the country to make a pledge for Carers – 'to make the health and wellbeing of Carers a key priority in the delivery of our new model of care'. Responsibility can be given to the Care Model Operational Group for identifying the actions that need to be taken to make this a reality, and to bring recommendations back to a future Board meeting. The Board of Directors are invited to endorse this recommendation.

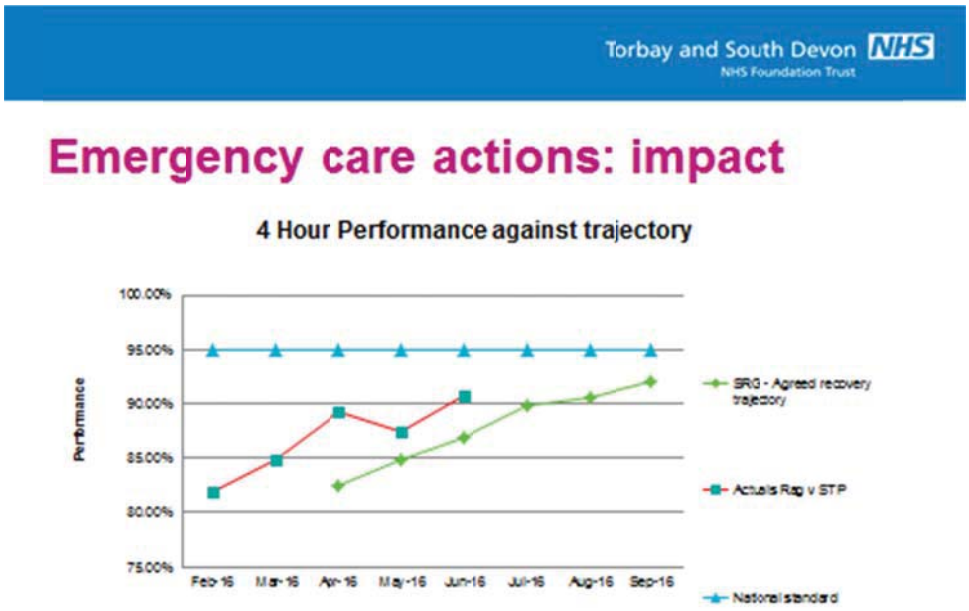
5. Urgent Care Improvement Plan

Progress against trajectory

The Trust agreed a revised trajectory for delivery of the 4 hour target which requires the Trust to meet 92% compliance with the target by September 2016. This is a measure of performance across the Emergency Department and Minor Injury Units. At present performance is above the planned trajectory with the expectation that the

performance target will be met by September 2016 and maintained to end March 2017.

The Trust will be working with the membership of the Urgent Care Board to develop a further plan to deliver the required 95% target.



Work plan progress

The Urgent Care Improvement group meets on a weekly basis to review progress against the action plan. An update is provided to the Board of Directors on a weekly basis. Key points to note:

- The department continues to maintain delivery against the 15 minute time to triage standard
- Time to 60 minute clinical review remains inconsistent with particular challenges out of hours and at weekends when staffing levels are lower
- There has been an improvement in compliance with the sepsis standards evidenced through weekly audit of case notes
- Delays in recording on clinical systems results in information from symphony being inconsistent with observed practice
- Work is progressing to improve the environment to include improvements to the waiting and triage area with dedicated assessment areas and paediatric waiting. A mental health assessment room is being completed.
- Formal discussions have commenced with the Emergency Department Consultants on job plans and working patterns
- Interviews for Consultants in Emergency Medicine are due to take place on 7 July 2016 with 2 applicants short listed for interview
- The Trust has received 2 applicants for middle grade posts with interviews being arranged.
- The ED Team have reviewed their escalation framework and are trialling their new working arrangements from 27 June 2016 with a named Clinician and Senior Nurse managing the floor on every shift.

- A further 4 days monitoring of dependency of patients in the Emergency department has been completed using the BEST tool to inform workforce plans.
- The SAFER standards have been implemented in 4 areas and the process is being rolled out across our inpatient units.
- The care pathway group has approved the introduction of a pathway for Obstetrics and Gynaecology which will enable direct referral to speciality for up to 10 people a day helping to further reduce crowding in the Emergency Department. This is due to start in July 2016.

Internal Audit review of governance arrangements

Internal Audit has completed an audit of the governance arrangements that underpin delivery of the Urgent Care Improvement Plan. The assessment has rated the programme as Amber with the potential impact on organisations objectives as low. An action plan was agreed with the Urgent Care Improvement Group on receipt of the feedback with internal audit agreeing to do a review of progress within the next 2 months.

Risks and issues

The Urgent Care Improvement Group has identified the following risks and issues:

- Increasing numbers of shifts in Emergency Department being covered by Agency nurses while recruitment to vacant posts continues and people take up post.
- Consultant Medical staffing capacity to cover 16 hours per day to meet royal College of Emergency Medicine guidelines
- Utilisation of symphony
- Incomplete assurance against work plan due to delays in submitting evidence in support of completed actions

6. Vulnerable services

As part of the STP planning process a small number of services have been identified as vulnerable from a sustainability perspective. The STP clinical cabinet has confirmed that there is an opportunity to work collaboratively across the wider system to secure improved sustainability of these services. They include:

- Head and neck/ ENT
- Interventional radiology
- Breast services
- Histopathology
- Stroke

The Executive has commissioned a series of deep dives into these services to inform discussions with colleagues in the other provider units in Devon.

6. St Kilda

Torbay Council has confirmed agreement with proposals made by the Trust that services are re-located and St. Kilda is closed.

Following confirmation of the decision the team led by Steve Honeywill continue to work with the service provider Sandwell to manage the closure programme. To date the discussion has been constructive and good progress has been made. The key areas of progress include:

- The 4 long stay residents at St Kilda have alternative independent placements identified and with some having moved and the remaining moving in the near future.
- Arrangements have been put in place to increase intermediate care capacity in the Brixham area allowing the discontinuation of intermediate care placements at St Kilda from 25 July 2016. It is anticipated that the remaining people will be discharged from the unit within a further 6 weeks.
- Day Care will initially transfer to Brixham Hospital on a 'lift and shift' basis following modest changes to the estate. The plans for this are due to be confirmed at a meeting on 13 July 2016. Voluntary sector partners have expressed an interest in becoming the provider of day services in the future and the first meeting to plan the proposed service is being facilitated by the Community Development Trust with the involvement of the Brixham League of Friends and Brixham Does Care.
- An HR meeting has been held to agree next steps in relation to the onward employment of St Kilda staff. A letter will be shortly issued to staff and 1:1 meetings will commence the week beginning 27 June 2016.

There is one remaining issue to be resolved which is the re- provision of the meals service. Options are being explored including the option of in house provision.

6. Bay Tree House

The plans to close Bay Tree House are confirmed for 30 June 2016. The unit is currently operates 4 days a week to take account of the reduced demand and workforce changes. Staff will continue to work in the building for a further 10 days to de- commission the building and then formal arrangements to hand the building back to the council will commence.

The 3 individuals who had not identified alternative provision have been allocated social workers and needs are being re- assessed, the support planning service will be working with individuals to ensure that alternative services are in place. The team remain optimistic that alternative options are available to meet the needs of the remaining people and their families.

The Trust has received consistent positive feedback about the staff at Bay Tree who have provided care that has been highly valued by the people who use the service and their families and carers. I would like to thank all the staff for their commitment and professionalism through this period of change.

Recommendation

- To **consider the progress and assurances within this** report
- To **approve** recommendation to reduce beds at Paignton Hospital as a measure to maintain quality and safety of services

- To **endorse** the pledge that the health and wellbeing of carers a key priority in the delivery of the care model

Liz Davenport

Chief Operating Officer

24 June 2016

Torbay and South Devon NHS
NHS Foundation Trust

Report of Quality Assurance Committee Chair to TSDFT Board of Directors

Meeting dates:	19th May and 24th June 2016
Report by + date:	Jacqui Lyttle, 28 June 2016
This report is for:	Information☒ Decision ☒
Link to the Trust's strategic objectives: *(please select one or more boxes as appropriate)*	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☐ 3: Valuing our workforce ☐ 4: Well led ☒
Public or Private *(please select one box)*	Public ☒ or Private ☐+ Freedom of Information Act exemption [*insert exemption if private box used*]

Key issue(s) to highlight to the Board:

- An excellent presentation from the Chief Pharmacist provided assurance that we do not have a risk in medication errors. It was agreed that the reporting to the board would be reviewed and new metrics would be developed to better reflect the true position.
- We received assurance from an excellent presentation from the CAHMS teams which detailed the enormous progress made with regards the reduction in initial assessment and outpatient appointment waiting times.
- We received full assurance from the COO that our composite position relating to RTT's is on plan. However, the risks relating to Neurology remains high. We are currently providing a partial service for urgent referrals only, and are working closely with the CCG to look for alternative providers.
- Continued pressures with regard to diagnostics in particular guided CT have meant that a mobile scanner will be sited at Newton Abbot hospital from the 1st July. Whilst we have challenges relating to other diagnostic and cancer targets the committee received assurance that robust plans are in place to achieve to ensure achievement of our KPI's.
- We received an update and assurance from the COO and DDN regarding our ongoing actions regarding our CQC inspections.
- We received assurance from the COO that the UCI plans are progressing and that we are currently on plan to meet our amended trajectory. Plans are in place (supported by the BMA) to align consultant job plans with our highest demand peaks and nurse recruitment continues.
- The DDN provided an update on the successful Pressure Ulcer Prevention Collaborative, which has resulted in a 70% reduction of grade 3 and 4 pressure damage against a target of 50%. The committee praised the work and agreed to seek approval of the board to roll the initiative out across the Trust's acute environment.
- A number of actions remain outstanding due to non-attendance of Executive Directors.

Key Decision(s) Made:

- That the terms of reference and timings of the meetings be reviewed at the next meeting.
- A complete stocktake of outstanding actions be undertaken to ensure that all actions have either been closed down or have plans in place for completion.
- Following discussion around consultant and senior nurse succession planning and the mitigation of future operational risks, it was agreed that this was an area of concern and that further work was needed to provide full assurance that a robust integrated work force strategy was in place. It was agreed that this would be brought back at a later date when the new Director of Organisational Development was in post.

Recommendation(s):

1. That the pressure ulcer prevention collaborative be rolled out across the Trust.

Name: Jacqui Lyttle - Committee Chair

Torbay and South Devon NHS
NHS Foundation Trust

Report of Charitable Funds Committee Chair to TSDFT Board of Directors

Meeting dates:	7th April 2016 & 23rd June 2016
Report by + date:	Jacqui Lyttle, 23 June 2016
This report is for: *(please select one box)*	Information☒ Decision ☐
Link to the Trust's strategic objectives: *(please select one or more boxes as appropriate)*	1: Safe, quality care and best experience ☐ 2: Improved wellbeing through partnership ☐ 3: Valuing our workforce ☐ 4: Well led ☒
Public or Private *(please select one box)*	Public ☒ or Private ☐+ Freedom of Information Act exemption [*insert exemption if private box used*]

Key issue(s) to highlight to the Board:

- The charitable fund portfolio is performing above our expected range of return on investment which is encouraging in light of current market volatility. This is largely due to our UK equities
- The unrealised gains have been released to budget holders as agreed by the board in January, and we have seen a reduction in the fund balances which is encouraging
- Following a review of transactions relating to FY 2015/16 the committee approved (in April) a transfer of charitable fund transactions from exchequer – this included replacement volumetric pumps and a bar coding system for medical devices
- The charitable fund indebtedness to the Trust of £853k was repaid in April
- We have been reducing our EURO held assets in anticipation of negative market changes ahead of the EU referendum

Key Decision(s) Made:

- Agreement of a target level of funds and indicative ceiling of reserves of £2million to be managed over a rolling 2-year period
- To approve budget holder plans for 2016/17 which would leave result in an operational deficit of c£600k
- To change the percentages of our asset class holdings to ensure liquidity so as to meet our expenditure plan for 2016/17
- In order to approve urgent investment decisions, it was agreed that the committee would meet virtually between scheduled meetings
- Development of a strategy which ensures our charitable funds better reflect our proposed new care models, our need to look at new income streams, and closer working with our local league of friend groups
- Transfer of low value dormant funds and agreement to continue to consolidate non-restricted funds
- Approval of the 2015/16 statutory accounts

Recommendation(s):

1. None

Name: Jacqui Lyttle - Committee Chair

REPORT SUMMARY SHEET

Meeting Date:	Wednesday 6th July 2016
Title:	Workplace Race Equality Standard (WRES) Data Analysis Report – Action Plan
Lead Director:	Martin Ringrose Interim Director of Human Resources
Corporate Objective:	**Valuing our workforce** – we will be a great place to work, an employer of choice, an organisation that actively engages with our workforce – paid and unpaid – to effectively communicate, improve and innovate. We will act on both feedback and ideas recognising and showing appreciation of the achievements of our staff.
Purpose:	Information/Assurance/Decision (delete as applicable)

Summary of Key Issues for Trust Board

Strategic Context:

In May 2016 NHS England and the NHS Equality and Diversity Council published an analysis report of the National Workplace Race Equality Standard (WRES) 2015 baseline data returns submitted by NHS Trusts in England. This report identified the Trust as an outlier in respect of discrimination and bullying and harassment against BME staff by service users and staff.

This report provides further detail of the analysis and includes further development of an action plan to improve the Trusts performance in protecting BME staff, learning from the outcomes of the WRES analysis report.

Key Issues/Risks

The action plan includes the implementation of a zero tolerance and public relations campaign led by the Chair and Chief Executive with the population of Torbay and South Devon and the Trust's staff. The purpose of the campaign will be to raise awareness and consciousness of BME issues and our support to eliminating all discrimination, to confirm we value our BME workforce and that we are an inclusive employer.

The action plan includes reviewing our practices, policies and procedures and engaging with and training our staff to ensure they promote inclusiveness and eliminate discrimination and bullying and harassment against BME staff and potential BME applicants for posts in the Trust. This activity will be undertaken with the engagement and advice of our BME Forum.

The Trust is appointing an Equalities Freedom to Speak Up Guardian.

The action plan includes promoting senior roles in the Trust to BME people and actively encouraging applications from BME people to senior roles including the Board and Governors.

The reputation of the Trust is harmed if it is not seen as inclusive to BME staff and potential applicants.

The morale and motivation of BME staff and their colleagues can suffer if BME staff are not protected against discrimination.

Recommendations:

It is recommended that the Board actively support and approve the action plan.
Summary of ED Challenge/Discussion:
Internal/External Engagement including Public, Patient and Governor Involvement: The issue has been discussed with the BME Forum and the Police, as an acknowledged leader in this area and this engagement has helped form the action plan. The BME Forum and JNC will be engaged and their advice sought as the actions are developed and implemented.
Equality and Diversity Implications: Delivery of the action plan will improve equality and diversity in the Trust.

PUBLIC

1. Introduction

1.1 In 2014 NHS England and the NHS Equality and Diversity Council agreed action to ensure employees from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It was agreed that a Workforce Race Equality Standard (WRES) should be developed, and in April 2015 it was made available to the NHS.

1.2 From the 1st July 2015, provider organisations including the legacy Trust (SDHFT) and latterly TSDFT submitted their baseline data against nine WRES Indicators of workforce race equality. These nine indicators were designed by NHS England and the NHS Equality and Diversity Council to monitor progress of all Trusts in respect of the WRES.

1.3 In May 2016 a report was published that provides overview analyses of the WRES 2015 baseline data returns by NHS Trusts in England.

1.4 This report summarises SDHFT's and all other Trusts performance against each of the nine WRES Indicators, including 4 which use data from the 2014 staff survey. In addition data for TSDHCT from the 2014 staff survey and for TSDFT from the 2015 staff survey for the same 4 staff survey indicators is compared to provide an updated view for what is now the integrated Trust. The report goes on to describe the context within which the Trusts outcomes should be viewed and finally details an action plan to improve its performance.

2. Torbay and South Devon NHS Foundation Trust Outcomes

Indicator 1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce.

The Trust's total workforce includes 4.12% BME staff. This compares with 2.11% of people in Torbay who in the 2011 census described themselves as BME.

The percentage of BME staff in bands 8-9, VSM (including executive Board members and consultant medical staff) is 17.55%. However for non-clinical staff the percentage is 0.93%.

There is a clear issue with non-clinical BME staff not progressing in the organisation and this is likely to be the case with clinical BME staff too once consultant medical staff are taken out of the calculation.

Indicator 2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.

It is 1.5 times more likely relatively, following shortlisting, that white staff will be appointed to posts in the Trust than BME staff being appointed. This calculation is made by comparing the number of white staff shortlisted and appointed with the number of BME staff shortlisted and appointed.

Indicator 3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

It is 1.2 times more likely relatively for white staff to enter a formal disciplinary investigation than BME staff.

Indicator 4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff.

BME staff are 1.2 times more likely relatively to access non-mandatory training than white staff.

Indicator 5	KF 18/25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

The staff survey data used in the WRES analysis report was from the 2014 staff survey for SDHFT only and showed that 24% of white staff and 50% of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. SDHFT was a clear outlier compared to other Trusts in 2014. The comparable 2014 staff survey data for TSDHCT showed that 28% of white staff and 50% of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. TSDHCT was also a clear outlier compared to other Trusts.

In the 2015 staff survey which was for TSDFT 26% of white staff and 26% of BME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. This was a clear improvement from what was a very poor position but should not limit the need for further action.

Indicator 6	KF 19/26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

The staff survey data used in the WRES analysis report was from the 2014 staff survey for SDHFT only and showed that 20% of white staff and 29% of BME staff experiencing harassment, bullying or abuse from staff in last 12 months. This was a similar outcome to many other Trusts in 2014 but unsatisfactory none the less. The comparable 2014 staff survey data for TSDHCT showed that 22% of white staff and 24% of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months.

In the 2015 staff survey which was for the integrated Trust 25% of white staff and 34% of BME staff reported experiencing harassment, bullying or abuse from staff in last 12 months. This change from 2014 was not for the better and can be seen to be a continuing problem.

Indicator 7	KF 27/21. Percentage believing that trust provides equal opportunities for career progression or promotion.

The staff survey data from 2014 was not included in the WRES analysis report. However the 2014 staff survey for SDHFT shows that 86% of white staff believe that the trust provides equal opportunities for career progression or promotion. However the sample for BME staff for this question from SDHFT was not considered sufficient and a comparison cannot therefore be made. The comparable 2014 staff survey data for TSDHCT showed that 90% of white staff and 81% of BME staff believe that the Trust provides equal opportunities for career progression or promotion.

In the 2015 staff survey which was for TSDFT 70% of BME staff believed that that the Trust provides equal opportunities for career progression or promotion compared to 89% of white staff. This should clearly be a concern.

Indicator 8	Q23b/17. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues.

The staff survey data used in the WRES analysis report was from the 2014 staff survey for SDHFT and showed that 11% of white staff and 57% of BME staff reported experiencing discrimination at work. SDHFT was a clear outlier compared to other Trusts in 2014. The comparable 2014 staff survey data for TSDHCT showed that 10% of white staff and 57% of BME staff reported experiencing discrimination at work.

In the 2015 staff survey which was for the integrated Trust 8% of white staff and 35% of BME staff reported experiencing discrimination at work. Whilst this is an improvement it should still be seen as a major concern.

Indicator 9	Boards are expected to be broadly representative of the population they serve

The Torbay population is 2.11% BME but the Board has no BME representation.

It could be argued that the board is close to representative of the population it serves. However given the issues identified by the data analysis the Board would benefit from BME representation.

3. Context

3.1 The analysis of WRES Indicators indicates that the Trust performs poorly in a number of the indicators in respect of employees from BME backgrounds having equal access to career opportunities and receiving fair treatment in the workplace.

3.2 The Trust has accepted that this issue must be tackled and that it will have a Policy of zero tolerance of discrimination of employees from a BME background.

3.3 It is worth noting that organisations are a microcosm of the area in which they exist. In the case of the Trust and as detailed in indicator 1 in section 2, the BME population of Torbay is only 2.11%. A consequence of this is that unconscious bias is more likely to be present.

4. Action Plan Forming and Monitoring

4.1 The outcomes of the analysis of WRES Indicators were discussed with the Trust's BME Forum. In addition advice from the police, as acknowledged leaders in this area, was sought and considered.

4.2 Learning from the analysis and taking account of the advice received the previous action plan framed around the nine indicators has been further developed.

4.3 The action plan will be managed and monitored as part of the overall staff survey action plan via the Workforce and OD Group and Board. In addition the BME Forum will receive reports on progress and be asked for advice in respect of existing and future actions.

5. Action Plan

5.1 A detailed action plan linked to each of the nine indicators is included at appendix A. The following provides a summary of the main actions.

- Communication and public relations campaign with the population of Torbay and South Devon led by the Chair and Chief Executive. The purpose will be to raise awareness and consciousness of BME issues and our support to eliminating all discrimination, to confirm we value our BME workforce and that we are an inclusive employer.
- An initial statement will be issued by the Chair and CEO to all staff setting out the Trust's zero tolerance policy. Followed up by regular statements.
- A communications strategy will be developed to ensure all staff are aware of the zero tolerance policy and actions to eliminate all discrimination. This will include posters, ICON, Hiblio etc.
- On-going and meaningful engagement with the BME Forum to formulate future strategies.
- Appointment of an Equalities Freedom To Speak Up Guardian.
- Any issues shared and/or identified by the Equalities Freedom To Speak Up Guardian to be properly investigated and appropriate action taken.
- All senior posts to be advertised to encourage applications from BME staff including to the Trust Board and Governors.
- The Trust's equality mandatory training to be reviewed with the BME Forum to ensure it takes account of WRES analysis and is in accordance with best practice.
- The Trust's Acceptable Behaviour Policy to be reviewed and updated to ensure it robustly identifies acceptable behaviour and remedies in respect of BME staff.
- The Trust's recruitment and retention policies and practices to be reviewed to ensure adequate protection for BME applicants against discrimination and that they are not discriminated against and are offered the same opportunities as other applicants and staff.

Workplace Race Equality Standard

Appendix A

Action Plan 2016

NB: This action plan has been framed around the nine nationally set WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BME representation on Boards. The WRES highlights any differences between the experience and treatment of White staff and BME staff in the NHS with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

Matrix	Desired Outcome	Current Position	Year Action commenced	Planned Action	Progress on Action	Person Responsible	Review Date
Nationally set WRES Indicator - Workforce							
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	The Trusts total workforce includes 4.12% BME staff. This compares to 2.11% of BME people in the Torbay population. The percentgae of BME staff in bands 8-9, VSM (including executive Board members and consultant medical staff is 17.55%. For non-clinical staff the respective percentage is 0.93%	2015	Continue to support overseas staff through a bespoke Language and Cultural Awareness Programme.	Rolling 10-week programme in place to support new international recruitment with continued positive results	Anne Conway	Ongoing
			2015	Develop a Talent Management Strategy for all staff to include the career progression of BME staff		Chris Edworthy	
			2016	Take positive action to ensure that recruitment of all senior posts actively encourages BME applicants. Add statement to NHS Jobs for all posts Band 6 and above to this effect	Emma McCluskey to liaise with Trish Martin	Trish Martin	
			2016	Review Recruitment and Selection policy and training to ensure it reflects requirements to reduce concious and unconcious bias and that staff are trained accordingly.	HR and OD to progress	Liz Storey/ Chris Edworthy	
2	Relative likelihood of staff being appointed from shortlisting across all posts.	It is 1.5 times more likely that white staff will be appointed to posts in the Trust than BME staff.	2015	Unconscious bias to be included in recruitment training.	Complete. Bias training has been requested and shared with other Trusts (RDE). Locally, need to hold sessions on a more frequent basis	Emma McCluskey	31/12/2015
			2015	New advertising methods to be explored. Posters to be developed and distributed to high BME population areas	Posters in development. Will consult with BME forum regarding areas of publication	Trish Martin (with Emma McCluskey)	01/07/2016
			2016	Review Manager Induction programme to include education on bias and assumptions	OD to progress	Chris Edworthy	
			2016	Review Recruitment and Selection policy and training to ensure it reflects requirements to reduce concious and unconcious bias and that staff are trained accordingly.	HR to progress	Liz Storey	

3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	2015 data - It is 1.2 times more likely for White staff to enter formal disciplinary than BME staff (2016 data pending)	2015	More accurate reporting mechanisms of disciplinaries required. Use ESR as centralised reporting system for disciplinaries and other employee ralations data.	HR to progress with Workforce Information	Jenny Shepherd/ Darryl Tribble	Ongoing
			2016	Review policies and training in respect of disciplinary, grievance etc and ensure issues in respect of BME discrimination and fairness are addressed.	HR and OD to progress	Liz Storey/ Chris Edworthy	
4	Relative likelihood of staff accessing non-mandatory training and CPD.	2015 data - BME staff are 1.2 times more likely to access non-mandatory training than their White colleagues (2016 data pending)	2015	Ensure Personal Development Review Policy (PDR) and training emphasises personal development planning linked to Talent Management Strategy and that all staff have Persoanl Development Plans and opportunities for trainaing and CPD	HR and OD to progress	Liz Storey/ Chris Edworthy	
Nationally set WRES Indicator - NHS Staff Survey							
5	KF18/25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	In 2014 staff survey 24% of white staff and 50% of BME staff at SDHFT and 28% of white staff and 50% of BME staff at TSDHCT reported experiencing harassment, bullying or abuse from patients relatives or the public. In the 2015 staff survey for TSDFT the respective figures were 26% of white staff and 26% of BME staff	2015 2016	Develop staff network group and invite White colleagues for shared learning. Listening into action sessions. Say something, see something. Inclusive Leadership (principles) - Oct 15	Increase membership of the BME forum and continue engagement	Patrick Anyomi/ Emma McCluskey	Ongoing

6	KF19/26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	In 2014 satff survey 20% of white staff and 29% of BME staff at SDHFT and 22% of white staff and 24% of BME staff at TSDHCT reported experiencing harassment, bullying or abuse from staff. In the 2015 staff survey the respective figures were 25% of white staff and 34% of BME staff		Develop a no tolerance campaign to be fronted by the Chair and Chief Executive to include statements, posters and social media communication. This campaign will be with the population of Torbay and South Devon as well as staff to emphasise the Trust's committment to eliminating all discrimination and being recognised as an inclusive employer.	Workforce & OD/Communications	Martin Ringrose	
			2015	Develop a intranet page to promote the BME forum and any additional relevent resources	Complete and updated with meeting dates/ venues etc. Includes profile of Chair and contact details	Emma McCluskey	Ongoing
7	KF21. Percentage believing that trust provides equal opportunities for career progression or promotion.	70% of BME staff believe in equal opportunities for career progression compared with 89% White staff	2015	Consider new question in annual Staff Survey to collect qualitative response	Added into the 2015 staff survey (published Feb16). However, whilst this information adds value, there is currently no functionality to break this information down by demographic	Jenny Shepherd	Complete
			2016	In accordance with actions for other indicators ensure PDR, Recruitment and Retention Policies etc and training reflect clear fair treatment and of BME staff.	HR and OD to progress	Liz Storey/ Chris Edworthy	
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?b) Manager/team leader or other colleagues	In the last 12 months, 35% of BME staff have reported expereinces of discrimination compared with 8% of White staff	2016	Review Staff Survey Action Plan and in particular, ensure specific area of address on tackling discrimination	Complete and revised version published	Jenny Shepherd	01/07/2016
			2016	Develop a Tackling Discrimination Together Policy	Policy drafted and out to consultation. Comments by 10 June 2016	Emma McCluskey	01/07/2016
			2016	Add 'discrimination' field to incident reporting system to monitor and audit number of incidents		Maurice Lidster (EM to chase)	
			2016	Appoint an Equality Guardian		Emma McCluskey	01/09/2016

2016	Establish an Equality Business Forum to enable the Chairs of all three Employee Network Groups (BME/ DAAG/ LGBT) to come together and identify common themes/ recommendations for improvement. Group must have direct robust governance structure		Emma McCluskey	01/09/2016
2016	Update and improve mandatory training through utilisation of new LMS		Emma McCluskey	01/09/2016
2016	Review existing Leadership and Management programmes to include diversity issues		Chris Edworthy	
2016	Design a bespoke Leadership and Management programme to address specific issues, framed in a wider context of conversation, assumptions and bias. Programme should be mandated in the first instance for all managers (new and existing) and then embeded into rolling programmes. This programme will also include the 'house-style' of leadership principles.		Chris Edworthy	
2016	Develop a Manager's Forum for sharing good practice and mentorship		Chris Edworthy	
2016	Design a bespoke programme focused on personal resilience and perceptions		Chris Edworthy	
2016	Review case studies from Sheffield Health and Social Care NHS Foundation Trust and North East London Foundation Trust (areas of good practice)	In progress	Emma McCluskey	
2016	Seek advice from organisations external to the NHS who are known to do well in this areas (i.e. Police)	Made contact. Awaiting confirmation of meeting.	Emma McCluskey	

			2016	Cross reference staff survey results with data on whre BME staff sit within the organisation to identify any areas of correlation	Correlation found with two departments experiencing high levels of discrimiantion (staff survey) with high BME workforce (GT and GE). Interventions already in place in these areas. More tailored approach to idenfitying specific issues needed	Laura Kelly	01/09/2016
Nationally set WRES Indicator - Board Representation							
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	4% difference - 0% of Trust Board are BME	2015	Alert Director of Workforce and OD of need to ensure take positive action and adopt inclusive recruitment processes, particularly when utilising agencies. This is particularly important due to role modelling. Include action to encourage BME applicants for Board posts.	EM submitted written piece for escalation. EM met with Corporate Secretary to advise	Chris Edworthy	01/09/2015

Torbay and South Devon NHS
NHS Foundation Trust

REPORT SUMMARY SHEET

Meeting Date:	6 July 2016
Title:	A Framework of Quality Assurance for Responsible Officers and Revalidation **Annual Board Report**
Lead Director:	Medical Director
Corporate Objective:	Objective 1: Safe, Quality Care and Best Experience Objective 3: Valuing our workforce Objective 4: Well led
Purpose:	Information/Assurance/Decision

Summary of Key Issues for Trust Board

Strategic Context:

Medical revalidation for all medical professionals was introduced in 2012. Revalidation is based on annual appraisal on a 5-year cycle. The Responsible Officer (RO) is required to provide an annual report to the board and the chairman of the Board is required to complete an annual statement of compliance on behalf of the Board.

Key Issues/Risks

1. The attached paper entitled 'A Framework of Quality Assurance for Responsible Officers and Revalidation; **Annual Board Report'**, describes the output of the Appraisal and Revalidation Team describes the work of the appraisal and revalidation team for the year ending 31 March 2016 in comparison with previous years. The paper provides evidence of excellent performance by the team in support of the RO and steady improvement in compliance with the recommendations for appraisal and revalidation.
2. **Independent Verification Visit 21 September 2015 report.**
   The report of the NHSE Revalidation team is attached for information. The verification team were impressed by the function of the team. A number of suggestions were made regarding the organisation of the team and progress towards implementation of those considered appropriate has been made.

Recommendations:

1. The Board is asked to note the reports around medical appraisal and revalidation
2. The Board is asked to approve the signing of the annual statement of compliance by the Board Chairman.

Summary of ED Challenge/Discussion:

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

NHSE Revalidation Team

Equality and Diversity Implications:

The appointment of appraisers and the local processes of medical revalidation take careful consideration of equality and diversity issues.

PUBLIC

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annual Board Report

NHS England INFORMATION READER BOX

Directorate		
Medical	Commissioning Operations	Patients and Information
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference:	**03551**
Document Purpose	Guidance
Document Name	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D - Annual Board Report Template
Author	Gary Cooper, Project Manager Quality and Assurance, Professional Standards Team
Publication Date	16 June 2015
Target Audience	All Responsible Officers in England
Additional Circulation List	Foundation Trust CEs , NHS Trust Board Chairs, Medical Appraisal Leads, CEs of Designated Bodies in England, NHS England Regional Directors, NHS England Directors of Commissioning Operations, All NHS England Employees, Directors of HR, NHS Trust CEs
Description	A template board report for use by designated bodies to monitor their organisation's progress in implementing the Responsible Officer Regulations.
Cross Reference	The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013) and the GMC (Licence to Practise and Revalidation) Regulations 2012
Superseded Docs (if applicable)	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D - Annual Board Report Template, version 4 April 2014.
Action Required	Designated Bodies to receive annual board reports on the implementation of revalidation and submit an annual statement of compliance to their higher level responsible officers.
Timing / Deadlines (if applicable)	**From June 2015**
Contact Details for further information	england.revalidation-pmo@nhs.net http://www.england.nhs.uk/revalidation/

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet. **NB:** The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

1. Executive summary

1.1 Number of doctors with a prescribed connection to Torbay and South Devon NHS Foundation Trust and number of completed appraisals during the appraisal year 01 April 2015 – 31 March 2016.

Total number of doctors with a prescribed connection to Torbay and South Devon NHS Foundation Trust during the period 01 April 2015 – 31 March 2016	251
Number of completed appraisals	227
Discrepancy	24

1.2 Further investigation into the outstanding appraisals is outlined below:

New members of staff < twelve months in post	8
Sabbatical Leave	1
Sickness absence	2
Maternity Leave	1
Had appraisal (>12 months but <15 months)	6
Had appraisal (>12 months and >15 months)	3
Awaiting appraisal (>12 months and >15 months)	3
Total:	24

1.3 Outstanding appraisals are closely monitored by the Revalidation team and each individual case is reviewed by the Responsible Officer with intervention as appropriate.

2. Background

2.1 Medical revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that the executive team will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisation;
- checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

3. Trust Appraisal Data 2014 - 2016

3.1 NHS England categorises appraisals as follows:

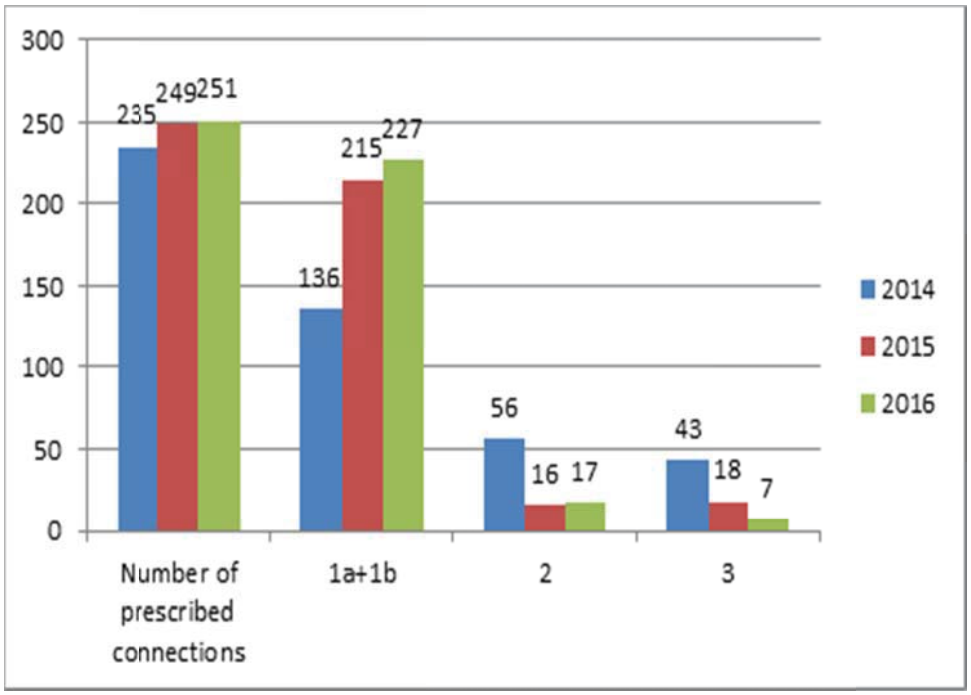
Category 1a. The Appraisal meeting takes place between 01 April and 31 March with completed and signed off outputs and within three months of the appraisal due date and summary signed off within 28 days and the whole process occurred between 01 April and 31 March.

Category 1b. Appraisal completed but ‘no’ to any of completed and signed off appraisal outputs andwithin three monhts of the appraisal due date and summary signed off within 28 days and the whole process occurred between 01 April and 31 March.

Category 2. Approvied incomplete or missed appraisal

Category 3. Unapproved incomplete or missed appraisal

3.2 Comparison of Torbay and South Devon NHS Foundation Trust appraisal data:



4. Governance Arrangements

Designated body	Torbay and South Devon NHS Foundation Trust
Responsible Officer	Medical Director – current Responsible Officer in post since 01 December 2015
Key Individuals in the Revalidation Support team	Head of Medical Education and Development Appraisal Lead Revalidation Support Manager

4.1 Prescribed connections to Torbay and South Devon NHS Foundation Trust are monitored on a regular basis by the Revalidation Support Manager by close liaison with the Medical Human Resources Officer. Doctors may contact the General Medical Council (GMC) themselves to select Torbay and South Devon NHS Foundation Trust as their designated body.

4.2 Assurance of the process addressing systems of medical appraisal; revalidation and deferral recommendations; monitoring performance and responding to concerns is carried out as follows:

- Quarterly reporting to NHS England
- Annual Organisational Audit (AOA) report to NHS England
- Annual report to the Trust Board by the Medical Director

4.3 External Quality Assurance is carried out by NHS England (South) via an external visit every five years. An Independent Verification Visit to this Trust was carried out on 21 September 2015. A review panel consisting of members of the regional revalidation team, a patient representative, a Responsible Officer from another Trust and an NHS England area team representative visited the Trust and held a series of informal meetings covering all aspects of revalidation within the Trust. These included drop-in sessions with the Consultant and SAS body and the Appraiser Group.

4.4 A copy of the Independent Verification Visit accompanies this report.

5. Medical Appraisal

5.1 The Trust currently has 56 trained Appraisers with 51 appraisers actively carrying out between 3-5 appraisals per year.

5.2 The Appraisal Lead allocates an appraiser to each doctor on an annual basis taking into account a mix of in-specialty and out-of-specialty appraisers within a five year period.

5.3 The Appraisal Lead identifies the number of appraisals needed and ensures that there are a sufficient number of trained appraisers within the Trust to carry out these appraisals. Individuals wishing to undertake new Appraiser training are interviewed by the Appraisal Lead and recommended for new Appraiser training as appropriate.

5.4 There are currently eight doctors on the waiting list to attend new Appraiser training. The training will be carried out by a nationally approved trainer.

5.5 Each new appraiser will undertake the requisite training and will initially complete a minimum of two appraisals which will be reviewed by the Appraisal Lead. Appraisers will be supported by the Appraisal Lead through ongoing professional development such as attending monthly Appraiser Group meetings to ensure that consistently high standards are maintained across the Trust.

6. Quality Assurance

6.1 Internal Quality Assurance (QA) of appraisal comprises:

- Assurance of the process
- Assurance of the performance of appraisers

6.2 Quality Assurance of the appraisers is undertaken each year by the Appraisal Lead using:

- Recruitment and selection
- Review of probationary appraiser performance after their first two appraisals
- Review of Appraisal summaries using the PROGRESS tool
- Review of established appraisers' performance through regular feedback questionnaires from appraisees
- Calibration exercises
- Appraiser Group meetings and Study days

6.3 <u>Summary of PROGRESS Quality Assurance</u>

- There were 53 active appraisers (October 2015) vs 47 active appraisers in 2014
- There was an uneven distribution of appraisers with appraisees as follows:
    - Appraisers carrying out less than three appraisals = 22
    - Appraisers carrying out more than five appraisals = 6
- There has been an improvement in appraisers with a best score of 15 or more (42 appraisers in 2015 vs 22 appraisers in 2014)

6.4 Mean scores from all appraisees feedback (max score 5)

	Establishing a rapport	Demonstrating thorough preparation for your appraisal	Listening to you and giving you time to talk	Giving constructive and helpful feedback	Supporting you
2015	4.69	4.68	4.77	4.69	4.70
2014	4.76	4.66	4.77	4.68	4.71
	Challenging you	Helping you to review your practice	Helping you to identify gaps and improve your portfolio of supporting information for revalidation	Helping you to review your progress against your Personal Development Plan (PDP)	Helping you to produce a new PDP that reflects your development needs
2015	4.47	4.58	4.61	4.63	4.73
2014	4.47	4.62	4.62	4.67	4.67

5 = very good, 4 = good, 3 = satisfactory

6.5 Summary of feedback from appraisees

- No change in mean scores 2015 vs 2014
- Six appraisers with an average feedback of <4 in any one question

7. Access, Security and Confidentiality

7.1 All data relating to appraisal and revalidation is held on a secure drive accessed by the Head of Medical Education and Development, Appraisal Lead and Revalidation Support Manager only.

7.2 Hard copy data files are kept in the Revalidation Support Office which is accessed by security code.

7.3 No patient identifiable data is uploaded to an appraisal portfolio.

8. Revalidation Recommendations

Recommendations completed on time (within the GMC recommendation window)	73
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	73

9. Recruitment and Engagement Background Checks

9.1 There are six standard pre-employment checks which are carried out by the Medical Human Resources Department on both substantive and locum appointments. These are as follows:

- ID Checks
- Professional Registration Checks
- Employment History and Reference Checks
- Right to Work Checks
- Work Health Assessment Checks
- DBS Checks

9.2 The Revalidation Office requests completion of a Medical Practice Information Transfer Form from the Responsible Officer of any new Consultant or SAS doctor joining the Trust.

9.3 Transfer of Information Requests for 2015 – 2016:

Transfer of Information requested by this Trust - 01April 2015 – March 2016	14
Transfer of Information requested from this Trust – 01 April 2015 – March 2016	2

10. Monitoring Performance

10.1 Performance of all doctors within Torbay and South Devon NHS Foundation Trust is monitored by the following means:

- Annual Appraisal
- Complaints and Safeguard Incident data
- Individual performance data
- Divisional performance data
- Dr Foster data
- Maintaining High Professional Standards policy
- Transfer of Information requests

11. Responding to Concerns and Remediation

11.1 The Trust has a responsibility to ensure that all doctors have the opportunity to revalidate and will therefore support doctors in following the appropriate remediation process and programmes where there are concerns that the standards required for revalidation may not be met.

11.2 The Trust will offer early intervention when justifiable concerns emerge over the capability, conduct or health of a practitioner, with the aim wherever possible of remediation, re-skilling or rehabilitation. In all circumstances the safety of patients will be paramount and underpin any remediation programme.

11.3 The details for remediation can be found in the Trusts Remediation Policy.

12. Risks and Issues

12.1 There are currently two doctors who are not engaging in the appraisal process. The Responsible Officer is closely managing this issue by individual and will take the appropriate action to escalate if required.

12.2 The Responsible Officer is fully assured that there is no risk to patient safety by this non-engagement in the appraisal process.

13. Future Developments

13.1 New Appraiser training has been arranged for 21 September 2016. This will be facilitated by external trainers, Dedici Ltd.

13.2 An Internal Appraiser Study Day has been arranged for 04 July 2016. This will be facilitated by an external agency Effective Professional Interactions (EPI)

Independent Verification Visit

Date of Desk Top Review/Visit: Monday 21 September 2015 **Designated Body: South Devon Healthcare NHS FT**

Designated Body:		**Revalidation Team/Panel involved:**
Type/sector of DB	NHS FT	Ros Crowder, Deputy Director Revalidation, NHS England (South), Regional Representative Anita Hamilton, Business Manager, NHS England (South), Regional Representative Stephen Barasi, Lay Representative George Thomson, Medical Director, Northern Devon Healthcare Trust, RO Representative Jill Millar, Appraisal Lead, NHS England, South, (South West), Local Office Representative
RO	David Sinclair	
Chief Executive	Mairead McAlinden	
Medical HR Manager	Kelly Ebdon-Marks	
Appraisal Lead	Maree Wright	
Head of Medical Education and Development	Jessica Piper	
Patient Safety Lead	Steve Carr (not present)	
Experience and Engagement Lead	Carol Pearson (not present)	
Appraisal Lead		

Meeting Preparation

Summary
South Devon Healthcare NHS Foundation Trust runs a general hospital (Torbay Hospital) serving the South Devon area. It was one of the first NHS Trusts (established in 1991) and was authorised as one of the early NHS Foundation Trusts in 2007, and has a large public membership. The catchment area covers 300 square miles and so serves a resident population of approaching 300,000 people, plus about 100,000 visitors at any one time during the summer holiday season – the area covered is from South Dartmoor to the length of coastline which stretches from the mouth of the River Exe (Dawlish), past the Teign and Dart estuaries (beyond Dartmouth). The biggest part of the Trust's work is emergency treatment, as over 78,000 patients a year come through Torbay Hospital's Emergency Department (A&E), however, it runs a full range of elective, surgical, general and maternity services. Staff numbers are nearly 4,300 Changes in progress are South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health and Care Trust plan to join together to become one new Integrated Care Organisation. There are also plans to deliver a state-of-the-art radiotherapy service. There is currently no CQC report. There are 256 doctors currently connected and last year's appraisal rate was 86%, up from 58%. It is possible the low rate of the previous year relates to the fact that there was a change in RO. The new RO is Dr David Sinclair who is Clinical Director for Cancer Services and the Deputy Medical Director. On the day of the visit meetings were held with: RO Clinical Appraisal Lead Revalidation Manager

Medical HR Manager Head of Medical Education and Development Doctors x 3 Appraisers x 6

Key Area Summary	Examples of good practice	Areas for development
The Designated Body and Responsible Officer		
John Lowes, MD, who was not present at the meeting, will be leaving his post October/November 2015. The advert for a new MD will be for the integrated care organisation as the Trust is merging with Torbay and Southern Devon Health and Care NHS Trust on 1 October 2015. At this point it is not clarified whether the post will be a joint MD/RO post for the new organisation. Currently the RO does not sit on the Trust Board. The AOA is presented to the Board. David Sinclair reported that with the forthcoming merger due on 1 October 2015 that the Consultant body will remain the same and GPs retain their own contracts. There will be an avoidance of duplication with little change for medical staff who will remain in the same systems avoiding upheaval. The system changes have not yet been agreed. The Board is merging but currently no plans for broad reaching practice change. There are currently a minimal number of GPs working for the Trust – currently a few clinician assistants but as time goes on there may be radical changes. David has 3 PAs for his RO, Director of Cancer Services and Deputy MD roles and is supported by a Revalidation team of two members of staff. Full time Tracy Lyon, Revalidation Support Manager and Dr Maree Wright, Appraisal Lead (and previously SAS Tutor) who has 2 PAs for this role. The RO reported that the majority of doctors are up to date and on track,		Consideration of the Board level responsibilities of the responsible officer role will be key for the new integrated organisation. The regional team will be happy to advise. Consider the merits of a decision making group to provide broader input, possibly including lay representation.

Key Area Summary	Examples of good practice	Areas for development
with less than 5% of the medical workforce accounting for more than 50% of the issues being dealt with. One non engagement recommendation has been made to the GMC and it had the desired impact. Preparation for making revalidation recommendations is carried out by Tracy and Maree and a checklist completed in advance of monthly meetings with the RO. An assurance of no concerns is south by the Revalidation Manager regarding private practice. The decision on the recommendation is made by the RO. The deferral rate is low, usually when doctors are new to the organisation. A bimonthly revalidation group takes place including the RO, Appraisal Lead, Revalidation Manager, Medical HR Manager & Head of Medical Education & Development. The organisation's IT strategy includes the aim of creating a single web-based access point for doctor's to access data for supporting information but progress has been slow. A clinical performance drive has been established with some data available but still some way to go until fully functional. The RO and Medical HR Manager meet regularly with the GMC ELA. Zircadian is the system used for job plans and auditing. Job plans are reviewed yearly and signed off by appropriate Clinical Director. There is no linkage between job plans and appraisals (job planning reviewed in October) but Doctors are expected to take their job plans to appraisals. Currently a third of the way through ratifying all the job plans, compared to year on year quite low at 50%, but will be completed by the end of the financial year. The medical leadership team includes 5 Associate Medical Directors; 3 linked to specialities plus one for innovation and improvement and one focused on the integrated care organisation.	There is a focus on quality improvement throughout the organisation with links with the AHSN, teaching sessions available, regular quality meetings. A review of all job plans is currently underway by the Deputy Medical Director/RO and Medical HR Manager.	Consider whether greater engagement of the Board may enable faster progress with the implementation of the performance drive.

Key Area Summary	Examples of good practice	Areas for development
Appraisal		
Since the appointment of the appraisal lead in January 2013 significant improvements have taken place with more robust appraisal processes implemented. There are approximately 50 appraisers including SAS doctors. There is an 85% annual appraisal rate with doctors closely monitored. If appraisal is not completed it is made clear there will be no job or payment as in breach of contract. The process is moving to a system of allocation with an element of choice (doctors are offered a choice of 2 or 3 appraisers) with a 3 year cycle of appraisal within specialty followed by 3 years with an appraiser external to the speciality. A larger base of appraisers is being sought to support the transition from a Directorate process to a Trust-wide approach. All appraisers have to undergo training and this has been provided by a GP appraisal lead external to the Trust. There are monthly appraiser group meetings (5 one hour slots). An annual appraiser study day and ad hoc 1-1 meetings with individual appraisers take place to enable feedback on lower quality appraisals. Volunteers have been sought to be appraisers – none have been de-selected. There is currently 0.25 SPA in job plans which is around 1 hour a week per person (in accordance with the SPA requirement per appraiser per year of 10.5 SPAs). On average 5 appraisals are carried out yearly and appraisers have a specific job description. Equitini 360 is currently used but the Trust is moving to the PReP system and the linked Edgecumbe 360 feedback system. Patient and colleague feedback is currently provided through the Equiniti system and	Extensive support is provided by the Appraisal Lead and Revalidation Manager which was highly valued by doctors. A robust quality assurance process is in place including detailed review of appraisal outputs, regular appraiser meetings and feedback to appraisers. When starting to use the appraisal QA tool the appraisal lead benchmarked her scoring with a group of appraisers to calibrate. Debriefing sessions are offered to appraisers following challenging appraisals. Cultural awareness training sessions have been arranged.	

Key Area Summary	Examples of good practice	Areas for development
appraisers check that a suitable range of raters have been identified. Doctors are well supported by the Revalidation Team sending through dates and information to ensure appraisals are carried out in good time and can always seek guidance. Comments are sought on individual's appraisals and their appraisers which goes back to the Revalidation Team anonymised. Feedback carefully monitored and action plans put into place. There is consistency in the process. The expectation is that each individual's job plan should be signed off before their appraisal but it doesn't always happen. A comprehensive quality assurance process for appraisals is in place with all appraisal output forms scored with a QA tool and feedback from doctors reviewed. Each appraiser has yearly feedback from the appraisal lead and some are invited for a meeting to explore improvements. Trust grade doctors are included in the appraisal process and undertake a full appraisal. Data on incidents and complaints can be provided and the Revalidation Manager supports doctors' access to reports. Coding difficulties cause problems for SAS doctors access to meaningful data.	Good working relations between the Revalidation Team and appraisers and doctors. Support and guidance is readily available including a handbook on reflection. Patient feedback is sought 3 yearly.	Consider how greater alignment between appraisals and job planning might be encouraged. (An examples from another Trust can be provided)
Monitoring Performance and Responding to Concerns		
There is a significant amount of case work and the Medical HR Manager is keen on working with Clinical Directors to manage the issues locally. NCAS are involved as necessary. If a concern arises as a result of a patient complaint feedback is provided to the patient. Clinical Directors have been offered training by		Consider how broader medical HR support can be made available rather than reliance on a single individual.

Key Area Summary	Examples of good practice	Areas for development
Edgecumbe on managing concerns. A team of six trained investigators. All medical staff – all volunteers and have to discuss with their Clinical Directors to free up time when required. Trained investigators with best practice and information are shared across neighbouring Trusts. If complaints are presented via PALS it is recorded and loaded currently onto Equiniti. Complaints/litigation/safeguarding information can be sent to appraisees by Tracy Lyon. If support is needed, Occupational Health is used and there is staff counselling. Mentoring is available but there is no internal coaching. Significant events are captured on Datix and reports can be generated for doctors.	Recently the Education Department has facilitated access to coaching support.	Consider how support and ongoing development can be provided for case investigators in a similar manner to appraisers.
Recruitment and Engagement		
The Medical HR Manager, Kelly Ebdon-Marks, assists with employee relations, terms and conditions and capability performance. Works with the RO regarding any issues with compliance. The recruitment team manages the medical recruitment process. All recruits meet Kelly as part of their induction including job planning and trust policies and then they meet with the Revalidation Manager and Jessica Piper, Head of Medical Education and Development. New starters are reconciled with GMC Connect. Any HPAN notices are usually received and checked through Workforce or the HR team. Employing locums varies between Departments. A combination of NHS Locums and external agencies. Regarding checking: references/documentation are sought from the agencies to and it was discussed		

Key Area Summary	Examples of good practice	Areas for development
whether the current process was robust enough. A new arrangement with a master vendor is being implemented with other SW Trusts later in the year. MPIT forms are sent to previous ROs when new Doctors commence work.		
Public and Patient Involvement		
There are no lay representatives currently involved in revalidation processes but a NED leads on workforce.		Consider the benefits of lay involvement.

Designated Body classification following Independent Verification

Designated Body Name: South Devon Healthcare NHS Foundation Trust - 21 September 2015

Core Standard Group		ICE development continuum					
		Initiation		Compliance		Excellence	
		1	2	3	4	5	6
Designated body & Responsible Officer							
Appraisal							
Monitoring performance and RtC							
HR processes							
Overall							
Engagement / Enthusiasm / Effort							

ICE Maturity Continuum		Description	Action Options
Initiation	1	Meets few core standards, little or no commitment to alter this	Revisit soon, escalate to MD, Regional Director or Secretary of State
	2	Meets a few core standards, plan in place to achieve compliance	Obtain action plan update, revisit
Compliance	3	Meets most core standards, some quality assurance	Suggest improvements and teleconference review in 6 months
	4	Meets most core standards, quality assured in all areas	Suggest improvements and invite a report back in 1 year
Excellence	5	Meets all core standards, quality assured with some quality improvement	No action
	6	Committed to continuous improvement. All core standards met and significant areas of good practice	Share good practice, win an award?

Good Practice Documents

DB & RO	
Suggested challenging questions for the Board	Challenging Questions for Boards
Appraisals	
Appraisal QA Tool	150217_MAPS A1 App1_ASPAT form dr
Medical Appraisal position statements	20141231 MAPS_zipped.zip
Progress QA Tool – quality assurance and development of appraisal documentation	PROGRESS QA template Sept 2012.c
Excellence QA Tool – improving and quality assuring appraisal output documentation	Excellence QA tool Oct 2013 v2.doc
Risk Assessment	
Risk assessment for establishing levels of concerns	Establishing Levels of concerns.pdf
Recruitment - Locums	
Link to HSJ article on SW locum contract	http://www.hsj.co.uk/hsj-local/acute-trusts/plymouth-hospitals-nhs-trust/exclusive-winner-of-blueprint-locum-agency-contract-named/5083518.article

PPI	
Suggested opportunities for involving patients & public	 Opportunities for Patient and Public En(
Leaflet information for patients	 Revalidation_Leaflet-AUGUST19-2013-2-M

Torbay and South Devon NHS
NHS Foundation Trust

REPORT SUMMARY SHEET

Meeting Date:	6 July 2016
Title:	Report of the Chief Nurse
Lead Director:	Chief Nurse
Corporate Objective:	Objective 1: Safe, Quality Care and Best Experience Objective 4: Well led
Purpose:	Assurance

Summary of Key Issues for Trust Board

Strategic Context:

The NHSE Serious Incident Reporting Framework (2015) sets out the process for reporting serious incidents. The Quality Improvement Group received a report in June that highlighted an increase in the number of incomplete investigations and STEIS reportable incidents outside timeframe.

This report sets out the Trust response to the requirement notices included in the CQC report published in June. This includes actions underway to ensure safe staffing.

Key Issues/Risks:

Incident reporting:
The increase in reporting of incidents and near miss events reflects the work undertaken over the last two years to improve the process and make it easier. Ensuring that investigations and reports are completed in the required timeframe is a challenge for the Service Delivery Unit (SDU) Governance Coordinators as incident reports increase. The number of 'no harm' to 'moderate harm' incidents pending completion has risen above the average in quarter 1. Associate Nurse Directors are undertaking work in July to complete and close these investigations. The Trust wide adoption of the Datix system in October will enable ward and department teams to monitor and manage their incidents locally with oversight from the SDU senior management team and the Trust incident team. The Quality Improvement Group will monitor progress on incident management.

Strategic Executive Reporting System (STEIS):
The June Quality Improvement Group received a report that there were eleven STEIS reported investigations outside timeframe, validation of the data shows that there were nine. The reasons for delay in completion are understood and valid under the NHSE guidance. The incident team are working closely with the SDU senior management teams to bring the investigations to conclusion. It is anticipated that six will be closed by 1st July. The CCG have requested further information on the remaining three. The Serious Adverse Events Group and the Quality Assurance Committee will monitor progress.

CQC requirement notices:
In addition to the requirement notice issued in March 2016 regarding the urgent and emergency care department, the CQC final report included five further requirement notices. Action plans to address the issues were submitted to the CQC by the required date of 30 June 2016. These action plans are included as appendices to this report.

The CQC requirement notices link to the regulated activities provided by the Trust. Service Delivery Unit senior management teams have developed action plans to address the issues raised and ensure the CQC standards are met. The teams have used the Simple, Measureable, Achievable, Realistic and Timely (SMART) framework to develop the plans. It is critical that the plans address the specific issues raised, that they are aspirational but also deliverable within the timeframe set. The action plans will form a key element of the SDU work plans for 2016/17. These action plans will be subject to revision and amendment by the CQC prior to formal ratification. Progress will be monitored through the SDU Quality and

Performance meetings, the Quality Improvement Group and the Quality Assurance Committee. Recommendations: To consider and if necessary challenge to assurance provided in this report.
Summary of ED Challenge / Discussion: The report and mitigating actions with regard to incidents were noted. The Executive Team discussed the CQC requirement notice action plans and the need to ensure these address the issues and are deliverable. Executive leads reviewed and agreed the action plans prior to submission.
Internal/External Engagement including Public, Patient and Governor Involvement: CQC / CCG / NHSE
Equality and Diversity Implications: None

PUBLIC

Torbay and South Devon NHS
NHS Foundation Trust

Report to:	Trust Board
Date:	6 July 2015
Report From:	Chief Nurse
Report Title:	Report of Chief nurse

1 Purpose

To provide the Board of Directors with an update against key quality issues

2 Provenance:

The report is informed by the following:

- Minutes and action log Quality Improvement Group (QIG) / Quality Assurance Committee
- Senior Nurse Strategy Meeting
- Minutes of the Executive Team
- CQC Assure Meeting

3 Safe Staffing:

Acute hospital: Allerton ward had a staffing deficit in June but recent recruitment will address this. The Associate Director of Nursing for Surgery is monitoring staffing levels daily to ensure safe staffing levels are maintained. More detailed reports are provided monthly to the Quality Improvement Group.

Special Care Baby Unit (SCBU) continues to experience staffing issues despite attempts to recruit specialist nurses. The Associate Director of Nursing for Women's, Children's and Diagnostics utilises staff flexibly across the whole paediatric service to ensure is SCBU staffed safely.

Community hospitals: Teignmouth Hospital inpatient activity has relocated to Newton Abbot. There are staffing issues at Paignton Hospital with senior staff taking up other posts in the Trust. Safe staffing is being monitored and managed over the course of the day by the Community SDU team and is reported to the Trust control room.

<u>Quality Effectiveness and Safety Trigger Tool:</u>

The majority of service teams are now integrated onto the Quality Effectiveness and Safety Trigger Tool (QuESTT). This provides a single page view of quality for the whole Trust. The 23 quality indicators include: leadership, sickness absence, vacancy factor, % unfilled shifts, patient feedback, hand hygiene compliance and safeguarding training. The 23 indicators have an individual score that indicate areas of performance variance. These are totalled to provide an overall score with scores greater than 12 being highlighted and discussed at the monthly QIG meeting.

In June the Forrest Ward score was 18, this relates to the loss of the Senior Sister and staff vacancies. The Senior Sister post has been filled and the other vacancies are advertised.

The Coastal Nursing Team score is 17 due to vacancies. Recruitment is underway and vacancies have been appointed.

The out of Hours nursing team scores 23 due to vacancies and sickness. This is under daily review with staff being deployed flexibly to ensure the caseload is covered.

4. Clinical Supervision Update:

Clinical Supervision (CS) is a formal process where clinical staff reflect on and discuss their clinical work with someone who is experienced and qualified. It enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance patient protection and safety of care in complex clinical situations.

Although not mandatory, CS is strongly recommended by the Trust and Governing bodies to all clinical staff and should be encouraged by clinical managers. It is recommended that clinical staff access supervision for a minimum of one hour every two months and that this is documented. There is currently no target set as CS is reviewed annually and is not mandatory.

The last Clinical Supervision Review was carried out in November 2015. For this review the data was collected in a different way from previous years. In the past, survey questionnaires had been sent out to individuals and they were asked to return them. Response rates were historically very low and returned questionnaires were usually from those who accessed CS, making the results questionable. For this current review, each clinical area manager or senior clinician was contacted by telephone or face to face and asked five questions about the CS activity in their area, therefore ensuring a more accurate result from each area across the Trust. The results are set out below.

Acute nursing areas (Excluding Maternity Services)	**25%**
Community Nursing/ hospital areas	**91%**
Maternity Services	**100%**
AHP and Social work	**100%**

At 25%, the review highlighted that the acute hospital clinical ward areas were least likely to access CS. Many of these areas understood the benefits of CS and supported one another with informal and undocumented CS, however, time and staffing issues appeared to be the main barriers to formal access. Following the review we have now been able to target the development of CS training and support for the acute areas and guide specific parties to develop supervision, such as the matrons and ward managers. I will be reviewing the Clinical Supervision policy later this year to reflect the evolving needs of the clinical areas in accessing CS., The CS Review action plan and current update is set out below.

	Action	**Complete by**	**Update 19.5.16**
1	Meet with senior managers and directors to identify new ways of encouraging a wider uptake of CS by clinical staff	May 2016	CS lead has been liaising with managers and introducing supervision in two areas within the acute trust. Attended the Senior Strategy Meeting in July to discuss the uptake of Supervision in clinical areas with the managers
2	Offer CS to clinical managers at senior lead meetings so that benefits and CS structure can be realised, experienced and cascaded to other teams.	April 2016	CS lead attending meetings to set up Supervision in July 2016. I have also made contact with some band 7s to run action learning with them.
3	To create a team of CS facilitators to facilitate supervision, provide motivation, information and	February 2016	4 facilitators have been trained, 2 concentrate their time with action learning for the overseas nurses currently within the trust. 2 facilitators are continuing

	support to encourage supervision uptake.		to deliver training sessions and providing supervision.
4	Run local CS information and training sessions.	July 2016	Supervision training sessions have been run in various locations across the trust since January 2016. Attendance has been variable but those sessions that have been run have been well evaluated.
5	Further develop the webpage and encourage teams to visit for updates and tips.	March 2016	The webpage has been updated with Supervision and 'Time to Talk' ideas and templates.
6	Support teams to achieve CS, particularly where there is poor uptake.	July 2016	The facilitators have been visiting areas wherever possible; however, in areas where there is poor uptake it has been difficult to get staff engaged with supervision. Staff shortages, sickness, no time and high workloads are reasons given. The facilitators will continue to attend meetings, offer training and try to engage staff in supervision.

5. Safeguarding (pressure ulcers / falls) Emergency Department:

In February / March the Emergency Department had a cluster of five grade 3 – 4 pressure ulcers. This triggered a referral to the safeguarding team and investigations led by the CCG. Three cases are now closed, two are awaiting final case meeting. The pressure ulcer prevention (PUP) work is ongoing in the Emergency Department and reported monthly to the Urgency Care Improvement and Assurance Group (UCIAG).

A fall resulting in serious harm was reported to the safeguarding team in March and has been the subject of external investigation. The investigation is complete and the report anticipated early July. Falls prevention work is underway in ED which includes a review of the existing ED trolleys and the use of falls alarms. This work is reported to the UCIAG.

6. Strategic Executive Information System (STEIS) overdue incidents:

At present there are 9 STEIS reported incidents outside the 60 day timeframe for completion. STEIS is the national incident reporting system that collates incidents and enables national benchmarking data to be analysed and reported.

The NHSE Serious Incident Reporting Framework (2015) sets out the criterion that determines a STEIS reportable incident. This framework explains the responsibilities and actions for dealing with serious Incidents and the tools available. It outlines the process and procedures to ensure that serious incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again.

The Patient Experience and Feedback Team work closely with the Service Delivery Unit Governance Coordinators to ensure the serious incident reporting process is followed. Every effort is made to conclude the process as soon as is practicably possible. However, the process can be extended for up to 6 months if the incident is subject to external investigation / review. An extended timeline can also be agreed with the CCG for the following reasons:

- The incident is subject to enforced compliance with the timetable of an external agency, such as police, Coroner, Health and Safety Executive or Local Children Safeguarding Board or Safeguarding Adult Board.

- Investigation of highly specialised and multi-organisation incidents, such as those involving a national screening programmes.
- Incidents of significant complexity.

Of the nine cases outside timeframe:

- 1 is multi-agency
- 2 are internal delay
- 3 are categorised as complex
- 3 are subject to a further information request from the CCG

The Trust is working closely with the CCG to bring these incidents to closure, it is anticipated that six will be completed and reported by 1st July. The three remaining will be forwarded to the CCG for comment; these will be considered closed pending CCG approval. All STEIS incidents are reported to the CCG and upward to NHSE where progress on quality indicators including timely reporting, transparency, quality of investigation and escalation / collaboration are monitored. STEIS incidents are reported and monitored by the Serious Adverse Events Group and the Quality Assurance Committee.

7. Unmerged incidents:

There has been considerable work in the last two years to increase incident reporting and for this reason there has been an increase in the reporting of 'no harm' to 'moderate harm' and near miss incidents. Over the same period, the number of major and catastrophic incidents has reduced.

We manage approximately 400 incidents a month, circa 5000 incidents in a year. In each month there will be between 600 – 700 incomplete incident investigations in the Safeguard / Datix system. The majority of these actual or near miss incidents are graded as 'no harm to minimal harm' with a small number graded 'moderate'. These incidents have been coded and had initial review and are at various stages of the investigation process. The majority have been investigated and are awaiting quality assurance check or confirmation of the associated actions by the SDU governance coordinator prior to upload to the national system, this is the merging process. These incident investigations waiting upload to the national system are reported monthly to the Quality Improvement Group as 'unmerged incidents'. In quarter 3 and 4 of 2015 there was a steady decline in the total number but there has been a significant increase during quarter 1 of 2016 taking the total figure to 928. June figures show:

Unmerged Incidents by Month:

	Med	Surg	WCD	
June	88	240	90	
May	49	114	70	
Jan April	70	163	50	
Total	200	518	210	928

At present the unmerged incidents are monitored and managed by the single SDU Governance Coordinator and it is an ongoing challenge to complete, report and upload this volume of incidents. The Associate Nurse Directors are reviewing the unmerged incidents for each SDU and will undertake focussed action to review and close them. Progress on this will be monitored weekly by the Chief Nurse. The Datix system will facilitate local ownership of the incidents by Senior Sisters / Matrons and the SDU team. 'No harm' to 'Minor Harm' will be managed and merged by the ward / department team with oversight from the Governance Coordinators and the Trust incident team. It is anticipated that this will significantly reduce the number of no harm / low harm investigations that are unmerged.

8 Pressure Ulcer Collaborative.

It is recognised that Pressure ulcer prevention is fundamental in providing high quality, safe care. In the Acute setting, between April 2015 and March 2016, 15 avoidable Grade 3 and 4 pressure ulcers were acquired in our care. In the same time period three avoidable pressure ulcers, Grade 3 and 4, developed in the community. The community achieved a reduction of 17 avoidable pressure ulcers in 2015/16 due to implementation of the Pressure Ulcer Collaborative Programme over a two year period. This work has been led by the Head of Community Tissue Viability Services who has recently extended her remit to include both the Acute and Community parts of our organisation.

Starting in September 2016, under the leadership of the Head of Tissue Viability Services, the Collaborative programme will be rolled out across the Acute setting. Utilising information from the incident reporting system, the programme will commence with those wards with the highest levels of pressure ulcer harms over the last twelve months.

As the programme is implemented and embedded across all wards is for a 50% reduction in Grade 3 and 4 avoidable pressure ulcers. This will therefore be a yearend target of no more than eight avoidable ulcers in the acute setting.

9. CQC requirement notice action plans.

The CQC requirement notices link to the regulated activities provided by the Trust. These are:

- Regulation 12 safe care and treatment
- Regulation 13 safeguarding service users from abuse and improper treatment
- Regulation 15 premises and equipment
- Regulation 17 good governance
- Regulation 18 staffing

Each requirement notice covers the issues highlighted in the full report with regard to the following services:

- urgent and emergency care
- medicine
- outpatient and diagnostic
- children and young people
- end of life care
- critical care services.

The service delivery unit senior management teams have developed the attached action plans to address the specific issues raised. The plans are subject to CQC amendment and revision, we anticipate approval in July. These action plans will be monitored through the

SDU Quality and Performance meetings, the Quality Improvement Group and the Quality Assurance Committee.

CQC report – nurse staffing:

The CQC report highlighted three areas where nurse staffing should be reviewed:

- The Emergency Department
- Louisa Carey Paediatric Ward
- The general medical wards

The Emergency Department:

The Baseline Emergency Staffing Tool (BEST) has been used to review the ED nursing establishment. Early analysis and supports the CQC finding that an increase is required to support the Resuscitation area and ED Paediatrics area. This increase has already been approved and staff are being recruited. The BEST review has highlighted the need to align nursing shift times to reflect the changing pattern of attendance into the late evening and night. This will be considered as part of the ED recovery plan.

Medicine:

In line with the Nursing Quality Board (NQB) mandate of 2014, safe staffing levels are displayed daily at ward entrances, published on the Trust public website and reported monthly to the Trust Quality Improvement Group.

Staffing across the Trust is monitored three times daily at the control room meeting. At each meeting, a Matron is responsible for ensuring safe staffing is maintained through flexible allocation of substantive staff, bank or agency. The CQC confirmed that general wards had safe staffing levels but there was day to day variability resulting in staffing at less than established levels over the month on some general medical wards.

Over the last two years, two general ward staffing establishment reviews have been undertaken. These have used evidence based tools such as Hurst, Shelford, the Royal College of Nursing, the National Quality Board and professional judgement. The first of these led to an increase of 14 wte nurses across general wards in 2014 through the redistribution of existing funds. The second, more detailed review has just been completed and suggests that the medical wards require an increase in staffing to meet the changing dependency of patients. This review is in the process of validation and the findings will be presented to the Executive team, the Quality Improvement Group and Finance Committee in July.

Louisa Carey Paediatric Ward:

The staffing establishment for Louisa Carey ward was informed by Royal College of Paediatric Nurses Association and indicates the need for a small increase to provide resilience on the night shift.

Recommendation

To **note** the contents of the report

Jane Viner

Chief Nurse

29 June 2016

Children's & Young People

Accountability: **Executives** - Chief Nurse **Service Manage**r - KG

Ref:	Reg:	Regulation 12(1)(2)	Action required	Action taken	Evidence	By who	By when	Completed
CYP1	12(1)(2)	Initial health assessments for 'looked after' children were not meeting the statutory timescales.	To develop a robust process in order to meet statutory timescales for Initial Health assessments (IHA) for Looked After Children (LAC)	• A process mapping event was held on the 11/2/16 together with Children's services to identify why delays occur, simplify the very complex process of notification to health, consent for and booking of IHAs. From this, actions have been identified both within Children & Young Persons Service (CYPS) and health to improve timescales.	Notes of the meetings and associated actions	Trust Child safeguarding lead, HP	February 2016	
CYP2				CYPS are to ensure foster carers are aware of the need for timeliness of these assessments through training and case review. Action from mapping event agreed. Link with permanancy services within LA.	Training schedule and attendees register.	Designated Doctor - MG	30-Sep-16	
CYP3				Health will notify CYPS when a child's appointment is cancelled or not attended so this can be followed up with the carer and rebooked quickly. Spreadsheet completed by LAC secretary.	**Audit:** monitored monthly by the Designated Doctor who report to CYPS / Corporate Parenting Board - (multiagency board).	Designated Doctor - MG	01-Jun-16	
CYP4				The referrals in for IHAs are monitored weekly by the Child Health Practice Manager with support of LAC secretary. Additional capacity available for IHA's, by designated doctor during summer. From September middle grade doctors will be trained to undertake assessments, therefore facilitating greater flexibility to meet flutuating demand.	**Audit**: training schedule and attendees register	Practice Manager - SD	Review October 2016	
CYP5				CYPS to notify health of newly looked after children & young people and request IHA within 5 working days. Designated doctor is liaising with LA permanancy service. Spreadsheet completed by LAC secretary.	**Audit:** monitored monthly by the Designated Doctor who report to CYPS / Corporate Parenting Board - (multiagency board)	Designated Doctor - MG	Review Oct 2016	
CYP6	12(1)(2)	There was a long waiting list for an assessment to diagnose an autistic spectrum disorder inspection for those aged five to 18 years documentationat the CDC. At the time of our inspection showed there was a 17 month wait time.	To decrease the waiting times alongside an increase in completed assessments.	New service commissioned to meet increase in demand. Commenced April 2015. Degree of ongoing risk is monitored via regular review of risk register via SDU Governance monthly meetings. To create additional capacity during summer school holidays to help reduce backlog. Further review of the service September 2016 with up to date trajectory of improvement.	**Audit:** Outcomes for this to be monitored through Service delivery Unit (SDU) Dashboard and presented to Performance and Quality meeting bi-monthly.	Service Manager - AG	Review Sept 2016	
CYP7	17(1)(2)	Records must be accessible to authorised people as necessary. Not all staff were able to access the electronic and paper records when required to access information.	Health Visitor and School Nurses functionality to be available on PARIS	New Health Visitor and School Nurses functionality will be available on PARIS by the end of 2016, which will enable them to share information with other services who have access to PARIS (new users will request access through their managers).	Audit: case sample to review accessibility of PARIS. Method to be determined.	Service Manager-LW (John Broom)	30-Sep-16	
				The Health Visitor staff who had insufficient room and IT equipment are being moved to new premises from the two GP surgeries where there was an issue.	**Audit**: staff located in new premises	Health Visitor Lead - CT	End sept 2016	
				Managers to progress access to childrens social service PARIS (run by Torbay Council), the first meeting to discuss this is to be held in Q2.	**Audit:** meeting notes and associated actions,	Public Health General Mgr - LW	End Decemeber 2016	
CYP8	18(1)(2)	The trust did not have adequate staffing levels on Louisa Cary Ward to ensure it met the recommended guidance (RCN 2013) particularly at night.	Service to review establishment and present to Exec / Performance and Quality review	Extensive establishment review undertaken in December 2015, and presented as part of the business planning process. Further discussions at the service unit performance meetings.	**Audit**: evidence of establishemernt review and progress through Trust governance system..	ADN WCDT (HP)	May-16	
				Buisiness case developed to increase establishmnet Awaiting decision by Exec	as above	ADN WCDT (HP)	May-16	
CYP9	18(1)(2)	A lack of capacity in the looked after children (LAC) nurse role had been identified	To increase dedicated LAC nursing resource	Business case submitted to the CCG by the Designated Nurse for LAC. Joint funding agreed between CCG and PH to increase resource.	**Audit**: increase in capacity	ADN WCDT (HP)	Sep-16	
CYP10				0.8wte Named Nurse for LAC interviewed on 14th June and due to commence employment July 16. Band 6 nurse post is awaiting job matching. In the meantime the activity for Review Health Assessments (RHA) is being covered by bank staff.,	**Audit**: staff rota reflects increase.	ADN WCDT (HP)	Sep-16	
CYP11				RHA activity monitored through Safeguarding Children Operational group (SCOG) and Integrated Safeguarding Committee (ISC).	**Audit**: SCOG and ISC notes and associated actions	ADN WCDT (HP)	Sep-16	
CYP12	18(1)(2)	Shortage of middle grade doctors	Appoint to all vacant posts	We have carried out several interviews, but unsuccessful. To mitigate, we will continue to use locums and agency's when required to cover service. Number of substantive middle grade doctors increases to 5wte from 3.9wte as of september Long term national issue being discussed within the deanery.	**Audit:** Notes of SDU governance meetings regarding progress on recruitment and mitigating actions.	CYP Ops Manager (GS)	To review in Sept 16	

Critical Care

Accountability: **Executive** - Chief Nurse; **Service Manager** - NF

Ref:	Reg:	Regulation 13 (1)(2)(5)	Action required	Action taken	Evidence	By who	By when	Completed
CC1	13 (1)(2)(5)	Staff in critical care had a limited understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).	Training to ensure all staff have a fundamental understanding of MCA / DoLs.	Trust Safeguarding Lead has provided 3 seminar sessions to staff on CCU. Specific focus on bands 6,7,8.	**Audit**: Training program and attendance register. Report to dept audit meeting.	Matron and CD	Sept 16	
CC2	13 (1)(2)(5)	Training compliance data specifically for critical care was not available	Training log	Training commenced	**Audit**: MCA / DoLs training schedule and attendance register available. Report compliance with training targets to dept audit meeting.	Matron and CD	Sept 16	
CC3	13 (1)(2)(5)	The unit did not have any useful guidance or support tools readily available for staff.	Review of guidance and support tools for staff, location and access	Guidance and support tools current and easily accessible on the unit and on the Trust intranet site.	**Audit**:Spot check that staff can access the Intranet site. MCQ to assess staff understanding of MCA/DoLs. Report to dept audit meeting.	Matron & CD	Oct-16	
CC4	13 (1)(2)(5)	There was a lack of assurance that a patient requiring an authorisation for the deprivation of their liberty would have this appropriately applied for.	Training to ensure staff confident in making a referral.	The training of senior team members to ensure there is always at least 1 person on shift who is familiar with the process.	**Audit**: rota hilights the shift senior lead for MCA/DoLs	Matron and CD	Sep-16	
CC5	13 (1)(2)(5)		MDT to include consideration of MCA / DoLs	Use of MCA / DoLs prompt	**Audit**: MDT sample of notes monthly. Report to dept audit meeting.	Matron and CD	Oct-16	
CC6	13 (1)(2)(5)		CCU staff aware of process to contact safeguarding team to seek advice. Safeguarding contact details easily accessible to all staff.	Check staff knowledge of accessing safeguarding team for advice and for MCA / DoLs information on the Trust intranet site.	**Audit**: MCA / DoLs MCQ. Method to be determined.	Matron & CD	Dec-16	

Outpatients - Dermatology

Accountability: **Executive -** Chief Operating Officer**; Service Manager -** KT

Ref:	Reg:	Regulation 12(1), Regulation 15(1), Regulation 17(1)(2)	Action required	Action taken	Evidence	By who	By when	Completed
D1	12(1)(2)	Emergency oxygen in the dermatology outpatient procedure rooms had not been regularly checked and there were no written records of any checks.	Oxygen to be check daily with written records of compliance	Daily checks implemented with sign off sheet. Person responsible for this is allocated each morning at the safety brief.	**Audit:** Unit manager is reviewing weekly. Reports to Medical audit meeting monthly.	Service Manager (SD)	Commenced March 2016	
D2	12(1)(2)	The processes and systems in place to monitor refrigerator temperatures were not being followed	Fridge temperatures to be checked daily	Fridge temperatures are checked daily and recorded in the register. The person responsible for this is allocated each morning at the safety brief. Any discrepencies in temperature and actions taken to be fed back to the nurse in charge. Unit manager to review registers and action weekly to ensure that this is happening.	**Audit**: daily recording. Roports to medical audit meeting monthly.	Service Manager (SD)	Commenced March 2016	
D3	12(1)(2)	In the dermatology and urology outpatient departments There were missing temperature registers and other temperature registers were incomplete.	Fridge temperature registers to be in place for all fridges and daily checks to be carried out as above	All fridges have a temperature register. Plus actions as above.	**Audit:** monthly. Reports to medical audit meeting monthly,	Unit Manager, SD	Commenced March 2016	
D4	12(1)(2)	The processes and systems in place to monitor hand hygiene in the outpatient and diagnostic imaging departments were not being followed	Hand hygiene audits to be monitored	Hand hygiene audits undertaken monthly. Audit results are shared with the Unit Manager and Matron to identify any learning needs for staff.	**Audit:** results are uploaded onto our on line infection control system and checked monthly by the unit Manager who will address actions at that time. This is documented in the safety brief. Reports to medical audit meeting monthly,	Unit Manager, SD	Mar-16	
D5	15(1)	The premises used for the delivery of minor surgical procedures in dermatology general outpatients were visibly not clean, with unclear guidance on responsibility for cleaning, and no records of cleaning could be produced	Premises will be visibly clean with cleaning records.	Both clinic rooms to be decluttered. SOP in place for the standard required for domestic staff to clean to. Cleaning sign off sheet in place. SOP in place for nursing staff to clean the room prior to each proceedure.	**Audit**: weekly audit of compliance with SOP. Reports to medical audit meeting monthly,	Unit Manager, SD	Aug-16.	
D6	15(1)	The premises used for the delivery of minor surgical procedures in dermatology general outpatients did not have adequate ventilation or extraction.	Review the environment and make the necessary adjustments.	Infection Control team advise that fly screens on the windows and natural ventilation is sufficient. Quotes have been received regarding the fitting of the fly screens and will be in place by 1/8/16.	**Audit**: fly sheets in place	Operational Support Manager - KB	Aug-16	
D7	17(1)(2)	The dermatology department had no system in place to assess post infection rates of patients undergoing minor surgical procedures in the general outpatient department. When an infection was identified, it was not recorded or investigated.	Infections to be investigated and learning shared	Incident form to be completed by the medical and nursing team for any infections. Incident forms to be directed to the appropriate clinican for review. Learning to be shared at dermatology clinical meetings.	**Audit:** Post op wound infection is an agenda item at quarterly clinical governance meetings within dermatology and incident forms will be discussed in this forum.	DGM, KT	01/08/2016	

End of Life

Accountability: **Executive**s - Chief Nurse; **Service Managers** - JS / CB

Ref:	Reg:	Regulations 11(1), 12(1)(2), 17(1)(2)	Action required	Action taken to 30.06.16	Evidence	By whom	By when	Completed
EOL1	17(1) (2) C	The provider (**community)** did not ensure that patients were protected against the risks of unsafe or inappropriate treatment arising from the lack of proper information about them by means of maintenance of an accurate record including appropriate information and documents in relation to Do Not Attempt Resuscitation decisions.	Ensure that community treatment escalation plans and do not attempt resuscitation decisions are appropriately completed and recorded in line with trust policy and that audits of these lead to measurable action plans used to improve performance.	Review existing guidance for GP's re the completion of TEP.	**Audit**: Revised guidance will be sent out to all GP with read receipt.	EoL community lead, CG	30/07/2016	
EOL2				CCG primary care leads (KK & EC) to develop a GP education program which will incorporate TEPs. CCG Education facilitators contacted in May	**Audit**: track number of GPs who have recieved the training.	CCG primary care education facilitators	30/09/2016	
EOL3				Discuss the audit of TEP at Community Matrons Community Nurse Leads meetings (meetings booked for 14/7/16 & 19/7/16).	**Audit:** meeting notes and associated actions available	EoL Community lead, CG	19/07/2016	
EOL4	11(1)	The provider (**community**) had failed to ensure that the requirements of the Mental Capacity Act 2005 were adhered to in situations where a person lacks mental capacity to be involved in discussions about do not attempt resuscitation decisions.	Ensure that patients who do not have capacity to be involved in decisions about resuscitation have a clearly recorded capacity assessment along with clearly documented best interest decisions and a detailed record of all discussions with the patient and family members.	Set up a new audit programme following discussions with community nurses community hospital that **reviews on a monthly basis** the adequate completion of TEP's in line with Trust policy. To include the documentation of capacity & best interests decision.	**Audit:** monthly compliance discussed at communiyt matorn meetings. Monthly.	EoL community lead, CG	30/09/2016	
EOL5	Reg 12(1)(2)	The provider (**community**) had failed to comply with the proper and safe management of medicines as not all staff checking the administration of controlled drugs and the use of syringe drivers had been **trained or competency** assessed to do so.	Ensure that healthcare assistants checking controlled drugs and syringe drivers are risk assessed and that training is provided and they are competency assessed.	Training and competency course is set up and in place for HCA acting as second signatory/checker for syringe pumps from 22/3/16. A registered course with Horizon centre. Data accessible from spread sheet. (EOL administrator). Records to attendance kept.	**Audit**:Training schedule and attendance register. HCA staff have attended training.	EoL community lead, CG	31/08/2016	
EOL6	Reg 17(1)(2)	Not all (**acute**) staff were suitably competent to monitor and adjust syringe drivers and some staff were **unable to demonstrate understanding of policy** regarding syringe drivers	Ensure that all (acute) staff are suitably competent to monitor and adjust syringe drivers and some staff were unable to demonstrate understanding of policy regarding syringe driversSyringe pump policy in place.	Training the trainers programme set up to ensure a minimum of 1 trained nurse and preferably 2 on each adult ward where patients may die. Ward based end of life teaching includes necessity to check syringe pumps every 4 hrs according to policy. Syringe pump sheets on wards also state that pump needs checking 4hrly. Policy already in place. Ward based end of life training already in progress. Training the trainers achieved apart from 3 wards who are currently identifying trainers. First spot check undertaken on 10/6/2016.	**Audit:** Spot checks on adult wards each month with immediate feedback to ward manager if non-compliant. Report to SDU audit meetings and QIG.	Palliative Care Lead DR JS	31/07/2016	
EOL7	Reg 17(1)(2)	**Risk registers** (**acute**) did not reflect current risks or contain clear action plans for addressing risks relating to end of life care. End of life risks were not captured on a single risk register to ensure monitoring of these across the trust.	Establish EOL risk register and ensure that current risks regarding end of life care are added to the register. Risks to be managed by the appropriate service delivery unit but will be monitored by the Trust End ofLife group. SDU Managers to ensure that risks are added to the register.	Risk Register for EoLC reviewed and Key risks identified: Mortuary Syringe pump checking Adherence to syring pump policy EoL documentation	**Audit**: Risk register in place.Trust EoL meeting notes. Trust Risk and Assurance Group notes. **Audit:** Bi-monthly EoL Group	Palliative Care Lead DR JS	01/08/2016	

Medical Care

Accountability: **Executive** - Chief Operating Officer; **Service Managers** - KT

Ref:	Reg:	Regulations 12(1)(2), 18(1)(2)	Action required	Action taken	Evidence	By who	By when	Completed
MED1	12(1)(2)	The Trust was not doing all practicable to mitigate risks to patients. This was because patients in the hospital at weekends did not always have appropriate or up to date risk assessments to reflect reduced staffing levels at weekends.	All medical patients to have weekend plans	Weekend plans sheets are now available in all clinical areas. It has been agreed with Consultants that all medical patients should have weekend plans	Audit: Junior doctors will be undertaking weekly audit on how may patients had weekend plans in place. These will be reported to Medical Department Audit meeting monthly, with the first presented in September 16	Clinical Director - Medicine (KL)	Aug-16	
MED2	12(1)(2)	Patients being cared for on outlier wards or escalation wards did not have risk assessments or care and treatment plans to mitigate the risks associated with less frequent medical oversight or specialist management.	All patients on outlier Wards and escalation wards to have weekend Plans.	Weekend plans sheets are now available in all clinical areas. It has been agreed with Consultants that all medical patients should have weekend plans	**Audit**: Junior doctors will be undertaking weekly audit on how may patients had weekend plans in place. These will be reported to Medical Department Audit meeting monthly, with the first presented in September 16	Clinical Director - Medicine (KL)	Aug-16	
MED3	12(1)(2)	The trust needed to review how staff were trained in fire safety on wards and ensuring a named competent fire warden was in place.	Each ward area to have a fire warden	All Medical wards have nominated a fire warden. All wards have up to date fire folders which includes a checklist of the relevant fire safety checks.	**Audit:** compliance checked by Matron monthly and reported to Medical Audit Meeting quarterly.	ADN - Medicine (MB)	Jun-16	
MED4	12(1)(2)		Staff training in place	All fire wardens to undergo training from the Trust fire safety officer to clarify the role and responsibility including the required safety checks.	**Audit**: Training log available & checked at the Medical Audit Meeting quarterly	ADN - Medicine (MB)	Nov-16	
MED5	12(1)(2)		Matron for each area to check compliance with completion of fire safety checklist	Process in place	**Audit:** safety audit and action any concerns underway. reported to Medical Audit Meeting quarterly.	ADN - Medicine (MB)	Jun-16	
MED6	12(1)(2)		All members of ward teams to be released to undertake mandatory fire training as face to face learning or as e-learning or buzz video.	Training commenced. Current compliance with fire safety training is 83% across all wards (Acute). Care of Older person is currently 74%. Compliance at 90% will be achieved by Nov 16.	**Audit**: Medical Audit Meeting Monthly.	ADN - Medicine (MB)	Nov-16	
MED7	12(1)(2)	Staff responsible for ward safety had not sought advice and guidance, or a review of changes imposed on them, by the trust's facilities team in relation to shortfalls in fire safety.	Advice and guidance will be acted upon	All advice and guidance notes to be sent to the ward manager and matron for the relevant clinical area. Fire folders will be reviewed yearly by the fire safety manager or more frequently if urgent action is required.	**Audit**: Actions to be checked for completion medical at monthly safety review of fire folders. **Audit:** Review fire folders monthly	ADN - Medicine (MB)	Aug-16	
MED8	18(1)(2)	The trust had not ensured there were sufficient numbers of suitably trained, competent and skilled staff deployed to meet the needs of patients at weekends.	Review medical staffing availability at the weekend	Medical Clinical Director met consultant staff on 10th June to discuss the requirement for weekend working. Minutes sent to Medical Director. Further discussion of solutions to take place 15th July and options appraisal to be submitted.	Notes of clinical meetings. Options appraisal on new medical staffing modelto be presented to Senior Business Management Team. Notes of Executive Team Meetings Notes of QIG meeting Notes of SBMT	Clinical Director (KL)	Oct-16	
MED9				Impact on flow within ED, and discharges over weekend will be reviewed. Outcomes (readmission rates, mortality) for pateints admitted over the weekend will be reviewed to confirm model of care is effective.	Notes of clinical meetings. Options appraisal on new medical staffing modelto be presented to Senior Business Management Team. Notes of Executive Team Meetings Notes of QIG meeting	Clinical Director (KL)	01/10/2016	

Accountability: **Executive** - Chief Nurse; **Service Manager** - Heather Parker

Ref:	Reg:	Regulation 15 (1)	Action required	Action taken	Evidence	By who	Completed	status
SCBU1	15(1)	Milk Kitchen door on SCBU to kept shut at all times	Key pad to be fitted to door as parents need regular access to maintain sterilisers etc.	Urgent request submitted to estates and laminated sign put up re keeping door closed. Concern also placed on handover sheet. 12/02/2016 - Key pad fitted to milk kitchen door 11/02/2016	**Audit**: Monthly spot check door locked. Report to audit meeting.	Matron - KG	05/02/2016	
SCBU2	15(1)	Breast milk fridge and freezer not lockable	New fridge and freezer to be ordered with locks and temperature gauges.	Scoping of available products. New product request underway 12/02/2016 - Confirmed on system and order placed for both fridge and freezer. Arrived and insitu.	**Audit:** Monthly spot check door locked. Report to audit meeting.	Ward Manaer - VD	05/02/2016	
SCBU3	15(1)	Milk kitchen door on Louisa Cary to be kept closed at all times and locked.	Door to be kept locked at all times	Keypad lock already insitu. Reminder to all staff to ensure door kept shut at all times Also placed on safety briefing.	**Audit:** Monthly spot check door locked. Report to audit meeting.	Ward Manager - SD	05/02/2016	
SCBU4	15(1)	No separate fridge for the storage of breast milk	All other products removed from current fridge temporarily, to be able to provide breast milk only storage. New fridge to be ordered.	Order placed for temperature controlled fridge 12/02/2016 - awaiting delivery. New fridge arrived and installed in milk kitchen.	**Audit:** Monthly spot check fridge temperature. Report to audit meeting.	Ward Manager - SD	08/08/2016	
SCBU5	15(1)	Storage policy	Existing policy to be updated to include signing in and out of breast milk	Staff identified to update policy as a matter of priority. Policy updated and currently in circulation for ratification. To be presented at the next Quality & Safety meeting 10/07/16.	**Audit**: meeting notes. Staff awareness and understanding to be checked at 6 months. Method to be determined.	Matron - KG	01/12/2016	
SCBU6	15(1)	Above to be placed on Risk Register	To be identified on Child Health Risk Register	Risk placed on register	**Audit**: Governance meeting notes demonstrate review. Trust Risk and Assurance group notes.	Matron - KG	12/02/2016	

Substance Misuse

Accountability: **Executive** - Chief Operating Officer; **Service Manager** - LW

Ref:	Reg:	Regulation 12(1)(2)	Action required	Action taken	Evidence	By who	By when	Completed
SM1	12(1)(2)	The clinic room was not locked and the keys to obtain access to the medicine cupboard and fridge were stored on a shelf in the clinic room.	A digital keypad to be fitted to the clinic room door. Keys to the medicine cabinet and fridge to be stored securely when not in use or kept on clinical staff when in use.	A digital keypad has been fitted to the clinic room door. The keys are kept in a locked safe in the drug team office upstairs and on clinical staff when in use.	**Audit** of compliance weekly. Reported to team meeting. Notes available.	Service Manager, GS	Immediately	

Community Inpatients

Accountability: **Executive** - Chief Nurse; **Service Manager -** SM

Reg:	Regulation 17(1) (2)	Action required	Action taken	Evidence	By who	By when	Completed
17(1)(2)	The systems and processes in place did not ensure information in relation to safety, particularly regarding staffing levels and skill mix, was shared and understood between ward and board level.	The systems and processes in place ensure that information in relation to safety, particularly regarding staffing levels and skill mix, is shared and understood between ward and board level.	SAFER Staffing Escalation Governance Process available, distributed, displayed and understood by all staff. Bed Escalation Governance Process available, distributed, displayed and understood by staff.  C:\Users\golds97\Desktop\Bed Escalation.docx  C:\Users\golds97\Desktop\Safer Staffing.docx	**Audit**: Control room meetings notes. Training schedule and staff attendance register. Quarterly. Chief Nurse report to Trust Board on safe levels of nurse staffing across the whole Trust.	AD Community IP - PMcD	Jul-16	
17(1)(2)	The audit and governance system in place was not effective as concerns identified in the management and staffing of escalation wards in early 2015 had not been addressed.	The audit and governance system in place is effective to ensure that management and staffing of escalation wards is identified and addressed	Patient Safety/Staffing levels/Skill Mix concerns Escalation Governance Process available, distributed, displayed and understood by staff  C:\Users\golds97\Desktop\Escalation Governance	**Audit**: Control room meetings notes. Training schedule and staff attendance register. Chief Nurse reports to Quality Improvement Group, Quality Assurance Committee and Board.	AD Community IP - PMcD	Jul-16	

South Devon Healthcare NHS
NHS Foundation Trust

REPORT SUMMARY SHEET

Meeting Date:	6th July 2016
Title:	HIS Half-Yearly Report – Trust IT Projects Update
Lead Director:	Gary Hotine, Director of Health Informatics
Corporate Objective:	Objective 1: Safe, quality care and best experience Objective 2: Improved wellbeing through partnership Objective 3: Valuing our workforce Objective 4: Well led
Purpose:	Assurance

Summary of Key Issues for Trust Board

Strategic Context:
The ICT Strategy has previously been approved by the Trust Board. The IT Programme that supports the Strategy consist of numerous projects that are summarised in this report.

Key Issues/Risks and Recommendations:
The ICT Strategy is supported by significant financial investment, some subject to national funds with commensurate Trust obligations regarding delivery and benefits. Delivery of the ICT Strategy is also a significant enabler for a number of Trust-wide and Divisional CIP. The delivery of the ICT Strategy is also a key enabler of the new care model.

Financial constraints for 2016/17, particularly the lack of Capital investment will impact the pace of delivery of the IT Programme, with some projects being held over for a further 12 months.

The delivery of the ICT Strategy mitigates several risks identified on the HIS/Corporate Risk Register.

Summary of ED Challenge/Discussion:
IT Projects that are directly supporting of the ICT Strategy reports formally through a Project Board with ED involvement, either as Chair or full membership. Regular exception reporting of all projects' status is delivered regularly to the IM&T Group and then to the Finance Committee which has CE, DoF, COO, DoHIS and other ED attendance. Additionally, the Senior Business Management Team receives regular updates on these projects. By exception the Executive Directors' meeting receives updates on specific projects. All of the above provide challenge and discussion.

Internal/External Engagement including Public, Patient and Governor Involvement:
Significant internal clinical engagement is undertaken with the Chief Clinical Information Officer taking a lead role. Certain projects have direct patient/public users of the systems being implemented and feedback is provided by this route. Governors sit on both the IM&T Group and Workstream 3 and therefore are formally engaged.

Equality and Diversity Implications:
Each individual project has been assessed against Equality & Diversity criteria to understand and where possible mitigate any implications.

Trust IT Projects Update

Clinical Portal/Repository (IT programme priority #1) ***Active Project RAG Status*** A

Following the first phase of rollout to Heart Failure we have received much feedback from the clinicians involved. This has been taken on board and bugs and enhancements addressed. Following the successful IT Clinical Safety Case report from the CCIO we have begun the next phase of rollout to selected acute consultants, and are incorporating their feedback into the design, and eradicating any further software issues prior to a more widespread deployment. Progress has also recently been made in recruiting to the support team which is a pre-requisite.

Electronic Prescribing (IT programme priority #2) ***Active Project RAG Status*** A

The configuration is progressing and issues with securing the required nursing resources necessary for the project have been escalated. The technical issues with the systems server infrastructure have been addressed, but the supplier's scheduled development of an HTML client will be necessary for full implementation due to clinical review feedback of the devices needed to support a successful implementation.

Paris Process Mapping (IT programme priority #3) ***Active Project RAG Status*** R

In the last six months the Deputy COO has picked up responsibility for the critical-path output necessary for the technical project to progress, and this will progress if the postholder remains in situ.

Summary Care Record (IT programme priority #4) ***Active Project RAG Status*** G

The project has made good progress with the implementation into the Clinical Portal being planned for deployment.

[IT programme priorities 5 & 6 are non-TSDFT]

Order Comms (OCS) (IT programme priority #7) ***Active Project RAG Status*** R

The project has made good progress with live use in all adult inpatient wards. An infrastructure issue affecting phlebotomists was recently encountered which has driven the project status to Red whilst a solution is implemented.

Clinical Handover and Task Management System (IT programme priority #8) ***Active Project RAG Status*** A

There was a significant technical issue that the supplier encountered with interfacing their solution to our patient administration system due to the 'quirky' nature of the PAS' HL7 interface. This was recently resolved and has enabled the project go-live to be planned and scheduled for September.

Clinical Document Management System (CDMS) (IT programme priority #9) ***Active Project RAG Status*** G

The project awaits the Trust's approved capital plan which is expected in September. This would facilitate a go-live in April/May at the earliest

[IT programme priority 10 is non-TSDFT]

Letter Replacement Project (IT programme priority #11) ***Active Project RAG Status*** A

Approximately 80% of specialties have now been implemented.

Rollout of Symphony to EAU Project (IT programme priority #12) ***Active Project RAG Status*** R

The further roll-out has been paused until the core system supporting A&E is fully meeting the needs of the department, and supporting the Trust's priority of ED performance.

PatientsKnowBest (PKB) (IT programme priority #13) ***Active Project RAG Status*** A

Good progress has been made in support of the new care models, with MSK using the system to support self-referral from patients. Integrated personal commissioning pilots in Totnes, supporting the voluntary sector and patients using the system in addition to clinicians, is set up and about to go live with training underway.

eDischarge (IT programme priority #14) ***Active Project RAG Status*** G

The scoping for this project is underway.

ICU System (IT programme priority #15) ***Active Project RAG Status*** R

Whilst good progress has been made on the technical front a procurement issue has delayed signing the contract, although this is expected to be resolved imminently.

UltraGenda (PAS Replacement) System (IT programme priority #16) ***Active Project RAG Status*** R

The project awaits the Trust's approved capital plan which is expected in September..

Map of Medicine Replacement Project (IT programme priority #17) ***Active Project RAG Status*** G

The business case was due to be drafted in the next six months but as part of the Peninsula-wide Digital Roadmap in support of the STP we are focusing on this collaboration to deliver clinical decision support.

Patient Pathway Management Project (IT programme priority #18) ***Active Project RAG Status*** G

As part of the Peninsula-wide Digital Roadmap in support of the STP we are focusing on this collaboration to deliver whole system patient pathway management.