Torbay and South Devon NHS Foundation Trust

Public Board of Directors

Arlington Room, Toorak Hotel, Chestnut Avenue, TQ2 5JS

03 August 2016 09:30 - 03 August 2016 12:00

AGENDA

#	Description	Owner	Time
1	Recipient Story Note	Ch	
2	PART A: Matters for Discussion/Decision		
2.1	Apologies for Absence - Mrs J Marshall Note	Ch	
2.2	Declaration of Interests Note	Ch	
2.3	Minutes of the Board Meeting held on the 6th July 2016 and Outstanding Actions Approve 16.07.06 - Board of Directors Minutes Public.pdf 7	Ch	
2.4	Report of the Chairman Note	Ch	
2.5	Report of the Chief Executive Assurance Report of the Chief Executive (Public).pdf 25	CE	
2.6	Strategic Issues		
2.6.1	STP Feedback Information	DSI	
2.6.2	ICO Post Transaction Review Approve ICO Post Transaction Review.pdf 39	CE	

#	Description	Owner	Time
2.7	Integrated Quality, Performance and Finance Report - Month 3 (Quarter 1) Assurance Integrated Quality, Performance and Finance Report.pdf 67	DSI	
2.8	Governors' Questions Discuss	Ch	
2.9	Any Other Items Requiring Discussion/Decision (including periodic items eg annual reports and BAF)		
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2.9.2	Audit and Assurance Annual Report Decision 2016_Audit_Committee_Annual Report.pdf 135	DoF	
3	PART B: Matters for Approval/Noting Without Discussion		
3.1	Reports from Board Committees Assurance		
3.2	Reports from Executive Directors		
3.2.1	Report of the Chief Nurse Assurance Report of the Chief Nurse.pdf 141	CN	
3.2.2	Report of the Director of Workforce and Organisational Development Information/Assurance Report of the Director of Workforce and OD.pdf 151	DWOD	

#	Description	Owner	Time
3.2.3	Report of the Director of Estates and Commercial Development Assurance Report of the Director of Estates and Commercial D... 187	DECD	
3.3	Compliance Issues		
3.4	Any Other Business Notified in Advance	Ch	
3.5	Dates of Next Meeting - 9.00 am, Wednesday 7th September 2016	Ch	
3.6	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 6TH JULY 2016

PUBLIC

Present:	Sir Richard Ibbotson	Chairman
	Mr D Allen	Non-Executive Director
	Mr J Furse	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
	Ms L Davenport	Chief Operating Officer
	Dr R Dyer	Medical Director
	Mr M Ringrose	Interim Director of Human Resources
	Mrs J Viner	Chief Nurse
	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 K Robertson	Deputy Director of Estates and Facilities Management

Mrs C French	Lead Governor	Mrs C Carpenter	Governor
Mr C Davidson	Governor	Mrs C Gray	Governor
Mrs A Hall	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

88/07/16 **Apologies**

Apologies were received from the Director of Estates and Commercial Development and Corporate Secretary.

89/07/16 **Declarations of Interest**

Nil.

90/07/16 **Minutes of the Board Meeting held on the 25th May 2016 and Outstanding Actions**

The minutes of the meeting held on the 25th May 2016 were approved as an accurate record. All actions had been completed.

91/07/16 **Report of the Chairman**

The Chairman reported on the following:

- Since the last Board meeting the Chairman had visited many of the Trust's community locations, for example St Edmunds, Union House, Hollacombe, Walnut Lodge etc. He said that, given the scale, operational and financial challenges facing the Trust, it was tempting to underestimate the contribution of places such as these and how much of their operations were already embedded with GP activity. He suggested the Non-Executives and Governors arrange to visit these facilities and added that they were very keen to meet Board members and Governors.

  Mr Welch suggested that there was still a perception in the community that the difficulties facing the Emergency Department were due to the fact that GPs did not visit care homes enough to see and treat patients, and said that if this was now not the case some communication might help stop that assumption. The Chairman said he would try to address this. Ch

- The Chairman briefed the Board on a recent incident in the Trust where, through the prompt actions of one of the Trust's Security Guards, a suicide attempt was recognised and the life of a patient saved.

- The NED to NED meeting with the CCG had been arranged and would be taking place at 5.30 pm on the 2nd August.

- The Chair had recently attended the ICU Topping out Ceremony and the 90th anniversary event to celebrate the first brick of the hospital being laid.

- The Trust's MDSS Apprenticeship scheme had commenced and would help the Trust to 'grow its own' technical support.

- NEDs and Governors were thanked for their support at the recent CQC Quality Summit. The Chairman said that the Board must act on the criticism placed on the Trust, and also celebrate the good and outstanding assessments received.

- The Chairman took the opportunity on behalf of the Board to thank the Interim Director of Human Resources, Martin Ringrose, who was leaving the Trust at the end of July, for his contribution to not only the Trust but over his long career in the NHS. Martin responded and thanked the Board for their support and that he wished the Trust well in the future.

- Finally, the Board noted that the League of Friends had generously provided funding of around £800,000 against a range of projects including those that were cutting edge; replacement of defibrillators across the Trust' and some specialty specific projects.

92/07/16 **Report of the Chief Executive**

The Chief Executive's report provided a briefing on the following:

- CQC Inspection Report – the Chief Nurse had included the action plan in her report and would also be co-ordinating the action plan from the Quality Summit.
- Interim Director of Human Resources' departure
- Urgent and Emergency Care Plan
- Voluntary sector engagement
- Post-European Union referendum communication
- Dermatology team national recognition
- Local heath economy update – the Trust continued to work with the CCG to progress through the NHSE Gateway process for the community services consultation. Councillor Parrott reported that the Council continued to move ahead with its community plans, despite the delay in the consultation process. He said that a multi-providers forum for adult and social care would be taking place later in the month and work continued to develop the market to support the ICO. Links were also being made to establish a cross-boundary overview and scrutiny review.
- Council Parrott then referred to the recent resignation of the Rowcroft Chief Executive and asked whether there were any implications for this Trust. The Chief Executive said that the Trust and CCG had met with Rowcroft and discussed Rowcroft's current financial difficulties and where the Trust could collaborate with them to develop alternative models of care to minimise any service implications. The Board was reminded that the CCG was the main funding source for Rowcroft and if alternatives were not found for any services Rowcroft could no longer provide, it would result in increased demand for the Trust. Mrs Taylor added that Hospice UK had a programme to support hospices in financial difficulties and to help them to design and deliver services in the most efficient and effective way for patients.
- The Chief Executive informed the Board that Torbay Council had recently appointed an Interim Director of Children's Services for a 12 month period.
- Chief Executive leadership visibility
- National development and publications
- The Board noted that, after the report had been prepared, Junior Doctors had voted to reject the most recent contract offer. The Medical Director said he felt that it was unlikely to result in industrial action in the near future. He added that the Trust would continue to implement the revised rotas and had appointed to the Guardian Role as outlined in the new contract.

Strategic Issues

93/07/16 **Local Account**

Strategic Context

A draft of the Local Account was presented to, and endorsed by, the Board on the 25th May 2016. 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.

Key Issues/Risks

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 led 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.

The Board noted that since the Local Account was presented on the 25th May it had been considered by all stakeholders and was now being presented for final endorsement. The Director of Strategy and Improvement stated that some performance metrics from the Local Account would be incorporated into the Integrated Performance Account.

The Board noted and endorsed the Local Account.

94/07/16 **Annual Strategic Agreement**

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 Private 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.
- 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.
- Additionally the Trust has been able to share details of proposed CIP programmes with the Council.

As with the Local Account, the ASA had been considered by the Board on the 25th May and was now being presented for endorsement.

The Board noted and endorsed the Annual Strategic Agreement for 2016/17.

95/07/16 **ICO – The First Six Months**

The Director of Finance tabled a draft report that detailed the ICO's first six months in terms of achievements; challenges; things that had gone well and not so well; and any lessons learnt. Board members were asked to review the draft report and comment back to him so that the report could be finalised. The overall emphasis of the report was that of a safe transition to the new organisation without any major areas of concern. The report would also cover the very different financial, operational, and regulatory landscape that now faced the Trust, which was not in place when the ICO was created. All

96/07/16 **Quality, Performance and Finance Exception Report**

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 Trust's 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.

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

The Board welcomed the new style of report and noted that it would continue to be refined to reflect best practice. Data quality was also being reviewed to ensure reporting was accurate. The Director of Strategy and Improvement outlined the changes to the report and noted that the Trust scored green on many national targets, but red for locally agreed targets and suggested that these might be unrealistic. The Trust was meeting the System Resilence Group agreed trajectory of 92% for the A&E 4 hour target by September.

The Chief Executive reported that the Executive Team had begun deep dives into areas with long-standing performance issues and had recently received a presentation from the Stroke team with a discussion around the future organisation of stroke services and the links into the new Devon-wide planning framework. She said that there were common challenges in other Trusts in Devon.

Councillor Parrott queried performance against the delayed discharge and care planning summaries targets. The Chief Operating Officer said that a lot of work had been undertaken to improve flow and would be further improved by the planning care model changes which would be introduced at pace.

In terms of Care Planning Summaries (CPS), the Medical Director wished to stress that the timeliness of them did not affect the care packages for patients on discharge. He acknowledged that they were still not produced in a timely fashion, and this was due to the cumbersome nature of the current IT system in use and it was hoped a

new version would be in place for the new Junior Doctor intake to use in August. The Medical Director added that the target was not, unfortunately, able to reflect the improvement made around the care of patients on discharge and how the ICO had encouraged the provision of seamless delivery of care. Councillor Parrott queried the split between weekday and weekend performance and the Medical Director said that it was a nationally mandated reporting measure and agreed that GPs needed to receive timely information on patient discharge, but that the data reflected the need for more robust 7 day services to support timely transmission of information. The Chief Operating Officer added that the timeliness of CPS information was important in a wider context – if completed at the end of the day, it made discharge early the next day much easier.

The Chief Executive noted that the report gave the Board an opportunity to recognise the cross-Trust work that took place every day in the control room to manage flow through and out of the hospital. This including managing nurse staffing flexibly, discharges etc.

In terms of financial performance, the Director of Finance gave the following briefing:

- It was noted that the agency cap was now a percentage of total staff spend, not just nursing spend as referred to in the report to the Board. The Trust had a 3% cap and was currently at 5%.

- Performance was broadly in line with plan.

- A request to NHSI to amend the Trust's control total following the move to the Risk Share Agreement (RSA) had been refused. Discussions were continuing to try to change this decision given the Trust was encouraged to move to the RSA by NHSI.

- The framework for the Service Transformation Fund had not yet been published so no income had been accrued on that basis. Given the Trust's performance a gross amount of £1.1m could be expected, which after the RSA would benefit the Trust by c£0.5m.

- The phasing of the CIP target assumed around £1.3m of the £13.9m would be delivered in Quarter 1. The Finance Committee had reviewed the CIP deliverables and there was still risk attached to some schemes. Plans were in place for around 80% of the target and feedback should be available shortly on performance of those schemes. Teams had been asked to feed back to Executives if there were any barriers preventing them from taking forward their schemes.

- Agency spend was still an issue. The Director of Nursing reported that in terms of registered nursing, 50% of agency spend covered the urgent care pathway which had been previously approved by the Board. The overseas nursing recruitment programme had been successful and would impact on agency spend once those nurses had commenced in post. Other agency spend was to support in particular Louisa Cary when they cared for CAMHS patients and medical outliers on Forrest Ward. Work continued to move to a more sustainable and affordable nursing compliment in the Trust. In the meantime staff were working overtime and incentives were being offered to the Trust's bank staff to work additional shifts.

- Mr Furse queried the rates paid to agencies and whether the increase in cost was due to spend or numbers. The Interim Director of Human Resources said that the rates were set nationally, but agencies did increase rates where there were shortages – especially in respect of specialist nurses. The Trust used the agency framework and this did provide some control. The Director of Finance added that the increase was mainly due to numbers not cost. Mrs

Taylor queried the cost of an agency member of staff compared to a temporary contract and it was noted that agency staff cost much more than permanent or temporary staff – the Interim Director of Human Resources agreed to provide a breakdown of costs. IDHR

- The Chairman asked if the Trust's overseas nurses had raised any concerns following the recent EU referendum and the Chief Nurse said that no concerns had been raised with her, but that many of these nurses were nearing two years with the Trust and would naturally be looking to move onto new positions.

- Mr Sutton asked if monthly information could be provided on the areas of nursing overspend, the actions being taken to reduce them and the recovery plans and this was agreed. CN

- Mr Allen highlighted that the 100 Day report reflected that managers had stated they faced challenges associated with the combining of the two organisations and asked if this would affect CIP performance in the coming year. The Chief Operating Officer said that a lot of work had been undertaken to ensure that managers had the necessary capacity to address the CIP challenge and that this was reflected in the plans and implication of the CIP projects.

97/07/16 **Governors' Questions**

Mrs French asked if NEDs felt satisfied with the amount of intermediate care that would be offered by the Trust if beds were closed as a result of the community services consultation and what steps were NEDs taking to ensure the actions from the CQC inspection were being taken forward.

It was agreed that the Chairman would seek detail from the NEDs to response to the first question, and the following was then discussed: Ch

- The Board framework with NEDs Charing the Quality Assurance Committee, Audit and Assurance Committee, Finance Committee etc ensured there was NED engagement at the right level to ensure monitoring of the CQC action plan.

- Mr Allen, as Chair of the Quality Assurance Committee, said that one of his top three issues for the Trust was to ensure the Trust moved to a 'Good' rating at the next CQC review. He said he was concerned that the NHSE Gateway process to approve the consultation and the delay in approval placed the Trust in an unmanageable situation and staff from the affected hospitals would 'vote with their feet' and leave thereby forcing the Trust to close these hospitals before the consultation was complete.

- Mrs French stated that over the last month Governors had visited all of the community hospitals and that it was noted that many of them had patients with complex needs who were ready to be discharged, but could not because the right level of care in the community could not be identified for them.

- Mr Davidson queried the lack of background information currently available in respect of the consultation, which would allow people to make an informed decision. Mrs Wagner confirmed that background information would be provided once the consultation process commenced, but it could not be provided in a way that could be seen to prejudice outcome of the process. The Chief Executive said that the Trust was working with the CCG to ensure the right level of information was provided. In addition, a vast amount of very detailed information had been provided to NHSE for them to undertake their due diligence as part of the gateway process.

- Mr Davidson queried the draft questionnaire as he felt it led the reader to agree to the closures. The Chief Executive said that the questionnaire was still in a draft form and was being constantly refined and updated to ensure that it framed the questions in such a way so they were not closed and did not lead the reader towards a particular decision. It was agreed that the Director of Strategy and Improvement would pass Mr Davidson's details to the CCG so he could discuss the questionnaire with them. DSI

- Mrs Carpenter said that she recently visited Paignton Hospital and the view from staff was that they all felt it was going to be closed and were very anxious about the future and had not been given any detail on the future reprovision of services. The Chairman stated that both he and the Chief Executive had also visited the hospital recently and engaged with staff around the process and provided them with a lot of background detail. It was noted that Mrs Carpenter visited the hospital before the Chairman's and Chief Executive's visit.

- Mrs Carpenter and Mrs Lewis attended the recent PPG meeting at Dartmouth and again it was felt that staff were not clear on the plans for the future. Again, the Chairman referenced a recent visit with the Chief Executive. The Chairman said that staff views would form part of the consultation process over the summer.

- Mrs Hookings said she felt that the message about the changes that the ICO was making, and had already made, were not getting through to the public, and also how the gateway process was stalling that progression. She added that the fact that there was a lack of nursing and care homes in Torbay was also an issue. Councillor Parrott stated that the Council was doing as much as it could to shape and develop the care and nursing home market, but that the public would see that the community services consultation was following the closing of St Kilda and Baytree and draw conclusions.

- Mrs French suggested that Governors meet before the next Council of Governors meeting to discuss this issue and agree the issues to ask the NEDs for response. The Chief Executive also suggested that the Chief Operating Officer's report should be used to inform that discussion as it set the context of the £3.9m investment in the Care Model. LG COO

Any Other Items Requiring Discussion/Decision

98/07/16 **Report of the Chief Operating Officer**

Strategic Context

The 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 from September 2016.

- Delivery of the Urgent Care improvement plan and achievement of SRG-approved performance trajectory related to:

    - Increasing numbers of shifts in Emergency Department being covered by Agency nurses while recruitment to vacant posts continues and new staff 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

The Chief Operating Officer reported that she was seeking support from the Board to reduce the number of beds at Paignton Hospital from 28 to 16 to ensure a quality and safe service could be provided to patients. The following was discussed:

- Due to a reduction in the number of senior nurses at Paignton Hospital, it was not possible to provide a safe and quality service to patients. Once of the reasons for this was that staff had left the hospital due to uncertainty around the community consultation process.

- An option appraisal had been undertaken and it was recommended that a temporary reduction of beds was made, from 28 to 16, to ensure safe and quality care was provided and to optimise the capacity in intermediate care to support alternatives to bed-based care.

- Councillor Parrott stated that this would be seen as a move towards closing the hospital as proposed in the consultation process and suggested that when communicating the decision the Brixham experience be reflected when beds were closed but this did not have any impact on the community as the beds were not fully utilised.

- The Chief Operating Officer said that the Trust needed to be clear how it could manage bed-based care with the total number of beds available to the Trust and with the investment in intermediate care to improve flow through the hospital and into the community.

- The Medical Director stated that he was aware of a view that the need to close beds in Paignton was due to a lack of GP cover, as was the case in Brixham, and he assured the Board that this was not an issue for Paignton.

The Chief Operating Officer then asked the Board to endorse the Carer's Pledge that the health and well-being of carers was a key priority in the delivery of the Trust's new model of care.

Mr Furse asked how the Trust would ensure that the Pledge was incorporated into the Trust's work and the Chief Operating Officer explained that it was more about attitude and approach. Mrs Taylor added that the Trust had a Carers' Lead and a clear Carers' Strategy so she was happy the Trust had the right attitude and approach to ensure the Pledge was followed.

The Board approved/endorsed the following:

- **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.**
- **The proposed Carers' pledge that the health and wellbeing of carers a key priority in the delivery of our new model of care.**

PART B: Matters for Approval/Noting Without Discussion

99/07/16 **Reports from Board Committees**

a) **Quality Assurance Report**

Mrs Lyttle, following a briefing at the last meeting, asked the Board to approve the introduction of the Pressure Ulcer Programme at the acute site and this was approved.

b) **Charitable Funds Committee**

Noted.

100/07/16 **Reports from Executive Directors**

Workforce Race Equality Standard

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.

The report provides further detail of the analysis and includes further development of an action plan to improve the Trust's 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 the Trust's support to eliminating all discrimination, to confirm the Trust values its BME workforce and that it is an inclusive employer.

The action plan includes reviewing the Trust's practices, policies and procedures and engaging with and training 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.

The Board approved the recommendation to actively support the action plan

101/07/16 **Revalidation Annual Report**

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

- '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.

- **Independent Verification Visit 21 September 2015 report -** 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.

The Board approved the signing of the annual statement of compliance by the Board Chairman

102/07/16 **Report of the Chief Nurse**

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. 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 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 and were included in the 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.

The timeframe to produce the output and actions from the Quality Summit had a longer timeframe and was to be collated.

103/07/16 **HIS Half Year Report – Trust IT Projects Update**

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:

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.

104/07/16 **Compliance Issues**

Nil.

105/07/16 **Any Other Business Notified in Advance**

Nil.

106/07/16 **Date of Next Meeting** – 9.30 am, Wednesday 3rd August 2016 (Toorak Hotel)

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	Communication to be considered to allay public perception that GPs did not visit care homes which then affected numbers presenting at ED.	Ch		06/0716
2	Feedback on 'ICO The First Six Months' draft report to be provided to DoF.	All	**Completed** – included in the Board papers.	06/0716
3	Breakdown of nursing agency vs temporary/permanent staff costs to be provided.	IDHR	**Completed** Substantive band 5 circa £18 per hour. **Agency rates:** **Weekday** Cheapest agency: £35:01 per hr, (£36:56 night) then £39:11 / hr for weekend Most expensive: £53:48 per hr, (£67:79 night) then £67:79 / hr for weekend **Bank holiday** Cheapest agency: £39:11 /hr Most expensive: £125:12 /hr **Specialist e.g. I.T.U / A&E / PICU / RSCN etc** Cheapest £39:95 weekday (£43:35 night) then £50:09 for Bank Holiday Most expensive £65:75 weekday (£81:57 night) then £152:95 BH	06/0716

4	Monthly information to be provided on areas of nursing overspend, actions being taken to reduce them and recovery plans.	CN	**Completed** - included in the Board papers.	06/0716
5	Lead Governor to obtain feedback from Governors to form questions to NEDs in respect of assurance around intermediate care. Chairman to then respond. COO report to CoG to provide context around the £3.9m investment in the Care Model.	LG Ch COO/ Corporate Secretary	 **Completed** – presentation and paper to CoG July meeting.	06/0716
6	Chief Executive to pass Mr Davidson's details to the CCG to discuss the draft consultation questionnaire.	DSI	**Completed**	06/0716

Report to:	Trust Board
Date:	3 August 2016
Report From:	Mairead McAlinden, Chief Executive
Report Title:	Chief Executive's Business Report

1 ICO Key Issues and Developments

Quality and Safety Update

Ombudsman second investigation into the death of Sam Morrish
In June 2014, the Parliamentary and Health Service Ombudsman published a report into the death of Sam Morrish, aged three, in December 2010 at Torbay Hospital. Sam died of sepsis and the ombudsman found that his death was avoidable and the result of multiple failings by all the NHS organisations involved in his care. Sam's parents believed that the Ombudsman's investigation was inadequate as it had failed to properly consider how the failures had occurred and whether lessons had been learned. The Ombudsman has now published a second report to address these specific issues. The report details the failings of the health bodies involved in Sam's treatment and the subsequent investigations, and sets out a series of recommendations which have national application. The Trust was criticised for poor communication during Sam's treatment and with the family subsequently. We have sincerely apologised to the family and have learnt lessons from Sam's tragic death. We have provided the Ombudsman and NHSI with the improvements made since this tragic event. The Chief Nurse is leading the Trust's response and action plans to address the Ombudsman's recommendations, and this Plan will be brought to the Board for approval.

CQC Inspection Report Response Update
The Chief Nurse has coordinated the production of the Trust's revised action plan and requirement notices responses which were submitted to the CQC on 30th June and shared with the Board in July. At the time of writing this report there has been no formal response from the CQC to our plan. Teams are actively progressing the various specific action plans. The Chief Nurse is also overseeing the follow up to last month's Quality Summit which focussed specifically on 4 key areas – discharge, end of life care, pre admissions to ED and mental health assessment and support.

Delivery Update

Quarter 1 (Q1) Performance
The Board will note from this months integrated quality, performance and finance report that the Trust has delivered a strong Q1 performance against the key NHS Improvement standards and agreed trajectories and delivered against the Q1 financial plan. This means that the Trust can apply for the Q1 share of our £6.7m Sustainability and Transformation Fund which is allocated on the basis of achieving financial plan milestones and key performance standard trajectories. The risks to future performance and financial delivery are detailed in the integrated report, which sets out the actions being taken to manage these risks. So while there is no room for complacency and much more to do, I am sure the Board will want to join me in acknowledging the efforts of our front line teams and support staff who have achieved a significant improvement in service delivery over the past 3 months which is benefitting our local population.

Urgent and Emergency Care Plan
It is now almost 18 weeks since we embarked on the formal improvement programme for emergency care, and during that period we have seen a number of positive changes. Overall

performance against the 4-hour target, whilst not as consistent as we would wish, is on an upward trend; giving us confidence that the combined ED/MIU target of 92% by September is realistic and achievable. We have seen considerable and sustained improvements in time to observations, and are beginning to see a step-change for sepsis compliance. Challenges around our medical cover for demand peaks remain, but considerable efforts are being made by all parties to utilise the resource we have in the most effective way and two additional ED consultants were appointed on the 7th July. These achievements have been hard-won, and reflect the commitment of our staff to delivering the safest and best quality care possible. We are now preparing for a further CQC inspection, which will provide an objective indicator of our progress to date.

We must also continue to look beyond the emergency department to wider care pathways and to partners, identifying system-wide solutions to deliver sustainable change. The implementation of locality health and wellbeing teams and enhanced intermediate care services in the autumn should further assist with system flow and resilience. We are reaching a tipping point, as we begin to fundamentally alter the way in which our services are delivered. This will require sustained energy and momentum, and our staff will need strong and supportive leadership throughout a period of further uncertainty and change.

Discharging older people from acute hospitals

The Board will note from media coverage referenced later in this report that the Parliamentary Affairs Committee recently published their review of discharge of older people from acute hospitals, following a critical report from the National Audit Office. The report focuses on the variation across hospitals within the Committee members' constituencies with the number of officially recorded delayed transfers of care in 2015–16 ranging from 10 days in Northumbria to nearly 18,000 days in Lincolnshire. For our Trust the number was 1002, the second lowest after Northumbria. For older people, longer stays in hospital can lead to worse health outcomes and can increase their long-term care needs. They can also lose their ability to do everyday tasks such as bathing and dressing and are more likely to acquire hospital infections. Once discharged from hospital, some may need short- or long-term support from their local authority or community health services. This may involve either living at home with some support or living in a care home. Torbay is referenced - together with Northumbria and Salford – as one of only a handful of areas where integrated services (adult social care, community and acute services) are better supporting older people and achieving earlier supported discharge by maximising the benefit of working across traditional organisational boundaries. Maximising the benefits of integration is at the heart of our new model of care.

Care Model Update

Locality Developments

Following the Board's decision to invest £3.9m in implementing our new care model, the Chief Operating Officer and her teams are working with partners including in primary care and the voluntary sector to implement the next phase, which includes going live in two community localities – Coastal and Torquay - by the end of September. Liz will provide a detailed update on progress at the September Board.

Primary Care Leadership

To support our locality structures, the Trust has agreed to fund the appointment of a number of GP leaders as Associate Medical Directors – one for each locality – to lead and support the successful implementation of our locality based integrated teams and services, enabling closer working with GP colleagues and their teams. Interviews take place at the beginning of August. I am delighted with the interest and response shown and we will continue to work closely with our GP colleagues to help strengthen our integrated approach within local communities and further close the gap between primary and secondary care.

Community Services Transformation Consultation
Final NHSE approval is still awaited by the CCG to proceed with formal consultation on our community transformation proposals. It is likely that the consultation will start in September as feedback from CCG engagement has indicated it would be preferable to avoid the core summer holiday period. NEW Devon CCG are also likely to consult in their area on their respective community services transformation consultation at a similar time. Whilst the two consultations are separate and different, there is a consistency of aim and scale of ambition with regard to providing more care closer to peoples' own homes.

Clinical Service Change

Chronic Oedema Service
The Board has been previously briefed on the issues arising from a reduction in Rowcroft Hospice's legacy income. Increasing demand and rising costs has meant that Rowcroft can no longer continue to fund all its current services. As a consequence they are redesigning services and we have been in discussions with the CCG and Rowcroft on how best the Trust can assist with the planned changes. As a result we have agreed that we will take responsibility for the Chronic Oedema service later this year. We are also committed to working together to redesign end of life services, so that local people continue to receive outstanding end of life care.

People Update

Dr. Nick Frampton, Managing Director of Torbay Pharmaceuticals
Nick will be leaving the Trust for personal reasons to pursue other career/lifestyle opportunities. Nick wishes Torbay Pharmaceuticals every success for the future. I would like to thank Nick for his contribution to the commercial development and growth at Torbay Pharmaceuticals during the past 5 ½ years and wish him well for the future as he pursues other career/lifestyle opportunities. Mark Andrews, Head of Quality and QP, Torbay Pharmaceuticals has been appointed Interim Managing Director.

Dr Phil Keeling, Consultant Cardiologist
Phil has been awarded a prize in the Consultant category in the Royal College of Physicians and NIHR Clinical Research Network award scheme to recognise NHS consultants and trainees active in research in recognition of his outstanding research leadership in the NHS.

Wow Awards
Earlier this month the Chairman, Directors and I had the great pleasure of presenting certificates to another group of inspiring individuals and teams nominated by colleagues and service users for going the extra mile. A number of the award recipients have also been selected by the national WoW awards organisers to be put forward for national awards in recognition of outstanding commitment and exceptional service.

2 Local Health Economy Update

Wider Devon Sustainability and Transformation Plan (STP) Update
As the Board is aware the Wider Devon STP was submitted at the end of June. On 15 July a national challenge meeting took place with senior leaders from the STP grilled by Simon Stevens and other leaders from the national NHS bodies regarding the details of our plans. Nick Roberts, Caroline Taylor and Paul Cooper attended to represent the local health and care economy. Work is now moving at pace to finalise the plans ready for final submission at

the end of September. The Board will note from the many national announcements relating to the "financial reset" that expectations of STPs are very demanding, including the latest call for plans for shared back office services, pathology and vulnerable services.

CCG "Requires Improvement"
The Board will note from the national developments update that earlier this month NHS England published ratings for all CCGs in England. Twenty six CCGs were rated inadequate – including South Devon and Torbay and NEW Devon CCGs. The CCGs are awaiting further information regarding next steps. National guidance suggests this could include CCGs being issued with legal directions; varying the constitution of CCGs to enable organisational change; requiring CCGs to share joint management teams with another CCG and creating an Accountable Care Organisation with other organisations to take responsibility for the cost and quality of care for a defined population within an agreed budget.

CQC Assessment of Yeovil District Hospital Published
England's Chief Inspector of Hospitals, Sir Mike Richards, has rated the services provided by Yeovil District Hospital in Somerset as Requires Improvement following an inspection by the Care Quality Commission. They secured a "Good" rating for caring overall

Royal Devon & Exeter FT Announce Appointment of New Chief Executive
Julie Hartley-Jones CBE, who has considerable experience both in this country and Australia, has been announced as the new Chief Executive at RD&E. It is anticipated that she will take up her new role on 4 January 2017, Suzanne Tracey, one of the Trust's Deputy Chief Executives, has been appointed Acting Chief Executive until Julie takes over.

3 Chief Executive Leadership Visibility

Internal
Ophthalmology Clinical Director Meeting
Paignton Hospital
WoW Awards
Staff Side Meeting

External

Programmes/Boards/Groups:
South West Chief Executives' Meeting
Volunteering in Health AGM
Health and Wellbeing Board Seminar
Exec to Exec with SD&T CCG

Individuals:
Chief Executive, NHS Improvement
Director of Public Health, Torbay
Chief Executive, Torbay Healthwatch

National:
Last week I concluded my work on the Ministerially appointed Expert Panel to review the Health and Social Care system in Northern Ireland. The Panel was chaired by Professor Rafael Bengoa, a previous Minister of Health in the Basque region of Spain, and the Panel engaged extensively with stakeholders across Northern Ireland to produce a Report 'Systems not Silos' setting out recommendations for system and service change. The Panel met with the Minister and key senior officials on Thursday 21 July to deliver our Report which

the Minister has said will shape her future vision for health and social care in Northern Ireland.

4 Media Update

This month the Trust has issued a number of media releases and responded to enquiries from local regional and national media including:

- PAC Report and favourable reference to low levels of hospital discharge within T&SD FT
- Success of Project Search, a programme designed to support young people with a learning disability into employment, at the Trust. This included an interview with some participants who have gone on to successful employment.
- Good results of CQC inpatient survey
- Temporary reduction in beds at Paignton Hospital
- The Ombudsman's report into the care provided by several local health organisations including TSDFT of Sam Morrish who died from sepsis in 2010
- Chief Executive 'Weekend Diagnosis'
- Setting out how the new model of care is intended to improve health and care services for local people

5 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.

Since the last Board meeting there has been a number of key announcements by NHS England and NHS Improvement relating to both commissioner and provider sector performance which culminated in the publication on 21 July of what is being described as the "financial reset"**.**

Strengthening Financial Performance and Accountability in 2016/17 sets out the agreed legal responsibilities of individual NHS bodies to live within the funding Parliament has decided should be available to the NHS this year. Specifically, it confirms action to dramatically cut the annual trust deficit, and sharpen the direct accountability of trusts and CCGs to live within the public resources made available by Parliament and the Government in 2016/17. These individual accountabilities will be supplemented by the Sustainability and Transformation Plans (STPs) now being developed in communities across England, which will set out the wider, shared action they will take together to unleash broader improvement on health, care, and financial sustainability to 2020.

The document sets out a series of actions designed to support the NHS to achieve financial sustainability and improve operational performance. It sets out a wide-ranging seven-point set of actions which include:

- cutting combined provider deficit to £250m by March 2017 and beginning 2017/18 in run rate balance
- replacing national fines with trust-specific incentives linked to agreed organisation-specific published performance improvement trajectories, so as to kick-start a multi-year recovery and redesign of A&E and elective care

- agreeing 'financial control totals' with individual trusts and CCGs, which represent the minimum level of financial performance, against which their boards, governing bodies and chief executives must deliver in 2016/17, and for which they will be held directly accountable
- introducing new intervention regimes of special measures which will be applied to both trusts and CCGs who are not meeting their financial commitments
- setting new controls to cap the cost of interim managers and to fast track savings from back office, pathology and temporary staffing
- publishing the 2015/16 performance ratings for CCGs
- launching a two-year NHS planning and contracting round for 2017/18-2018/19, to be completed by December 2016, and linked to agreed STPs.

Related announcements include:

- Trusts and STPs have until the end of July to show how they will consolidate back-office and pathology services and put “unsustainable services” onto a secure footing
- CCG ratings published by NHS E – 26 CCGs including NEW Devon and South Devon and Torbay have been rated inadequate
- A new regime of “financial special measures” has been announced for Trusts and CCGs to ensure the NHS lives within its means. 5 trusts and 9 CCGs have been placed into the regime. The list includes South Gloucestershire and North Somerset CCGs who have been directed to work with Bristol CCG to move towards a single commissioning leadership structure across the STP footprint. A further 13 trusts that have not agreed control totals and are planning for deficits may also be included in the regime – 4 are from the South West - Dorset County Hospital FT, Dorset healthcare University FT, Plymouth Hospitals Trust and Poole Hospitals FT.
- Simon Stevens gives stark warning on finance and performance issues and has urged government to set up an NHS investment fund to pay for infrastructure development
- NHS Improvement tell Trusts to curb clinical staff growth with Trusts to face financial penalties for over recruiting staff
- NHS Improvement has set out the conditions for trusts to access the £1.8bn “sustainability and transformation fund” in 2016/17

The attached briefing document from NHS Providers sets out the proposals and related announcements from NHS England and NHS Improvement for the ‘finance reset’ in detail. Directors are reviewing the requirements to understand the implications for the ICO and wider health and care system and will provide further verbal updates at the Board meeting.

In addition to the financial reset proposals and related announcements, other developments of interest from the past month to highlight for the Board include:

- 5YFV for mental health
- Health minister announced palliative care improvements
- DH has announced it is not going forward with the data-sharing project - Care.data
- NHS England report shows Trusts are failing to meet cancer waiting list targets
- Government will impose new junior doctors contract from October
- NHS Improvement publishes Single Oversight Framework consultation on proposed approach to overseeing and supporting NHS foundation trusts and trusts
- NHS Improvement publishes new approach to safe staffing
- A Health Foundation report says patient care and the NHS survival plan could be threatened by a shortage of 28,000 nurses

- Jeremy Hunt remains in post as Health Secretary. Philip Dunne MP was appointed as minister of State for Health, Nicola Blackwood and David Mowat have been appointed parliamentary under-secretaries of state and Lord Prior retains his role as under-secretary of state for NHS productivity.

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 including reporting back on “could it happen here” reviews on national inquiry reports.

21 July 2016

on the day BRIEFING

THE "FINANCE RESET" – ON THE DAY BRIEFING

Over the past several weeks, there has been a series of announcements by NHS Improvement (NHSI) and NHS England (NHSE) on measures that are designed to introduce greater control and stability in the provider sector's finances. They are:

- A 'reset' and financial special measures criteria outlined today in *Strengthening financial performance and accountability in 2016/17*. This reset also restates and provides further detail on the following:
  - The criteria for accessing sustainability funding in 16/17, first released in a letter on the 8th of July (a FAQs has also been released).
  - A series of 'practical' measures designed to help cut the provider deficit in 16/17, first released in a letter on the 28th of June

This briefing draws together a summary of all these announcements, as well as our view on the new reset measures published today.

THE RESET DOCUMENT AND FINANCIAL SPECIAL MEASURES

The document released today, *Strengthening financial performance and accountability in 2016/17,* summarises all of the recent measures and packages them as part of the finance 'reset'. The items on sustainability funding and practical measures have already been announced to the sector, and the document simply provides further details. A short summary of these can be found later in this briefing. However, there are several other items in the reset document that have not yet been shared with the wider sector. They are:

- Financial special measures for trusts
- Special measures for CCGs
- Greater capital controls
- The move to a two year planning cycle
- The annexes also publish new information, including:
  - Planned surplus/deficits for all NHS providers
  - Expenditure control totals for all CCGs
  - Analysis of 63 providers' paybill growth (in line with the letter sent on the 28th of June).
  - CCG and CSU off-payroll staff controls
  - Ranking of all CCGs on the Improvement and Assessment Framework
  - Agreed operational performance trajectories for NHS providers

Financial special measures for trusts

Financial special measures for trusts is designed according to the document to "Help providers facing the biggest financial challenges, and will underline the importance of all providers adhering to their control totals". It also shows that "NHSI is expecting providers to address finance challenges with the same degree of urgency as Special Measures requires for quality."

A provider will be considered for Financial Special Measures if any of the following three criteria applies:

1 The provider has not agreed a control total and is forecasting a deficit for 2016/17.

2 The provider has agreed a control total but has a significant negative variance against the control total plan, has a significant deficit.
3 The provider has an exceptional financial governance failure (e.g. significant fraud or irregularity).

In the first instance, NHSI intends to use only criterion one. Based on this five providers have been placed into the regime. Subsequently NHSI will use all three criteria, on the basis of quarterly information (from quarter one onwards). The document says as well as the three main criteria for entering into financial special measures NHSI "will also take into account other appropriate considerations."

Action(s) for trusts in special measures

For trusts entering into the regime, a range of standard and possible actions will be applied to, or required of, them:

Type	Standard actions	Possible actions
Oversight and governance	• NHSI executive director sponsor (for key meetings) • An improvement director, appointed by NHSI • Board vacancies filled on the direction of NHSI • Regular progress reviews • Provider to publish on home page that it is in financial special measures, and the reasons for this • Provider to notify governing body it is in financial special measures, the reasons, and the planned response	• NHSI-appointed board adviser • Board changes
Control	• Removal of provider's autonomy over key spending decisions • NHSI control applications for DH financing	• DH financing provided in exchange for assets (e.g. transfer of ownership of land) rather than loans • Peer review of expenditure controls
Accelerated recovery	• A financial improvement notice issued for a time-limited period • Rapid (by end of week 1) articulation of key issues • Recovery plan - including accelerated proposals on service consolidation or closure, Carter implementation and organisational form and workforce review - agreed with NHSI by end of month 1 • Appointment of turnaround /recovery support (full time), possibly including peer support	• Development of detailed delivery plan (two months) • Probationary period of a further three months to track early progress • Support to reduce agency use • Effective delivery of cost controls

Potential reasons for excluding a provider from entering special measures are listed as:

- They have exceptional mitigating circumstances
- They are already subject to a significant package of regulatory action and/or intensive support for financial recovery.
- Their existing management "does not require additional support" – i.e. it has a recovery plan NHSI have confidence in.
- They have a recent track record of full year delivery of plan and/or of agreed recovery actions.

Exiting special measures

To exit financial special measures a provider must:

- Have a robust recovery plan setting out the key changes required approved by the provider board and by NHSI (i.e. the one month process outlined in the table above).
- Within two additional months, evidence of quick wins and a more detailed delivery plan.

NHSI may also, at its discretion, require:

- Within a further three-months, evidence of demonstrable progress in implementing change.

If a provider in financial special measures does not meet exit criteria in the prescribed time limits (i.e. 3-6 months depending on the mix of the 3 options taken above), NHSI will consider using any of the following options:

- Extending financial special measures by 3-6 months, making changes to the approach to address reasons for delay.
- Making changes to board membership.
- Initiating an organisational form change.
- Initiating a wider local health economy process 'if the issues are structural'.

Areas of remaining ambiguity on provider financial special measure proposals

There are several areas where we will be seeking additional clarity from NHS Improvement in order for providers to better understand the potential implications of the new proposals.

How does the success regime and financial improvement programme align with this new system?

The document says that "It is possible but will not always be the case that specific organisations in a Success Regime area will also be in special measures". This will need greater definition. For example, one of the potential exclusion criteria for financial special measures is that a provider is already "being subject to a significant package of regulatory action and/or intensive support for financial recovery"?

What is the balance in the process between turnaround and investigation?

On exiting special measures, one of the options that NHSI has after running process is to take the provider out of the measures and "initiate a wider local health economy process if the issues are structural". There needs to be clarity over whether the special measures process is meant to be about turnaround of existing and known issues at the institutional level, or a diagnostic investigation of the root causes of problems that may lead to a success regime or wider local health economy solution.

How does the single oversight framework align with the new system?

NHSI are currently consulting on the new oversight frame work. However the concept of 'financial special measures' does not yet seem to integrate with the oversight framework, or indeed with special measures for quality. For example, while all trusts in financial special measures are likely to be in segment four of the oversight framework that is not necessarily the case – for example in theory a trust may have a deficit and have not signed up to a control total, but could be achieving its sustainability and efficiency ratings in the oversight framework. It would be unhelpful to have an NHS Improvement 'Single Oversight Framework' that does not clearly define or encompass the range of their regulatory and oversight activity.

What are the thresholds around the entry criteria?

More clarity is needed on the entry criteria for special measures to ensure this is an unambiguous and fair process

- Criteria two for entry into special measures is a significant variance to the control total plan. Is the 'significant' variance against plan spoken of in criteria two the same as the thresholds for the same measure in the finance oversight

framework?

- If a trust is failing against its oversight framework criteria (e.g. significant variance against plan) and gets put into segment four, and then also has a significant deficit (which is not one of the criteria in the oversight framework) do they automatically go into special measures?
- On criteria two what is the definition of a 'significant' deficit - a % of turnover or another measure?

How are any potentially subjective elements going to be resolved?

The document says as well as the three main criteria for entering into financial special measures NHSI "will also take into account other appropriate considerations." It also notes an exclusion for providers entering special measures is "exceptional mitigating circumstances". Further details on the types of issues and scenarios NHS Improvement envisage are required to provide assurance to the sector that the processes around special measures are objective, transparent and fair.

SPECIAL MEASURES FOR CCGS

As well as special measures for providers, the reset document also outlines new special measures for clinical commissioning groups. NHSE introduced the "Improvement and Assessment Framework" for CCGs in March. It sets out core performance and finance indicators, outcome goals, and transformational challenges across four domains: better health, better care, sustainability and leadership. The sustainability domain contains a range of measures of in year financial delivery and allocative efficiency. It has assessed CCGs against this framework and has rated 26 as inadequate. Those that have been rated inadequate will have improvement actions taken against them, some of which will be to address finance and efficiency challenges:

- They will be required to produce a performance improvement plan that will be monitored by NHSE.

In addition, a range of other interventions can also be applied as necessary, including:

- Issuing legal directions to a CCG. For example, NHSE may take on particular functions, direct another CCG to perform functions on its behalf, or terminate the appointment of a CCG's Accountable Officer.
- Varying the constitution of the CCG by adjusting its area and membership, or disbanding the CCG and transferring its functions to a neighbouring CCG.
- Requiring that a CCG shares a joint management team with a high-performing, neighbouring CCG.
- Creating an Accountable Care Organisation with other organisations to take responsibility for the cost and quality of care for a defined population within an agreed budget.

CAPITAL CONTROLS

The Department of Health, as directed by HM Treasury, will introduce capital controls during Q2 2016/17 that apply to all providers for spending above pre-specified levels. These controls will be overseen by NHSI and the Department and will vary according to NHSI's assessment of the financial performance of providers.

A TWO YEAR PLANNING CYCLE

The document also outlines the intention to provide more stability to the system via a two-year planning and contracting cycle, through early publication of a National Tariff, CQUIN, NHS Standard Contract, provider STF regime, and NHS commissioner business rules that cover both 2017/18 and 2018/19.

OTHER AREAS ADDRESSED IN THE RESET DOCUMENT

Criteria for accessing sustainability funding

These criteria were originally released to the sector on the 8th of July, with a FAQs released on the 14th. Summary points are:

- Trusts must hit their financial control total targets in order to access their tranche of sustainability funding in any given quarter. There is no tolerance for missing this target – it is binary – if the quarterly target is missed by any amount then no sustainability funding will not be forthcoming in that quarter.
- However the guidance suggests that funding is not permanently 'lost' if a quarterly finance figure is not attained if in a subsequent quarter a trust gets back on track with delivery of the control total plan: The guidance says: "[T]he STF will operate on a cumulative basis so that if a provider misses the YTD [financial] control total in a quarter but achieves the control total in a subsequent quarter it could receive the full amount of funding."
- If a finance control total is hit in any given quarter, then the trust will receive 70% of its tranche of sustainability funding for that quarter.
- Receiving the remaining 30% of the funding is based on attaining agreed performance trajectories for RTT (12.5%), A&E (12.5%) and Cancer (5%) waiting times. Diagnostics waiting times will be a performance trajectory, but no sustainability funding will be awarded/ retained on its attainment or failure to attain.
- Attaining performance trajectories is more flexible than the financial control totals:
  - In quarter one, simply having agreed your performance trajectories is enough to receive the entire 30%.
  - In quarter two, trusts will be able to miss any performance trajectory by up 1% and still receive all of the funding for that particular trajectory. The tolerance reduces to 0.5% in quarter three, and then there is no tolerance for quarter four.

Practical measures to limit the 2016/17 deficit

NHSI wrote to NHS providers on the 28th of June setting out three areas where further action is required to improve their financial position in 2016/17. The additional actions aim to help reduce the provider sector deficit for 2016/17 to c£250m.

- Pay growth - NHSI state that analysis of 2015/16 cost trends and 2016/17 plans indicates significant growth in 63 providers totalling £356m. NHSI states that it will work with those trusts so that by the end of July there is an assessment of how much of the planned growth can be eliminated and how far they can limit any unplanned cost growth. This assessment process will particularly look at curtaining the use of agency staff.
- Lord Carter requirements on back office savings - All STP areas have to report back on identified opportunities to implement Lord Carter's recommendations on back office and pathology consolidation by the end of July, focusing on opportunities that have a positive impact in 2016/17.
- Service consolidation - NHSI want to identify where planned care services are heavily reliant on locums and where these services can either be consolidated, changed or transferred to a neighbouring provider. By the end of July STPs will have been required to review services which are unsustainable and developed plans to re-provide these services in collaboration with other providers to secure clinically and financially viable services.

NHS PROVIDERS VIEW

NHS Providers welcomes some of the wider measures announced as part of the reset of finances. We welcome that the CCG special measures regime aligns with the CCG oversight framework and provides a level of oversight of CCG performance that we have long called for - in particular it is welcome that it recognises that all players in the health system have to contribute to turning around the financial situation. We continue to advocate greater central support is needed to help drive down the deficit in 2016/17 - therefore the move towards supporting practical, collaborative measures on how the deficit can be reduced this year is something we agree with. We also welcome the move to a two year planning cycle, something we have called for previously, as a measure that potentially helps provide more stability for the system.

The proposals contained within financial special measures however require very careful assessment. We recognise the pressing need for financial grip from everyone in the NHS. Placing a trust in special measures is one of the most significant regulatory decisions that can be made, and we have heard from members in the past that placing trusts in special measures can have a significant impact on staff morale and recruitment. As things stand, there are several elements of ambiguity in the measures as well as a lack of alignment with other existing proposals. This means further clarity is needed from the national bodies to help providers understand what the full effect of financial special measures will be.

For example, if NHSI takes the radical action to make decisions regarding managing a trust's expenditure or influence operational decisions via NHSI-appointed board adviser, we think it is important that NHSI is then held to account for the outcomes of those decisions - in the same way that a provider would be. When board autonomy is eroded, then accountability should be commensurately transferred to those who are now taking part in running the organisation. Whether or not this will be the case is as yet unanswered.

Also there is a conflation, in our view, as to whether special measures are about providing a short, sharp shock to turnaround performance, or is the start of a more in-depth analysis process. The timelines for providers to create plans and the high level nature of the entry criteria seem to suggest that it is the former. However on exiting special measures, one of the options that NHSI has after running the process is to take the provider out of the measures and "initiate a wider local health economy process if the issues are structural". If the process is about rapid turnaround of performance, then establishing (via working in-depth with the trust in question) whether issues are actually due to the local health economy should be done before a trust is put into special measures, not after. However, if special measures is meant to be the start of collaboratively investigating whether issues are structural or not, this should be more clearly reflected in guidance and messaging that surrounds these proposals so that trusts placed into the regime are not unfairly disadvantaged.

Additionally, it is not yet clear how the financial special measures integrate with other areas of national policy and regulation. The newly proposed NHSI single oversight framework introduces a range of new measures to assess if providers are financially well managed, but only some of them align with the criteria outlined in special measures. The oversight framework is explicitly designed to provide 'single view' of provider financial management. Having a separate special measures regime risks undermining that single view.

Finally, beyond the ambiguities, the tone of financial special measures seems to suggest that all providers need to see this as a wake up call for the sector to turnaround their finances. However, NHS Providers believes its members are already very alert to the perilous position that the sector finds itself in financially. They have been working flat out to achieve particularly stretching efficiency targets now for a number of months, and have shown real willingness to

address the deficit by signing up to demanding control totals and/or continuing to deliver considerable cost improvement plans. However it is becoming increasingly clear that the deficit is the product of a system-wide, structural problem. Therefore restoring financial balance to the NHS must be based on more than exhorting providers to improve their own individual financial positions. Putting the NHS on a sustainable long-term footing will depend on all parts of the health and social care system coming together to find solutions, with the right central support to do so.

As ever, we will work closely with NHS Improvement on the detail of the reset proposals.

NHS PROVIDERS PRESS RELEASE

Responding to today's financial 're-set' announcement by NHS England and NHS Improvement, Saffron Cordery, director of policy at NHS Providers, said:

"The NHS is facing up to its most profound financial challenge, with constrained budgets, rising demand and now the fallout from Brexit. There is mounting evidence of a clear gap between the quality of care we all want the NHS to provide and the funding available. Leaders of acute, mental health, community and ambulance services know the service cannot continue on 'business as usual', and they are doing all they can to regain financial control. Today's announcement from NHS England and NHS Improvement is a welcome recognition of the scale of this challenge.

"The difficultly that the department of health has had in trying to balance its budget has not come without a cost, for example cutting down on much needed capital investment. The wafer-thin margin also demonstrates the fragility of the system and proves just how precarious NHS finances actually are. It's becoming increasingly clear that the financial deficit is the product of a system-wide, structural problem. Restoring financial balance and putting the NHS on a sustainable long-term footing will therefore depend on all parts of the health and social care system coming together to find solutions, with the right central support to do so.

"Simply loading up providers with savings targets they can't achieve and exhorting them to try harder won't work. Some trusts can improve their financial performance and NHS Improvement and NHS England have outlined a number of ways to do this. Putting Clinical Commissioning Groups as well as Trusts into financial special measures is one approach. The NHS has been down this road before so it's important that we have learned the lessons about the potentially demotivating impact on staff. This action can be stigmatising and can undermine organisations already struggling to balance their books and attract staff. So, as well as creating clear criteria for when an organisation enters and exits financial special measures, the central bodies in the NHS must do all they can to support them through the process quickly and in better shape.

"Today's announcement outlines a plan to try and stabilise finances in the immediate term. But we need a revised approach to financial planning in the long term and a much smaller set of priorities on which the NHS ruthlessly focuses in the short term, with everything else taking second place. Without these we cannot even begin to tackle the likely consequences of the middle years of this parliament when available funding reduces dramatically.

"Finally, as The King's Fund, Health Foundation, Public Accounts Committee and other independent organisations have also argued, we need honesty, realism and an urgent public debate about where we go from here."

Meeting Date:	3rd August 2016
Title:	ICO Post Transaction Review
Lead Director:	Director of Finance
Corporate Objective:	Well lead: We will be a high performing, learning and innovative organisation with clear direction, effective leadership at all levels, managing change well, making best use of our resources, with good systems of governance to deliver our mandate as a Foundation Trust.
Purpose:	Assurance

Summary of Key Issues for Trust Board

Strategic Context:

It is a requirement of the NHS Transaction process to undertake a Post-Transaction Review, normally 100 days after authorisation. Its principal purpose is provide assurance to Regulators that the transaction was executed effectively, that governance arrangements are appropriately in place and that the benefits anticipated, from a service and financial perspective, are on track to be delivered.

In a formal sense, it is also the route through which the limited number of conditions included in Monitor's Letter of Authorisation are discharged.

As well as providing assurance to Regulators and other interested stakeholders, it provides an opportunity for the Board responsible for the transaction to reflect on its delivery; to consider what went well, what could have gone better and, through that to capture 'lesson learned' for future use

Key Issues/Risks

The report highlights the following:

- The actions required to effect a 'safe landing' of the transaction and to ensure that corporate and clinical governance systems were fit for purpose on day one of the new organisation have in very large part been delivered.
- Back office services have been effective from day one, with no interruption in service to the wider organisation.
- Good progress is being made in specifying and delivering the care model. Whilst the nature of the care model vision has developed since the transaction, this forms the core of the on-going work emerging from integration. Progress delivering the plans has been slower than anticipated, primarily due to delays in the consultation process, but there have been significant steps taken, and this remains as defining the future shape of our services. The delayed timeline is having a consequent impact on financial plans for 2016/17.

- Despite some challenges in maintaining the Risk Share Agreement into 2016/17, contract negotiations have ultimately proven successful, and greater clarity in its operation secured going forward.
- Pressures associated with CIP delivery and the urgent and emergency care system are adding to the financial pressure in 2016/17.

Recommendations:

The Board are recommended to approve the report for publication.

Summary of ED Challenge/Discussion:

All Executive Directors have contributed to the development of this report. Challenges have included:

- The need to describe the significant progress in implementation of the care model, whilst being sensitive to the delayed consultation,
- Referencing the Trust's financial position in the context of delayed achievement of planned care model savings,

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

To follow approval by Board.

Equality and Diversity Implications:

None identified.

Creating the Integrated Care Organisation
A Post-Transaction Review

28th July 2016

Contents

1 INTRODUCTION

1.1 Purpose

It is a requirement of the NHS Transaction process to undertake a Post-Transaction Review. Its principal purpose is provide assurance to Regulators that the transaction was executed effectively, that governance arrangements are appropriately in place and that the benefits anticipated, from a service and financial perspective, are on track to be delivered.

In a formal sense, it is also the route through which the limited number of conditions included in Monitor's Letter of Authorisation are discharged.

As well as providing assurance to Regulators and other interested stakeholders, it provides an opportunity for the Board responsible for the transaction to reflect on its delivery; to consider what went well, what could have gone better and, through that to capture 'lesson learned' for future use.

This report is presented to reflect achievements in the first 9 months of operation. Whilst normally undertaken after 100 days, the lead time to change the care model, being across a wider health and care system, are more significant for this transaction. This also reflects the timing of the Trust's Care Quality Commission inspection in February, which provided some useful feedback and insight on the delivery of the transaction, that can now be reflected in this document.

1.2 Background

Torbay and South Devon NHS Foundation Trust was 'formed' on 1st October 2015, through the acquisition by South Devon Healthcare NHS Foundation Trust (SDH) of Torbay and Southern Devon Health and Care NHS Trust (TSD), creating what we now refer to as our 'Integrated Care Organisation' (ICO).

Our ambition in doing so is to deliver a fundamentally different care model across our health and care system that is well co-ordinated and joined together, designed to support people in managing their own health and wellbeing, easily accessible and responsive to service users and health professionals and provided as close to home as possible.

The merger of the two former organisations such that, in one organisation we provide acute care, from Torbay Hospital, community services through a network of community hospitals, bases and, increasingly people's homes and Adult Social Care was vitally important to delivering this ambition.

Examples of the key initiatives, all aligned with the principle that services should wrap around the person to create a single system of health and care delivery, include:

- Single point of contact – a multi-media gateway to signpost and to mobilise the appropriate assessment and resources;
- Community care – the realignment of community resources and infrastructure to support self-care and prevention;
- Frailty service –a whole system pathway of care, stratifying risk to identify the most vulnerable, largely providing services in a community setting but linking with specialist healthcare of older people and medical admissions avoidance teams;
- Multiple Long Term Conditions service – Providing coordinated multidisciplinary management of coexisting medical conditions in one place at one time; outside of the acute setting where possible and avoiding multiple appointments per condition;
- Referral Management – A framework to facilitate dialogue between professionals to manage patients in the most appropriate and efficient way will ensure that face to face appointments are no longer the automatic default position and that care plans, advice and guidance or specialist support are a viable alternative;

- Musculoskeletal Triage – a triage service through the community physiotherapy team, providing a consistent assessment, active early treatment and, if necessary onward referral to secondary care that is targeted to the right specialist area;
- Heart Failure – Developing a service where patients are treated in an outpatient setting rather than the more traditional treatment as an inpatient.

As a result, our delivery system will look and feel very different in future. There will be:

- Fewer hospital beds and better developed re-ablement facilities;
- A shift in use of specialist teams, as far as possible, from face to face clinical care, to support of primary care and community colleagues and the continued management of people in the community and avoiding unnecessary referral;
- Local Health and Wellbeing Teams, working from Locality Hubs, co-ordinating the care and managing personalised care plans for the frail and those most at risk;
- Significant investment in mobile Information Technology; ensuring that all systems are accessible to all health and care staff;
- A revised contract and risk share agreement, subject to continuation, that supports this new way of working.

Ultimately, the success of the transaction will be measured by the delivery of this care model. This is a process that is expected to take two to three years to deliver in full.

1.3 Structure of this Report

The transaction approval process, as well as testing and understanding the care model, is largely designed to test the risk, from a corporate governance perspective, in undertaking a significant transaction of this nature.

This report looks back on the first nine months of operation of the ICO, and the delivery of the full work programme established to support its delivery. It will consider successes as well as the aspects of the programme that, in hindsight could have been improved upon. It will describe organisational performance since the transaction date, and consider its impact – positive or negative – on the delivery of key objectives.

Board Members will recall the 'work-stream' arrangements established to plan oversee delivery of the transaction. Following a summary, this report is structured to mirror those arrangements, broadly under three headings:

- Section 3: Transaction and governance arrangements [Work-stream 1]
- Section 4: Care model developments [Work-streams 3 and 4]
- Section 5: Development of corporate support services [Work-streams 2 and 5]

Within each section of this report is a summary of the activities undertaken within these work-streams. In the appendices are the final work-stream status reports from September 2015, which provide an indication of the scope and complexity of the projects involved.

The contents will be familiar to the Board, having been reported on since October 2015 and are, necessarily described in summary form, with this report intended to be a final summary and closure of the transaction and to mark the point at which activities become business as usual for the new organisation.

2 SUMMARY

The ICO has been functioning successfully since 1st October 2015 and there have been achievement of the milestone outcomes as follows:

- The 'safe landing' of the transaction and establishment of corporate and clinical governance systems that were fit for purpose on day one of the new organisation;
- Good progress has been made in developing and delivering the care model. Whilst the concepts underpinning the care model vision have developed in line with emerging evidence and policy since the transaction, the achievement of the vision forms the core of the on-going work post integration. Service developments of particular note include the resourcing and establishment of:
  - Health and Wellbeing Teams that embed new ways of working,
  - Multi Long Term Conditions service, and
  - Advice and guidance services.
- Redesign of corporate support services have been effective from day one, with no interruption in service to the wider organisation.
- Despite some challenges in maintaining the Risk Share Agreement into 2016/17, contract negotiations have ultimately proven successful in retaining this contracting mechanism for greater system benefit, and greater clarity in its operation secured going forward.

  Progress delivering the care model changes has been slower than anticipated, primarily due to delays in the consultation process to deliver a bed reduction in hospital-based care, but there have been significant steps taken and this remains as defining the future shape of our services. The delayed timeline is having a consequent impact on financial plans for 2016/17 as the planned financial release from bed-based care is dependent upon the outcome of the consultation process and will only be fully delivered when decisions are made, now estimated to be early 2017. Despite this delay, the ICO Board has made the commitment to invest £3.9m in enhanced community based services in 2016/17 as part of an 'invest to save' strategy to safely manage the proposed bed reductions and build public, political and staff confidence in the new model of care.

The most significant developments planned within the ICO, changes to community services and services closer to home, have an implementation timeframe of 2 to 3 years and depend upon the approval of the proposed changes to Community Hospitals as set out in the future public consultation being led by Torbay & South Devon CCG and supported by the ICO. We are, however pleased with what has been achieved in the first 9 months and look forward to further implementation at increased pace resulting in greatly improved services to our patients and clients in the latter part of 2016/17 and into 2017/18.

3 THE TRANSACTION AND GOVERNANCE ARRANGEMENTS

3.1 Transaction and Corporate Governance

The successful execution of the transaction itself and the associated corporate governance requirements were managed under "Work-stream 1" of the ICO delivery programme. This included all regulatory matters, due diligence, corporate governance and communications. Its aim was to ensure the transaction was understood and agreed, that it was delivered effectively, and to guarantee that the overnight transition from two organisations to a single entity took place smoothly on 1st October and following.

Following approval of the strategic and outline business cases, the team undertook a competition review to understand the potential impact on the competitive landscape. At the time other transactions were delayed and eventually abandoned following intervention of the Competition Commission and the Competition and Markets Authority (CMA). The Trust's detailed analysis and self-assessment resulted in a conclusion that we would not refer ourselves to the OFT for review. There has been no challenge of this decision by the CMA, who have time limited powers, within three months, to review mergers and acquisitions where they are concerned that there is a detrimental impact on the market.

Late in the course of preparing for the transaction, the regulatory authorities published new guidance for undertaking transactions within the NHS. This led to prolonged discussions with multiple regulators and legal advisors where all parties jointly worked to clarify and implement the amended process. Whilst leading to some delay in the go-live date, all were completed successfully, and processes that put in place by the Trust have provided useful case studies for regulators in other transactions.

The key milestones to deliver this work programme are attached as Appendix 1, with headlines and status at the six month point are summarised in the table below:

Work-stream 1 – Transaction

Ref	Project title	Status
55	Transaction management, and regulatory liaison (Monitor, TDA, NHS England and the Competition Commission)	Successfully completed but delayed to 1 October 2016, Monitor approval received.
186	TDA divestment	Successfully completed. Secretary of State approval received.
58	Risk share agreement (RSA) + pricing	Agreed and signed, with CCG assuming responsibility to address funding gap of £4.4m (recurring) through commissioning changes. Day to day management as part of normal contracting function.
15	Board established	Successfully completed.
65	ICO Corporate Governance	Constitution approved, Board committee structure implemented.
179	Workforce information systems	Systems merged and operating in business as usual mode within

		workforce directorate
180	Workforce TUPE	Successfully completed with no staff-side or individual staff challenge.
183	Organisational development strategy	Strategy in place, ongoing implementation.
184	Workforce solutions	Systems and processes to support staff redeployment in place and agreed, Deployed effectively in support of early care model changes.
72	Communications and Engagement	Integrated within communications team
73	Website and Intranet	Successfully completed

The following points build on this summary, adding additional context and information in support of these overall judgements:

- Risk Share Agreement (RSA) : Whilst signed and in place on 1st October 2015, the operation of the RSA proved difficult throughout the remainder of 2015/16. The challenges experienced can be summarised as:
  - The RSA committed South Devon and Torbay Clinical Commissioning Group (CCG) to a contract value that was £4.4m in excess of their budget for the ICO contract, and placed that risk clearly with the CCG. Whilst supporting the CCG in its work programme to identify service reduction plans to this value, a recurring annual total of £1.2m (£0.6m in year) was identified.
  - A difference in view between Trust and CCG on the applicability of contract penalties emerged in the latter part of 2015/16. Ultimately, the CCG accepted the Trust's position that the RSA and the 'discount' from PbR was designed to replace the financial effect of contract penalties stipulated in the national contract.
  - The RSA was designed to create a stable 5 year resource envelope, but these same issues identified above affected negotiations to secure the CCG's agreement to those numbers. Ultimately negotiation proved successful but were far more time consuming and difficult to conclude than had been predicted. This is unsurprising given the challenged financial position of the CCG with lower levels of income as a consequence of a movement towards capitation funding and the much changed financial regime imposed by NHSI and NHSE in light of the wider financial pressures faced by the NHS nationally.

  The combination of these issues, coupled with the challenging regulatory environment in which Commissioners and Providers were operating, and the unique nature of the contracting mechanism of 'risk share' has created some tension in the relationship with our principal Commissioner. These matters have been clarified in the 2016/17 contract position and are not expected to prove as problematic in future.

- Board Development: All appointments to Board positions are now complete, both Executive and Non-Executive, with the exception of the Director of Social Care, which after consultation with Torbay Council has been reshaped to focus on the proposal to bring children's services into the ICO. An interim post is under discussion with Torbay Council with the primary purpose of supporting the due diligence required to provide Board assurance on the transfer of childrens' social care services to the ICO.

  The Board Committee structure is in place, with terms of reference and membership agreed. Audit SouthWest have recently completed a review of the operation of those Committees, concluding that each is covering the business described in their Terms of Reference.

  There are some recommendations for improvement including capturing the challenge function undertaken by the Committees on behalf of the Board and standardising the reporting to Board on the outcome of Committee Business, including appropriate escalation to the Board on risks and lack of assurance, which are being taken forward. In doing so, Chairs of Committees are encouraged to describe the level of challenge exercised and the Executive responses as well as the substance of the matters discussed.

- Organisational Development and Communications : This is an ongoing process through a number of routes including but not limited to communication cascades, Board engagement with teams and partner organisations and ICO Champions. These processes have been used to good effect to communicates vision, values and strategy. Feedback from the Care Quality Commission assessment in February provided valuable and positive feedback in this regard, commenting that:
  - The vision and values of the ICO were widely understood in all services and at all levels across the Trust,
  - The care model was widely understood and supported by staff, and that
  - The transfer of staff between organisations had been well conducted, without any HR issues.

  Despite the potentially 'unsettling impact' of the transaction, the overall result of the 2015/16 staff survey (purposefully delayed until after the date of the Transaction to give a benchmark for future assessment of the impact of the ICO on staff) remained extremely positive, improving in some areas from the legacy Trusts, with the ICO rated in the top 20% of Trusts on a significant number of metrics. An action plan to address areas for improvement flagged by the Staff Survey has been approved by the Board and is progressing.

3.2 Safety and Quality Governance

Particularly important to the safe operation of the ICO from day one were the actions, managed under Workstream 5, to ensure a smooth transition for quality and safety governance arrangements. This element of the programme prepared key quality governance functions for the integration of organisations, taking the necessary steps to align governance teams and processes. Projects within this work-stream are set out in Appendix 2, and summarised in the table below:

Work-stream 5 – Clinical and quality governance

Ref	Project title	Status
66	Clinical Governance (Policies and standards)	Identified priority policies merged. Schedule for remainder agreed and on track. Assurance through Quality Improvement Group
67	Quality and assurance	Successfully completed
68	Clinical Effectiveness	Teams and programmes fully integrated.
69	Safeguarding	Successfully completed.
79	Engagement, Experience and Feedback	Policy approved, published and operational
80	Prescribing and Medicines Management	Policies and procedures fully integrated. Professional responsibilities allocated and effective.
81	Clinical Risk Management	New risk management system implemented. Systems and processes aligned.

The following points build on this summary, adding additional context and information in support of these overall judgements:

- Clinical Policies and Procedures: A list of priority policies were merged before the transaction date, with the remainder to be updated on their anniversary of their renewal date. That schedule is on track.
- Risk Management System: On 1st October 2015, the merged organisation continued to operate two separate risk management systems. It was a critical recommendation of the Trust Development Authority Clinical Review that the Trust move to a single system as soon as practicable. Following a comprehensive selection process, the Trust procured Datix as its single risk, complaints and incident management system in April 2016. The risk management module is now live, with complaints and incident systems expected to be fully operational by October 2016. While the CQC Inspection Report identified this dual running as a governance concern, no issues have emerged as a result of the interim running of the two former risk management systems. The Incident Reporting Policy is scheduled for completion in the next two months, having been held until the risk management system is fully operational.
- Engagement and Experience Strategy: The strategy has been approved by the Trust Board and is now fully operational.

- Safeguarding: Joint safeguarding policies and procedures are in place and operational across the wider organisation. The Safeguarding Team has been restructured and in the process of moving to the Operations Directorate under the management of the Assistant Director (Adult Services).
- Clinical Effectiveness: The Clinical Effectiveness Teams have been merged and a programme of work, reflective of the full responsibilities of the wider organisation is in place and being delivered.

In summary, these work-streams successfully delivered the transaction despite a number of confounding factor, and, most importantly, it did so without any material governance or safety issues. All of the services within TSD were transferred across to the new organisation, and the preparatory work and governance framework minimised risk throughout.

4 CARE MODEL DEVELOPMENTS

4.1 Overview

The key rationale for the transaction was that it would support further integration of services and benefit the community accordingly. This was the driving rationale underpinning SDH's business case.

The management structure for the development of care model plans underwent a number of changes, and in its final iteration was led through Work-streams 3 and 4.

The plans described an ambitious and complex set of changes to the way services will be provided across the community. They were informed by all of the national guidance available at the time, in addition to innovative case studies from the UK and internationally. The plans were set out as part of a broad vision agreed by all major stakeholders across the local health and care community.

From a financial sustainability perspective, early analysis indicated that by investing in the region of £6.1m in community services, total spend on health and care could be reduced by approximately £12.4m.

Progress in refining and delivering the plans has been mixed, with some areas promptly testing and finalising developments shortly after the transaction (particularly around shifting care from the acute setting to community and primary care through initiatives such as Seeking Advice in the ICO (SAICO) and changes to the MSK pathway through enhanced community provision). However a major component of the care model change – the reduction in hospital bed-based care - is subject to the community services consultation led by the CCG which has delayed due to a new "Gateway process" overseen by NHS England.

The 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.

The proposals, which support the development of our new model of care, involve the reduction and rationalisation of community hospital inpatient beds and are enabled by investment in additional community services. This proposed reduction in inpatient beds affects four of our nine Community Hospitals – Bovey Tracey, Ashburton, Paignton and Dartmouth – and proposals include closure and disposal of these facilities, replacing with integrated Health and Wellbeing Teams working closely (and co-locating where possible) with local GP services which are progressively rationalising and federating due to the pressures on this Sector.

Despite the delay in consultation and associated release of funding, the care model investment programme is underway. In May 2016, the Board approved a decision to invest £3.9m (£5m recurring) in the development of community services, principally in the establishment of health and wellbeing co-ordination teams and the expansion of intermediate care capacity to support an 'Assess to Admit' and Discharge to Assess' model of care which has been proven to reduce demand for hospital based care.

- While much work is still being undertaken across a variety of service developments, this delay will have an impact on the timeline within which quality and financial benefits can realistically be anticipated. Where there has been significant progress though is around helping staff, service users and other community stakeholders to understand the purpose and benefits of integration. The CQC's recent report supported this statement, with their comments on good staff comprehension of the role of integration in quality care.
- Driving further integration through the operational management structures below Chief Operating Office level has been a key consideration of the Executive Team and Board since the Transaction. Following extensive staff engagement a 'matrix model' of leadership and management has evolved as the preferred way forward. Underpinning the care model changes will be structural changes to move from 'silo' service leadership and management to a 'population focused' arrangement based on the 5 Locality populations and geographies. These new management arrangements are in the final stages of development, and are based on the principle of a locality and primary care facing approach and a 'matrix model' which will see each Locality Team managing an aspect of hospital based care. This innovative approach will include the appointment of a GP as part of the provider management structure in each locality, designed to bring the services provided by the ICO and by local GPs into much closer alignment. Interviews for the 5 GP Locality Clinical Leaders will take placed on 1 August 2016 with a significant interest indicated by the applications for these novel and innovative roles.

The key element of the care model are described in Appendix 4, with an update on their current status set out in the sections below.

4.2 Community Hospitals and Health and Wellbeing Teams （HWBTs）

[Note: Health and Wellbeing Teams were formerly referred to as Local Multi-agency Teams (LMATS)]

The Community Services Transformation Group (CSTG) has received and approved a proposal for the design and delivery of community services which will be based around a 'hub and spoke' model within each of the five localities comprising the T&SD geographical footprint. This informed a final set of proposals that were presented at a series of staff and stakeholder engagement events held jointly by the CCG and ICO week beginning 12 April 2016. The feedback from these events has proved invaluable in drafting the resultant consultation document.

The final decision to commence consultation has not yet been 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.

In each of the localities there will be a single hub which will be the central base for more specialised services including Community Hospital inpatient provision within that locality, with teams working out of these bases to provide services across the locality. The 'spokes' will be the more local groupings of GP Practices at sub locality level supported by those ICO staff most closely aligned to primary care (community nurses, community matrons, health visitors etc). The ICO is implementing

an ‘early adopter’ approach and is planning that HWBTs will be working from these ‘spokes’ in two localities from September 2017.

The CCG have mandated that the re-configuration of services within each of these localities must be delivered within the current level of Commissioner investment, and as a minimum, must secure the savings and reinvestment aligned to the changes in community hospitals set out in the ICO LTFM. The Clinical Hubs are intended to deliver the agreed range of functions through standardisation of service model to an integrated multi-disciplinary team, enabling improved efficiency by removing the multiple team working arrangements and current layering of services.

As part of the proposed changes there will be an overall reduction of community beds to be balanced by an increase in intermediate care capacity that will complement the investment in Multi Long Term Condition services in local Clinical Hubs. The consolidation of Community beds will be located in the designated Clinical Hubs in Dawlish, Newton Abbott, Totnes and Brixham.

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. Given the challenging financial situation and an emerging proposal to merge and relocate GP Services, possibly onto the Teignmouth Hospital site, the CCG and ICO are considering whether the inpatient model for this locality remains in line with the outcome of the public consultation.

Further Community bed closures have been achieved in Brixham (10), with temporary reductions implemented in Paignton (8), and temporary relocation of beds from Ashburton and Buckfastleigh into Newton Abbot as a consequence of safe staffing risks. These changes, although temporary in nature pending the outcome of the public consultation, do nonetheless demonstrate progress in delivering the wider care model.

In this context, the Trust Board undertook an early review of development plans in the Brixham Locality, developed by the former TSD. Supported by a partnership with local stakeholders, and with commitment to develop a social enterprise based ‘day care’ facility with the voluntary sector, previous plans for the locality were re-assessed enabling a significant change to the previous capital and service plan to invest in a redevelopment of Brixham Hospital at a cost of £6m. A Board decision has been taken to ‘stand down’ this capital investment plan and that the £6m of capital resource should be re-allocated to support the wider primary and community infrastructure plan for the 5 localities in support of the total care model changes.

It should be noted that the individual localities are piloting a number of elements of the new care model including Single Point of Contact. The next step in this approach will be to extend the model of intermediate care and to ensure an integrated approach with other community services, including the Medical Admissions Avoidance Team (MAAT).

It was hoped that the locality offer will also include the strengthening of the Urgent Care response with the implementation of 2 Urgent Care centres one in Newton Abbott and the second on the Torbay Hospital site supported through and initially funded by the Vanguard programme. Unfortunately plans have had to be reconsidered, following a significant reduction in Vanguard funding and will now be phased in from November 2016 with a less costly Urgent Care Centre model in Newton Abbot only.

4.3 Single point of coordination

The initial pilots have concluded and evaluated and a recommendation to implement a single telephone contact point backed up with a standard set of operating procedures within localities has

been approved by the Care Model Operational Group. Work has commenced to confirm the provider of this service.

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.

4.4 MSK pathway changes

In response to a successful pilot of the revised pathway for the Hip and Knee MSK pathway it was agreed to roll out this service across all localities with on-line booking and three day access to Physiotherapy as the first point of contact. 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. Early indications suggest that for a modest investment of £160k, a significant reduction in demand has been achieved. Referrals to providers other than the ICO have reduced by around 60%, with CCG colleagues expecting to achieve savings of around £2m in these contracts during 2016/17. Plans to extend the service to foot, ankle and shoulder referrals are well developed.

4.5 Multi- long term conditions (MultiLTC)

The management of people with long term conditions is central to our model. This service will be embedded within the HWBT and have close linkages with activities aimed at admission avoidance and End of Life care when needed. The MultiLTC service will have a strengths-based focus, with support for self-management and including assistive technologies. Clinic activity commenced in two localities in June, with roll-out to all localities planned over the next six months.

4.6 Seeking advice in the ICO

An early and successful pilot in neurology has resulted in an agreement to roll out the programme that allows GPs to seek advice rather than the default being a decision to refer into specialist services. The roll out to 16 further specialties was implemented in February 2016 with others following soon after. The uptake of the new system has been encouraging, with almost 2,000 enquiries in the first four months. Feedback from Primary Care has been excellent. Early indications suggest a 'conversion rate to appointment' as low as 30%, although longer-term data will be required for a full assessment of impact.

4.7 New 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 Torbay 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.

4.8 Wellbeing Co-Ordination

The ICO is funding Wellbeing Co-ordinators for each locality, to be recruited and employed by local voluntary sector partners as an initial phase in an extended partnership with this sector. A number of Co-ordinators are now in post with the expectation that all 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.

Two 'umbrella bodies' – Community Development Trust (Torbay) and the South Hams Council for Voluntary Service – have agreed to work with the Trust to co-ordinate its engagement with the voluntary sector. The initial focus of this work will be to support the federation of smaller voluntary groups, broadening the range and scope of services to be delivered through the voluntary sector as partners funded by the ICO for this work and reviewing community transport services.

4.9 Preventative strategy

A new approach to prevention, self-care and well-being has been agreed with Public Health, the Councils and the CCG. The intention is to build a preventative approach into everything we do and to ensure that our preventative strategy crosses all sectors of the population. The new approach will be woven throughout the new operational structure of the ICO and will be supported by training in supporting self-care for health and care professionals, techniques such as motivational interviewing and shared decision-making, and the best use of the new well-being coordinator role. A cross-organisational Prevention Board is in place and there are plans to operationalise in April 2016. Investment in preventative projects of more than £500k has been agreed and bids have been submitted to a variety of funding bodies for further resource. Detailed plans for the implementation of a multifaceted alcohol strategy are in development. The Board has agreed to work with the Academic Health Science Network to define new ways of working with the voluntary sector.

4.10 Intermediate Care

The funding allocations to enhance, develop and standardise existing Intermediate Care services have been agreed with the CCG and a 'capitation based' funding model applied to ensure equity across the Council boundaries and for each locality. The workforce plan has been developed and recruitment has commenced. Negotiations are underway with GPs in each locality to finalise 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 as an alternative to hospital admission. The new model will be operational in advance of the winter months.

4.11 Summary

While the service concepts underpinning the care model vision have developed since the transaction, this forms the core of the on-going work post integration. Progress delivering the plans has been slower than anticipated, primarily due to delays in the consultation process, but there have been significant steps taken and this vision continues to guide the future shape of our services.

5 THE DEVELOPMENT OF CORPORATE SUPPORT SERVICES

While the two legacy organisations worked closely together before the transaction and shared some support functions, the process of bringing all of these functions into the new organisation was still considerable. Some departments needed to merge two teams into one, and relocate staff, others required more of a cultural shift. For all departments there was the challenge of structural change while delivering the important work involved in supporting the care model planning and in understanding and preparing to meet the needs of a single organisation with greater scope than either had provided previously.

The integration of corporate support functions has led to a number of cost reduction opportunities, which have been secured in the months following the transaction. The total efficiencies released is estimated at approximately £1.9m.

The key milestones for the full work programme – Work-stream 2 – is attached as Appendix 3, with headlines and status at the six month point summarised in the table below:

Work-stream 2 – Corporate service developments

Ref	Project title	Recommended direction
74	Business Information & Performance Reporting	Team merged and new structure in place. Performance reporting, including to Board, reviewed and reflective of wider organizational responsibilities. Fully integrated performance report in place.
75	Finance and Contract Management	Full merger effected. All systems successfully migrated to Agresso and training completed. All financial policies and procedures updated. Interim team structure implemented, with consultation on permanent structure due to start imminently.
76	IT and Health Records	Teams and systems and processes fully integrated and operational. Some delays in capital dependent projects, such as clinical portal associated with delayed finalisation of the capital programme.
77	Estates and Facilities Management	Integrated for a number of years before the transaction, there has been a further restructuring of the team. Plans to deliver savings through estates rationalisation have been delayed, largely linked to the timetable for departmental reorganisation running behind the planned schedule due to the need to prioritise work on organisational imperatives.

78	Procurement and Logistics	Full merger effected. All systems successfully migrated to Agresso and training completed.
82	Operational structure	Revised operational structure designed. Consultation to begin in the next few weeks.

The following points build on this summary, adding additional context and information in support of these overall judgements:

- Performance Reporting : An integrated performance report was in place, with metrics agreed for the wider ICO, for the first full month of operation. Six months in, the chosen metrics are being reviewed to ensure that, having operated the system for a period, they are appropriate as measures of ICO performance. Performance reports are established at Business Unit level and a Performance Management Framework in place through which a formal process of performance review is implemented. The Data Warehousing function, which pulls together the data used in these performance reports, is becoming increasingly integrated with community data streams becoming better established.
- Finance and Contracting : A full migration to the Agresso, the core financial and ledger system run by SDH, was achieved on 1st October 2015, with financial policies and procedures, including Standing Financial Instructions, Standing Orders and Scheme of Delegation, fully aligned from that date. A full set of management accounts was published on schedule following the first month of integration. In parallel, a draft set of final accounts were completed for Torbay and Southern Devon Health and Care NHS Trust. Although showing a significant deterioration in the financial position between months 5 and 6 – explained in Section 5 below - these accounts were finalised and audited in May 2016 with no audit adjustments or control issues identified. The audit of the Torbay and South Devon NHS Foundation Trust accounts for the full year similarly identified no audit adjustments or control issues.
- IT and Health Records: Core policies and procedures are fully integrated and operational. Teams have been restructured to provide a single, resilient response in respect of Information Governance and Data Protection requirements. The implementation of the Clinical Portal has been delayed, pending finalisation of the capital programme for 2016/17.
- Operational Structure: Plans, broadly in line with those set out in the Business Case, have been developed in detailed form. A consultation process will begin in the Autumn.

In summary, all corporate support services have been consolidated within the integrated organisation. Most of the corporate efficiency benefits directly relating to integration have been realised, although there is potential to explore further efficiencies as part of the CIP programme, with the support of Carter benchmarking. The transformation function and PMO are now included within the new Strategy and Performance directorate.

6 ORGANISATIONAL PERFORMANCE

6.1 Operational & Clinical Performance

In respect of core performance metrics, and with the exception of a small deterioration in performance against the Emergency Department 4 hour standard, standards have been maintained and, in some case improved during the period since Transaction.

The Emergency Department (ED) 4 hour standard has not been delivered for at least two years, and there was a small further deterioration with particular challenges over this winter period. The Care Quality Commission inspected the ICO's services in February 2017 and assessed the overall Trust rating as 'Requires Improvement' with urgent and emergency care services assessed as 'Inadequate'. This is consistent with the Trust's own view and was largely reflective of periods of high demand particularly in late evening and weekends. Neither of these factors are related to the ICO transaction and were experienced in hospitals across the country, and indeed the low levels of Delayed Discharges which were achieved over this period of significant demand were a contributory factor in how the ICO managed the pressures on this service. The care model changes described above are expected to have a significant impact on service delivery, the integration of the acute, community and social care operational response is increasingly enabling much more effective responses and more effective risk management in times of significant operational pressure.

Since the CQC Inspection in February and as a result of the actions taken both as part of an existing Improvement Plan and the additional actions to address their requirement notice, there has been a steady improvement against the ED standard over the least three months. An improvement trajectory has been approved by the System Resilience Group and the ICO is currently performing ahead of this trajectory.

Trajectories have also been agreed for RTT, Cancer and Diagnostics and, as at 30 June 2016/Quarter 1, all indicators required to access the Sustainability and Transformation Fund have been achieved in line with the Systems Resilience Group agreed trajectories.

Evidence indicates that during a period of significant organisational change, there is a risk that systems and process underpinning operational performance and quality management systems are affected resulting in a deterioration of performance. It is therefore reassuring that, as well as the operational performance achievements above, key clinical quality and safety standards, including mortality and morbidity indices, serious adverse events, incident reporting, safeguarding and complaints have remained stable throughout the period. Operational and clinical performance has been reported to the Board in the monthly performance report since integration, and effective Board level challenge maintained.

6.2 Financial Performance – Torbay and Southern Devon Health and Care NHS Trust

The final accounts of Torbay and Southern Devon Health and Care NHS Trust closed with a deficit of £2,564k; a significant deterioration from the £198k surplus reported in the last set of management accounts prepared for the period to 31st August 2016. The reasons behind this movement have been reported in detail to both Audit Committee and Board, and are summarised in the table below:

	£'000	£'000
Surplus forecast as at 30th September 2015		198
Less:		
Care Act repayment	150	
Injury Benefit Claim	325	
Better Care Fund	600	
Placed People provision	414	
SCCR asset valuation	528	
Out of area income	68	
Impairment of debts	260	
Other	417	
Sub-total		2,762
Reported deficit		2,564

The audit of the Torbay and South Devon NHS Foundation Trust accounts, conducted by Grant Thornton, verified the reported financial position, identifying no audit adjustments or control issues as part of their work.

In light of this movement, the Audit Committee considered the adequacy of financial due diligence undertaken as a part of the transaction process. Although highlighting the SCCR asset valuation as a potential issue, none of the other matters identified above were raised. Conducted in February 2015, the Committee concluded that very few of these matters would have been identifiable at that point in time. This may be considered for wider learning for future Transactions.

A number of these adjustments have a recurring impact and have affected the financial plan for 2016/17 – see section 6.4 below.

6.3 Financial Performance – Torbay and South Devon NHS Foundation Trust

The Foundation Trust reported an operational deficit of £8,105k against a Monitor target of £7,400k for the 2015/16 financial year.

Although close to plan for the year, this position masks a growing financial pressure in the ICO, principally associated with the challenge in delivering recurring cost improvements while adequately responding to increasing demand pressures in areas such as emergency and urgent care services. Of the targeted £15.2m of efficiency savings, £13.15m was delivered in year, but with £10.2m on a non-recurrent basis. The final position was also under-pinned by a £2.5m revenue allocation received from the Department of Health, following an underspend on the Trusts planned capital programme. The management challenge associated with the merger of the two organisations was cited by many

operational managers as a key factor in reducing their capacity to address the challenge of the cost improvement programme.

Like many other Trusts, the Trust experienced significant pressure in its pay budgets, principally medical and nursing, associated with increased levels of agency staffing to manage both the recruitment challenges/vacancies rates in nursing and some medical specialities and additional escalation capacity required to deliver safe care particularly over the winter period.

Recognising the revenue risk inherent in the financial plan, the Trust took the opportunity afforded through the Independent Trust Financing Facility to improve its working capital position as part of the transaction process. As a result, the Trust maintained a strong cash position throughout, finishing the year with a £25.6m cash balance.

6.4 Financial Plan 2016/17

The operational deficit set out in the Long Term Financial Model supporting the ICO Business Case was £0.8m for the 2016/17 financial year. At present that Trust is forecasting a deficit of £6.75m, with the movement between the two being summarised in the table below:

	£'m
Planned Deficit	0.80
Forecast Deficit	6.75
Movement	5.95
Receipt of STF	(3.35)
Cumulative impact of care model delays	7.35
ED / Urgent care investment	2.30
TSD underlying problem not known prior to acquisition	2.10
Trust underlying deficit > plan at date of acquisition	1.65
CIP pressures / Other	2.40
RSA Income	(6.50)
	5.95

This forecast remains predicated upon the successful delivery of £13.9m of additional cost improvement in the year. Significant work programmes are in place to deliver this target, now being enhanced by the potential identified in the Carter Review.

Expanding on the material movements identified above:

- Although progressing well the care model delivery is not now expected to deliver tangible financial benefits in 2016/17. This is, in large part, associated with the significant delays in commencing the consultation process around the reconfiguration of community hospital inpatient services. The original financial model was predicated upon investing in the region of £6.1m in community services, to drive savings of £12.4m in hospital based care. In 2016/17, the planned investments are proceeding, with £3.9m of additional spend approved at Board in May, but the associated savings are not expected to be delivered now until 2017/18.
- The Trust has had to invest significantly to underpin the urgent and emergency care system.

- As identified in 5.2 above, the underlying performance of the former Torbay and Southern Devon Health and Care Trust was worse than predicted on completion of the transaction. The recurring impact of the contract adjustment associated with the transfer of resources to Devon County Council under the Better Care Fund is the principal cause of this pressure.
- Residual pressure carried forward from 2015/16 CIP delivery, in which continued non-recurrent savings are not expected cover the full extent of the CIP gap carried forward.
- Although these pressures are offset in large part by income under the Service Transformation Fund and the Risk Share Agreement , there remains a net impact of £5.95m.
- There is an assumed income of 50% of the STF allocated to the Trust, which will be revisited following the issue of the guidance on accessing the STF issued earlier this month.
- The Trust's Control Total was agreed when the contractual mechanism was considered to be reverting to PbR. All parties, including NHSI, were aware of this pre-condition to the agreement to the Control Total. As the contractual mechanism has now been agreed under the Risk Share Agreement approach, the Trust is seeking a revision of the Control Total for 2016/17.

7 CONCLUSION

ICO Programme Objectives	
o Deliver a successful acquisition process, resulting in the dissolution of TSD and the creation of an Integrated Care Organisation that builds on the best features of the two existing organisations.	✓ complete
o Ensure the necessary governance structure and systems are in place to facilitate the organisational merger.	✓ done
o Work in partnership with community stakeholders to develop a new model of health and social care provision and deliver the necessary changes to ensure services are high quality and sustainable for local people.	first steps underway
o Identify and deliver changes to corporate and supporting services to improve their quality and efficiency as a result of the combined organisation.	now business as usual
o Engage with staff, service users, commissioners, regulators and other stakeholders throughout the programme.	on-going

In summary:

- The actions required to effect a 'safe landing' of the transaction and to ensure that corporate and clinical governance systems were fit for purpose on day one of the new organisation have in very large part been delivered.
- Back office services have been effective from day one, with no interruption in service to the wider organisation.
- Good progress is being made in developing and delivering the care model which will take up to 3 years to complete. Whilst the service concepts underpinning the care model vision have developed since the transaction, this forms the core of the on-going work post integration. Progress delivering the plans has been slower than anticipated, primarily due to delays in the consultation process, but there have been significant steps taken, and this vision continues to guide the future shape of our services. The delayed timeline is having a consequent impact on financial plans for 2016/17.
- Despite some challenges in maintaining the Risk Share Agreement into 2016/17, contract negotiations have ultimately proven successful, and greater clarity in its operation secured going forward.
- Pressures associated with CIP delivery and the urgent and emergency care system are adding to the financial pressure in 2016/17.

APPENDIX 1

ICO WS1 (Transaction) Status Report

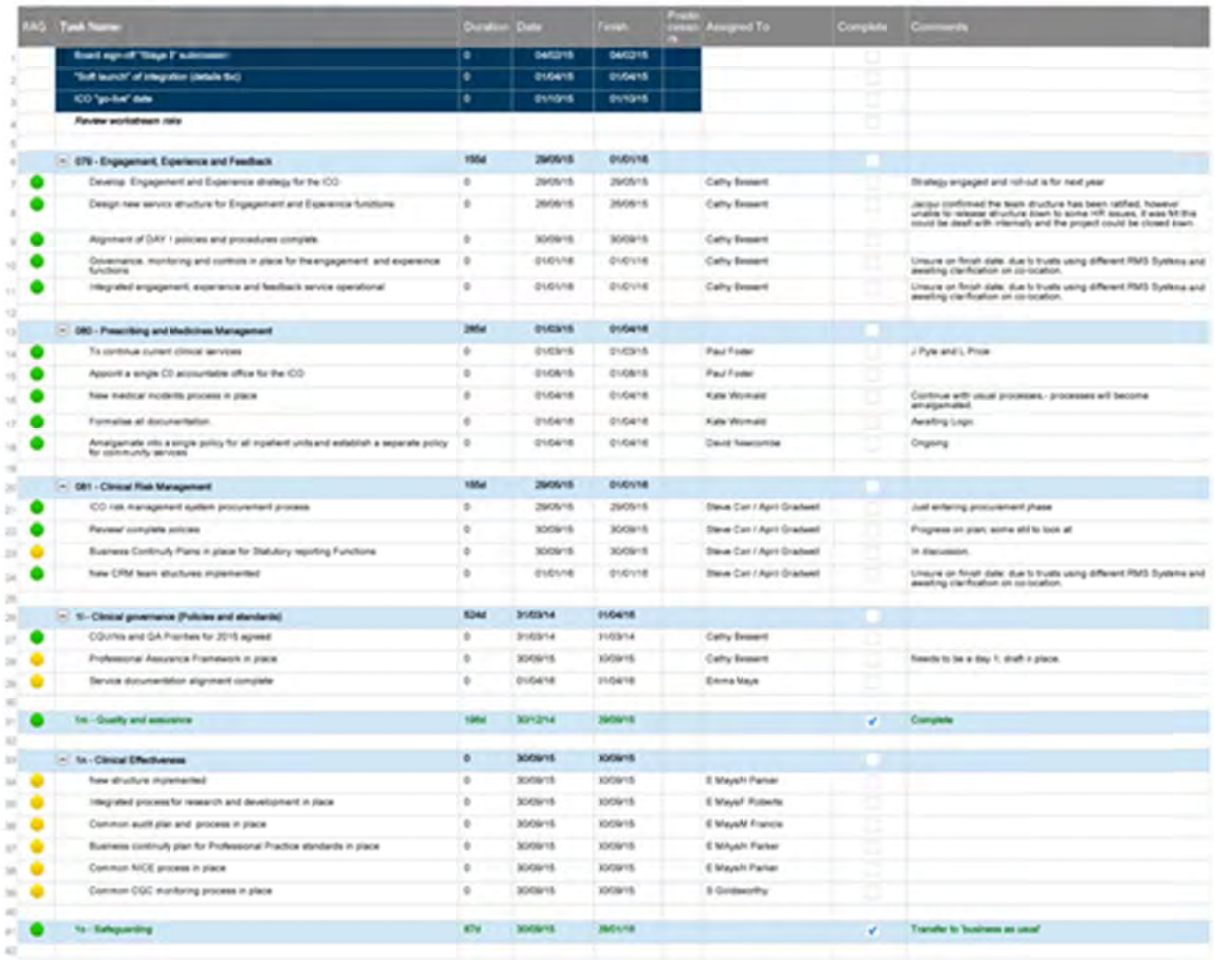
Together we care

Confidence	Task Name	Date	Assigned To	Complete	Comments
	ICO "go-live" date	01/10/15			
	Review work-stream risks				
90%	1a - Transaction	09/09/15	Chris Winfield		
	Final transaction agreement confirmed (excluding indemnities)	10/09/15	Gill Ryan	✓	Including finances and indemnities/ warranties
	CoG convened to vote on transaction	09/09/15	Richard Scott	✓	Inc. constitution. Date is booked with CoG
	TDA Gateway 4 complete (TDA Board mtg)	16/09/15	Gill Ryan	✓	
	SOH and TSO apply to Monitor with SoS support	28/09/15	Gill Ryan		TDA to coordinate
	ICO "go-live" date	01/10/15	Chris Winfield		Potential timing risk relating to new DH requirements
100%	058 - Risk share agreement	11/09/15	John Harrison		
	Final RSA signed as part of transaction agreement	11/09/15	John Harrison	✓	Potential risk relating to contract with CCG
70%	1k - Corporate Governance	03/08/15	Richard Scott		
	New ICO non-executive director (NED) appointed	03/08/15	Richard Scott	✓	Nominations Committee have reviewed the NED pack which has been sent to Chairman of Torbay and Southern Devon Health and Care NHS Trust for distribution to all care trust NEDs. Short list meeting took place on 25 June. The Committee will be interviewing two candidates from the Care Trust on 10 July 2015.
	Constitution for ICO agreed	09/09/15	Richard Scott	✓	See row 60 above following feedback from Monitor (May 2015)
	Board Assurance Framework structure and process agreed	30/09/15	Richard Scott		
	Milestone: All legal issues resolved	01/10/15	Richard Scott		
	Partnership agreement signed	01/10/15	Helen Thorn		Annual strategic agreement between TSO and Torbay council builds on the Partnership Agreement. This will no doubt be picked up as part of the Transaction Agreement.
	Contracts with Devon County Council signed	01/10/15	Helen Thorn		Should be part of heads of terms i.e. joint working with DCC
	Memorandum of understanding with DPT signed	01/10/15	Helen Thorn		
	SLA for the HIS signed	01/10/15	Helen Thorn		RS to check that SLA orginally held with the care trust will cease to exist post day one.
	CNST arrangements confirmed	01/10/15	Helen Thorn		
	Review of all critical policies complete	01/10/15	Richard Scott		
	Pre-merger governance polices harmonised	01/10/15	Richard Scott		
	Executive support structure in place	01/10/15	Richard Scott		
	ICO Council of Governors structure commences	01/10/15	Richard Scott		Based on new constitution. Starts on go-live date. Election process will start within the first few weeks of ICO and likely to be 95 day option (row 84)
90%	1p - Workforce information systems	30/09/15	Philip Waite		
	All payroll and pension changes complete	30/09/15	Nicky Cardell		
	Single ESR system (inc payroll) in place and fully functional	01/04/16	Darryl Tribble		
90%	1g - Workforce - TUPE	31/03/15	Ian Leather		
	New employee consultation / negotiation machinery in place (when - shadow 3 months before day 1	31/03/15	Ian Leather	✓	
	Staff Handbook Update	01/04/15	Mike Mogford/Paul Norris/Chris Edworthy		
	Take consultation plan and correspondence planned to JCNC TSO	21/07/15	Liz Storey/Martin Ringrose	✓	
	Consultation Letter and arrangements sent out for TSO Staff	31/08/15	Ian Leather/Mike Mogford	✓	
	Welcome letter by the Chief Ex & Contract Letter for TSC Staff	01/10/15	Ian Leather/Mike Mogford		
	Transfer of Undertakings process Complete	01/10/15	Ian Leather/Mike Mogford		
90%	1g - CD Strategy	30/06/14	Chris Edworthy		
	Positive Leadership programme commenced (now incorporated into all leadership programmes)	30/06/14	Mike Bilham		Milestone proposed by Chris Winfield for discussion with Chris Edworthy
	'It starts with me' Programme -refreshed programme to listen and engage with staff (visible feedback channels)	29/05/15	Mike Bilham		
	Scoping requirements for Board development with substantive Chief Executive and Chairman	30/09/15	Chris Edworthy		
50%	1g - Workforce Solutions	30/06/15	Martin Ringrose		
	Develop Workforce Realignment Process	30/06/15	Mike Mogford, Chris Edworthy		
	Develop a generic skills framework to use as principles for all tools	31/08/15	Mike Mogford		
	Education Required in place	31/03/16	Jane Gidman		
	Recruitment Required in place	31/03/16	Julie Turnbull		
	Skills Development Required in place	31/03/16	Andrew Chorlton		
80%	072 - Communications and Engagement	17/08/15	Jacqui Grafton		
	Agree ICO vision & materials with Execs at JLG	17/08/15	JG/MS		
	Share costed plans with JLG for decisions	17/08/15			
	ICO Go Live launch plan	18/08/15			

APPENDIX 2

ICO WS5 (Quality) Status Report

Together we care



RAG	Task Name	Duration	Date	Finish	Predecessors	Assigned To	Complete	Comments
	Board sign-off "Stage 3" submission	0	04/02/15	04/02/15				
	"Soft launch" of integration (details tbc)	0	01/04/15	01/04/15				
	ICO "go-live" date	0	01/10/15	01/10/15				
	Review workstream risks							
	079 - Engagement, Experience and Feedback	155d	29/05/15	01/01/16				
	Develop Engagement and Experience strategy for the ICO	0	29/05/15	29/05/15		Cathy Bessent		Strategy engaged and roll-out is for next year
	Design new service structure for Engagement and Experience functions	0	29/06/15	29/06/15		Cathy Bessent		Jacqui confirmed the team structure has been ratified, however unable to release structure down to some HR issues, if was felt this could be dealt with internally and the project could be closed down.
	Alignment of DAY 1 policies and procedures complete	0	30/09/15	30/09/15		Cathy Bessent		
	Governance, monitoring and controls in place for the engagement and experience functions	0	01/01/16	01/01/16		Cathy Bessent		Unsure on finish date, due to trusts using different PMS Systems and awaiting clarification on co-location.
	Integrated engagement, experience and feedback service operational	0	01/01/16	01/01/16		Cathy Bessent		Unsure on finish date, due to trusts using different PMS Systems and awaiting clarification on co-location.
	080 - Prescribing and Medicines Management	295d	01/03/15	01/04/16				
	To continue current clinical services	0	01/03/15	01/03/15		Paul Foster		J Pyle and L Price
	Appoint a single CD accountable office for the ICO	0	01/08/15	01/08/15		Paul Foster		
	New medical incidents process in place	0	01/04/16	01/04/16		Kate Wormald		Continue with usual processes - processes will become amalgamated.
	Formalise all documentation	0	01/04/16	01/04/16		Kate Wormald		Awaiting Logo
	Amalgamate into a single policy for all inpatient units and establish a separate policy for community services	0	01/04/16	01/04/16		David Newcombe		Ongoing
	081 - Clinical Risk Management	155d	29/05/15	01/01/16				
	CQ risk management system procurement process	0	29/05/15	29/05/15		Steve Carr / April Gradwell		Just entering procurement phase
	Review/ complete policies	0	30/09/15	30/09/15		Steve Carr / April Gradwell		Progress on plan, some still to look at
	Business Continuity Plans in place for Statutory reporting Functions	0	30/09/15	30/09/15		Steve Carr / April Gradwell		In discussion.
	New CRM team structures implemented	0	01/01/16	01/01/16		Steve Carr / April Gradwell		Unsure on finish date, due to trusts using different PMS Systems and awaiting clarification on co-location.
	1i - Clinical governance (Policies and standards)	524d	31/03/14	01/04/16				
	CQUINs and QA Priorities for 2015 agreed	0	31/03/14	31/03/14		Cathy Bessent		
	Professional Assurance Framework in place	0	30/09/15	30/09/15		Cathy Bessent		Needs to be a day 1, draft in place.
	Service documentation alignment complete	0	01/04/16	01/04/16		Emma Maya		
	1m - Quality and assurance	196d	30/12/14	29/09/15			✓	Complete
	1n - Clinical Effectiveness	0	30/09/15	30/09/15				
	New structure implemented	0	30/09/15	30/09/15		E Mayah Parker		
	Integrated process for research and development in place	0	30/09/15	30/09/15		E Mayah Roberts		
	Common audit plan and process in place	0	30/09/15	30/09/15		E MayaM Francis		
	Business continuity plan for Professional Practice standards in place	0	30/09/15	30/09/15		E Mayah Parker		
	Common NICE process in place	0	30/09/15	30/09/15		E Mayah Parker		
	Common CQC monitoring process in place	0	30/09/15	30/09/15		S Goldsworthy		
	1o - Safeguarding	87d	30/09/15	29/01/16			✓	Transfer to 'business as usual'

APPENDIX 3

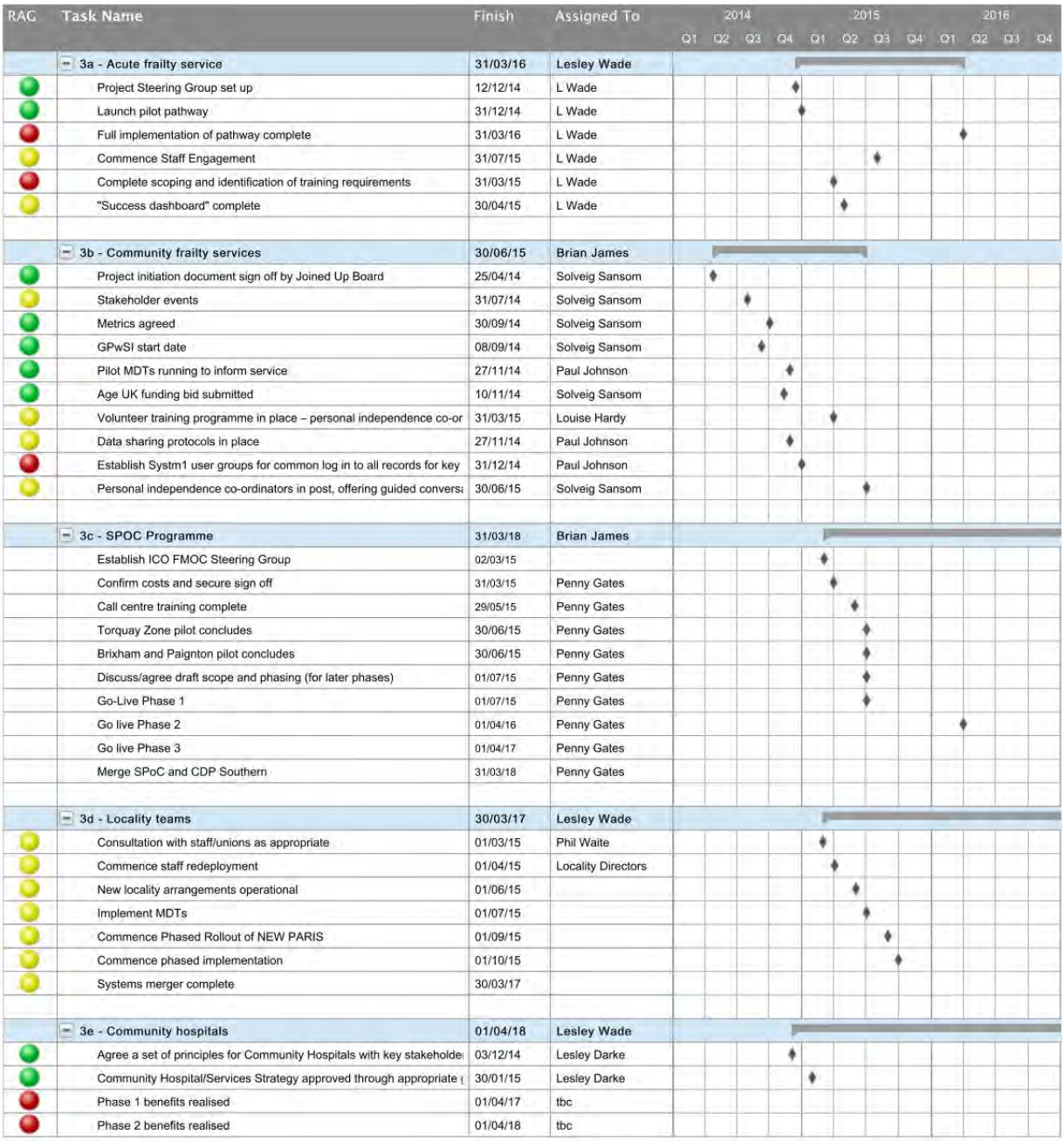
ICO WS2 (Back office) Status Report

Together we care

Confidence	Task Name	Date	Assigned To	Complete	Comments
	ICO "go-live" date	01/10/15			
	Review work-stream risks				
80%	074 - Business Information and Performance Reporting	15/05/15	Jacqui Beer		£140,000
	Confirmation of reporting requirements for Board and external agencies	15/05/15	Paul Procter		
	Information teams co-located in new accommodation	01/07/15	Lesley Darke		Ongoing
	Implement new structure	01/08/15	John Harrison		Structure clear, but to be implemented.
	"Lift and shift" existing support function	03/08/15	John Harrison		
	Publication of new income reports	01/09/15	Mark Tucker		
	Review and redistribution of workloads completed	30/10/15	John Harrison		
95%	075 - Finance and Contract Management	30/09/15	Rod Muskett		£326,000
	HMRC agreement to VAT treatment of social care	30/09/15	Mark Stewart		The council need a date for go live and a formal name in order to transact the VAT change
	Historic data transferred to Agresso	31/12/15	Mark Hocking		22nd Jun 15 - Need to determine what options are available with SBS and at what cost? Then develop strategy. Need to discuss with Mark S how much data needs to be carried over to new system.
85%	076 - IT and Health Records	01/10/15	Gary Hollins		£248,000
	Clinical Portal Go-Live in acute	01/10/15	David Hayes		Some technical issues due to be resolved pre-ICO
	New records service and teams in place	01/10/15	Liz Williams		ICO funding dependent
	New IG service and teams in place	01/10/15	Gary Hollins		Progressing now Gateway 3 & 4 completed
70%	077 - Estates and Facilities Management	14/11/15	Chris Hall		£362,000
	Plan for back office consolidation complete	14/11/15	Chris Hall		Refine plan following consultation / hot desk viability
	Back office estates rationalisation plan agreed	05/01/16	Lesley Darke		
90%	078 - Procurement and Logistics	18/09/15	Mark Blaney		£44,000
	Systems training complete	18/09/15	Mark Blaney/Pamela		
	SoPs confirmed and circulated	28/09/15	Mark Blaney/Pamela		SoF changed to SoP
	All contract amendments complete	30/10/15	Pamela Nicholson		
	Procurement teams merge	01/11/15	Mark Blaney/Pamela Nicholson		Requires location to be identified and move date scheduled and move organised. Location requirements are with Space Utilisation Group
	New team structure in place	29/01/16	Mark Blaney/Pamela		Requires alignment to staff consultation process. Details?
70%	082 - Operational structure	01/10/15	Liz Davenport		£0
	"Lift and shift" existing operational structures	01/10/15	Liz Davenport		
	Agree proposals for new structure	01/04/16	Liz Davenport		
	Implement new operational structure	16/05/16	Liz Davenport		
80%	083 - Community-wide PMO	01/06/15	Chris Winfield		£0
	SDH CIP reporting integrated	01/06/15	Kevin Shute	✓	
	TSO CIP reporting integrated	01/07/15	Mark Hocking	✓	
	First project summary report to JLB	03/07/15	Chris Winfield	✓	
	Initial processes and systems go-live	01/08/15	Chris Winfield	✓	Basic project functionality and reporting will be available, but with limited guidance and support
	Transformation function plans agreed	02/11/15	Chris Winfield		Unclear future of transformation function
	SDH CIP project leads active	31/08/15	Kevin Shute		Partially rolled out. Delayed due to other commitments.
	PMO team fully established	02/11/15	Chris Winfield		Unclear when/how PMO team will be fully resourced
	TSO CIP project leads active	01/09/15	Mark Hocking		Info on system but not yet rolled out to users. Challenges anticipated
	All JV projects confirmed, integrated and actively updated	01/09/15			Partially rolled out. Delayed due to other commitments and lack of clarity from JV Board.
	Full system go live	16/11/15	Chris Winfield		To include website and comms

APPENDIX 4

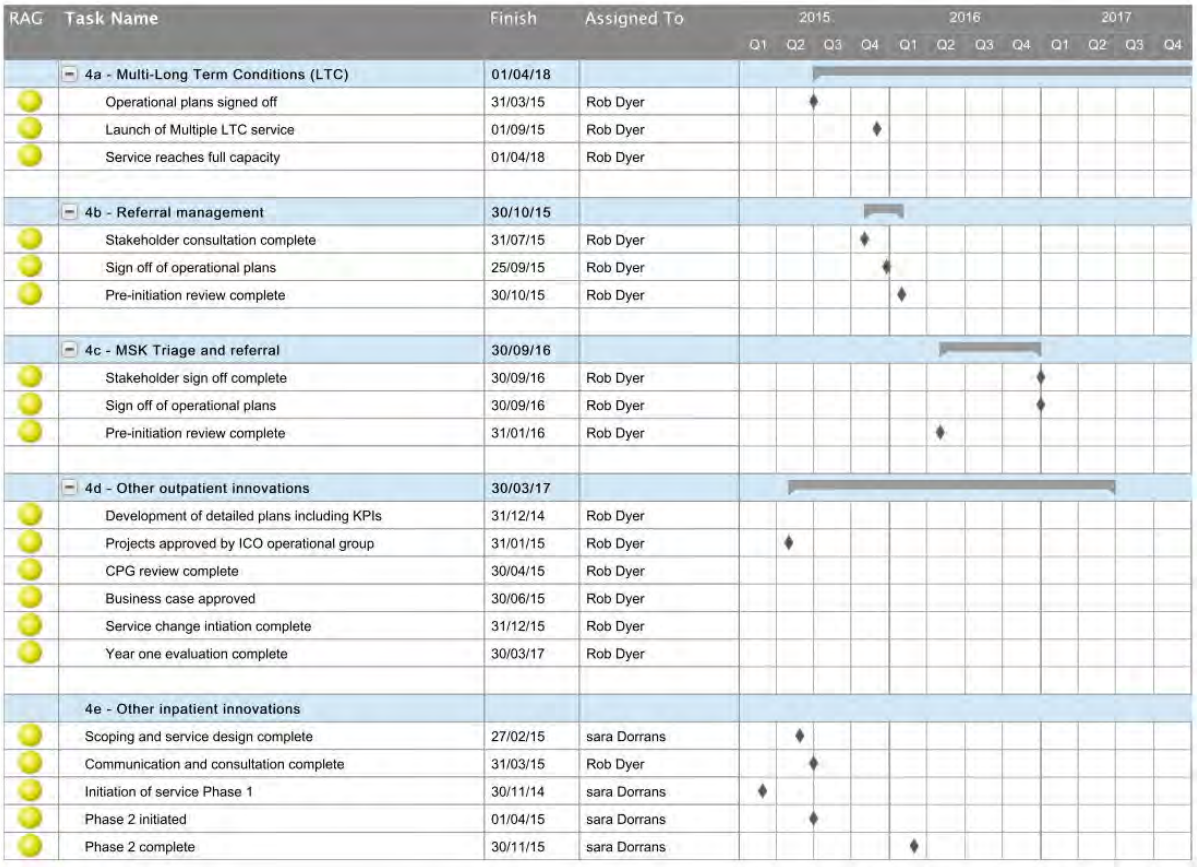
Work-stream 3: Overview plan



RAG	Task Name	Finish	Assigned To
	3a - Acute frailty service	31/03/16	Lesley Wade
	Project Steering Group set up	12/12/14	L Wade
	Launch pilot pathway	31/12/14	L Wade
	Full implementation of pathway complete	31/03/16	L Wade
	Commence Staff Engagement	31/07/15	L Wade
	Complete scoping and identification of training requirements	31/03/15	L Wade
	"Success dashboard" complete	30/04/15	L Wade
	3b - Community frailty services	30/06/15	Brian James
	Project initiation document sign off by Joined Up Board	25/04/14	Solveig Sansom
	Stakeholder events	31/07/14	Solveig Sansom
	Metrics agreed	30/09/14	Solveig Sansom
	GPwSI start date	08/09/14	Solveig Sansom
	Pilot MDTs running to inform service	27/11/14	Paul Johnson
	Age UK funding bid submitted	10/11/14	Solveig Sansom
	Volunteer training programme in place – personal independence co-or	31/03/15	Louise Hardy
	Data sharing protocols in place	27/11/14	Paul Johnson
	Establish Systm1 user groups for common log in to all records for key	31/12/14	Paul Johnson
	Personal independence co-ordinators in post, offering guided conversa	30/06/15	Solveig Sansom
	3c - SPOC Programme	31/03/18	Brian James
	Establish ICO FMOC Steering Group	02/03/15	
	Confirm costs and secure sign off	31/03/15	Penny Gates
	Call centre training complete	29/05/15	Penny Gates
	Torquay Zone pilot concludes	30/06/15	Penny Gates
	Brixham and Paignton pilot concludes	30/06/15	Penny Gates
	Discuss/agree draft scope and phasing (for later phases)	01/07/15	Penny Gates
	Go-Live Phase 1	01/07/15	Penny Gates
	Go live Phase 2	01/04/16	Penny Gates
	Go live Phase 3	01/04/17	Penny Gates
	Merge SPoC and CDP Southern	31/03/18	Penny Gates
	3d - Locality teams	30/03/17	Lesley Wade
	Consultation with staff/unions as appropriate	01/03/15	Phil Waite
	Commence staff redeployment	01/04/15	Locality Directors
	New locality arrangements operational	01/06/15	
	Implement MDTs	01/07/15	
	Commence Phased Rollout of NEW PARIS	01/09/15	
	Commence phased implementation	01/10/15	
	Systems merger complete	30/03/17	
	3e - Community hospitals	01/04/18	Lesley Wade
	Agree a set of principles for Community Hospitals with key stakeholde	03/12/14	Lesley Darke
	Community Hospital/Services Strategy approved through appropriate	30/01/15	Lesley Darke
	Phase 1 benefits realised	01/04/17	tbc
	Phase 2 benefits realised	01/04/18	tbc

APPENDIX 5

Work-stream 4: Overview plan



RAG	Task Name	Finish	Assigned To
	4a - Multi-Long Term Conditions (LTC)	01/04/18	
	Operational plans signed off	31/03/15	Rob Dyer
	Launch of Multiple LTC service	01/09/15	Rob Dyer
	Service reaches full capacity	01/04/18	Rob Dyer
	4b - Referral management	30/10/15	
	Stakeholder consultation complete	31/07/15	Rob Dyer
	Sign off of operational plans	25/09/15	Rob Dyer
	Pre-initiation review complete	30/10/15	Rob Dyer
	4c - MSK Triage and referral	30/09/16	
	Stakeholder sign off complete	30/09/16	Rob Dyer
	Sign off of operational plans	30/09/16	Rob Dyer
	Pre-initiation review complete	31/01/16	Rob Dyer
	4d - Other outpatient innovations	30/03/17	
	Development of detailed plans including KPIs	31/12/14	Rob Dyer
	Projects approved by ICO operational group	31/01/15	Rob Dyer
	CPG review complete	30/04/15	Rob Dyer
	Business case approved	30/06/15	Rob Dyer
	Service change intiation complete	31/12/15	Rob Dyer
	Year one evaluation complete	30/03/17	Rob Dyer
	4e - Other inpatient innovations		
	Scoping and service design complete	27/02/15	sara Dorrans
	Communication and consultation complete	31/03/15	Rob Dyer
	Initiation of service Phase 1	30/11/14	sara Dorrans
	Phase 2 initiated	01/04/15	sara Dorrans
	Phase 2 complete	30/11/15	sara Dorrans

Torbay and South Devon NHS
NHS Foundation Trust

REPORT SUMMARY SHEET

Meeting Date:	3rd August 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:	**Assuranc**e

Summary of Key Issues for Trust Board

Strategic Context:

This month's Integrated Quality, Performance and Finance Report, comprising high level summary performance dashboard, narrative with exception reports, detailed data book and financial schedules provides an assessment of the Trusts position for June (month 3) 2016/17 and the cumulative position for the first quarter of the year 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. Based on Q1 performance the Trust will secure the Q1 element of the Sustainability and Transformation Fund.

This month the report also includes the in-year (Q1) Governance Statement from the Board for submission to NHS Improvement declaring where the Board is confirming or not confirming compliance with the required finance and governance statements of the Risk Assessment Framework for 2016/17 Annual Plan Delivery. The declaration was reviewed by the Finance and Performance Committee and, as the Committee was not quorate, referred to the Chief Executive and Chairman for final sign off.

This report and attachments has been reviewed by the Finance and Performance Committee (26th July) and Executive Director Group (26th and 19th July). Performance of each Service Delivery Unit (SDU) is currently 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 Surgical SDU and Women and Children's, Diagnostics and Therapies SDU were reviewed (18th July). The Quality and Performance Reviews will move to monthly from September as part of enhanced accountability and reporting arrangements.

The new style report is presented pending a more comprehensive update being finalised for release later this year in response to Carter and the proposed Single Oversight Framework currently out to consultation by NHS I. The Performance Team has continued to work on the metrics included in the report and within the Quality Framework section there are some changes

and additions which have been requested by the Director of Nursing.

Key Issues/Risks:

Quality Framework:
19 indicators in total of which 5 were RAG rated RED for June (4 in May) as follows:

- Avoidable New Pressure Ulcers – Category 3 & 4 – 2 (2 last month) against threshold max 9 in year
- VTE risk assessment on admission (community) – 91.2% (92.9% last month) against 95% standard.
- Stroke Patients Spending 90% of Time on a Stroke Ward – 71.4% (79.6% last month) against >80% standard
- Dementia Find – 31.9% (target 90% - 29.8% last month)
- Follow ups past to be seen date – 6,219 deterioration of 146

Of the remaining 14 indicators, 10 were rated GREEN, 3 AMBER and 1 rated in arrears - HSMR last rated as GREEN.

This month safer staffing measures and medication errors leading to harm have been included for the first time. More detail is also available in the data book.

NHS I (Monitor) Compliance Framework:
12 performance indicators in total including the quarterly governance rating. From these, 1 is RAG rated RED for June:

- Urgent care (ED/MIU combined) 4 hour wait – 91.6% (87.4% last month) against national standard 95% - note Trust is overachieving against the SRG agreed STF trajectory of 86.8% for June.

One indicator was rated as amber, Cancer 31 day decision to first treatment.

All of the remaining indicators, 10 were rated GREEN including RTT and the forecast NHS I governance rating. The forecast governance rating includes cancer standards which are all assessed as delivering for the quarter.

At month 3 for 2016/17 the Trust is in line with the planned Financial Sustainability Risk Rating of 2. Areas under pressure include:

- CIP delivery
- Capital expenditure behind plan
- Agency spend on nursing is above the agreed cap. Further details are included in the Chief Nurse's report

Both the EBITDA and I&E positions indicate a positive position against year to date plan to M3.

Contractual Framework:
15 indicators in total of which 8 are RAG rated RED as follows:

- Diagnostic tests over 6 weeks – 1.1% (0.9% last month) against 1% standard
- RTT waits over 52 weeks – 5 (6 last month) against 0 standard
- On the day cancellations for elective operations – 1.6% (1.4% last month) against <0.8% standard

- Cancelled patients not treated within 28 days of cancellation – 6 (9 last month) against 0 standard
- A&E patients (ED only) – 87.2% (81.2% last month) against 95% target Note: locally agreed SRG trajectory for MIU / ED = 86.8%
- Number of Clostridium Difficile cases (acute & community combined) – 4 (5 last month) against, 3 threshold
- Care plan summaries % completed within 24 hrs discharge weekdays 59% (56% last month) against 77% target
- Care plan summaries % completed within 24 hrs discharge weekend 35% (22.4% last month) against 60% target

Of particular note was the improved (amber rated) position for ambulance handovers, there were 37 handovers greater than 30 minutes in June, compared to 111 the previous month. There were zero ambulance handovers greater than 60 minutes, this is the first time this has been achieved for 12 months.

The remaining 6 indicators were rated GREEN

Community and Social Care Framework:
11 indicators in total of which 2 RAG rated RED as follows:

- Number of delayed discharges – 355 bed days lost (166 last month) (annual target 2,216)
- CAMHS % of referrals seen within 18 weeks – 71.4% (80% last month) (target >92%).

The full report identifies the significant improvement made during the month, reducing CAMH waiting times, only 5 patients were waiting over 18 weeks at the end of June, the longest wait is 24 weeks. This means significant improvement is expected on the standard "% referrals seen" next month.

Of the remaining 9 indicators, 5 were rated GREEN, 1 amber and the remaining 3 awaiting data.

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

- Board will note average length of stay reduced by 0.1 of a day and hospital stays in excess of 30 days also reduced slightly.

Corporate Management Framework:
4 indicators in total of which 2 RAG rated RED as follows:

- Staff vacancy rate (trust wide) – 7.97% (7.99% last month) (threshold <5%)
- Staff sickness / absence – 4.13% (4.11% previous month) (threshold <3.5%)

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

Recommendation:

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

Summary of ED Challenge/Discussion:
Executive Directors reviewed the latest performance for June and Q1 at their meetings on 19th and 26th July. Overall performance for the quarter is an improvement and achievement of locally agreed STF trajectory targets was acknowledged. Areas of risk were considered including RTT (neurology) and financial performance (CIP delivery). Further deep dives are planned at

speciality level for RTT – a case for dispensation for neurology is being prepared with the CCG for submission to NHS E. Work to step up CIP activity including CARTER efficiency is being taken forward through the recently established Efficiency Delivery Group. Executive Directors are also in dialogue with CCG Executive Directors regarding additional cost cutting developments to address system financial gap – this includes using the assessment undertaken by Carnall Farrar for the NEW Devon Success Regime to review plans to date and identify further opportunities.

Summary of Finance and Performance Committee Review

The Finance and Performance Committee considered the June and Q1 quality, performance and finance position at their meeting on 26 July. Improvement was noted and delivery for STF Q1 allocation acknowledged. The Committee considered the in year declaration submission for NHS I and agreed areas of risk – notably RTT in neurology and CIP delivery which required a "non confirmed" statement in two areas. The Committee received detail of all CIP schemes which will form the basis of monitoring reports for future committee meetings. The Committee requested that a number of CIP scheme owners be invited to present at future meetings so Directors can be assured on the detail of plans and better understand where there are barriers to delivery.

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

Public

Torbay and South Devon NHS
NHS Foundation Trust

Report to:	Trust Board
Date:	3rd August 2016
Report From:	Director of Strategy & Improvement
Report Title:	Integrated Quality, Performance and Finance Report (Month 3: June 2016)

1 Introduction

This report provides commentary against performance variances and improvements at the end of June (month 3) 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 Service Delivery Unit Quality, Performance Review meetings, executive debate and challenge and Finance and Performance Committee scrutiny.

The report is structured in accordance with the performance dashboard and draws out areas of significant variation from plan or target for review and comment. The report also highlights those indicators where improvement has been delivered.

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 overall rating for the Trust is Requires Improvement. The action plans to respond to the areas highlighted in the CQC Report were submitted on 30 June and shared with the Board through the Chief Nurse report to the July Board meeting. The formal Quality Summit was held on 14th June and the Chief Nurse is leading the development of a plan to capture the actions agreed at the Quality Summit, to be completed by the end of August.

The Trust anticipated a follow up inspection on the urgent care pathway in Torbay Hospital within three months but to date there have been no further visits. A full annual inspection is expected 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 was 85.2% in June, following a positive position in May which was 89.5%. The number of patients requiring this procedure in June (27) was lower than any of the preceding 12 months. The service changes that are described in the action below are expected to deliver resilient and sustainable improvement and are not yet in place. 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 the Executive Directors meeting was approved subject to further review of Consultant job plans and theatre nursing capacity to reduce costs. In September the team will commence two additional lists per week. The intention is to build further capacity from here to satisfy the demand and reduce the time to theatre.

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

RAG RATING: RED

The standard is for 80% of patients to spend 90% of their time on the dedicated stroke ward. The standard is reported from the National Sentinel Stroke Audit return (SSNAP) which is available quarterly in arrears. In advance of the quarterly returns being available local audit data is used to assess performance. The local reports show a reduction in performance for this indicator from 79.6% in May to 71.4% in June. The position reported last month for May was higher than 79.6%. This retrospective adjustment to the May reported position is as a result of audit data being used and further stroke patients being identified after the reporting deadline last month.

There is currently only one substantive stroke consultant in place out of a funded complement of 3, a full time agency locum who had been providing capacity to address this gap left on 8th July. The team are exploring temporary and substantive opportunities to replace the lost capacity. Potential capacity with a middle grade Doctor via another local trust has not materialised as quickly as initially hoped. The advert for the substantive post will be re-advertised in early August. This service will be reviewed as part of the Devon wide STP plan for vulnerable specialties and the clinical team will set out the clinical service strategy for stroke in support.

ACTION: Following an in-depth assessment with Executives and the operational team on the 21st June, it was agreed that in preparation for discussions as part of the STP the team would;

1) Develop a plan to achieve and sustain an improvement to a C category on the SSNAP assessment (Team level, George Earl). This would place the service in a positive position in comparison to other centres locally.

2) Explore and develop options for delivery of the hyper acute care standards. Options will include a networked delivery approach with partner hospitals within the Devon STP.

2.4 Completion of Dementia ‘find’ assessment on admission to hospital

RAG RATING: RED

The standard of completing a dementia assessment for 90% of patients admitted to hospital over 75 years old is not being achieved. In June 32% of eligible patients were assessed, a slight increase from 30% in May. 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. In advance of the system being introduced work has commenced with some of the key wards to support improvement to recording.

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

undertaking a review of the Dementia Steering Group structure and function and the actions taken over the last year to address the failure to achieve the national target. This will include contacting organisations who are achieving the target to identify best practice actions.

2.5 Care Planning Summary timeliness (contractual framework)

RAG RATING: RED

There remain challenges with the time it takes to complete CPS conflicting with Junior Doctor clinical commitments. In June 59.4% (target 77%) were sent to GPs within 24 hours on weekdays and 35% (target 60%) on the weekends. This was an improvement from last month but does not represent a stepped change in performance which is expected following the action described below.

ACTION: The content of new CPS has been agreed and the software rewrite is completed for early July. Roll out is planned to start from the 25th July in time for the new intake of Junior Doctors on the 3 August 2016.

2.6 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 clinical 'see by date' high and has increased by 146 from last month to 6219 patients waiting beyond six weeks in June. This is a quarterly increase of 3% compared to 4% in Q4 (Jan to March).

All services have undertaken a clinical governance assessment of systems in place for reviewing patients exceeding the recommended "to see" period for a follow-up appointment. The purpose of the reviews was to differentiate between legitimately longer waits (where it is in the patient's clinical interest or the patient chooses to wait along the pathway) and unnecessary waits, understanding the causes of any unnecessary waits and to drive further improvement in patients' experience. The reviews have been signed off by the lead clinician for the service. The review provided assurance that effective processes are in place for clinical prioritisation.

ACTION: Action plans to reduce the number of patients beyond their "to see" date have been submitted to the RTT & Diagnostics Risk and Assurance Group and will be monitored on a bi-weekly basis. Progress against improvement trajectories will be reported to the Quality and Performance Review Meeting.

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 risks declared against the following national standard indicators:

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

- **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. An improvement trajectory was agreed through the local System Resilience Group (SRG) and submitted to NHS I as part of the Sustainability and Transformation Fund (STF) requirement. The STF trajectory delivers staged improvement to 92% (combined performance ED and MIU) by September and sustains this level of performance for the remainder of the year to March 2017.

- **Referral to Treatment (RTT) 92% standard** – compliance was planned from July 2016 and supported by a detailed action plan and STF trajectory.

At its meeting of 26 July the Finance and Performance Committee considered the

3.2 June 2016 update against NHS I risk assessment framework performance indicators and the STF trajectory

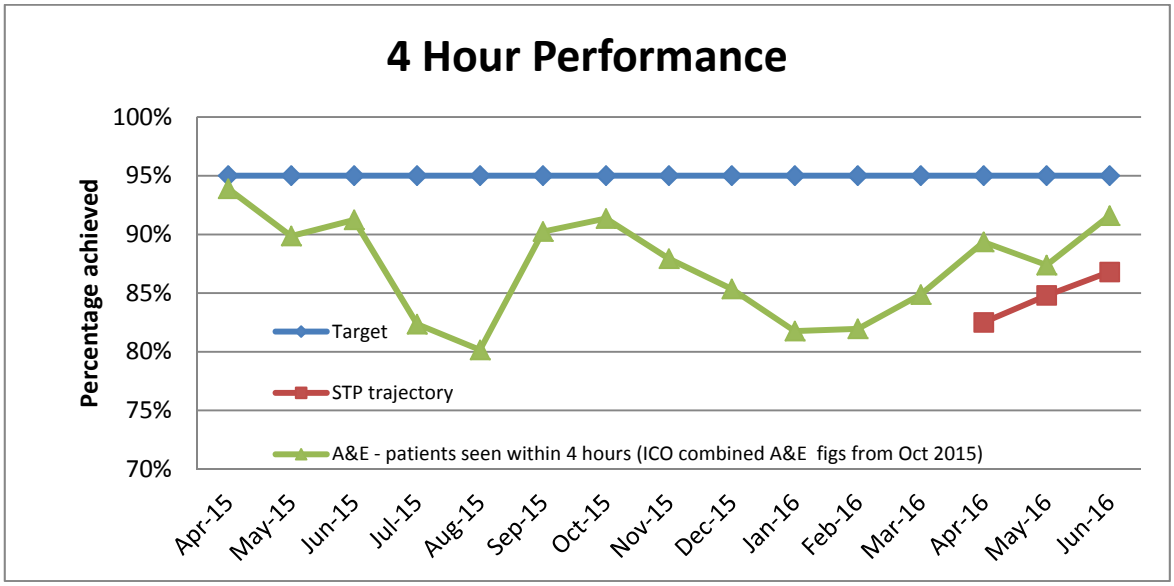
3.2.1 4 hour standard for time spent in A+E

RAG RATING AGAINST SRG TRAJECTORY: GREEN

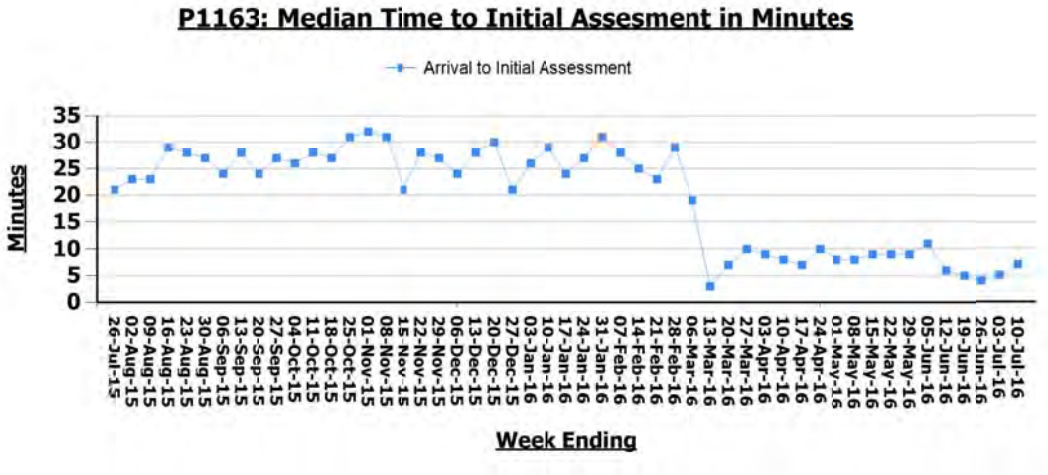
The 4 hour action plan continues to be reviewed weekly by the Urgent Care Improvement and Assurance Group (UCIAG) led by the Chief Operating Officer. To support this oversight and track the impact of service improvement, a detailed weekly performance report is issued to all stakeholders providing a detailed analysis of the work to improve clinical pathways, safety indicators and system performance oversight. Following review by the UCIAG of 4 hour performance and the associated action plan it has been agreed to move this report and the UCIAG to fortnightly from mid-July. This meeting time will be retained for related medicine and flow assurance and the weekly performance dashboard will continue to be available for in-house performance monitoring and management of any new risks. A summary of most recent progress and issues against the action plan monitoring is set out below:

- The combined performance of ED and MIU's in June was 91.6% up from 87.4% reported in May and above the STF trajectory for June of 87%.

  The following graph clearly illustrates the improving monthly performance towards the 95% standard and ahead of the increasing STF trajectory;



- Time to initial assessment has been improved and maintained over the period. The median time to initial assessment is consistently below 10 minutes. 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 has been identified as key to embedding and improving performance and safety of care. The operational team is engaging with consultants on a revised rota to increase capacity at evenings and weekends with an intended implementation date of September 2016. This will be supported by 2 new consultants appointed on 7 July, bringing the substantive ED consultant workforce to 10. The two new consultants will start at the end of September and at the end of October.

3.2.2 Referral to Treatment (RTT) incomplete pathways

RAG RATING: GREEN

At the end of June 92.0% of patients waiting for treatment have waited 18 weeks or less at the Trust. This represents a marginal (0.5%) deterioration in performance from May, but still exceeds the STF trajectory of 91.3% in June and just maintains the 92% standard. In July the STF trajectory steps up to the 92% standard.

The deterioration was predicted and the forecast is for a more significant deterioration in coming months. This is because an increasing number of patients referred to neurology are experiencing an increased waiting time due to capacity constraints previously reported.

At individual specialty level the continued improvement in ophthalmology in June has been a significant factor for sustaining performance. However as the backlog of ophthalmology patients waiting is now much lower there is limited contribution to the aggregate performance that this specialty can make.

On current forecasts aggregate performance will fall below 92% in July and will deteriorate through the remainder of the year to 88% in March. The Trust and our CCG commissioners sought to close the neurology list due to our lack of capacity. If this list closure request had received NHE England approval the aggregate

performance would have been forecast to improve back to 92% in the final quarter of 2016/17.

In addition to neurology there are a number of other specialties where performance is challenged and these will contribute to the risk of delivery of the Trust aggregate 92% position. These are summarised below:

Neurology – The backlog of patients waiting over 18 weeks has risen to 141 from 91 last month 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. Work is underway with support from the CCG to broker an agreement with NHS I and NHS E that the Trust should not be penalised under the rules for the STF for the increasing numbers beyond 18 weeks as all appropriate action taken and timely notification given to CCG.

Pain Management – The backlog is 68 patients a reduction from May (81). The backlog is due to a locum consultant leaving and not being able to recruit to the vacant post which has impacted on capacity **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 recent 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 in this speciality. A reduction in referrals for hip and knee outpatients has been experienced recently following introduction of the new MSK service under the ICO 'care model'. These changes are encouraging and free up outpatient clinical capacity however the number of patients being added to the operating list has remained unchanged. The RTT backlog of patients over 18 weeks has reduced to 260 in June from 277 reported in May. **ACTION:** The Trust is working with the local private provider to outsource 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 pressures on beds has resulted in additional cancelled operations. This in turn has resulted in some patients waiting over 52 weeks. **ACTION:** The executive team have agreed to receive a business case which is in the process of being finalised by the operational team.

ENT – There are significant capacity issues with large numbers of outpatients waiting to be given appointment dates. Changes in the clinical timetable to support the cancer joint MDT process with Exeter resulted in reduced capacity. Performance had been maintained until now however gradual deterioration from this point is anticipated. **ACTION:** The Interim Deputy COO is working with the clinical team to secure a solution to the underlying imbalance in demand and capacity

Urology – The number of patients waiting for treatment is increasing. **ACTION:** New consultant starting in September 2016 and retiring consultant returning on reduced sessions at end of July. The position is expected to improve from the end of July, with

the potential for weekend lists recommencing in September. This would then start to reduce the number of patients waiting over 18 weeks for treatment.

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 is also 18 cases measured as the number of cases agreed with commissioners being due to a "lapse in care".

In June, there were 4 new cases of c-diff recorded with three confirmed as no lapse in care and one still to be assessed. The cumulative lapse in care for 2016/17 is three cases.

3.2.4 Cancer standards

RAG RATING: GREEN

Provisional data for June and Q1 is for all cancer targets to be achieved.

	April 2016				May 2016			June 2016			1st Quarter Total				
	Target	No. Seen	Breached	%	No. Seen	Breached	%	No. Seen	Breached	%	Target	No. Seen	Breached	%	Confidence
14day 2ww ref	93.0%	888	31	96.5%	997	32	96.8%	952	27	97.2%	93.0%	2837	90	96.8%	
14day Br Symp	93.0%	87	2	97.7%	97	1	99.0%	108	3	97.2%	93.0%	292	6	97.9%	
31day 1st trt	96.0%	185	6	96.8%	172	2	98.8%	201	8	96.0%	96.0%	558	16	97.1%	100%
31day sub drug	98.0%	70	0	100.0%	68	0	100.0%	80	0	100.0%	98.0%	218	0	100.0%	100%
31day sub Rads	94.0%	45	3	93.3%	55	1	98.2%	73	2	97.3%	94.0%	173	6	96.5%	100%
31day sub Surg	94.0%	30	0	100.0%	44	3	93.2%	40	0	100.0%	94.0%	114	3	97.4%	100%
31day sub Other	-	26	0	100.0%	35	0	100.0%	25	0	100.0%	-	86	0	100.0%	N/A
62day 2ww ref	85.0%	100	11.5	88.5%	98.5	9.5	90.4%	109.5	8	92.7%	85.0%	308	29	90.6%	100%
62day Screening	90.0%	20	2	90.0%	14	0	100.0%	15	0	100.0%	90.0%	49	2	95.9%	100%

Risks and plans:

The most significant risk to cancer waiting times targets (CWT) remains diagnostic capacity in imaging (CT, MRI and PET), colonoscopy and histopathology reporting. To actively manage these risks the following actions are in place;

- Each cancer pathway will be reviewed by April 2017 to incorporate the recovery package and stratified pathways.
- Increased MDT Co-ordinator capacity is in place to ensure full cover for all planned leave. Posts have been appointed to and will be fully trained and operational by February 2017. This will reduce recorded breaches by improving data quality to ensure all subsequent treatments are tracked and reported.

- Two week wait (2WW) referrals are forecast to continue to increase following the launch of the 2015 suspected cancer referral guidance and the early awareness / be clear on cancer campaigns. However the conversion rates of cancer diagnosis from a 2WW referral are falling. Therefore the service improvement focus is around direct to test and exclusion of a cancer diagnosis following a 2WW referral as this removes avoidable outpatient appointments and attendances where clinically appropriate.

3.3 Financial Performance Summary

The Trust submitted an Annual Plan to Monitor for financial year 2016/17, based on a Payment by Results (PbR) contract arrangement. However, following contract agreement to reinstate a Risk Share Agreement (RSA), a revised plan has been prepared with the Trust picking up a share of the system risk in 2016/17. Discussions continue with NHS Improvement to renegotiate the Sustainability and Transformation Fund (STF) control total to bring it in line with this revised plan.

Key financial headlines for month 3 to draw to the Board's attention are as follows:

- **EBITDA:** for the period to 30th June 2016 EBITDA is £1.25m. This is showing a favourable position against the PBR plan by £0.50m. Against the Risk Share arrangement based plan this would result in an EBITDA variance that is favourable against the plan by £0.96m.

- **Income and Expenditure**: The year to date income and expenditure position is a £2.63m deficit, which is £0.55m favourable against the PBR plan, and £1.01m favourable against the RSA plan. The Trust has a £0.16m deficit in the month after risk share income has been applied, and £1.65m of STF has been accrued. Financial control and performance targets have been met in the first quarter of the financial year.

- **CIP Programme:** CIP delivery remains challenging with £1.71m delivered to date. The level of savings planned increases significantly from Quarter 2 onwards, it is therefore imperative to achieve the planned significant step change in the delivery of the programme plans if the income and expenditure position is not to deteriorate. At present, forecast delivery of £5.82m falls £8.08m behind plan. Plans have been developed in support of the vast majority of schemes, and progress is being reported at scheme level to the Finance and Performance Committee. The newly established Efficiency and Delivery Group has received its first report from the PMO in support of the CIP delivery and CARTER benchmarking. This group is led by the Director of Strategy and Improvement and will provide the assurance to the F&P Committee on delivery of the CIP target going forward. The Finance and Performance Committee also received detail of all CIP schemes which will form the basis of monitoring reports for future committees. The Committee requested that a number of CIP scheme owners be invited to present at future meetings so Directors can be assured on the detail of plans and better understand where there are barriers to delivery.

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

- **Cash position:** Cash balances are lower than PBR plan by £7.26m, and RSA plan £4.39m mainly due to delayed settlement of debtor balances, although this is offset by lower than planned capital spend. The Trust is working with local commissioning colleagues to resolve the debtor position and a further update will be available for the Board.

- **Capital**: Capital expenditure is £3.11m behind plan at month 3.

- **Agency Spend:** Total trust wide agency spend to date is running at 6% in month, 5% year to date, against a cap of 3%. Within this, agency nursing is running with a year to date overspend of c£300k, and the Chief Nurse's Report this month sets out actions to recover this overspend.

3.4 Board In-Year Governance Statement re 2016/17 Annual Plan Performance to NHS I

At its meeting held on 26 July, the Finance and Performance Committee considered the draft in year governance statement for submission to NHS I.

For finance, the Committee noted the intention to declare that:

- the trust could not confirm it will continue to maintain a financial sustainability risk rating of at least 3 over next 12 months
- capital expenditure would not materially differ from the amended forecast in the financial return

For governance, the Committee noted the intention to declare it could not confirm ongoing compliance with all existing targets due to the challenge in achieving the RTT targets for neurology.

As the Committee was not quorate, final sign off of the declaration was referred to the Chief Executive and Chairman. A copy of the signed declaration is attached for information.

Further reference is included in the report of the Chair of the Finance and Performance Committee.

4 Contract Framework

The standards set out below are requirements placed on the Trust through the contract with the CCG and NHS England Specialised Services. They are in addition to the NHS I governance framework standards.

4.1 Service Transformation Fund (STF) performance trajectories

The STF trajectories are set out below and RAG rated with actual performance. The trajectories have been agreed with the CCG and submitted to NHS I in accordance with the requirement to access the STF. The position for the quarter to June 2016 is that all trajectories were achieved or exceeded each month and for the quarter. These will contribute to the Trusts ability to secure the 30% of the STF that relates to performance:

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 trajectory	**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%**	**91.6%**									
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%**	**92.0%**									
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%**	**98.85%**									
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%**	**90.20%**									

1. A+E / MIU (type 1 and 2) waiting times < 4 hours (Target trajectory for June 87%) - Planned trajectory of improvement to achieve 92% by September 2016 to be maintained for remainder of 2016/17 – **Achieving trajectory to end of June**
2. RTT % patients waiting under 18 weeks (Target trajectory for June 91.3%) – Planned, trajectory delivery in July of the 92% standard - **Achieving trajectory to end of June**
3. Diagnostic waiting times < 6 weeks (Target trajectory 98.9%) - Planned delivery of 99% from July. **Marginally under trajectory in June**
4. Cancer 62 day referral to treatment (Target 85% some months vary due to low planning numbers) - Target delivered from April 2016. **Achieving target.**

The NHS has been issued with guidance on the rules for achieving the STF including rules for partial achievement. In summary the impact for the Trust considering our current and forecast performance is set out below;

1. Subject to achieving the financial plan, 30% of the total STF £6.7M is applied to the operational performance standards.
2. The 30% performance element is split 12.5% each to RTT and the 4 hour standard and the remaining 5% to the cancer 62 day standard.
3. Performance of 4 hours, RTT and 62 day cancer standards has secured the first quarter's operational performance STF.
4. The performance and information team are reviewing the forecast delivery of RTT in particular to assess the detail of the rules for partial payment and the application of a tolerance in the second and third quarters. More information will be available in time for the Executive meeting and the Finance and Performance Committee.

4.2 Referral to treatment over 52 weeks (RTT>52)

The Upper GI plans referred to under 18 week RTT section above also provide capacity to support reducing the over 52 week waiters and the significant number of patients waiting over 30 weeks but less than 52.

4.3 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 July) in the contract.

4.4 Diagnostic tests waiting over 6 week
RAG RATING: Amber

In June the standard for diagnostic waits has not been achieved with 1.15% of patients waiting at the end of month over 6 weeks. The standard is for no more than 1% of

patients to wait over 6 weeks. This is rated as amber as it relates to 5 more patients waiting over 6 weeks from a total of 3,750 waiting for a diagnostic test.

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. In addition the service has recently experienced a reduction in referral and as a result the position for July is forecast to improve.

NHS I has recently introduced a new requirement for a weekly review of the number of patients waiting over 6 weeks and a forecast position for the month end to be provided. The new reporting process will commence on the Wednesday the 20th July for the week ending Sunday the 17th July. The weekly process to support the forecast month end position has provided an opportunity to review the diagnostic waiting list management or PTL process and it is felt this will provide more predictability going forward.

4.5 12 hour Trolley waits
RAG RATING: GREEN

In June no 12 hour trolley waits were recorded

4.6 Cancelled operations
RAG RATING: RED

Operations cancelled on the day of admission by the hospital remain above the national standard of 1% with 1.6% (56) patients cancelled by hospital on the day of surgery. In addition in June 6 patients were not re-admitted within 28 days of cancellation.

5. Community and Social Care Framework

5.1 CAMHS - % seen within 18 weeks
RAG RATING: RED

The percentage of patients seen within 18 weeks during June was 71.4% maintaining recent improvement, although this remains below the target of 92%. The reported standard for this service is the proportion of patients seen within 18 weeks not the proportion waiting over 18 weeks at the month end. The referral to treatment standard for referrals to all consultant led services is that no more than 92% those waiting at the month end should have waited over 18 weeks. Measured on the same basis the CAMH service has delivered 91.7% and is expected to achieve both measures in July.

The CAMHs service is continuing to improve its performance in relation to the 18 weeks to assessment. The number of patients waiting over 18 weeks has reduced from the highest position of 12 in March to 5 in June. The longest wait in weeks has also reduced from 39 in January to 24 in June. The service continues to prioritise cases on clinical need and priority and has robust processes in place to manage risk for people waiting. The service transformation work is delivering these improvements. The early indication from the investment in the Primary Mental Health Service in schools is also showing benefits.

	Jan	Feb	Mar	Apr	May	Jun
Number of patients waiting longer than 18 weeks at month end	8	9	12	7	6	5
Longest wait (in weeks)	39	25	24	28	26	24
Total Number of patients waiting for treatment at month end	64	74	79	61	60	60

5.2 Delayed Discharges (Community Hospitals)

RAG RATING: RED (June)

In June 355 bed days were lost and of these 192 (54%) were solely attributable to Healthcare, 133 (37%) were solely attributable to Social Care and the remaining 30 (8%) had a shared accountability between health and social care.

The most common reasons for delays given in June were:

- 'Completion of Assessment' (84 days; 24%)
- 'Residential Home Placement' (72 days; 20%)
- 'Patient / Family Choice' (65 days; 18%)
- 'Care Package' (61 days; 17%)
- 'Nursing Home Placement (38 days; 20%);

Across all the community hospitals, 7% of Available Bed Days (4,981) were lost to delays in June.

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. In addition the operational teams are working with support on a Discharge to Access programme of work. All the work is progressed through the Flow Board with support from the SAFER group.

6 Supporting documents to this integrated performance report

1. Month 3 Quality, Performance and Finance Dashboard
2. Month 3 Quality and Performance Databook
3. Month 3 Financial schedules and narrative
4. Month 3 In-year Board Governance Statement

Corporative Objective		Target 2016/2017	13 month trend	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-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%	97.0%	96.6%
1	Reported Incidents - Major + Catastrophic *	<6		4	0	2	4	2	2	3	2	0	1	4	5	2	11
1	Avoidable New Pressure Ulcers - Category 3 + 4 *	9 (full year)		0	0	1	2	2	0	0	3	4	5	0	2	2	4
1	Never Events	0		0	1	0	1	0	0	0	0	0	0	0	0	0	0
1	SIRI - Reportable incidents	0											14	7	9	4	20
1	QUEST score (Quality Effectiveness Safety Trigger Tool)	<12						4	4	4	4	4	5	7	9.5	9	9
1	Written Complaints - Number Received *	<60		39	36	26	33	36	42	32	40	42	34	31	46	35	112
1	VTE - Risk assessment on admission - (Acute)	>95%		94.0%	95.2%	95.3%	94.6%	96.2%	96.1%	95.8%	95.6%	95.0%	94.0%	96.7%	95.0%	94.3%	95.3%
1	VTE - Risk assessment on admission - (Community)	>95%		98.6%	100.0%	93.4%	97.1%	91.7%	100.0%	100.0%	98.7%	88.8%	90.4%	92.5%	92.9%	91.2%	92.2%
1	Medication errors resulting in moderate to catastrophic harm	0									0	0	0	2	1	0	3
1	Medication errors - Total reported incidents	<40									55	56	60	52	58	54	164
1	Hospital standardised mortality rate (HSMR) - 3 months in arrears YTD = last 12 months cumulative	<100%		101.3%	90.5%	99.6%	98.7%	94.6%	84.8%	86.4%	92.8%	111.0%	96.7%				96.7%
1	Safer Staffing - ICO - Nursing Daytime	90%-110%						101.0%	98.1%	95.6%	102.8%	101.1%	101.1%	101.2%	101.4%	102.8%	101.8%
1	Safer Staffing - ICO - Nursing Nightime	90%-110%						98.8%	96.7%	98.8%	101.5%	100.8%	102.4%	97.3%	96.2%	97.5%	97.0%
1	Infection Control - Bed Closures - (Acute) *	<100		288	40	68	18	54	92	36	12	57	38	236	56	68	360
1	Fracture Neck Of Femur - Time to Theatre <36 hours	>90%		57.5%	65.9%	76.5%	72.2%	85.7%	86.8%	66.7%	88.6%	80.6%	80.9%	69.0%	89.5%	85.2%	80.4%
1	Stroke patients spending 90% of time on a stroke ward	>80%		79.0%	90.0%	87.0%	84.0%	79.0%	85.0%	82.0%	84.0%	81.0%	73.0%	61.4%	79.6%	71.4%	72.3%
1	Dementia - Find - monthly report	>90%		51.8%	55.2%	74.8%	71.4%	74.4%	73.5%	65.5%	64.3%	54.0%	40.7%	43.9%	29.8%	31.9%	35.0%
1	Follow ups past to be seen date	3500		3745	4020	4570	4873	4731	4542	5090	5291	4938	5732	6082	6073	6219	6219

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	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-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	
1	A&E - patients seen within 4 hours [STF]	>95%		91.2%	82.4%	80.2%	90.2%	91.4%	87.9%	85.3%	81.8%	82.0%	84.9%	89.4%	87.4%	91.6%	89.5%
	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%	84.8%	86.8%	86.8%
1	Referral to treatment - % Incomplete pathways <18 wks [STF]	>92%		91.4%	92.4%	92.2%	92.1%	91.5%	91.2%	90.8%	91.2%	91.4%	91.8%	92.1%	92.5%	92.0%	92.0%
	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%	91.2%	91.3%	91.3%
1	Number of Clostridium Difficile cases - Lapse of care - (ICO) *	<18 (year)		3	2	1	2	0	1	0	0	0	0	1	0	1	2
1	Cancer - Two week wait from referral to date 1st seen	>93%		95.2%	93.0%	94.7%	97.6%	98.1%	97.3%	97.7%	98.7%	97.0%	97.1%	96.5%	96.8%	97.2%	96.8%
1	Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	>93%		94.7%	100.0%	97.4%	100.0%	98.1%	93.6%	97.8%	95.8%	98.0%	100.0%	97.7%	99.0%	97.2%	97.9%
1	Cancer - 31-day wait from decision to treat to first treatment	>96%		98.4%	100.0%	98.7%	98.3%	96.6%	98.7%	98.8%	94.4%	98.7%	97.7%	96.8%	98.8%	96.0%	97.1%
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%		98.5%	100.0%	93.6%	96.6%	97.7%	96.4%	100.0%	87.9%	96.5%	100.0%	93.3%	98.2%	97.3%	96.5%
1	Cancer - 31-day wait for second or subsequent treatment - Surgery	>94%		94.6%	92.9%	95.2%	97.4%	96.8%	92.3%	96.0%	95.1%	90.9%	96.9%	100.0%	93.2%	100.0%	97.4%
1	Cancer - 62-day wait for first treatment - 2ww referral [STF]	>85%		84.3%	93.0%	90.3%	87.8%	86.5%	88.2%	88.7%	91.1%	89.9%	89.5%	88.5%	90.4%	92.7%	90.6%
1	Cancer - 62-day wait for first treatment - screening	>90%		95.7%	93.3%	100.0%	90.9%	100.0%	90.5%	100.0%	93.3%	100.0%	100.0%	90.0%	100.0%	100.0%	95.9%
MONITOR COMPLIANCE FINANCIAL SUSTAINABILITY																	
4	Capital Service Cover	2		1			1			1			1	1	1	1	1
	Capital Service Cover - Plan													1	1	1	1
4	Liquidity	3		3			2			4			4	4	4	4	4
	Liquidity - Plan													4	4	3	3
4	I&E Margin	4		0			2			1			1	1	1	1	1
	I&E Margin - Plan													1	1	1	1
4	I&E Margin Variance From Plan	3		0			4			4			3	3	3	4	4
	I&E Margin Variance From Plan - Plan													3	3	3	3
4	Overall Financial Sustainability Risk Rating	3		2			2			2			2	2	2	2	2
	Overall Financial Sustainability Risk Rating - Plan													2	2	2	2

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

** 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	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Year to date 2016/17
CONTRACTUAL FRAMEWORK																	
1	Diagnostic tests longer than the 6 week standard [STF]	<1%		1.2%	1.1%	2.6%	2.7%	0.4%	0.8%	1.1%	2.8%	1.0%	1.6%	1.5%	0.9%	1.1%	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%	1.02%	1.04%	1.04%
1	RTT 52 week wait incomplete pathway	0		0	0	1	1	1	1	2	3	5	4	4	6	5	5
1	Mixed sex accomodation breaches of standard	0		0	0	0	3	1	0	0	0	0	1	0	0	0	0
1	On the day cancellations for elective operations	<0.8%		1.0%	0.7%	0.8%	0.8%	1.0%	1.0%	1.4%	1.3%	1.4%	0.9%	1.5%	1.4%	1.6%	1.5%
1	Cancelled patients not treated within 28 days of cancellation *	0		4	3	2	0	0	2	3	2	9	10	4	9	6	19
1	Ambulance handover delays > 30 minutes	0		18	68	87	86	42	103	75	113	234	170	102	111	37	250
	Handovers > 30 minutes trajectory *			50	50	50	50	50	50	50	50	50	50	50	40	35	125
1	Ambulance handover delays > 60 minutes	0		0	1	3	2	2	2	5	2	35	16	26	6	0	32
1	A&E - patients seen within 4 hours DGH only	>95%		91.3%	82.4%	80.2%	90.2%	87.8%	83.3%	79.7%	74.6%	74.4%	77.8%	84.5%	81.2%	87.2%	84.3%
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	3	1	13	10	1	2	0	0	2
1	Number of Clostridium Difficile cases - (Acute) *	<3		4	3	2	3	1	2	1	0	1	3	1	4	2	7
1	Number of Clostridium Difficile cases - (Community)	0		1	1	1	0	0	0	1	1	0	0	0	1	2	3
1	Care Planning Summaries % completed within 24 hours of discharge - Weekday	>77%		60.0%	61.0%	61.7%	61.5%	62.4%	61.8%	55.0%	58.5%	58.5%	54.0%	63.6%	56.2%	59.4%	59.5%
1	Care Planning Summaries % completed within 24 hours of discharge - Weekend	>60%		32.8%	37.4%	28.1%	24.3%	26.7%	30.2%	23.8%	35.3%	22.0%	24.6%	25.0%	22.4%	35.0%	27.1%
1	Clinic letters timeliness - % specialties within 4 working days	>80%		86.4%	77.3%	72.7%	59.1%	59.1%	72.7%	77.3%	72.7%	77.3%	86.4%	81.8%	72.7%	81.8%	78.8%

NOTE

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

Corporative Objective		Target 2016/2017	13 month trend	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Year to date 2016/17
COMMUNITY & SOCIAL CARE FRAMEWORK																	
1	Number of Delayed Discharges *	2216 (full year)		401	320	403	317	211	467	327	325	415	338	351	166	355	872
1	Timeliness of Adult Social Care Assessment assessed within 28 days of referral	>70%		70.6%	71.0%	70.3%	69.6%	69.9%	71.0%	67.0%	68.8%	68.8%	68.9%	85.7%	78.7%	72.1%	72.1%
3	Clients receiving Self Directed Care	>90%		92.4%	93.3%	93.4%	93.1%	92.8%	92.5%	92.7%	92.1%	92.9%	93.6%	92.5%	91.6%	91.2%	91.2%
2	Carers Assessments Completed year to date	40%		18.5%	18.4%	24.2%	27.4%	32.1%	35.9%	38.2%	41.2%	42.8%	43.3%	5.9%	11.9%	18.6%	18.6%
3	Number of Permanent Care Home Placements	617		652	646	645	639	645	630	636	637	640	635	628	624	626	626
1	Children with a Child Protection Plan (one month in arrears)	NONE SET		156	161	190	199	216	216	212	174	147	139	131	137		137
3	4 Week Smoking Quitters (reported quarterly in arrears)	NONE SET		126			231			303			451				
3	% OCU in Effective Drug Treatment (reported quarterly in arrears)	NONE SET		7.2%			6.3%			6.4%			8.5%				
1	Safeguarding Adults - % of high risk concerns where immediate action was taken to safeguard the individual [NEW]	100%												100.0%	100.0%	100.0%	100.0%
1	Bed Occupancy	80% - 90%		92.1%	90.6%	92.3%	89.9%	90.3%	92.7%	92.4%	94.8%	92.5%	91.9%	92.8%	89.8%	86.4%	89.7%
1	CAMHS - % of referrals seen within 18 weeks	>92%		77.8%	33.3%	45.5%	71.4%	90.0%	72.0%	50.0%	83.3%	53.6%	76.5%	59.3%	80.0%	71.4%	67.7%
CHANGE FRAMEWORK																	
3	Number of Emergency Admissions - (Acute)			2631	2732	2580	2694	2776	2760	2708	2609	2740	2945	2797	2974	2945	8716
3	Average Length of Stay - Emergency Admissions - (Acute)			3.5	3.2	3.2	3.2	3.2	3.4	3.5	3.5	3.3	3.4	3.7	3.3	3.2	3.4
3	Hospital Stays > 30 Days - (Acute)			33	27	21	28	17	18	21	21	28	29	35	34	26	95
CORPORATE MANAGEMENT FRAMEWORK																	
2	Staff Vacancy Rate (excl temp workforce and additional hours)	<5%		5.80%	6.50%	4.50%	6.40%	6.60%	6.80%	7.50%	6.80%	7.00%	7.45%	7.92%	7.99%	7.97%	7.97%
2	Staff sickness / Absence (1 month arrears)	<3.5%		4.20%	4.20%	4.20%	4.10%	4.10%	4.00%	4.00%	4.00%	4.00%	4.05%	4.11%	4.13%		4.13%
2	Appraisal Completeness	>90%		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%	82.00%
2	Mandatory Training Compliance	>85%		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%	88.00%

Performance & Quality Databook

Month 3 June 2016

Contents

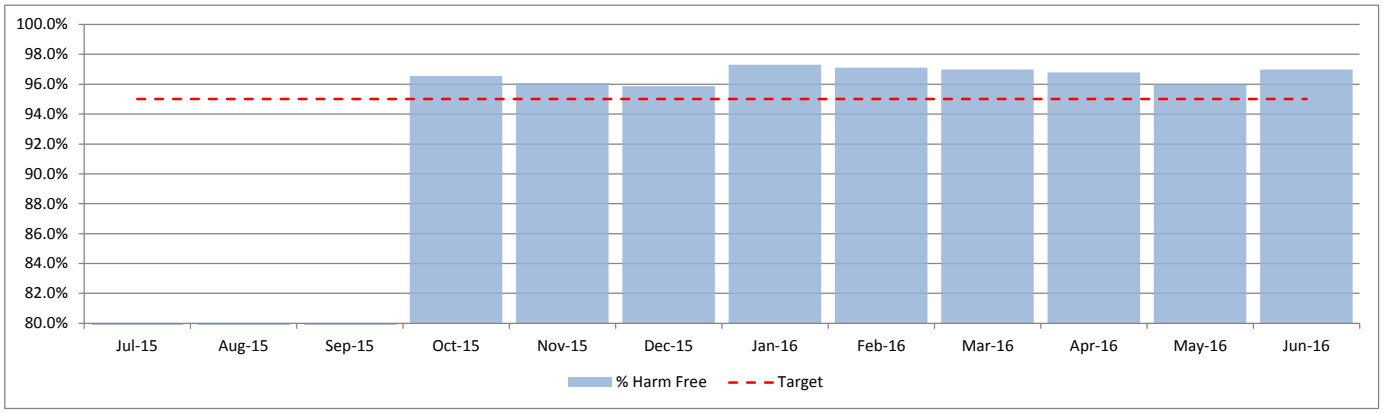
QUALITY FRAMEWORK

Month 3 June 2016

QUALITY FRAMEWORK

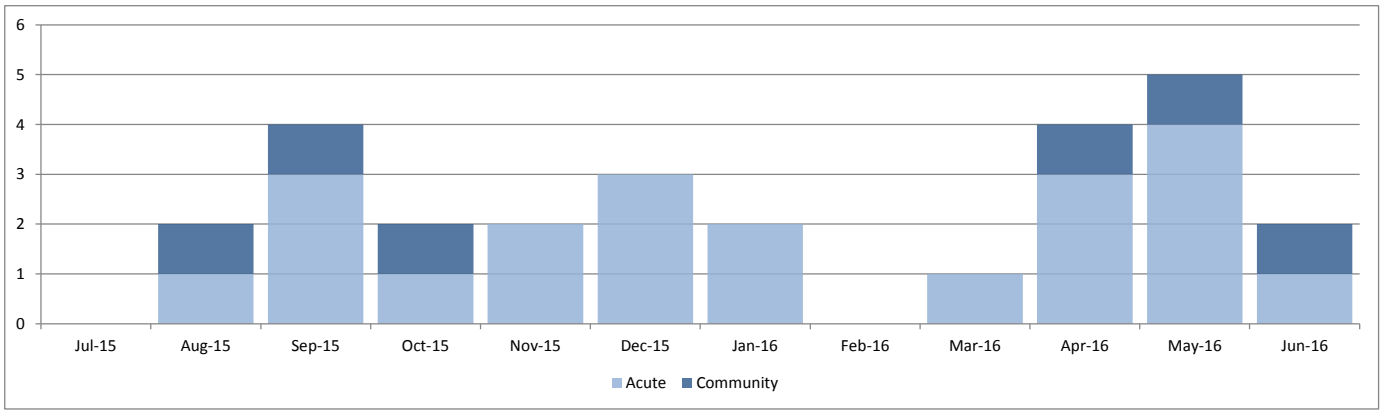
Harm Free - Trust Total

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Patients					1044	994	1109	1075	1057	1027	1044	1093
Harm Free					1003	953	1079	1044	1025	994	1002	1060
% Harm Free	n/a	n/a	n/a	96.5%	96.1%	95.9%	97.3%	97.1%	97.0%	96.8%	96.0%	97.0%
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%



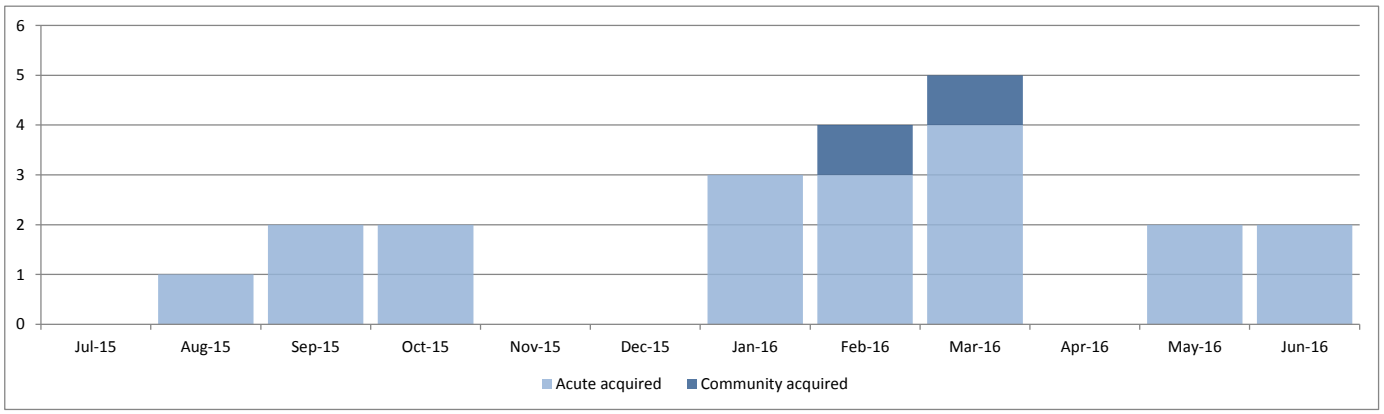
Reported Incidents - Major and Catastrophic

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



New Pressure Ulcers - Categories 3 and 4 (avoidable)

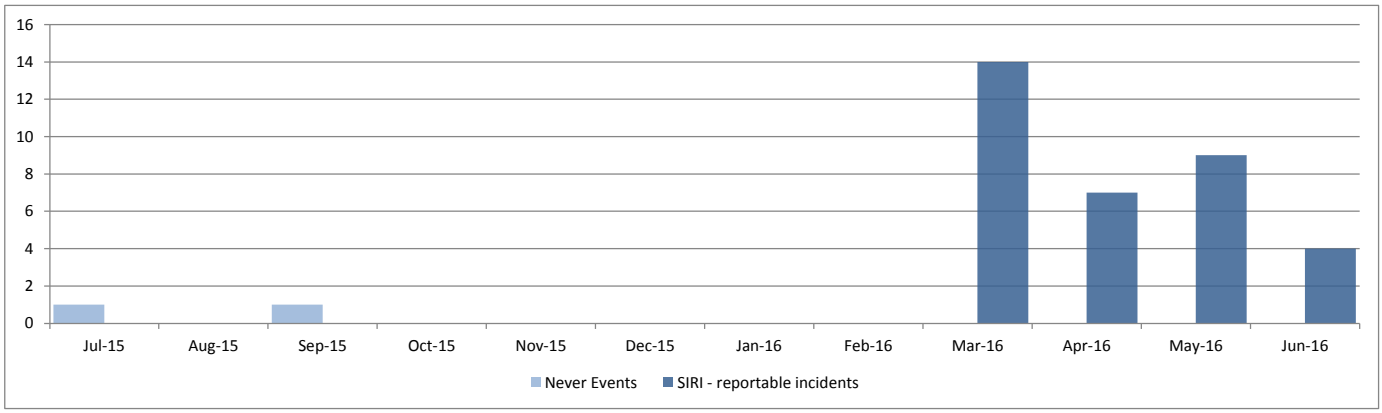
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Acute acquired	0	1	2	2	0	0	3	3	4	0	2	2
Community acquired	0	0	0	0	0	0	0	1	1	0	0	0



QUALITY FRAMEWORK

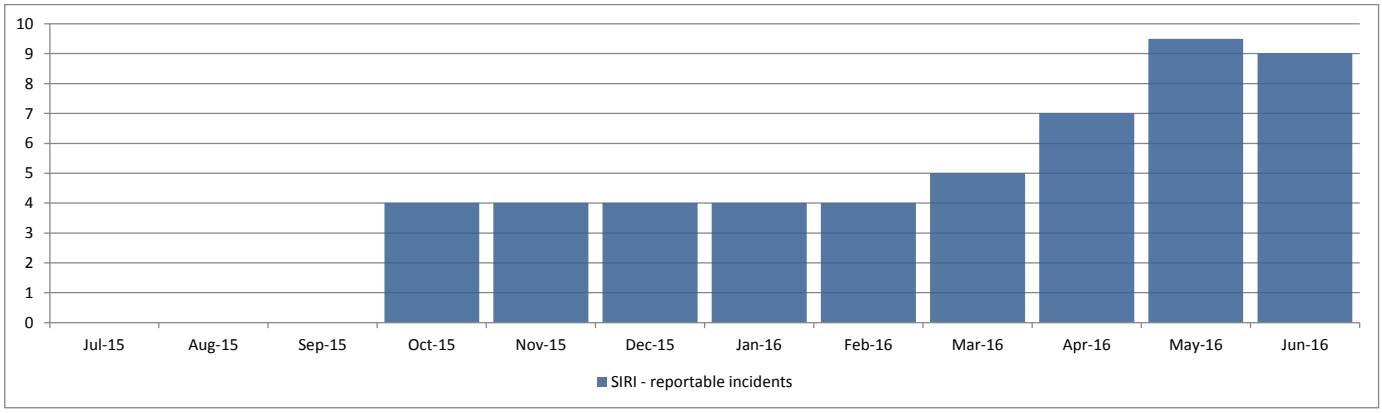
Never events & SIRI

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Never Events	1	0	1	0	0	0	0	0	0	0	0	0
SIRI - reportable incidents									14	7	9	4



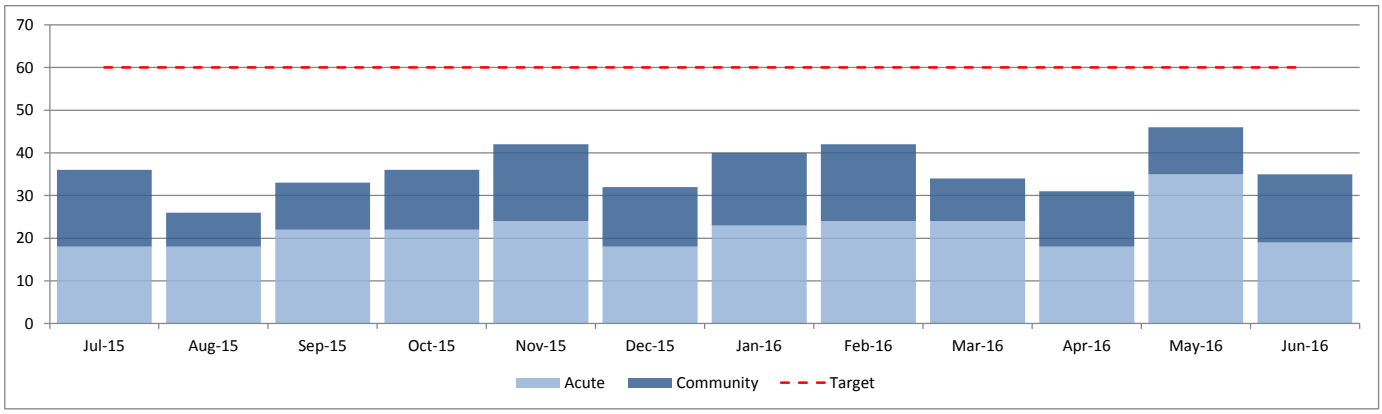
Quality Effectiveness Safety Trigger Tool (QUEST)

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Quest score	n/a	n/a	n/a	4	4	4	4	4	5	7	9.5	9



Written complaints

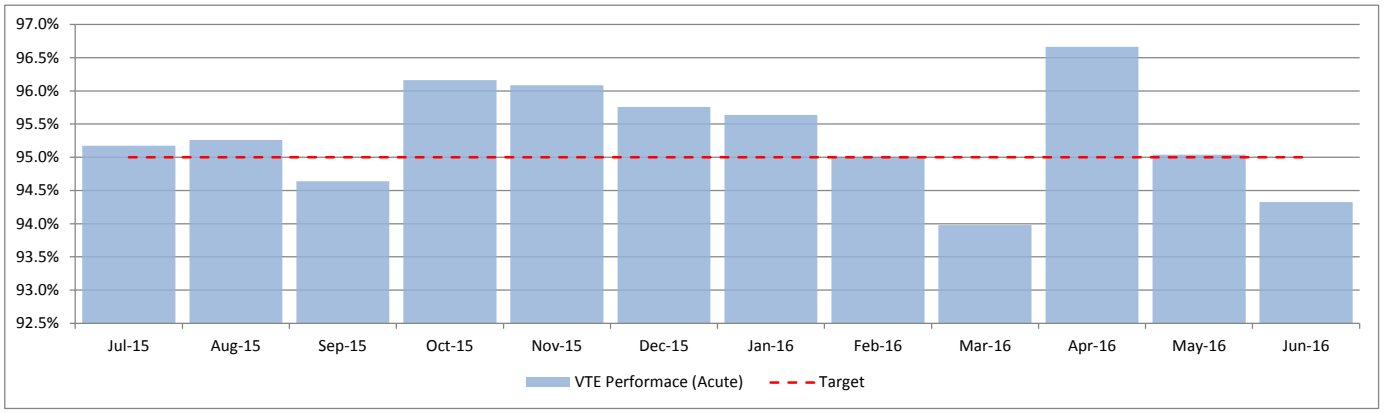
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Acute	18	18	22	22	24	18	23	24	24	18	35	19
Community	18	8	11	14	18	14	17	18	10	13	11	16
Total	36	26	33	36	42	32	40	42	34	31	46	35
Target	60	60	60	60	60	60	60	60	60	60	60	60



QUALITY FRAMEWORK

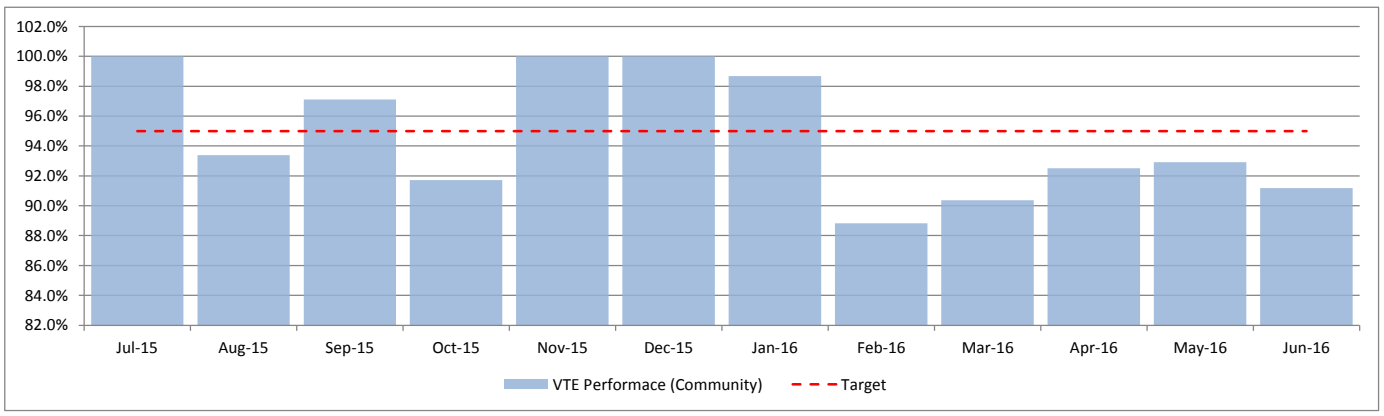
VTE Risk assessment on admission - (Acute)

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
VTE Numerator	5955	5528	5930	5738	5593	5352	5653	5424	5573	5591	5883	5885
VTE Denominator	6257	5803	6266	5967	5821	5589	5911	5710	5930	5784	6190	6239
VTE Performace (Acute)	95.2%	95.3%	94.6%	96.2%	96.1%	95.8%	95.6%	95.0%	94.0%	96.7%	95.0%	94.3%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



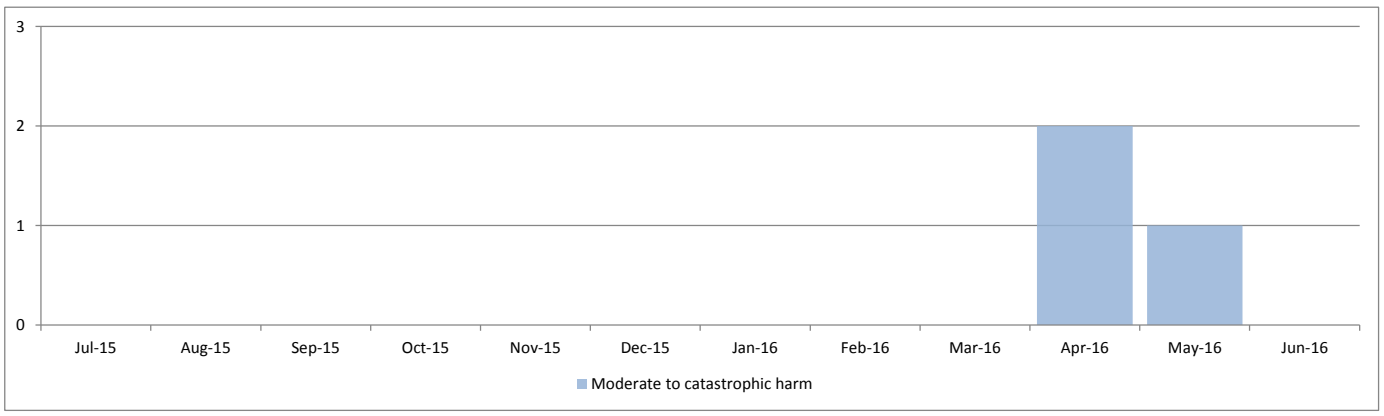
VTE Risk assessment on admission - (Community)

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
VTE Numerator	130	127	135	133	135	137	148	135	122	136	131	124
VTE Denominator	130	136	139	145	135	137	150	152	135	147	141	136
VTE Performace (Community)	100.0%	93.4%	97.1%	91.7%	100.0%	100.0%	98.7%	88.8%	90.4%	92.5%	92.9%	91.2%
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%



Medication Errors

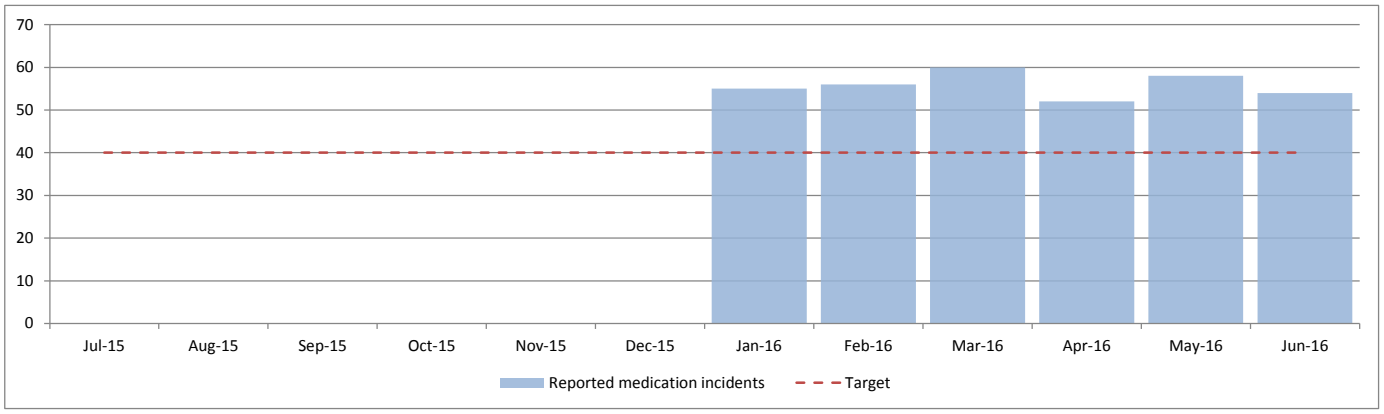
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Moderate to catastrophic harm	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	2	1	0



QUALITY FRAMEWORK

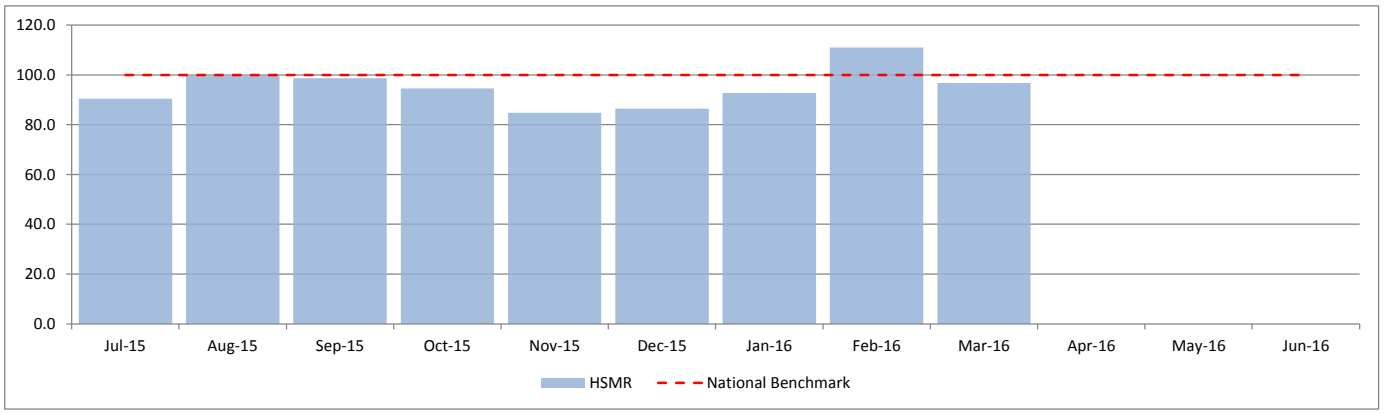
Medication Errors - Reported incidents

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Reported medication incidents	n/a	n/a	n/a	n/a	n/a	n/a	55	56	60	52	58	54
Target	40	40	40	40	40	40	40	40	40	40	40	40



Hospital Standardised Mortality Rate (HSMR) national benchmark = 100

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
HSMR	90.5	99.6	98.7	94.6	84.8	86.4	92.8	111.0	96.7			
National Benchmark	100	100	100	100	100	100	100	100	100	100	100	100



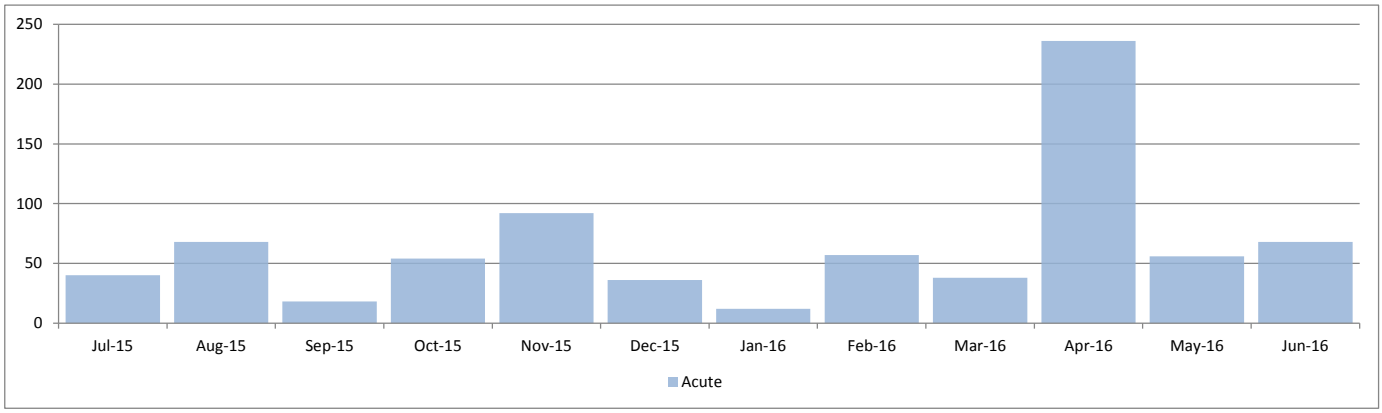
Safer Staffing Levels

	Day		Night	
Site	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff
Ashburton+Buckfastleigh Hospital	101.7%	131.1%	100.0%	206.7%
Bovey Tracey Hospital	0.0%	0.0%	0.0%	0.0%
Brixham Hospital	104.4%	131.7%	100.0%	176.7%
Dartmouth Hospital	101.9%	96.0%	100.0%	93.3%
Dawlish Hosptial	101.1%	96.1%	96.7%	98.3%
Newton Abbot Hospital	102.3%	101.9%	99.2%	101.3%
Paignton Hospital	101.3%	93.5%	96.8%	96.8%
Teignmouth Hospital	0.0%	0.0%	0.0%	0.0%
Toraby Hospital	103.0%	124.9%	97.3%	124.0%
Totnes Hospital	101.7%	97.4%	103.3%	98.3%
ICO	102.8%	117.3%	97.5%	120.7%

QUALITY FRAMEWORK

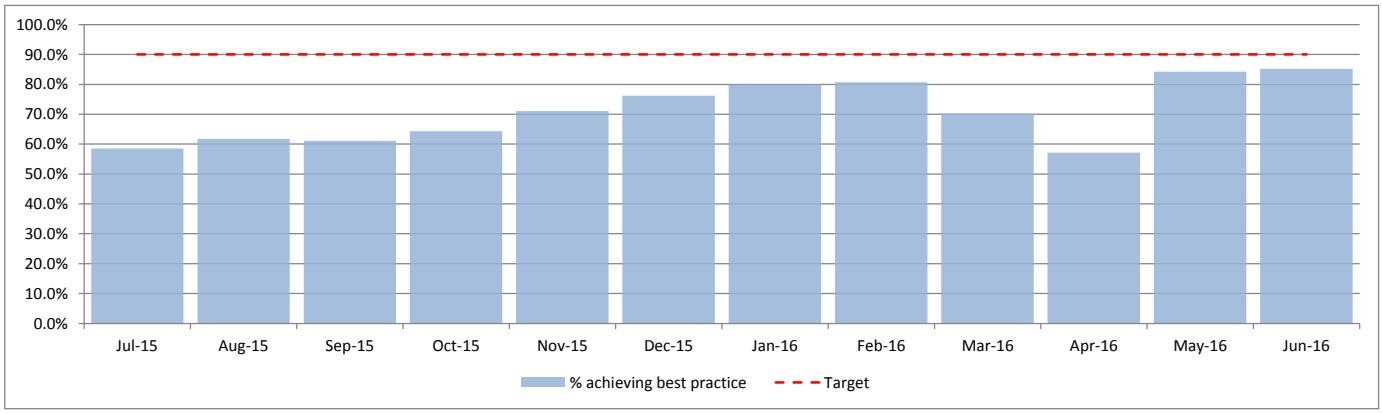
Infection Control - Bed Closures (acute)

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Acute	40	68	18	54	92	36	12	57	38	236	56	68



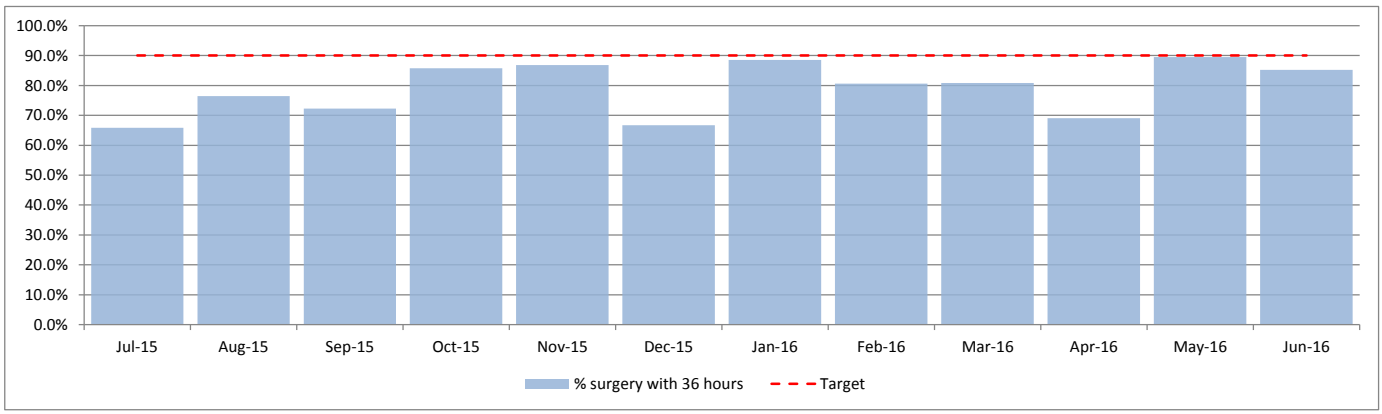
Fracture Neck of Femur - Best tariff assessment

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Patients	41	34	36	28	38	42	35	31	47	42	38	27
Achieving best practice	24	21	22	18	27	32	28	25	33	24	32	23
% achieving best practice	58.5%	61.8%	61.1%	64.3%	71.1%	76.2%	80.0%	80.6%	70.2%	57.1%	84.2%	85.2%
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

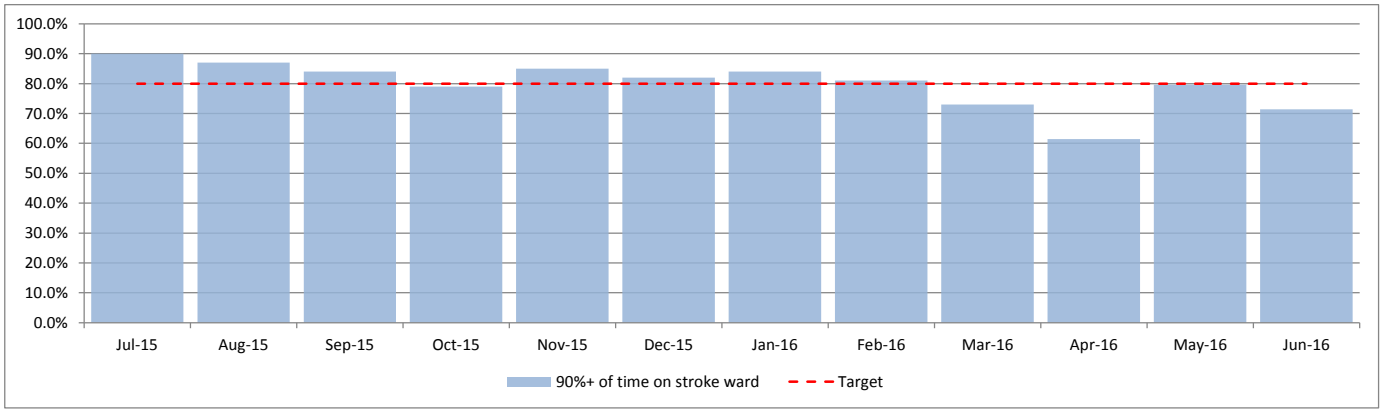
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Patients	41	34	36	28	38	42	35	31	47	42	38	27
Surgery with 36 hours	27	26	26	24	33	28	31	25	38	29	34	23
% surgery with 36 hours	65.9%	76.5%	72.2%	85.7%	86.8%	66.7%	88.6%	80.6%	80.9%	69.0%	89.5%	85.2%
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%



QUALITY FRAMEWORK

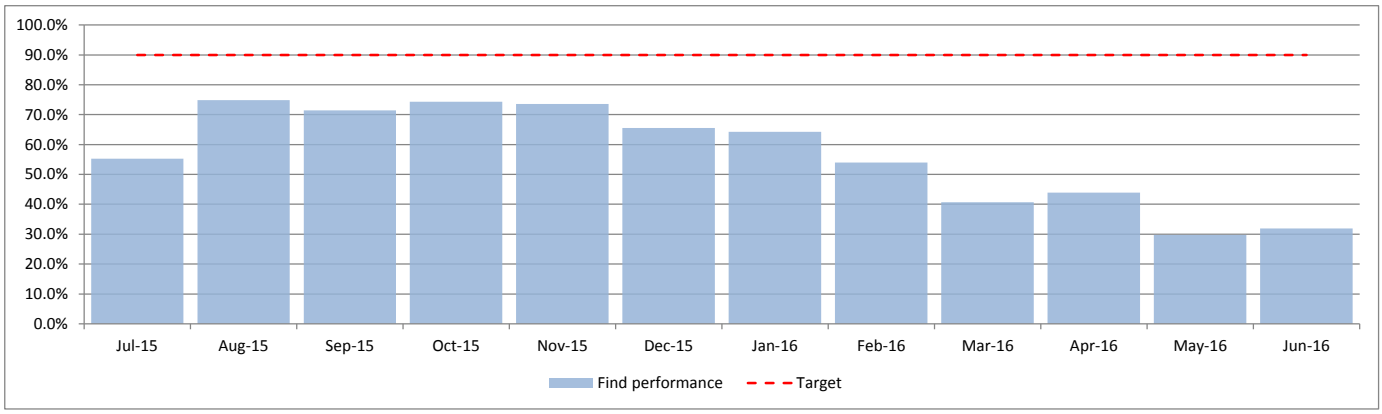
Stroke

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
90%+ of time on stroke ward	90.0%	87.0%	84.0%	79.0%	85.0%	82.0%	84.0%	81.0%	73.0%	61.4%	79.6%	71.4%
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%



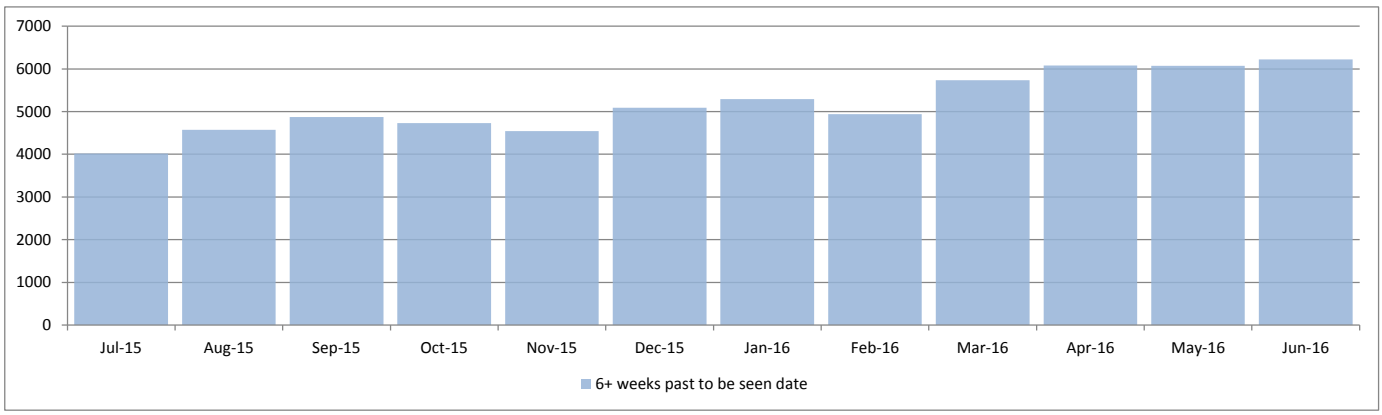
Dementia - Find

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Numerator	401	457	423	472	461	484	402	360	350	366	303	129
Denominator	531	543	532	581	556	630	558	545	584	607	662	404
Find performance	55.2%	74.8%	71.4%	74.4%	73.5%	65.5%	64.3%	54.0%	40.7%	43.9%	29.8%	31.9%
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%



Follow ups past to be seen date

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
6+ weeks past to be seen date	4020	4570	4873	4731	4542	5090	5291	4938	5732	6082	6073	6219



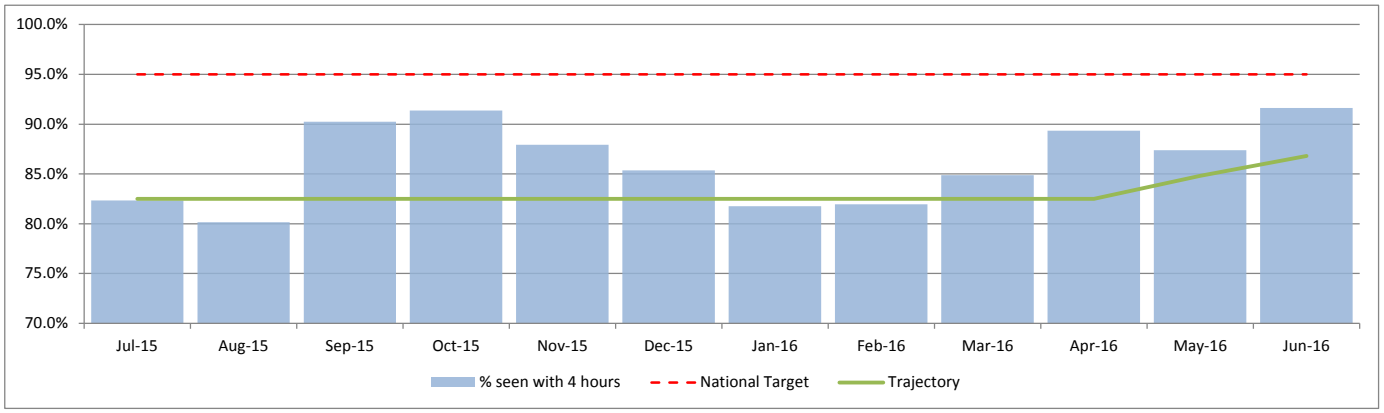
MONITOR COMPLIANCE FRAMEWORK

Month 3 June 2016

MONITOR COMPLIANCE

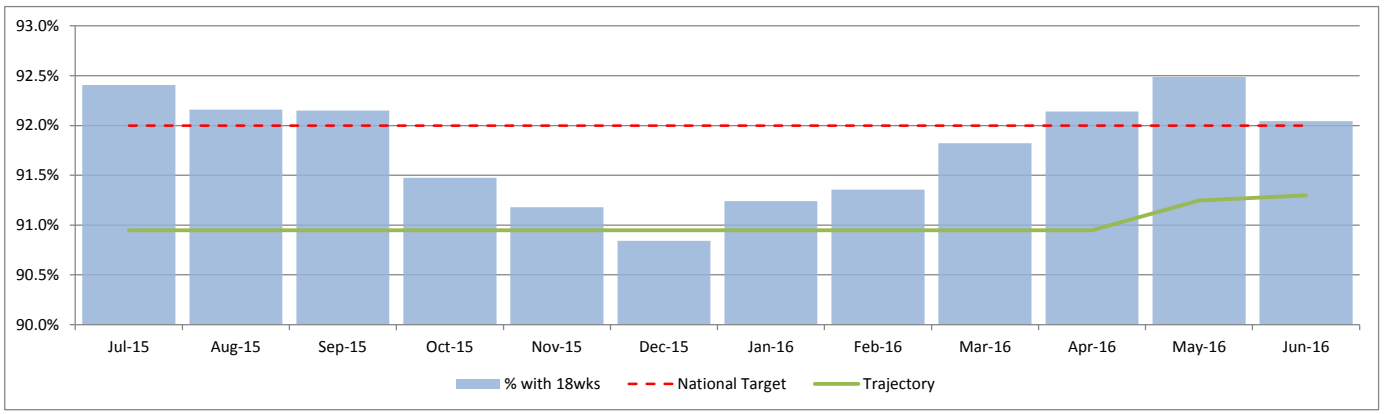
A&E and MIU patients seen within 4 hours

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Patients	6755	6209	6087	8712	8451	8135	8223	8084	9298	8627	9741	9672
4 hour breaches	1192	1232	594	753	1020	1192	1500	1459	1406	918	1229	810
% seen with 4 hours	**82.4%**	**80.2%**	**90.2%**	**91.4%**	**87.9%**	**85.3%**	**81.8%**	**82.0%**	**84.9%**	**89.4%**	**87.4%**	**91.6%**
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%	84.8%	86.8%



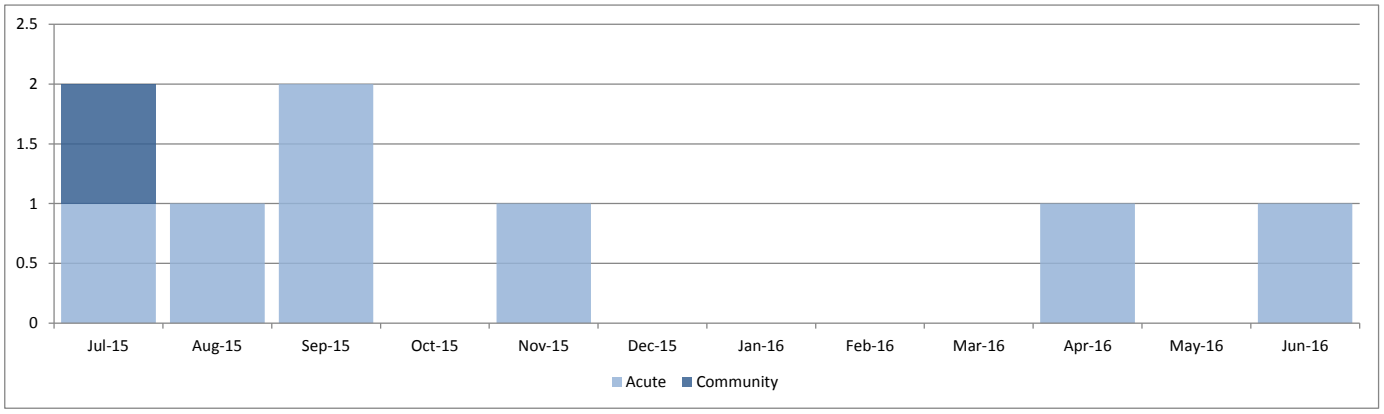
Referral to Treatment - Incomplete pathways

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Incomplete <18wks	16101	15763	14849	14140	14100	14503	14292	14566	14518	14771	15194	15119
Incomplete >18wks	1323	1341	1265	1318	1364	1462	1372	1378	1293	1260	1234	1307
% with 18wks	**92.4%**	**92.2%**	**92.1%**	**91.5%**	**91.2%**	**90.8%**	**91.2%**	**91.4%**	**91.8%**	**92.1%**	**92.5%**	**92.0%**
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%	91.2%	91.3%



C Diff. Lapse in Care

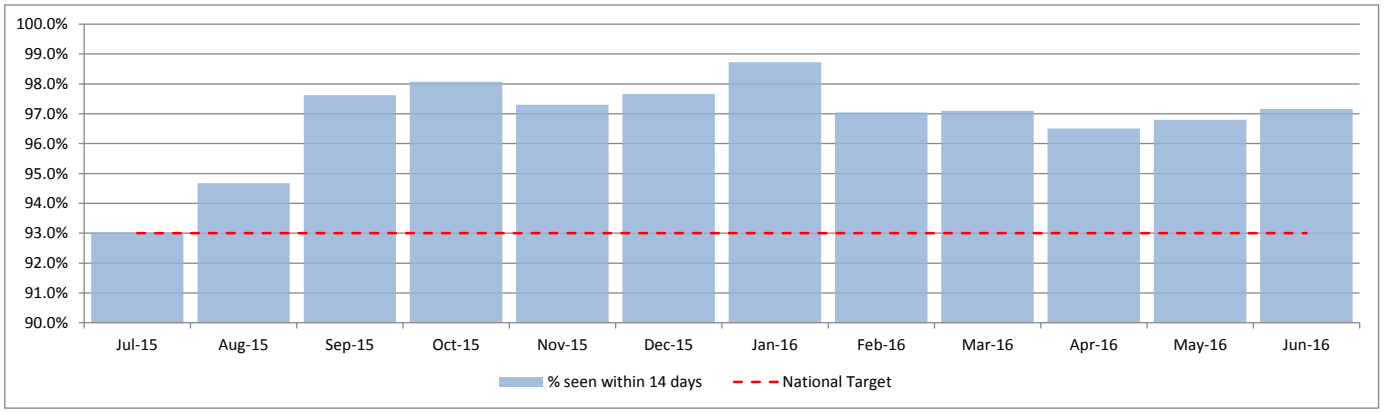
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Acute	1	1	2	0	1	0	0	0	0	1	0	1
Community	1	0	0	0	0	0	0	0	0	0	0	0



MONITOR COMPLIANCE

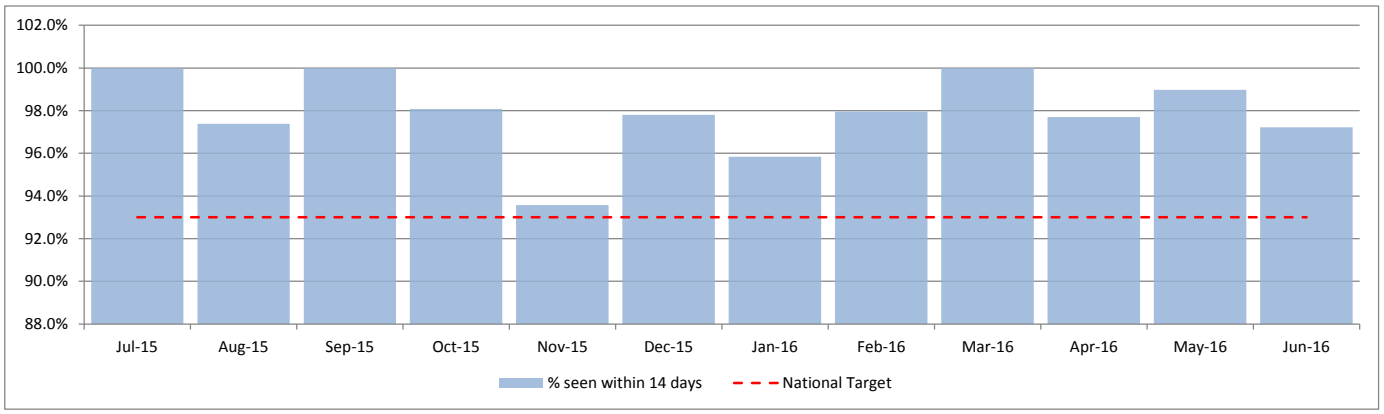
Cancer - Two Week Wait Referrals

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
2ww Referrals	903	826	884	879	889	897	705	846	965	888	997	952
Seen within 14 days	840	782	863	862	865	876	696	821	937	857	965	925
% seen within 14 days	93.0%	94.7%	97.6%	98.1%	97.3%	97.7%	98.7%	97.0%	97.1%	96.5%	96.8%	97.2%
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%



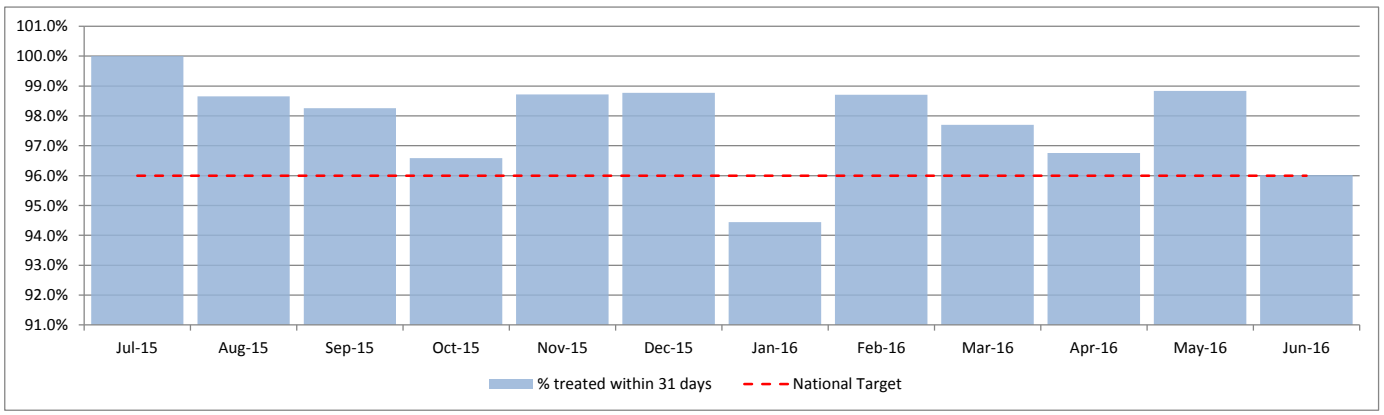
Cancer - Breast Symptomatic Referrals

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Breast symptomatic referrals	112	115	90	104	109	137	96	98	130	87	97	108
Seen within 14 days	112	112	90	102	102	134	92	96	130	85	96	105
% seen within 14 days	100.0%	97.4%	100.0%	98.1%	93.6%	97.8%	95.8%	98.0%	100.0%	97.7%	99.0%	97.2%
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

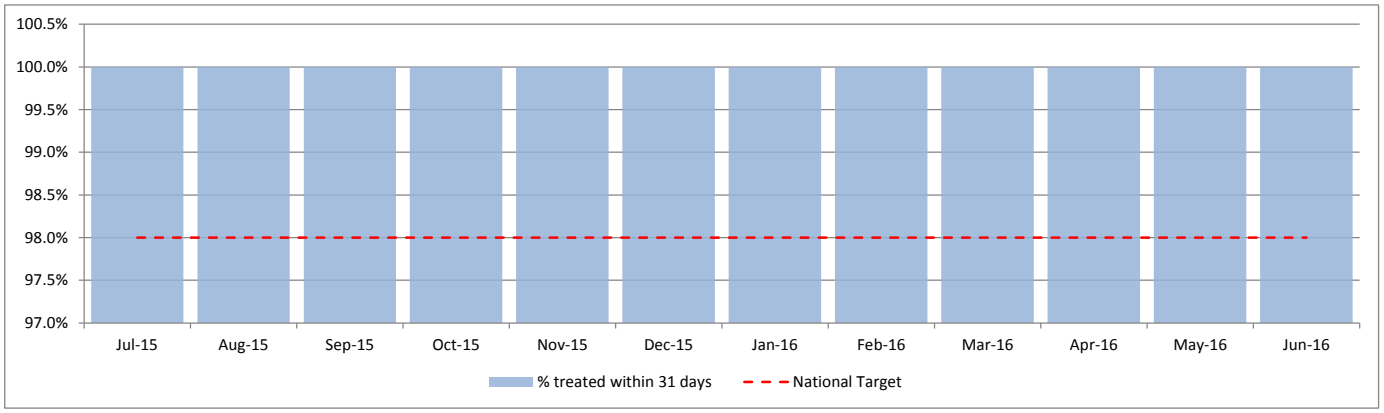
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
1st treatments	169	149	172	176	156	163	162	155	174	185	172	201
Breaches of 31 day target	0	2	3	6	2	2	9	2	4	6	2	8
% treated within 31 days	100.0%	98.7%	98.3%	96.6%	98.7%	98.8%	94.4%	98.7%	97.7%	96.8%	98.8%	96.0%
National 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

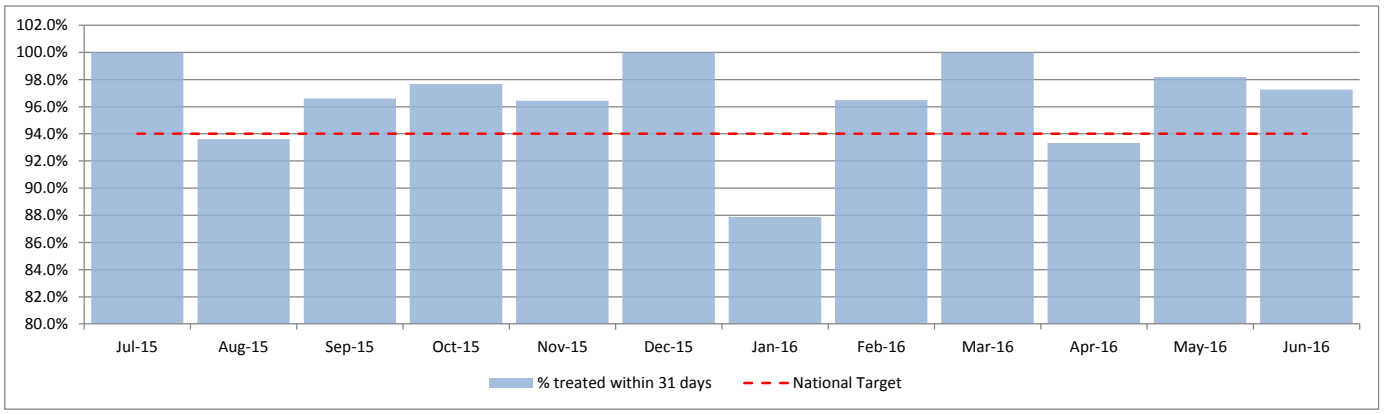
Cancer - 31 day wait for second or subsequent treatment - Drug

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Subsequent Drug treatments	48	38	55	52	49	47	59	52	62	70	68	80
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%



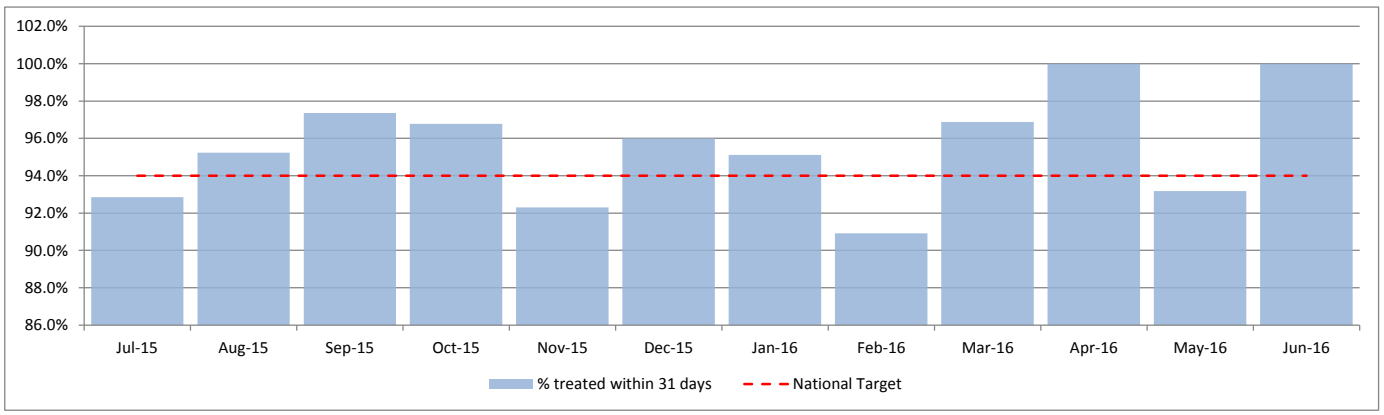
Cancer - 31 day wait for second or subsequent treatment - Radiotherapy

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Sub radiotherapy treatments	46	47	59	43	56	42	66	57	64	45	55	73
Breaches of 31 day target	0	3	2	1	2	0	8	2	0	3	1	2
% treated within 31 days	100.0%	93.6%	96.6%	97.7%	96.4%	100.0%	87.9%	96.5%	100.0%	93.3%	98.2%	97.3%
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

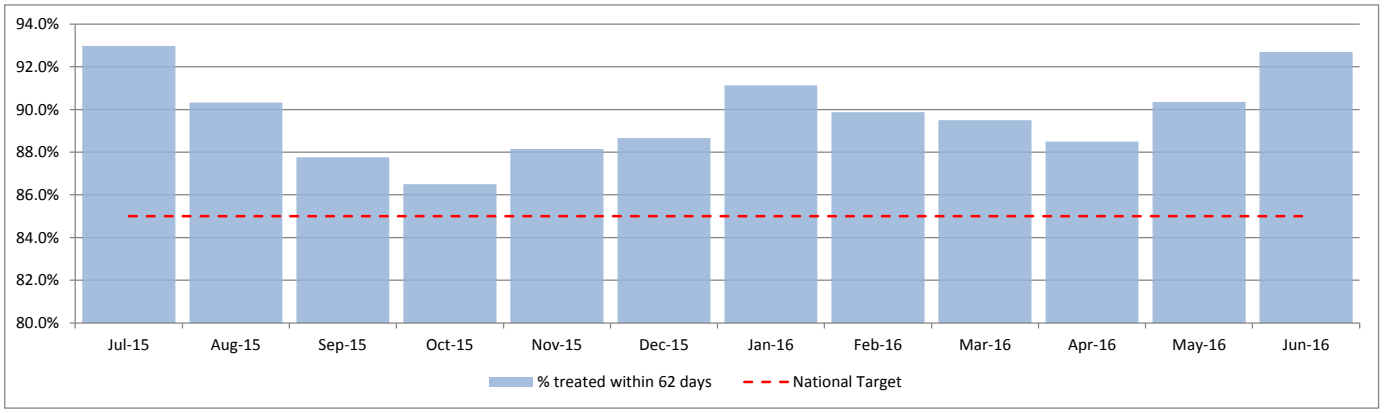
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Subsequent surgery treatments	28	21	38	31	39	25	41	44	32	30	44	40
Breaches of 31 day target	2	1	1	1	3	1	2	4	1	0	3	0
% treated within 31 days	92.9%	95.2%	97.4%	96.8%	92.3%	96.0%	95.1%	90.9%	96.9%	100.0%	93.2%	100.0%
National 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

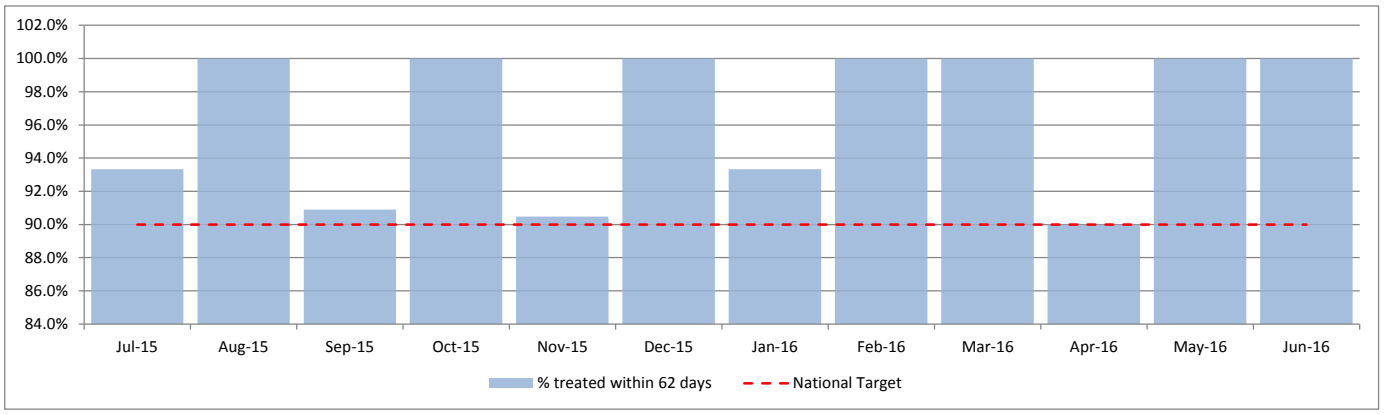
Cancer - 62 day wait for 1st treatment from 2ww referral

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
1st treatments (from 2ww)	85.5	77.5	98	100	76	75	79	79	90.5	100	98.5	109.5
Breaches of 62 day target	6	7.5	12	13.5	9	8.5	7	8	9.5	11.5	9.5	8
% treated within 62 days	93.0%	90.3%	87.8%	86.5%	88.2%	88.7%	91.1%	89.9%	89.5%	88.5%	90.4%	92.7%
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

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
1st treatments (from screening)	7.5	8	11	11	10.5	15.5	15	7	13.5	20	14	15
Breaches of 62 day target	0.5	0	1	0	1	0	1	0	0	2	0	0
% treated within 62 days	93.3%	100.0%	90.9%	100.0%	90.5%	100.0%	93.3%	100.0%	100.0%	90.0%	100.0%	100.0%
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%



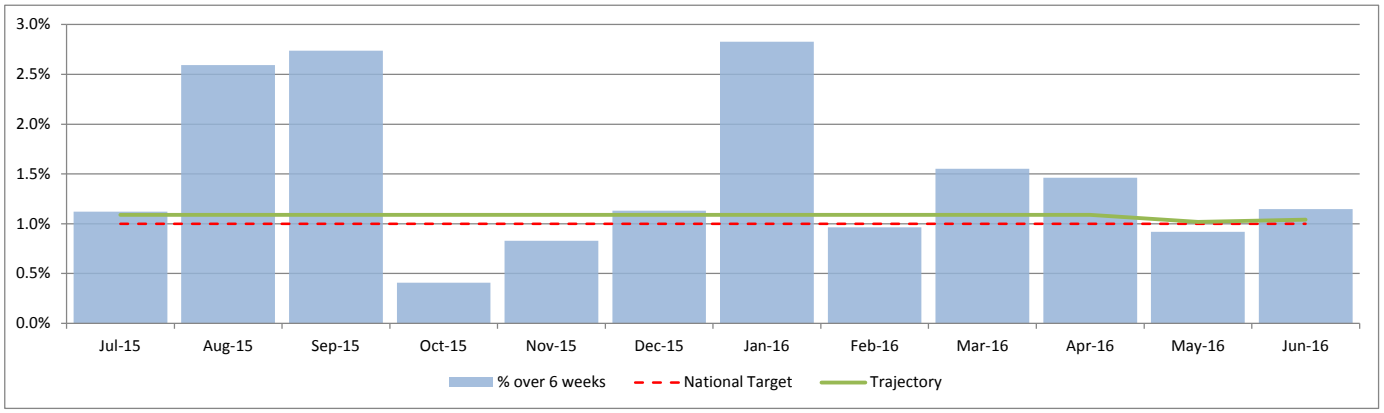
CONTRACTUAL FRAMEWORK

Month 3 June 2016

CONTRACTUAL FRAMEWORK

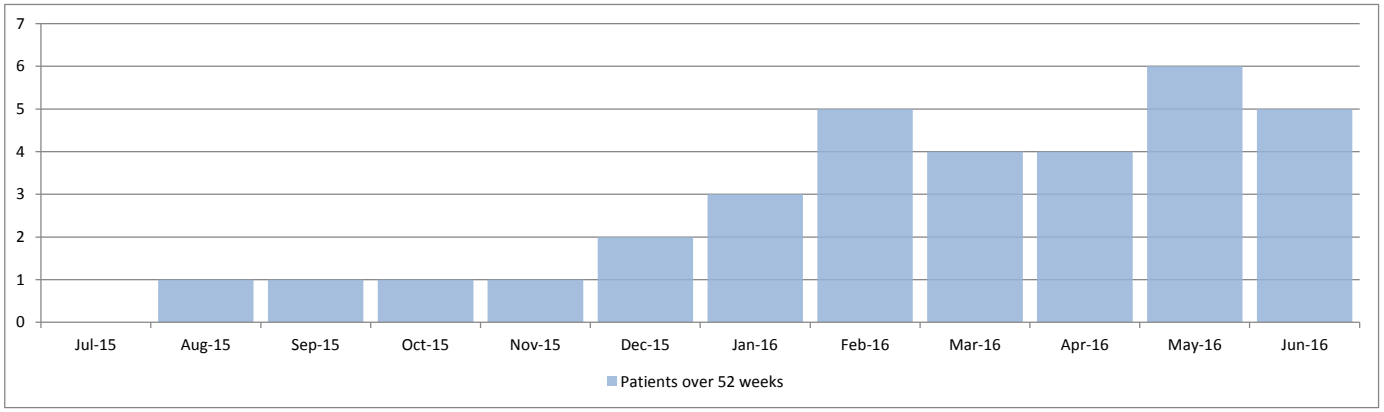
Diagnostic Tests Longer than the 6 week standard

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Patients	3834	3470	3688	3667	3382	3800	3750	3637	3543	3693	3377	3750
Waiting longer than 6 weeks	43	90	101	15	28	43	106	35	55	54	31	43
% over 6 weeks	**1.1%**	**2.6%**	**2.7%**	**0.4%**	**0.8%**	**1.1%**	**2.8%**	**1.0%**	**1.6%**	**1.5%**	**0.9%**	**1.1%**
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	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.02%	1.04%



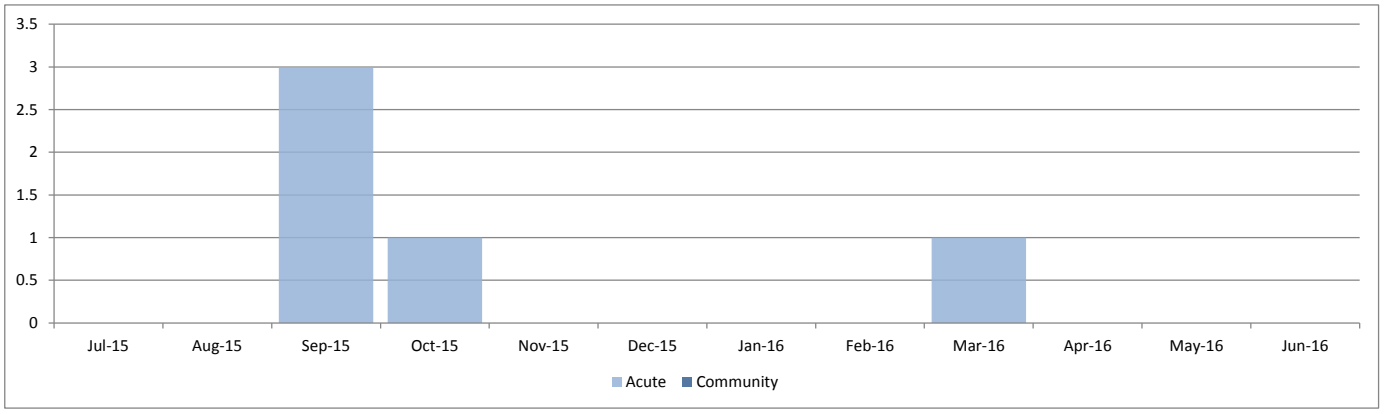
Referral to Treatment over 52 week incomplete pathways

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Patients over 52 weeks	0	1	1	1	1	2	3	5	4	4	6	5



Mixed sex accomodation breaches of Standard

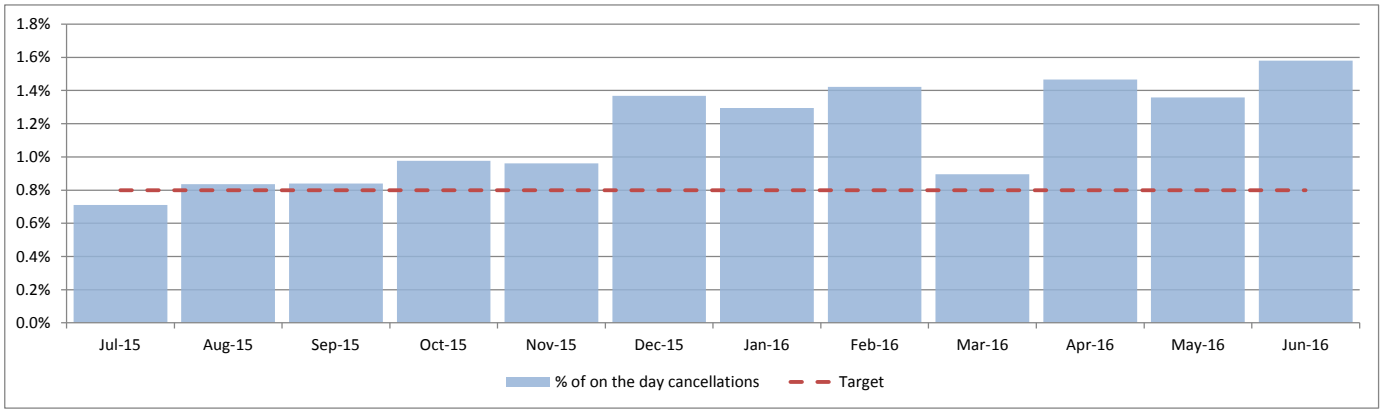
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Acute	0	0	3	1	0	0	0	0	1	0	0	0
Community	0	0	0	0	0	0	0	0	0	0	0	0



CONTRACTUAL FRAMEWORK

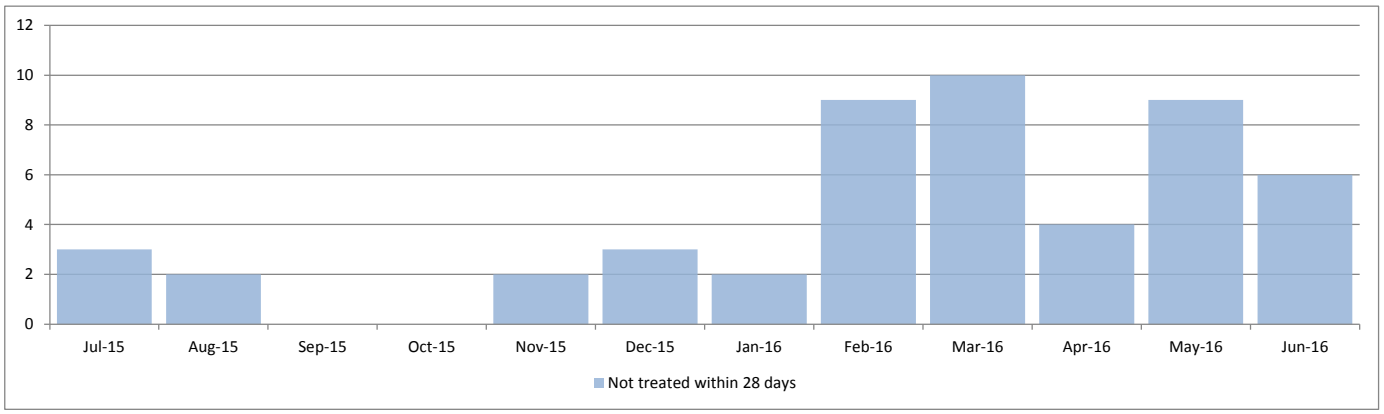
On the day cancellations for elective operations

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Cancellations	26	27	30	32	30	41	40	45	29	47	46	56
Elective spells	3662	3229	3576	3275	3123	2998	3089	3164	3236	3205	3387	3543
% of on the day cancellations	0.7%	0.8%	0.8%	1.0%	1.0%	1.4%	1.3%	1.4%	0.9%	1.5%	1.4%	1.6%
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%



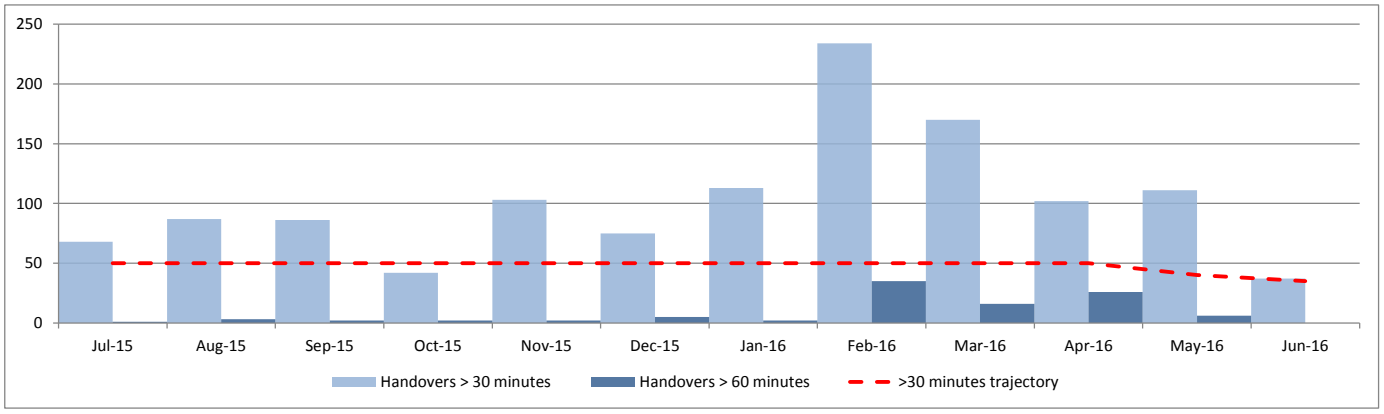
Cancelled patients not treated within 28 days of cancellation

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Not treated within 28 days	3	2	0	0	2	3	2	9	10	4	9	6



Ambulance handovers

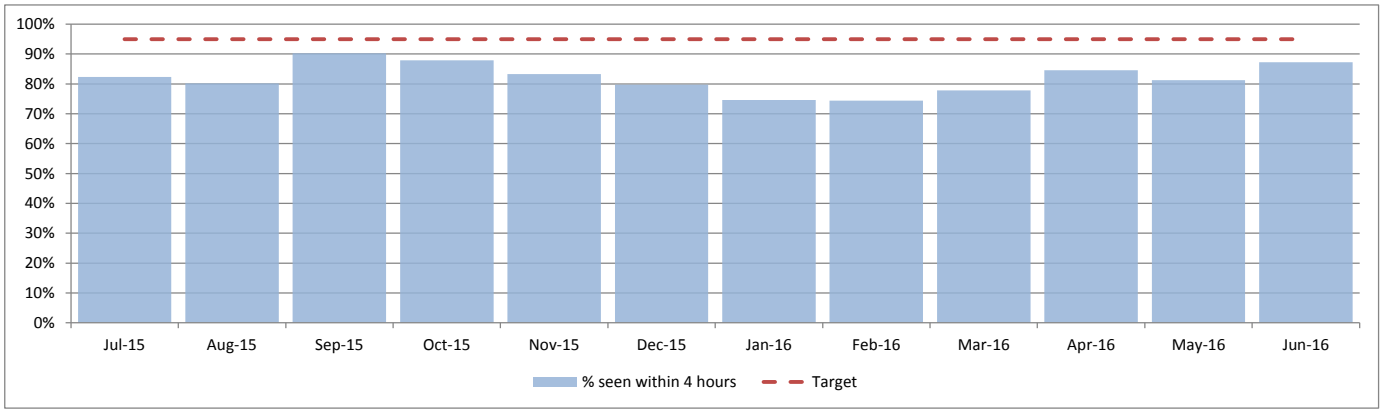
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Handovers > 30 minutes	68	87	86	42	103	75	113	234	170	102	111	37
Handovers > 60 minutes	1	3	2	2	2	5	2	35	16	26	6	0
>30 minutes trajectory	50	50	50	50	50	50	50	50	50	50	40	35



CONTRACTUAL FRAMEWORK

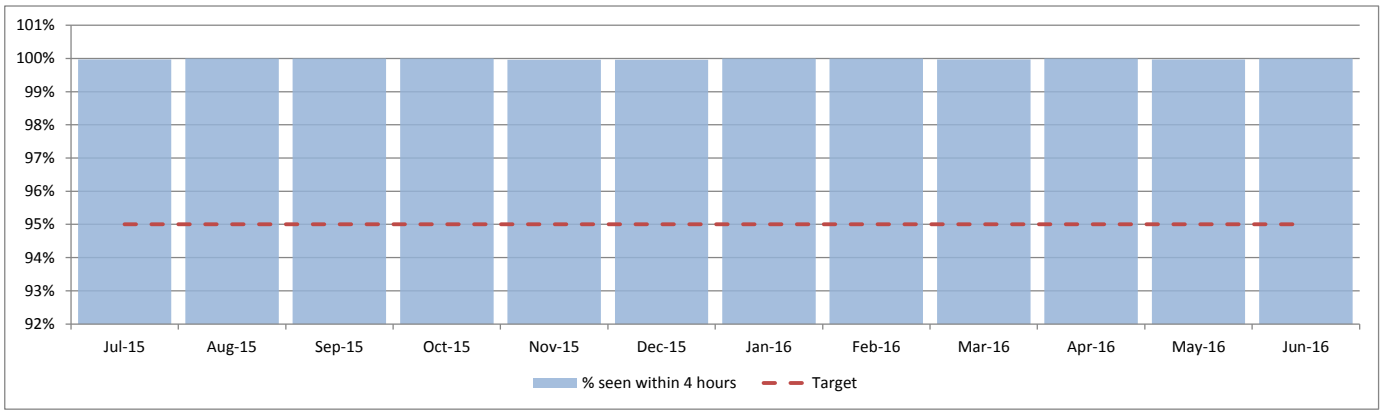
A&E patients seen within 4 hours (DGH only)

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Patients seen	6755	6209	6087	6192	6090	5874	5896	5693	6334	5924	6534	6350
4 hour breaches	1192	1232	594	753	1019	1191	1500	1459	1405	918	1228	810
% seen within 4 hours	82%	80%	90%	88%	83%	80%	75%	74%	78%	85%	81%	87%
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%



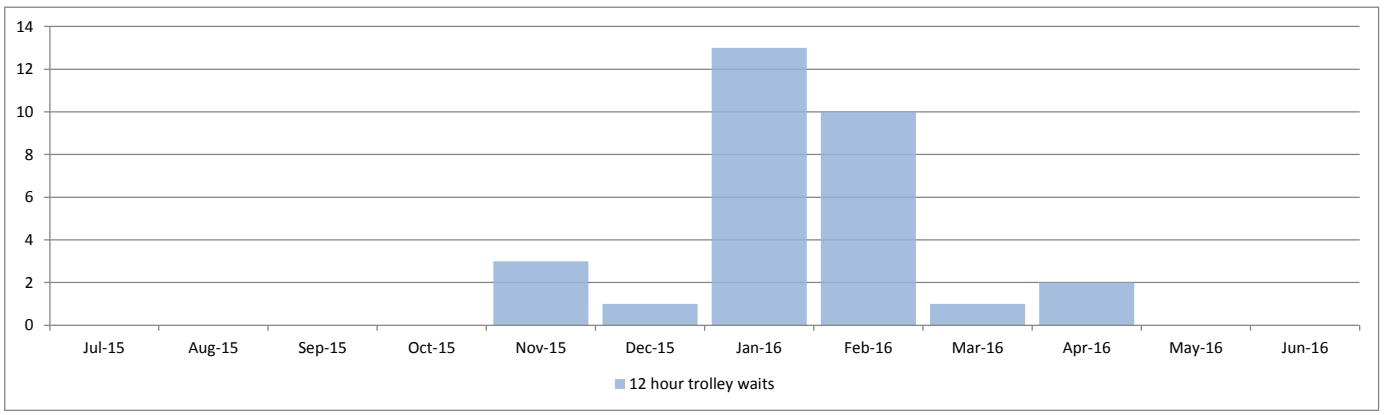
A&E patients seen within 4 hours (community MIU)

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Patients seen	3477	3159	2788	2520	2361	2261	2327	2391	2964	2703	3207	3322
4 hour breaches	1	0	0	0	1	1	0	0	1	0	1	0
% 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

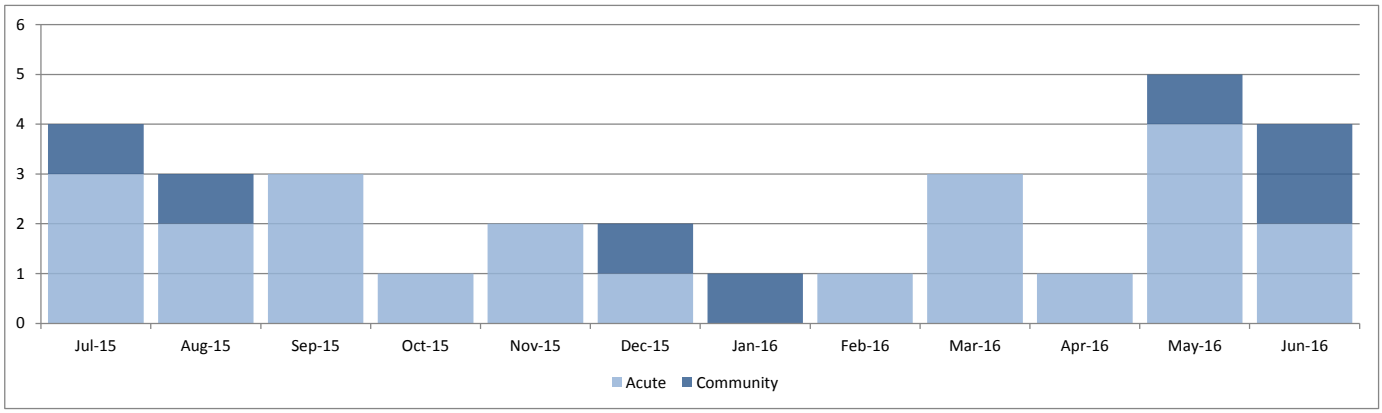
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
12 hour trolley waits	0	0	0	0	3	1	13	10	1	2	0	0



CONTRACTUAL FRAMEWORK

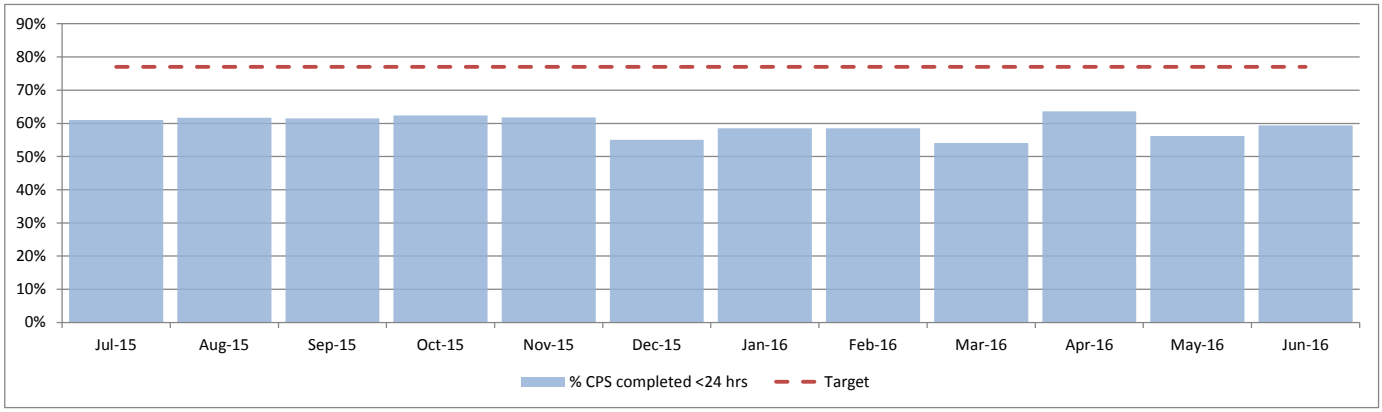
Number of Clostridium Difficile cases

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



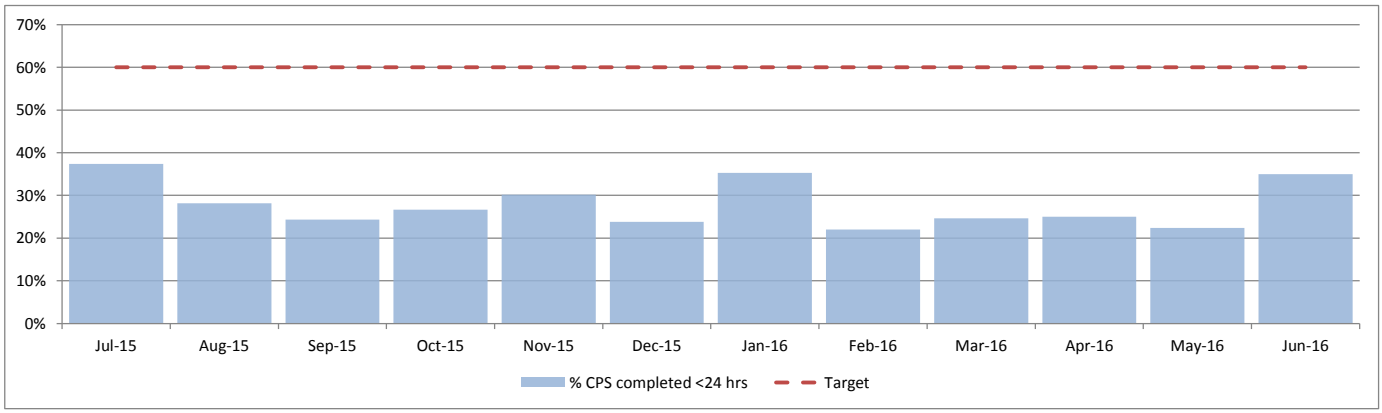
Care Plan Summaries completed with 24 hours of discharge - Weekday

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Discharges	1167	1032	1165	1148	1132	1025	997	1089	1085	1105	1109	1179
CPS completed within 24 hours	1913	1673	1893	1840	1831	1863	1705	1860	2008	1737	1975	1986
% CPS completed <24 hrs	61%	62%	62%	62%	62%	55%	58%	59%	54%	64%	56%	59%
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

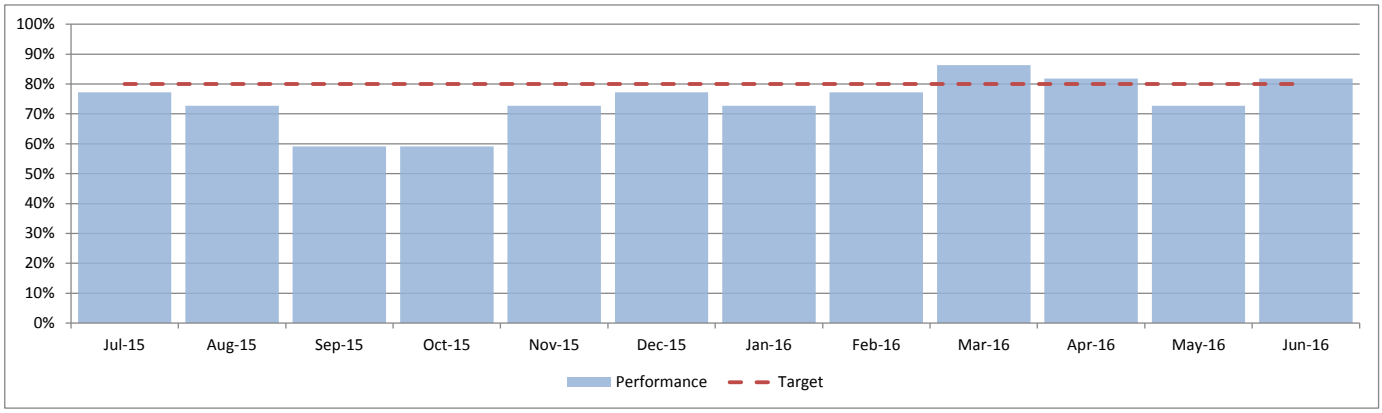
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Discharges	423	565	444	495	444	390	470	414	406	528	532	460
CPS completed within 24 hours	158	159	108	132	134	93	166	91	100	132	119	161
% CPS completed <24 hrs	37%	28%	24%	27%	30%	24%	35%	22%	25%	25%	22%	35%
Target	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%



CONTRACTUAL FRAMEWORK

Clinic letters - within 4 working days

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Specialties	22	22	22	22	22	22	22	22	22	22	22	22
Breaching 4 working days	5	6	9	9	6	5	6	5	3	4	6	4
Performance	77%	73%	59%	59%	73%	77%	73%	77%	86%	82%	73%	82%
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%



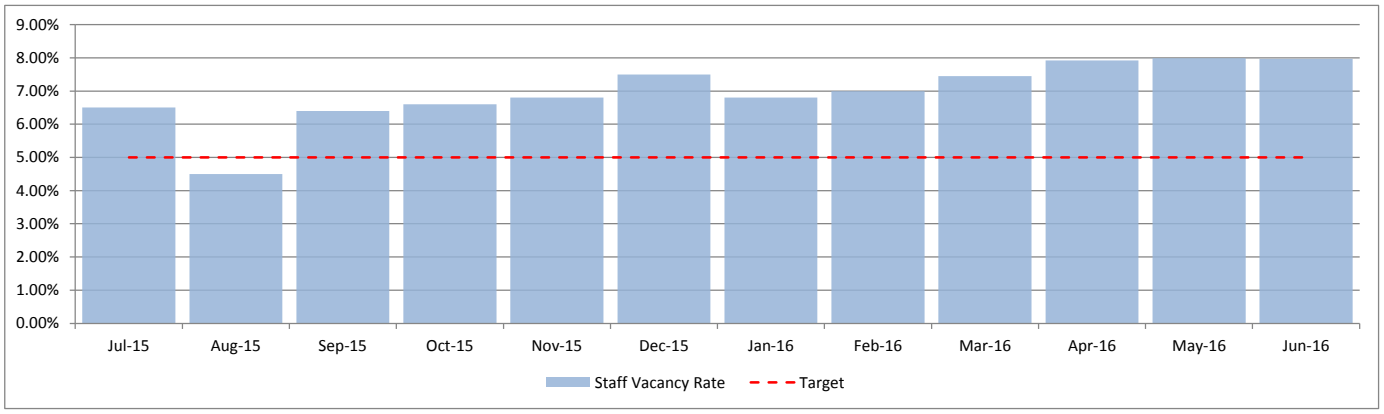
CORPORATE MANAGEMENT FRAMEWORK

Month 3 June 2016

CORPORATE MANAGEMENT FRAMEWORK

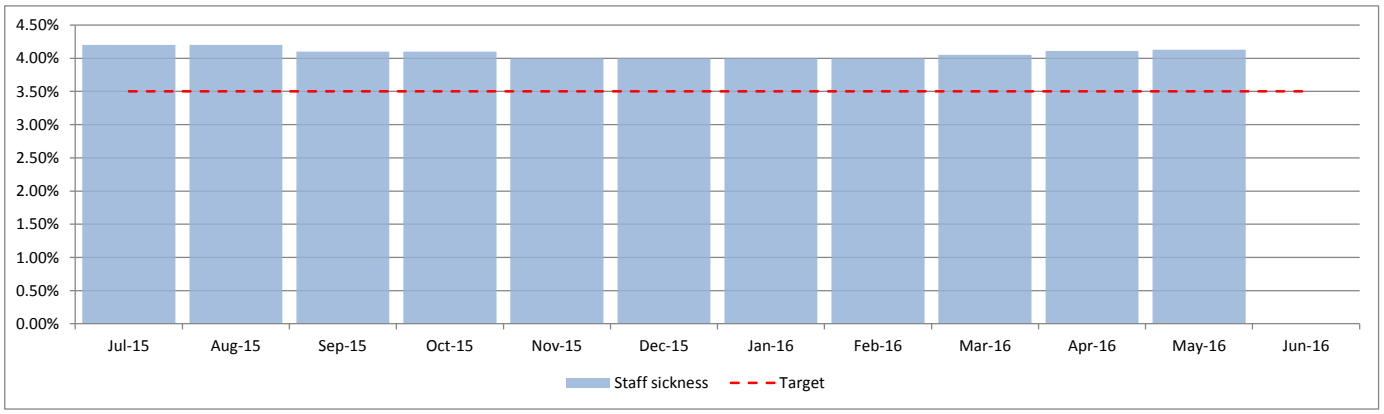
Staff Vacancy Rate (excluding temp workforce and additional hours)

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Staff Vacancy Rate	6.50%	4.50%	6.40%	6.60%	6.80%	7.50%	6.80%	7.00%	7.45%	7.92%	7.99%	7.97%
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%



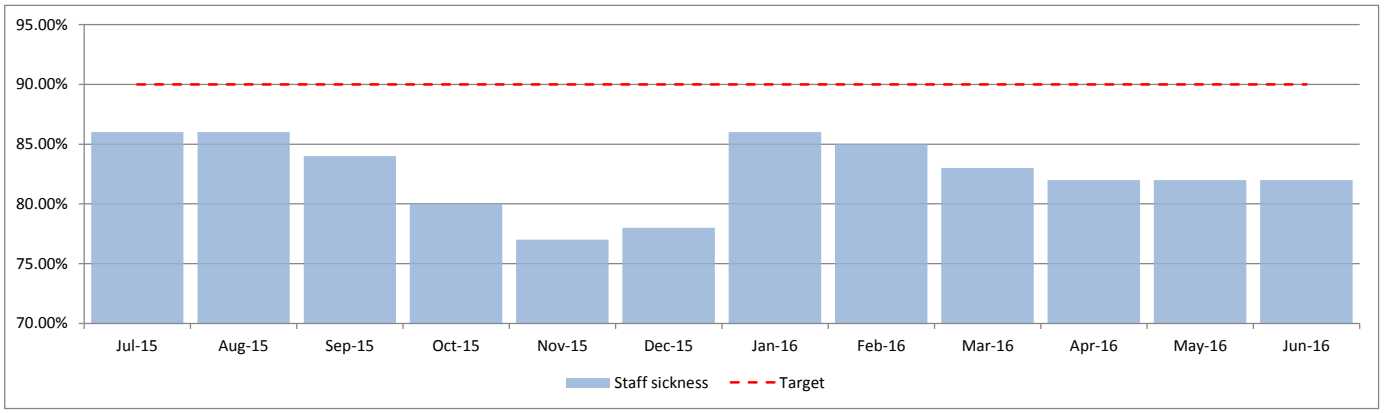
Staff sickness

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Staff sickness	4.20%	4.20%	4.10%	4.10%	4.00%	4.00%	4.00%	4.00%	4.05%	4.11%	4.13%	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

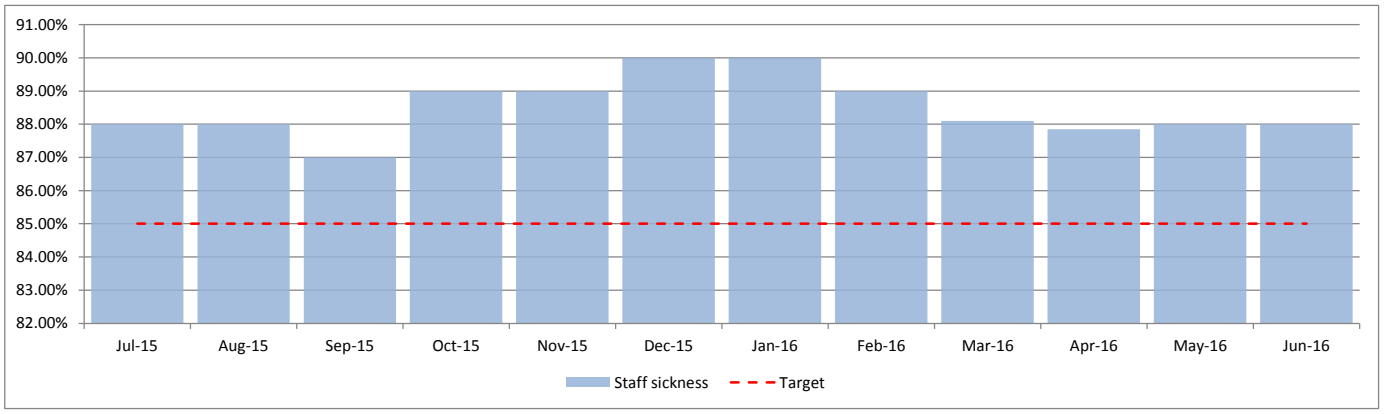
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Staff sickness	86.00%	86.00%	84.00%	80.00%	77.00%	78.00%	86.00%	85.00%	83.00%	82.00%	82.00%	82.00%
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%



CORPORATE MANAGEMENT FRAMEWORK

Mandatory Training Completeness

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Staff sickness	88.00%	88.00%	87.00%	89.00%	89.00%	90.00%	90.00%	89.00%	88.10%	87.85%	88.00%	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%



1.1 Summary of Financial Performance

	Year to Date - Month 03			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	98.11	100.79	2.68	2.02	0.65	(0.47)	↑
Operating expenses	(97.35)	(99.53)	(2.18)	(2.49)	0.31	0.24	↓
EBITDA	**0.75**	**1.25**	**0.50**	**(0.46)**	**0.96**	**(0.23)**	↑
Non-operating revenue	0.10	0.32	0.22	0.00	0.22	0.29	↑
Non-operating expenses	(4.03)	(4.20)	(0.17)	0.00	(0.17)	0.03	↑
Surplus / (Deficit)	**(3.18)**	**(2.63)**	**0.55**	**(0.46)**	**1.01**	**0.10**	↓
Cash & Balance Sheet							
Cash Balance	21.99	14.73	(7.26)	(2.87)	(4.39)	(8.67)	↑
Capital Expenditure	6.29	3.18	(3.11)	0.00	(3.11)	(2.69)	↑
Loans & leases Drawn down	2.15	1.34	(0.81)	0.00	(0.81)	(1.31)	↑
Key Metrics							
EBITDA Margin	0.8%	1.2%	0.5%			(0.1%)	↑
I&E Surplus Margin	(3.2%)	(2.6%)	0.6%			0.4%	↔
Financial Sustainability Risk Rating measures							
Capital Service Capacity	1	1	0			0	↔
Liquidity	3	4	1			0	↑
I&E Margin	1	1	0			0	↔
I&E Margin variance	3	4	1			0	↑
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 concluded in the reinstatement of the RSA. 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 contract 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 £9.6m 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 these 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 3 based on the PbR plan is £0.50m favourable. The plan based on the Risk Share arrangement results in an EBITDA position of £0.96m favourable.

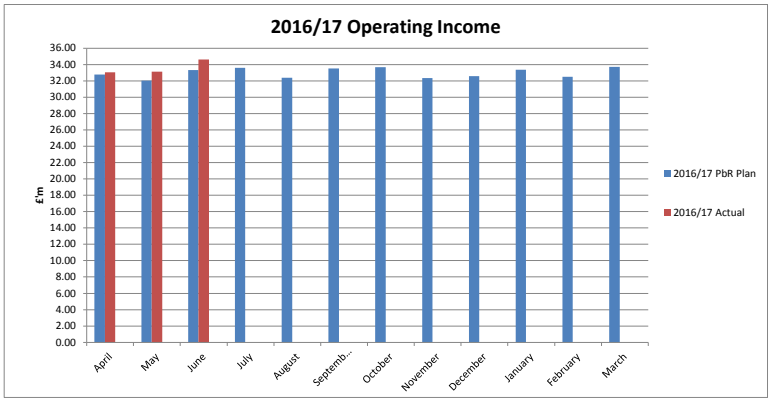
Within this position, income is ahead of plan by £2.68m based on PbR, and £0.65m ahead based on the risk share agreement plan. Under the terms of the risk share agreement an additional £2.5m has been accrued to reflect the contribution expected from commissioning organisations. This is based on the quarter one position versus the fixed target risk share position for the same period.

£1.675m of Sustainability and Transformation funding has been accrued as the financial control total and performance targets have been met in the first quarter of the financial year.

1.2 Statement of Comprehensive Income

1.2.1 Operating Income

Income by Category	Year to Date - Month 03 Plan £m	Actual £m	Variance £m	Plan Changes Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Previous Month Variance to RSA Plan £m	Change
Healthcare (Acute and Community)	72.31	75.01	2.70	3.17	(0.46)	(0.76)	↑
Social Care	13.86	13.61	(0.26)	(0.31)	0.05	0.03	↑
Other Income	11.93	12.17	0.23	(0.83)	1.07	0.25	↑
Total	**98.11**	**100.79**	**2.68**	**2.02**	**0.65**	**(0.47)**	↑



- Income is ahead of PbR plan by £2.68m. Within this value, Acute income based on PbR is actually £0.47m behind plan at M3. Of this, c£0.4m relates to NHSE and this is mainly Non Elective and chemotherapy income being behind plan. Using the RSA, the Trust is £0.52m behind plan, with the variances being the same as above plus the c£0.05m from penalties with the local CCG.
- £2.5m income has been accrued to reflect the risk share contribution expected from commissioners based on the month 3 position against the risk share phased target.
- Other income is £0.23m higher than the PbR plan, and £1.07m higher than the Risk Share plan. This mainly relates to the Sustainability and Transformation funding income £1.65m which has been accrued (£6.7m is planned under the PbR arrangements, full year effect and set at £3.35m in the RSA plan).

Healthcare Income - Commissioner Analysis	Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance £m	Change
South Devon & Torbay Clinical Commissioning Group	40.12	42.41	2.29	2.72	(0.43)	(0.01)	↑
North, East & West Devon Clinical Commissioning Group	1.32	1.31	(0.01)	0.00	(0.01)	0.01	↑
NHS England - Area Team	1.90	1.81	(0.09)	(0.00)	(0.09)	(0.02)	↑
NHS England - Specialist Commissioning	7.16	6.75	(0.41)	(0.06)	(0.35)	(0.34)	↔
Other Commissioners	1.99	2.41	0.42	0.00	0.42	(0.06)	↓
Sub-Total Acute	**52.49**	**54.69**	**2.20**	**2.66**	**(0.46)**	**(0.42)**	↑
South Devon & Torbay Clinical Commissioning Group (Placed People and Community Health)	19.20	19.73	0.52	0.53	(0.00)	(0.00)	↔
Other Commissioners	0.61	0.59	(0.02)	(0.02)	0.00	(0.00)	↔
Total Acute and Community	**72.31**	**75.01**	**2.70**	**3.17**	**(0.46)**	(0.43)	↑

Healthcare Income - By Business Unit	Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance £m	Change
Medical Services	22.47	22.16	- 0.30	0.73	(1.04)	0.79	↑
Surgical Services	16.84	17.10	0.27	0.63	(0.38)	0.50	↑
Women's, Childrens & Diagnostic Services	10.85	10.72	- 0.12	(0.05)	(0.08)	(0.03)	↑
Community Services	19.82	20.32	0.50	0.50	0.00	0.00	↔
Non-Clinical Services / Central Contract Income	2.34	4.71	2.36	1.34	1.04	(1.70)	↑
Total	**72.31**	**75.01**	**2.70**	**3.17**	**(0.46)**	(0.43)	↑

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

1.2.1 Operating Income (Continued)

Healthcare Activity - By Setting	Plan Activity	Actual Activity	Variance Activity	Changes PbR to RSA Plan	Variance to RSA Plan	Variance Activity	Change
Elective In-Patient Admissions	1,061	1,069	8	123	(115)	(78)	↓
Elective Day Case Admission	8,050	8,632	582	269	313	274	↑
Urgent & Emergency Admissions	28,902	28,939	37	137	(100)	(277)	↑
Out-Patients	108,229	114,511	6,282	1,806	4,476	4,967	↓
Community Services							
Total	**146,242**	**153,151**	**6,909**	**2,335**	**4,574**	**4,886**	↓

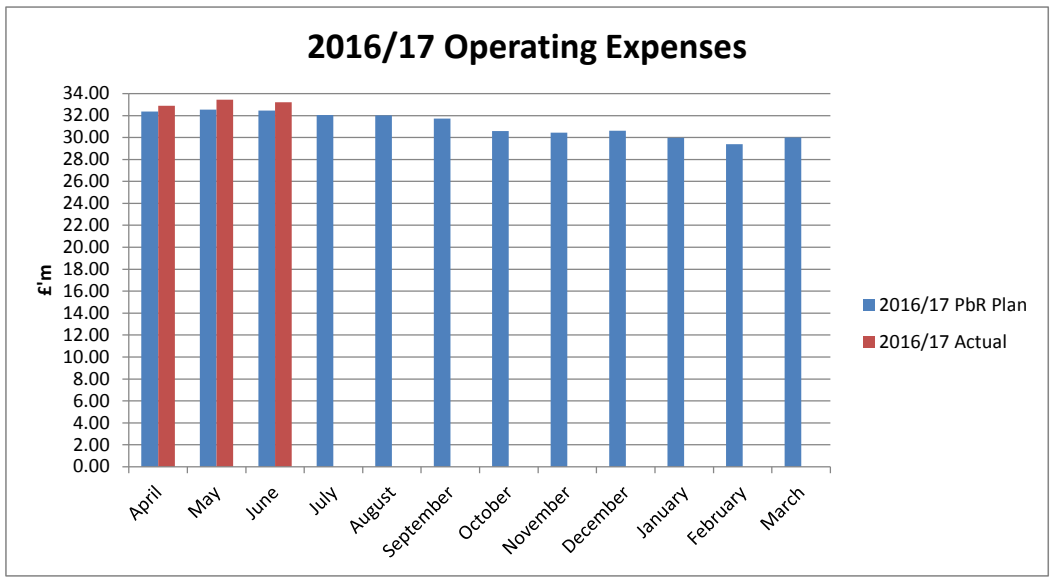
Social Care Income	Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance £m	Change
Torbay Council - ASC Contract income	10.17	9.77	(0.39)	(0.39)	(0.00)	(0.00)	↔
Torbay Council - Public Health Income	1.24	1.24	0.00	0.00	0.00	0.00	↔
Torbay Council - Client Income	2.46	2.59	0.13	0.08	0.05	0.03	↑
Total	**13.86**	**13.61**	**(0.26)**	**(0.31)**	**0.05**	**0.03**	↑

Other Income	Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance £m	Change
Non Mandatory/Non protected clinical revenue	0.37	0.64	0.27	0.00	0.27	0.90	↓
R&D / Education & training revenue	2.18	2.26	0.09	0.00	0.09	0.07	↑
Site Services	0.56	0.56	(0.00)	0.00	(0.00)	(0.02)	↓
Revenue from non-patient services to other bodies	1.37	1.38	0.01	0.00	0.01	0.08	↓
Misc. other operating revenue	7.46	7.33	(0.13)	(0.84)	0.71	(0.78)	↑
Total	**11.93**	**12.17**	**0.23**	**(0.83)**	**1.07**	**0.25**	↑

1.2 Statement of Comprehensive Income

1.2.2 Operating Expenditure

	Year to Date - Month 03			Plan Changes		Previous Month YTD	
	Plan	Actual	Variance	Changes PbR to RSA Plan	Variance to RSA Plan	Variance to RSA Plan	Change
	£m	£m	£m	£m	£m	£m	
Total Operating Expenses Included in EBITDA							
Employee Expenses	56.70	57.60	(0.90)	0.59	(0.31)	(0.13)	↑
Non-Pay Expenses	40.52	41.71	(1.19)	1.90	0.70	0.43	↑
PFI / LIFT Expenses	0.13	0.22	(0.09)	0.00	(0.09)	(0.05)	↑
Total	**97.35**	**99.53**	**(2.18)**	**2.49**	**0.31**	**0.24**	↑



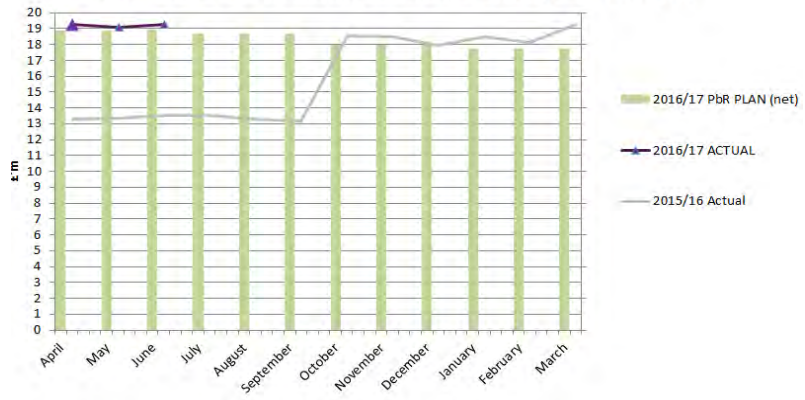
- Total Operating Expenditure included in EBITDA is £2.18m above plan and therefore showing an adverse year to date position. Based on a Risk Share arrangement this is a favourable position by £0.31m.
- Pay is showing an overspend of £0.90m against PbR plan, and £0.31m against the Risk Share plan. Run rates show an increase of £0.19m from the previous month. There has been an increase in established pay costs £0.17m, agency costs £0.07m, with a reduction in bank costs £0.05m. The main areas of overspend are in Medicine which is showing £0.94m overspent against the RSA plan, mainly as a result of agency costs in ED, General Medicine and Cancer Services. Women and Child's Health has pay overspends of £0.08m in Obs & Gynae and Child Health. There are underspends offsetting this in Community services £0.17m, HQ and corporate services of £0.43m mainly in the HIS team, Transformation and Pharmacy.
- Non pay is showing an overspend against PbR plan of £1.19m, and a favourable variance of £0.70m against Risk Share plan. 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 overspent £0.26m at month 3. Run rate spend is higher than the previous two months by £73k mainly in Women and Child's Health, PMU and Medicine.
- Pass through Drugs, Bloods and Devices are £0.35m over spent against RSA 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 £1.31m. This comprises of overspends in outsourcing £0.51m in Surgery, Independent Sector £0.19m, offset by underspends in premises costs £0.48m, and other miscellaneous, operational and discretionary costs of £1.3m due to phasing of business case and non pay budgets. Comparing to the PbR plan these costs show as an overspend due to the QIPP target set for non pay.
- Care Model budget has been phased from month 4 onwards.
- 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	13.12	12.79	0.33	0.11	0.44	0.35	↑
Registered nurses, midwives and health v	14.16	14.88	(0.72)	0.18	(0.53)	(0.35)	↑
Qualified scientific, therapeutic and techr	11.03	10.64	0.39	0.09	0.48	0.34	↔
Support to clinical staff	4.63	5.30	(0.66)	0.00	(0.66)	(0.48)	↑
Managers and infrastructure Support	13.77	14.00	(0.23)	0.21	(0.03)	0.01	↑
Total	**56.70**	**57.60**	**(0.89)**	**0.59**	**(0.31)**	**(0.13)**	↑
Employee Expenses - By Type							
Substantive	52.83	52.39	0.44	0.59	1.03	0.75	↑
Bank	0.87	2.11	(1.24)	0.00	(1.24)	(0.92)	↑
Locum	0.43	0.37	0.06	0.00	0.06	0.07	↓
Agency	2.57	2.74	(0.17)	0.00	(0.17)	(0.04)	↑
Total	**56.70**	**57.60**	**(0.90)**	**0.59**	**(0.31)**	**(0.13)**	↑

1.2.2 Operating Expenditure (Cont'd)

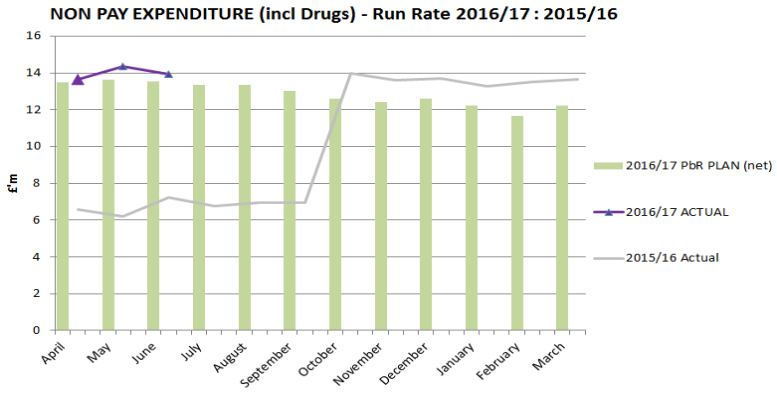
	Year to Date - Month 03			Plan Changes		Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance to RSA Plan £m	Change
Employee Expenses - By Service							
Medical Services	10.47	11.41	(0.94)	0.00	(0.94)	(0.61)	↑
Surgical Services	11.79	11.67	0.12	0.00	0.12	0.03	↑
Women's, Childrens & Diagnostic Services	9.41	9.50	(0.08)	0.00	(0.08)	0.01	↑
Community Services	11.30	11.09	0.20	0.00	0.20	0.13	↓
Non-Clinical Services + Harmonisation	13.74	13.94	(0.20)	0.59	0.38	0.29	↑
Total	**56.70**	**57.60**	**(0.90)**	**0.59**	**(0.31)**	**(0.13)**	↑

TOTAL PAY EXPENDITURE - Run Rate 2016/17 : 2015/16



Non Pay Expenses - By Category							
Clinical Supplies	5.52	5.78	(0.26)	0.00	(0.26)	(0.22)	↑
Drugs (Excluding Pass through)	2.74	2.70	0.04	0.00	0.04	0.07	↑
Pass through Drugs, Blood and Devices	5.04	5.58	(0.54)	0.19	(0.35)	(0.17)	↑
Non Clinical Supplies	0.68	0.70	(0.02)	0.00	(0.02)	(0.03)	↓
Miscellaneous / Other	26.55	26.95	(0.40)	1.71	1.31	0.78	↑
Total	**40.52**	**41.71**	**(1.19)**	**1.90**	**0.71**	**0.43**	↑

NON PAY EXPENDITURE (incl Drugs) - Run Rate 2016/17 : 2015/16



Torbay and South Devon NHS Foundation Trust
Trust Agency Information
Financial Year 2016/17

	April	May	June	YTD 2016-17
NHS Improvement - revised Ceiling (June 2016)	£m	£m	£m	£m
Total Bank, Overtime (OT) and Agency Staff Cost	(0.662)	(0.643)	(0.623)	(1.928)
Total Planned Staff Costs	(18.898)	(18.901)	(18.904)	(56.702)
% of Bank, OT & Agency Costs against Total Staff Cost	**4%**	**3%**	**3%**	**3%**

	April	May	June	YTD 2016-17
ICO Actual	£m	£m	£m	£m
Total Bank, Overtime (OT) and Agency Staff Cost	(0.911)	(1.043)	(1.112)	(3.066)
Total Actual Staff Cost	(19.231)	(19.090)	(19.565)	(57.886)
% of Bank, OT & Agency Costs against Total Staff Cost	**5%**	**5%**	**6%**	**5%**

	April	May	June	YTD 2016-17
Variance against Revised Ceiling	£m	£m	£m	£m
Total Bank, Overtime (OT) and Agency Staff Cost	(0.249)	(0.400)	(0.489)	(1.138)
% of Bank, OT & Agency Costs against Total Staff Cost	**1%**	**2%**	**2%**	**2%**

- NHS Improvement (NHSI) have set agency spend controls and processes for all Trusts to follow. A revised profile of Agency spend for the Trust was initiated by NHSI in its letter to the Trust in June 2016.
- The Trust, as with others in the South West, is finding compliance with the spend limits extremely difficult as the agencies, including those on the national framework, are not able to offer staff at the required rates.
- The Medical agency will be added to this information from next month to provide board level visibility. The spend limits are equally a problem for medical staff.
- The actual spend on medical staff agency and locums overall at month 3 is within the planned medical spend.

Improvement Plan

No.	Action	Lead	Date
1	Nursing agency shifts all approved by a Director	JV	ongoing
2	Medical Agency and Locum Approved by a Director	RD	ongoing
3	Recruitment processes streamlined and regular for key clinical staff	MR	Ongoing
4	Overseas Recruitment of Nursing Staff	MR/JV	in progress

e Arrangements		
Senior Business management Team, Exec Team meetings ,Finance Committee		

1.2 Statement of Comprehensive Income

1.2.4 Non Operating Revenue & Expenses

	Year to Date - Month 03			Plan Changes		Previous Month YTD	
	Plan	Actual	Variance	Changes PbR to RSA Plan	Variance to RSA Plan	Variance to RSA Plan	Change
	£m	£m	£m	£m	£m	£m	
Non-Operating Expenses							
Donations & Grants	0.06	0.00	(0.06)	0.00	(0.06)	(0.01)	↑
Depreciation & Amortisation	(2.53)	(2.46)	0.07	0.00	0.07	0.05	↑
Impairments	0.00	0.00	0.00	0.00	0.00	0.00	↔
Restructuring Costs	0.00	(0.28)	(0.28)	0.00	(0.28)	0.00	↑
Finance Income	0.04	0.03	(0.01)	0.00	(0.01)	(0.00)	↓
Gains / (Losses) on Asset Disposals	0.00	0.29	0.29	0.00	0.29	0.30	↓
Interest cost	(0.77)	(0.75)	0.02	0.00	0.02	0.03	↓
Public Dividend Capitals	(0.65)	(0.61)	0.04	0.00	0.04	0.03	↑
PFI Costs	(0.08)	(0.09)	(0.01)	0.00	(0.01)	(0.04)	↑
Corporation Tax expense	(0.01)	(0.01)	0.00	0.00	0.00	0.00	↔
Total	**(3.94)**	**(3.88)**	**0.05**	**0.00**	**0.05**	**0.35**	↓

- Gains/losses on Asset Disposals is £288k favourable to RSA Plan, primarily due to the sale of the surgical robot to Nicolaus Copernicus University in Poland.
- Restructuring costs are £283k adverse to RSA Plan, due to MARS costs incurred.
- There are no other noteworthy variances in Non-Operating Expenses.

1.2 Statement of Comprehensive Income

1.2.5 Cost Improvement Programme (Based on full year for both Trusts)

	Year to Date - at Month 03			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Change
Schemes Delivered to Date M1 to M3					
Delivered Schemes : Recurrent	0.70	1.30	-0.60	n/a	n/a
Delivered Schemes : Non-Recurrent	0.00	0.40	-0.40	n/a	n/a
Delivered Schemes : Total	**0.70**	**1.71**	**-1.01**	n/a	n/a
Schemes Delivered to Date Current Year Effect M1- M12					
Delivered Schemes : Recurrent	13.90	3.73	10.17	n/a	n/a
Delivered Schemes : Non-Recurrent	0.00	0.66	-0.66	n/a	n/a
Delivered Schemes : Total	**13.90**	**4.39**	**9.51**	n/a	n/a
Full Year Forecast Delivery					
Forecast Schemes : Recurrent	13.90	4.51	9.39	n/a	n/a
Forecast Schemes : Non-Recurrent	0.00	1.31	-1.31	n/a	n/a
Forecast Schemes : Total	**13.90**	**5.82**	**8.08**	n/a	n/a

At month 3 CIP delivery is £1.71m which is £1.01m ahead of plan. To date £1.30m has been achieved recurrently, and £0.40m non recurrently. However CIP targets have been profiled with a stepped increase after quarter one to the end of the financial year.

The current year effect of CIP achieved to date is £4.39m, of which £3.73m is recurrent, and 0.66m non recurrently.

Looking at the position for the whole year, based on Month 3 intelligence, the Trust is forecast to deliver £5.82m of savings against the £13.9m CIP target. This results in a year end £8.08m shortfall.

Improvement Plan

No.	Action	Lead	Date
1	CIP Scheme Delivery assurance via PMO process	Paul Cooper	Complete
2	Carter Financial aspects identified and communicated	Paul Cooper	Ongoing
3	Full Run Rate reporting in smartsheet	Paul Cooper/ Ann Wagner	M5
4	Automation of PMO process and single point of entry for scheme tracking and perfomance management	Paul Cooper/ Ann Wagner	M5
5	Establishment of Exec Director CIP Efficiency	Paul Cooper	Complete

Quarterly Service Delivery Unit Performance reviews, monthly SBMT review, Service Delivery Units Board meetings.

1.3 Balance Sheet

	Year to Date - Month 03			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	8.54	7.68	(0.86)	0.00	(0.86)	(0.74)	↓
Property, Plant & Equipment	153.59	150.27	(3.32)	0.00	(3.32)	(3.05)	↓
On-Balance Sheet PFI	17.17	16.91	(0.26)	0.00	(0.26)	(0.24)	↓
Other	1.89	2.02	0.14	0.00	0.14	0.12	↑
Total	**181.19**	**176.89**	**(4.31)**	**0.00**	**(4.31)**	(3.91)	↓
Current Assets							
Cash & Cash Equivalents	21.99	14.73	(7.26)	(2.87)	(4.39)	(8.67)	↑
Other Current Assets	22.51	32.60	10.09	2.41	7.68	8.84	↓
Total	**44.51**	**47.34**	2.83	**(0.46)**	**3.29**	0.17	↑
Total Assets	**225.70**	**224.22**	**(1.48)**	**(0.46)**	**(1.02)**	(3.74)	↑
Current Liabilities							
Loan - DH ITFF	(6.40)	(6.13)	0.27	0.00	0.27	0.24	↑
PFI / LIFT Leases	(0.72)	(0.64)	0.08	0.00	0.08	0.09	↓
Trade and Other Payables	(30.27)	(31.45)	(1.18)	0.00	(1.18)	0.16	↓
Other Current Liabilities	(1.64)	(1.83)	(0.20)	0.00	(0.20)	(0.20)	↔
Total	**(39.02)**	**(40.05)**	**(1.03)**	**0.00**	**(1.03)**	0.29	↓
Net Current assets/(liabilities)	**5.49**	**7.29**	1.80	**(0.46)**	**2.26**	0.46	↑
Non-Current Liabilities							
Loan - DH ITFF	(62.51)	(61.99)	0.52	0.00	0.52	1.04	↓
PFI / LIFT Leases	(20.38)	(20.80)	(0.42)	0.00	(0.42)	(0.42)	↔
Other Non-Current Liabilities	(3.97)	(3.86)	0.11	0.00	0.11	0.07	↑
Total	**(86.86)**	**(86.65)**	**0.21**	**0.00**	**0.21**	0.69	↓
Total Assets Employed	**99.82**	**97.52**	(2.30)	**(0.46)**	**(1.84)**	(2.76)	↑
Reserves							
Total	**99.82**	**97.52**	(2.30)	**(0.46)**	**(1.84)**	(2.76)	↑

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, non-current assets are lower than RSA Plan by a further £2.7m, principally due to a reduced level of capital expenditure.

Cash is lower than RSA Plan by £4.4m, due to debtors being higher than RSA plan by £7.7m, partly offset by capex lower than Plan by £3.1m.

Debtors are higher than RSA Plan by £7.7m. Extensive efforts are currently underway to recover outstanding debts. main outstanding balances are:

- Torbay Council finalised social care contract £2.3m (due to be settled at end of July);
- STF funding Q1 £1.7m;
- Risk Share Agreement 2016/17 £1.2m higher than RSA plan;
- CCG West Devon funding £0.5m;
- CCG contribution to care model £0.5m;
- Livewell outstanding debtors £0.4m.

All NHS debtors have been agreed in the final accounts process for 2015/16. Increased balances therefore reflect a timing rather than recoverability.

1.4 Cash Flow Statement

	Year to Date - Month 03			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	0.95	0.74	(0.21)	(0.46)	0.25	(0.08)	↑
Debtor Movements	4.74	(6.17)	(10.92)	(2.41)	(8.51)	(9.61)	↑
Creditor Movements	(2.09)	(0.57)	1.53	0.00	1.53	(0.19)	↑
Capital Expenditure	(6.29)	(3.18)	3.11	0.00	3.11	2.68	↑
Net Interest	(0.71)	(0.57)	0.15	0.00	0.15	0.17	↓
Loan drawndown	2.15	1.34	(0.81)	0.00	(0.81)	(1.31)	↑
Loan repayment	(0.38)	(0.35)	0.03	0.00	0.03	0.03	↔
PDC Dividend	0.00	0.00	0.00	0.00	0.00	0.00	↔
Other	0.05	(0.08)	(0.13)	0.00	(0.13)	(0.36)	↑
Current Cash Balance	**21.99**	**14.73**	**(7.26)**	**(2.87)**	**(4.38)**	(8.67)	↑

The M03 closing cash balance is lower than RSA Plan by £4.4m. This is principally due to three factors:

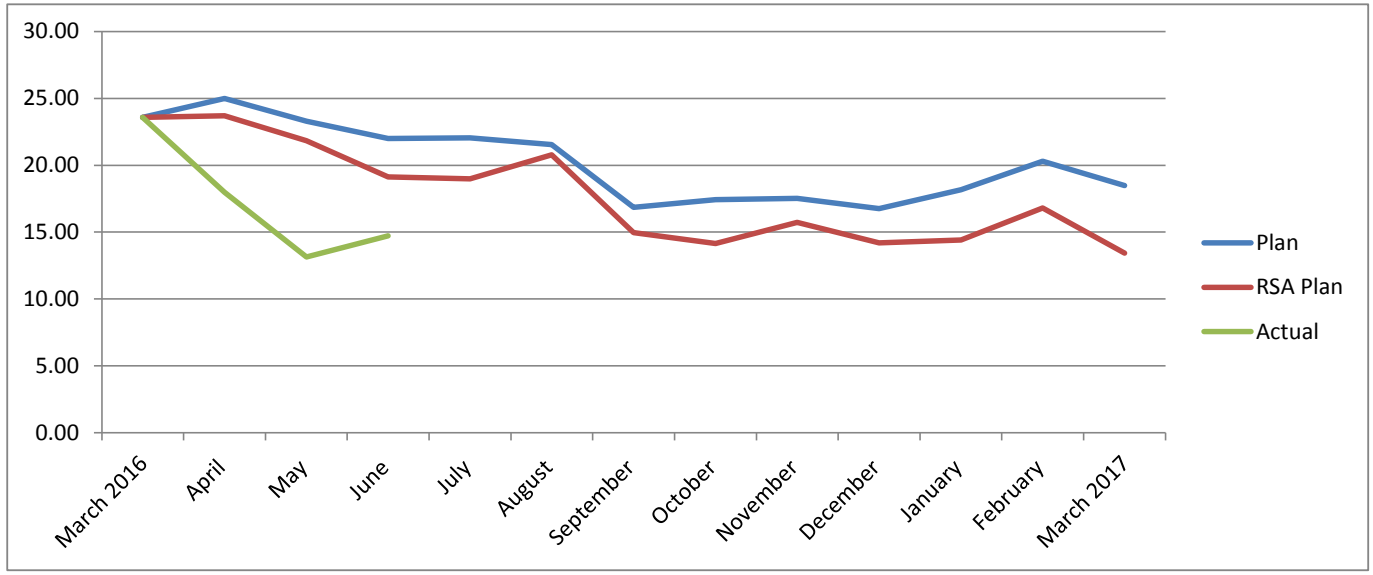
- Debtor and Creditor movements (£6.7m adverse). As explained in section 4.3, considerable efforts are underway to resolve the remaining issues.

- Capital expenditure (£3.1m favourable).

- Loan drawdown (£0.8m adverse). The planned drawdown was made in M03.

The RSA Plan shows a closing cash position adverse to the PbR Plan. This is due to the adverse impact of the RSA Plan on the I&E position, partly offset by reduced capital expenditure (net of reduced loan drawdown).

Cash Flow Against Plan (£m):



1.5 Capital

	Year to date - Based upon Annual Plan (April 16)			Full year Annual Plan versus Revised Forecast	
	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m
Capital Programme	6.29	3.15	(3.14)	36.90	26.88

Significant Variances in Planned Expenditure by Scheme:

HIS schemes	1.18	0.50	(0.68)	9.08	6.67
Estates schemes	3.67	2.40	(1.27)	16.28	12.28
Medical Equipment	0.38	0.07	(0.31)	7.70	5.34
Other	0.11	(0.02)	(0.13)	0.05	0.11
PMU	0.61	0.20	(0.41)	1.60	1.79
Contingency	0.34	0.00	(0.34)	2.19	0.69
Prior Year schemes	0.00	0.00	0.00	0.00	0.00
Total	6.29	3.15	(3.14)	36.90	26.88

Funding sources

Secured loans	10.94	10.94
Unsecured loans	7.71	2.41
Charitable Funds	2.60	2.60
Internal cash resources	15.65	10.93
Total	**36.90**	**26.88**

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 detrimental to the Trust's future borrowing capability. To protect the Trust's cash position over a forecast 5 year period of time a revised capital program has been developed. Loan applications are planned to be submitted in October 2016 to support elements of this program. In parallel with the loan application process, 'downside' plans are also being developed in the event that these loan applications are unsuccessful.

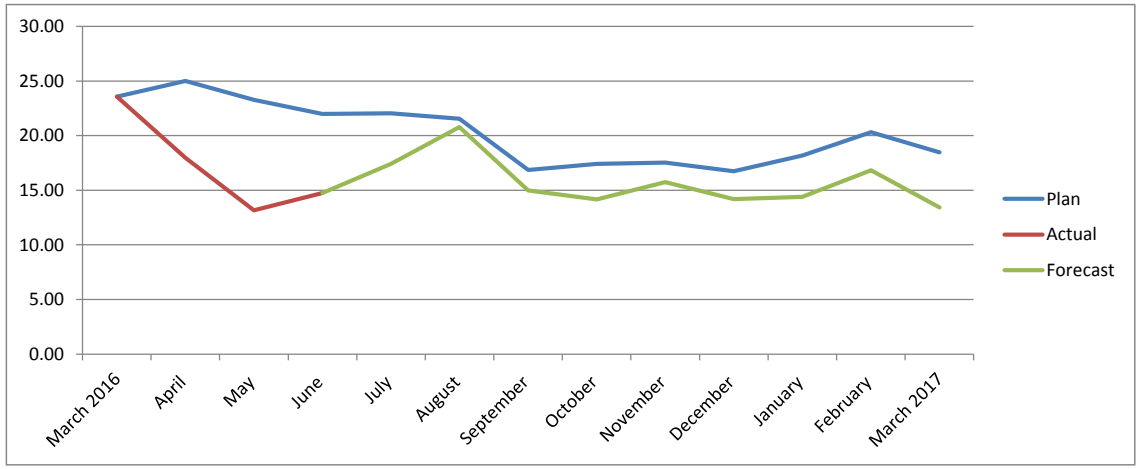
Governance Arrangements

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.

1.6 Forecast

	Full Year			Plan Changes		Previous Month	
	Plan	Forecast	Variance	Changes PbR to RSA Plan	Variance to RSA Plan	Variance	Change
	£m	£m	£m	£m	£m	£m	
Income & Expenditure							
Income	393.25	395.63	2.38	3.22	(0.84)		
Operating expenses	(374.15)	(386.86)	(12.71)	(12.70)	(0.00)		
EBITDA	**19.10**	**8.77**	**(10.33)**	**(9.49)**	**(0.84)**		
Non-operating revenue	2.76	3.06	0.30	0.00	0.30		
Non-operating expenses	(20.13)	(20.41)	(0.28)	0.00	(0.28)		
Operating surplus / (deficit)	**1.74**	**(8.57)**	**(10.31)**	**(9.49)**	**(0.82)**		
Cash Flow							
Opening Cash Balance - 01/04/2016	**23.57**	**23.57**	**0.00**	**0.00**	**0.00**		
Cash Generated From Operations	22.36	11.75	(10.61)	(9.49)	(1.12)		
Debtor Movements	4.41	3.27	(1.14)	(0.27)	(0.87)		
Creditor Movements	(2.10)	(2.10)	0.00	0.00	0.00		
Capital Expenditure	(36.90)	(26.88)	10.01	10.01	0.00		
Net Interest	(2.90)	(2.90)	0.00	0.00	0.00		
Loan drawndown	18.65	13.35	(5.30)	(5.30)	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)	0.22	0.30	0.00	0.30		
Forecast Cash Balance - 31/03/2017	**18.48**	**11.75**	**(6.73)**	**(5.04)**	**(1.69)**		

Cash Flow Forecast £m:



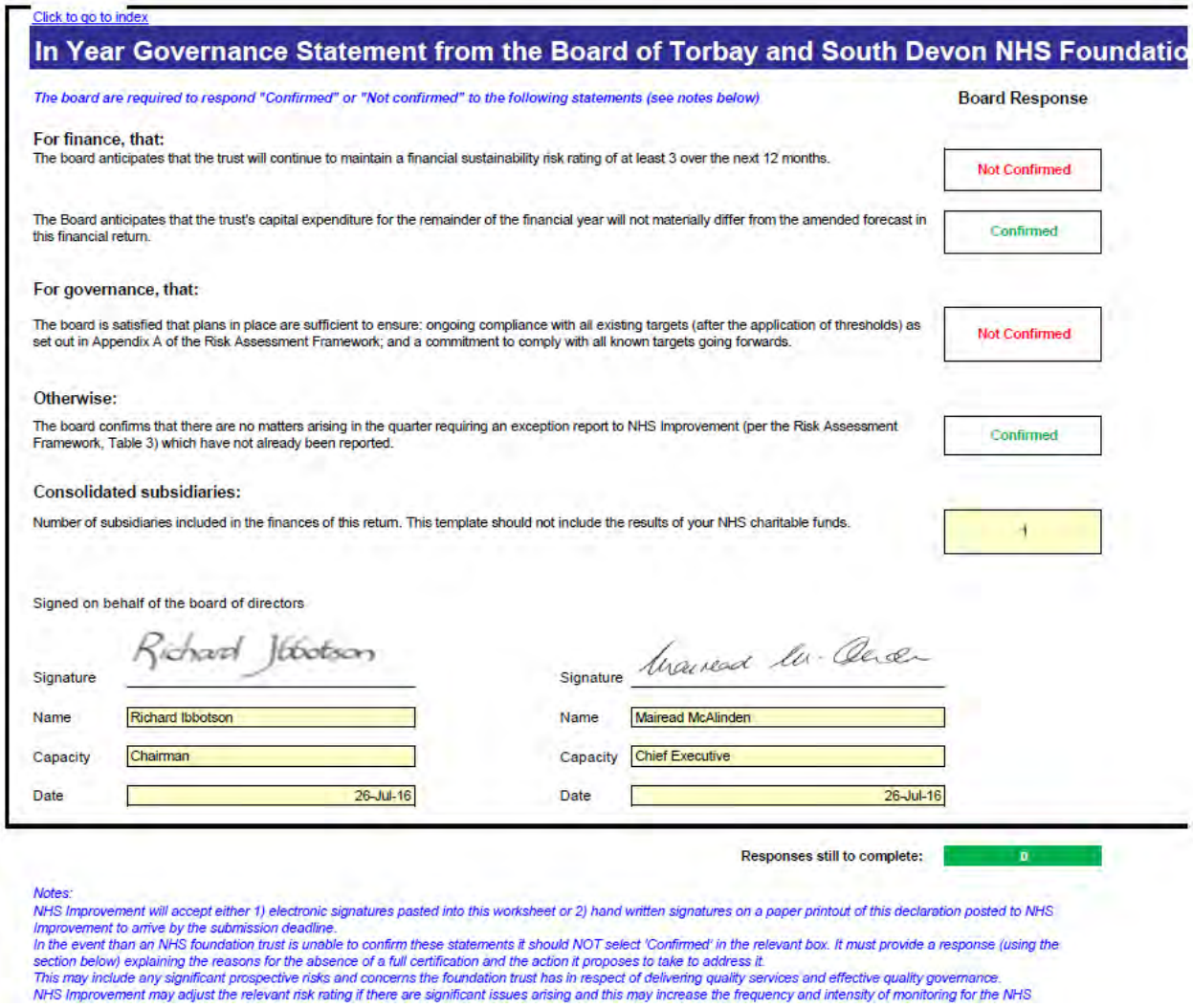
Income & Expenditure
Due to the move from a PbR contract (as assumed in the original Plan) to a Risk Share Agreement contract, planned income is forecast to be £3.2m higher, offset by Operating Expenses £12.7m higher. This reduced the original planned surplus by £9.5m, from £1.7m to a deficit of £7.8m.

Since the Risk Share Agreement contract was agreed, the criteria for accessing the Sustainability & Transformation Funding (STF) have been issued. Having reviewed the criteria, we have reduced our forecast for this funding by £1.6m, partly offset by a consequent increase in Risk Share income of £0.8m. On this basis, a deficit of £8.6m is now forecast.

Cash flow
The adoption of a revised I&E plan (including the impact upon working capital) is forecast to have an adverse impact of £9.8m on the closing cash balance. The revision to the capital expenditure programme and associated loan drawdown is forecast to have a net favourable impact on cash of £4.8m. On this basis, the closing cash balance was forecast to be £5.0m lower than originally planned.

The above reduction in STF income and other working capital changes results in a further reduction of £1.7m in the forecast closing cash balance.

NHS Improvement Governance and Financial Sustainability Risk Rating (FSRR) Declarations – Quarter One



Click to go to index

In Year Governance Statement from the Board of Torbay and South Devon NHS Foundatio

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below) — Board Response

For finance, that:

The board anticipates that the trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months. — Not Confirmed

The Board anticipates that the trust's capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in this financial return. — Confirmed

For governance, that:

The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards. — Not Confirmed

Otherwise:

The board confirms that there are no matters arising in the quarter requiring an exception report to NHS Improvement (per the Risk Assessment Framework, Table 3) which have not already been reported. — Confirmed

Consolidated subsidiaries:

Number of subsidiaries included in the finances of this return. This template should not include the results of your NHS charitable funds. — 1

Signed on behalf of the board of directors

Signature	Richard Ibbotson	Signature	Mairead McAlinden
Name	Richard Ibbotson	Name	Mairead McAlinden
Capacity	Chairman	Capacity	Chief Executive
Date	26-Jul-16	Date	26-Jul-16

Responses still to complete: 0

Notes:
NHS Improvement will accept either 1) electronic signatures pasted into this worksheet or 2) hand written signatures on a paper printout of this declaration posted to NHS Improvement to arrive by the submission deadline.
In the event than an NHS foundation trust is unable to confirm these statements it should NOT select 'Confirmed' in the relevant box. It must provide a response (using the section below) explaining the reasons for the absence of a full certification and the action it proposes to take to address it.
This may include any significant prospective risks and concerns the foundation trust has in respect of delivering quality services and effective quality governance.
NHS Improvement may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the NHS

The board is unable to make one of more of the confirmations in the section above on this page and accordingly responds:

The Trust acquired Torbay and Southern Devon Health and Care NHS Trust on 1 October 2015. Monitor (pre April 2016) was informed that in 2015/16 the Financial Sustainability Risk Rating was expected to fall to a 2 before the financial efficiencies borne from system redesign are realised. The rating was expected to rise to 3 in 2016/17.

The Contract settlement, the STF rules now being published and the delay in implementing the care model changes has led to the Trust forecasting a deficit of £8.3m for 2016/17. This is explained in the narrative document covering the financial submission. Affecting EBITDA and debt service ratio, this will result in an FSRR, no better than 2 by 31 March 2017. The Board are taking action to manage the liquidity aspect of the FSRR to ensure that a minimum rating of 2 is maintained. This range of actions include:

• Capital programme review - the board are holding schemes on the capital programme pending submission and approval of loan applications. This will have a positive impact on the liquidity rating.
• The Trust is seeking a plan resubmission to take account of the contract settlement , the trust entered into after a letter received from the regulators , which would significantly improve the I&E variance metric.

The Trust is declaring a Financial Sustainability Risk Rating of two at quarter one.

NHS Improvement Governance and Financial Sustainability Risk Rating (FSRR)
Declarations – Quarter One

Access Standards

A&E / Cancer / Diagnostics: The trajectories agreed with the local CCG for A&E, Cancer and Diagnostics standards were all delivered in the first quarter. In addition these standards are all forecast to be delivered to their individual trajectories in each month and quarter from July to March 2017.

Referral to Treatment (RTT): This standard was delivered in advance of the agreed trajectory in the first quarter. However due to a significant reduction in neurology capacity the numbers of patients waiting over 18 weeks for treatment have increased substantially. This impact has been predicted for some months and solutions have been actively sought. The Trust continues to work with neighbouring providers and our local CCG to find solutions.

The Trust and the CCG also agreed a plan to temporarily close the list to new neurology referrals. List closure was considered to represent the safest way to manage the clinical risk arising from the lack of capacity. This was supported by the CCG's governing body although subsequently the requirements of NHS England were found not to have been met.

The Trust and the CCG wish to explore the option of applying for a dispensation to exclude the impact of the deteriorating neurology RTT position from the aggregate RTT position. This would be for the purposes of STF calculations. This is on the grounds that the CCG and the Trust had planned to have instigated a temporary list closure by now, having followed the process that was understood to be required.

The temporary list closure for neurology would enable the Trust to reduce the number of neurology patients sufficiently to return to delivering the required trajectory.

Torbay and South Devon NHS
NHS Foundation Trust

REPORT SUMMARY SHEET

Meeting Date:	3rd August 2016
Title:	Safeguarding Children Report
Lead Director:	Chief Nurse
Corporate Objective:	Safe, Quality Care and Best Experience and Well-Led
Purpose:	Information/Assurance

Summary of Key Issues for Trust Board

Strategic Context:

This annual report will inform Torbay and South Devon NHS Foundation Trust board members on issues relating to safeguarding children and young people including looked after children in Torbay and South Devon.

The Trust is a partner organisation working with Devon County Council and Torbay Council who are the lead agencies for Safeguarding Children. This duty is outlined in Section 11 of the Children's Act 2004.

The Chief Nurse is Executive Lead for Safeguarding and is supported in this role by the Associate Director of Nursing and Midwifery and the Named Professionals.

Key risk:

Increased numbers of staff requiring Levels 2/3 training following review and reallocation of training levels in line with Intercollegiate Guidance issued in 2014.

Deficit in provision of safeguarding supervision related to limited team capacity.

Attendance at MASH and capacity to chair meetings.

Summary of ED Challenge/Discussion:

Executive discussed the need for the Trust safeguarding children work plan to contribute to delivery of the Torbay Children's Services Improvement Board. This includes delivery on improvement in a number of key areas including:

- Leadership and Governance
- Early help and targeted intervention
- Monitoring key performance indicators such as adoption timeliness, Child in Need, Looked after Children, Children on Protection Plan.

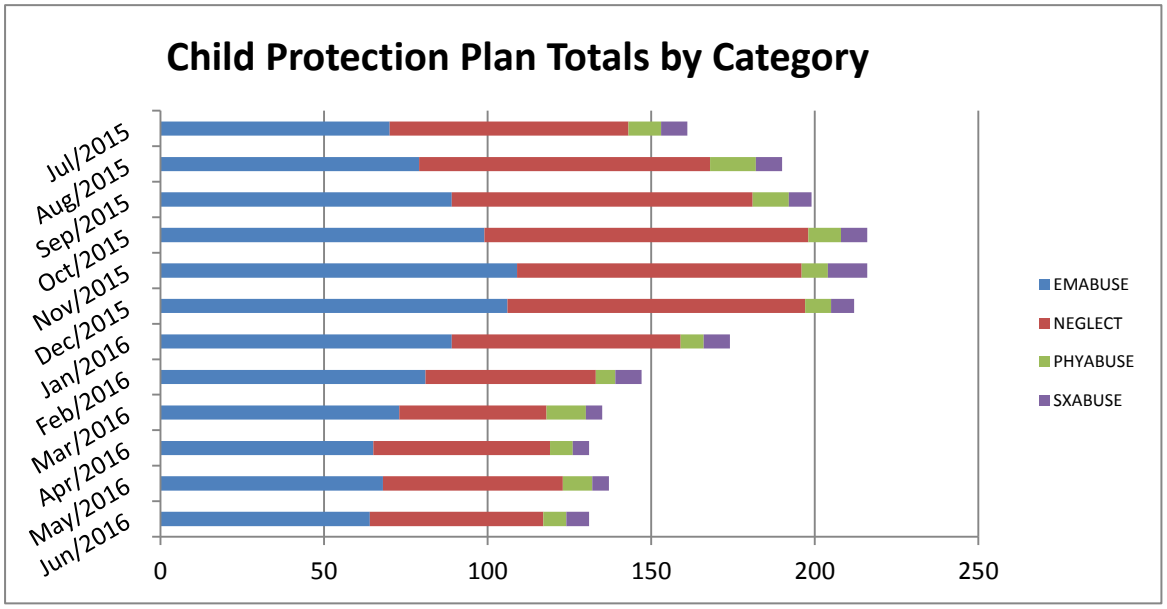
As a partner, the Trust has a key part to play in delivering improvements in the care of children and families. An important role is the early identification of those at risk by teams in ED, Maternity and Paediatrics.

Internal/External Engagement including Public, Patient and Governor Involvement: Torbay Safeguarding Children Board Torbay Children's Services Improvement Board Trust Integrated Safeguarding Committee
Equality and Diversity Implications: Vulnerable children and families

01 Current performance:

1.1 Children on Child Protection Plan

The graph below provides detail of the numbers of Torbay children who were subject to a child protection plan in 2015/16 year to date and include category of abuse. The number of children subject to a plan has reduced to 131. Emotional abuse and neglect continue to be the most prevalent category of abuse for children in Torbay.



Devon County Council data is unavailable for South Devon is unavailable at the time of writing.

1.2 Child Protection Supervision

The requirement for robust child protection supervision is essential to maintain safe practice and improve outcomes for vulnerable children and young people. Torbay and South Devon NHS Foundation Trust assume this responsibility with the provision of qualified safeguarding supervisors, to enable practitioners to assess one to one planned supervision as well as “real time” advice and support when issues arise.

Children who have been subject to a plan for 9 months are flagged and the plans are scrutinised by the child protection supervisors alongside the health visitor or school nurse to understand why the child continues to be at risk of significant harm.

Health Visitors and School Nurses support children and families throughout the child protection process in partnership with other agencies and as a result require regular robust and timely supervision which is monitored by public health commissioners.
Current performance is detailed below:

% of Public Health Nurses receiving CP supervision on Time	KPI Parameters	100%	90-99%	0-89%
1:1 Supervision – Target = 100%	Quarter 4 2015 96%	Quarter 1 2016 96%		

Safeguarding supervision faces differing challenges within the Hospital setting. A multidisciplinary team of Safeguarding Supervisors have received training, additional to their clinical role, to facilitate the completion of safeguarding supervision across the Trust. The team comprises of a range of staff across the Integrated Care Organisation (ICO) including Midwifery staff, Sexual Health Team staff, Speech and Language Therapists, Emergency Department Nurses, Child Health staff. The supervision that is provided ranges from planned 1:1 sessions, group planned sessions to ad-hoc live case sessions.

There are a number of planned sessions that are completed within the annual mandatory study days for Midwifery, Child Health and the Emergency Department, all led by the Named Professionals. The Named Doctors also lead a Peer Review session for clinicians. A number of teams have a robust supervision arrangement, such as Midwifery, Sexual Health and CAMHS .The recent CQC inspection specifically identified the positive practice of quarterly supervision for all CAMHS practitioners.

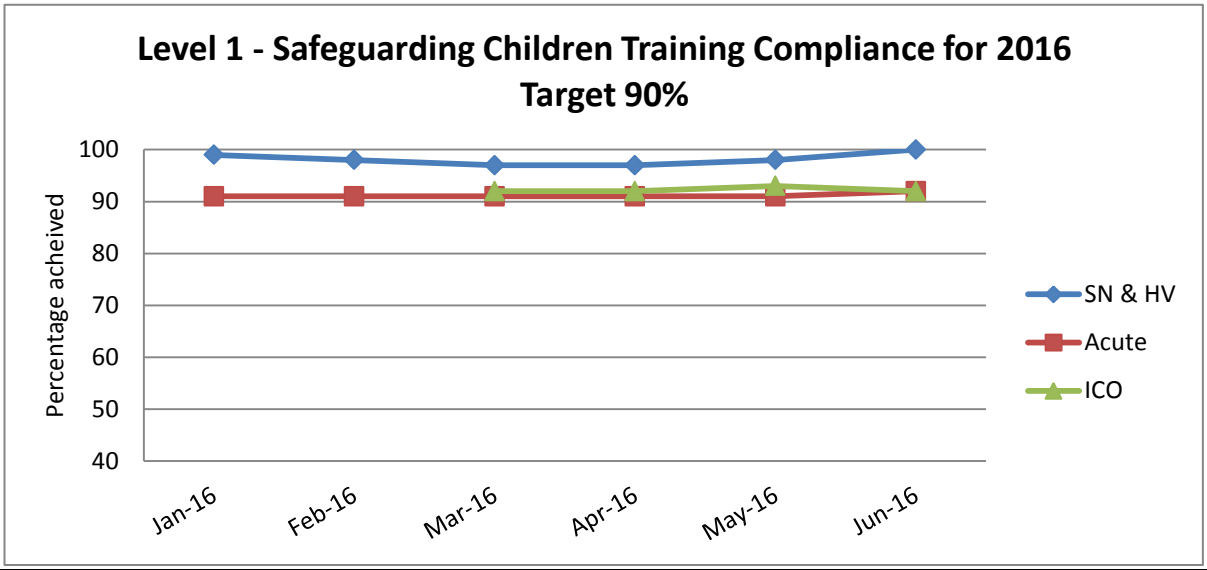
The Paediatric Liaison Nurse is available across the Hospital based community for advice, guidance, support and supervision. He has face to face contact with staff in the Paediatric clinical areas and the Emergency Department on a daily basis and is available to support safeguarding practice across all clinical areas. The service currently supports on average 260 contacts for information sharing per month.

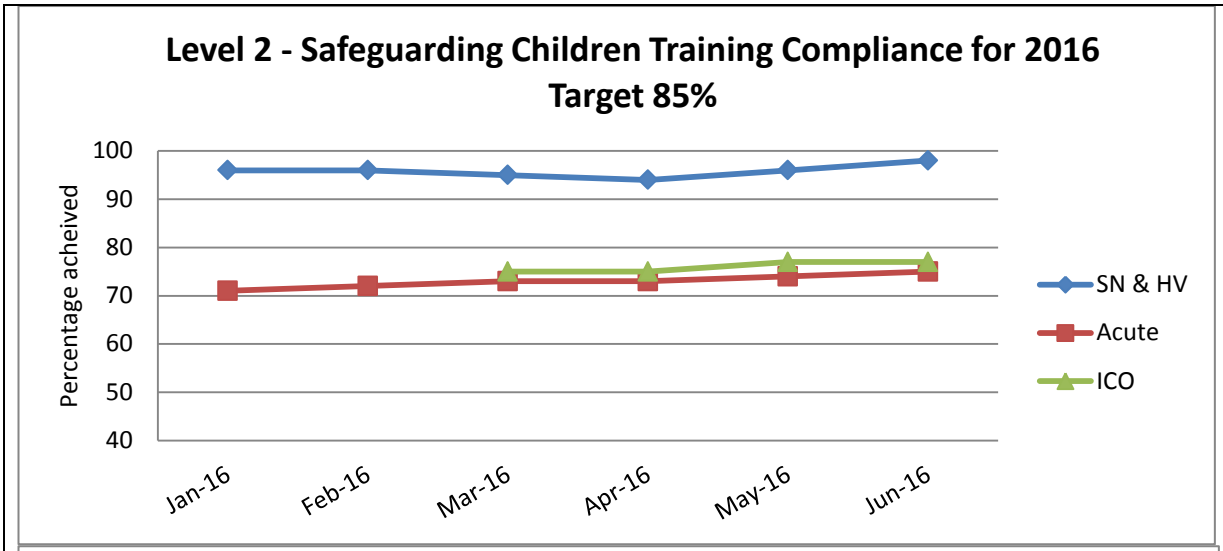
1.3 Torbay MASH Multi Agency Safeguarding Hub

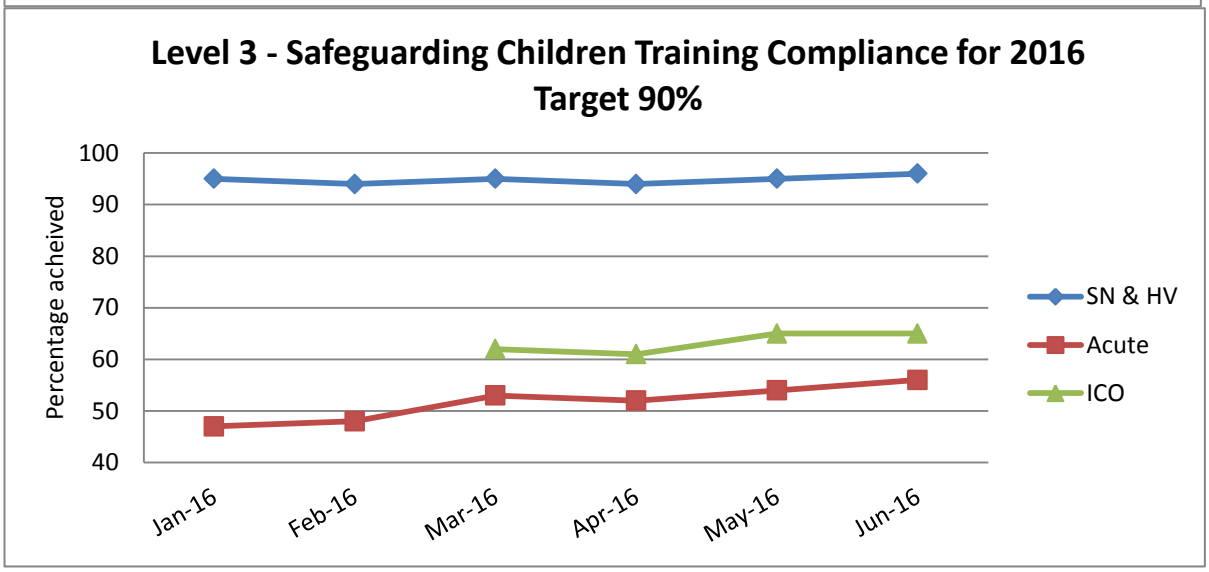
Torbay and South Devon NHS Foundation Trust support the Torbay MASH function within Torbay Children Services. Health representatives from the Safeguarding Supervisors team take an active role in the information sharing and decision making process, to best meet the needs of the children. This ensures Torbay and South Devon NHS Foundation Trust meets its statutory requirement for health professionals to be involved in child protection strategy discussions (Working Together 2013). For the year June 2015-16, Health contributed to 449 MASH strategy meetings alongside the police and children services. In addition, staff support the decision making team for each referral to children services and contribute to section 47 child protection strategy discussions, as required. Due to the significant information gathering required for the purposes of decision making and information sharing, a MASH co-ordinator has been appointed to support Trust practitioners with administration duties.

1.4 Safeguarding Children Training

Torbay and South Devon NHS Foundation Trust mandatory training in safeguarding children reflects best practice recommendations contained in Working Together to Safeguard Children 2013 and Intercollegiate Document 2014 and continues to be a Trust Board priority. Compliance with targets is broken down into School Nurse/ Health Visitor (SN HV), Acute Staff and ICO and is as follows:







Prior to the ICO, the Acute Trust completed a full re-evaluation of all staff members safeguarding training requirements, in accordance with the Intercollegiate Guidance. There is a three year plan in place to gain compliance as a Trust with the Level 3 training. This is currently on target to be achieved by April 2018. It has been given significant support by the Trust Board. The increase in staff training and awareness has already shown an improvement in identification of safeguarding concerns for families accessing Trust services and an improvement in the quality of the referrals made to Paediatric Liaison and Children's Services, as evidenced in the recently published CQC report.

In addition to the mandatory safeguarding children training, Torbay and South Devon NHS Foundation Trust is training all Safeguarding Supervisors and all staff who attend Child Protection Meetings in a new approach - "Signs of Safety". This is the new assessment framework used by Torbay Council and is an evidence based assessment tool recommended by Professor Eileen Munro. The aim is that this approach will reduce the number of children requiring a child protection plan and prevent children needing to become "looked after". To support the implementation, the Named Nurse attends the Signs of Safety steering group to ensure this model is implemented effectively across the health community. To support staff with more specialist roles, further additional training is available to relevant staff in areas such as Child Sexual Exploitation, Domestic Abuse, Families facing multiple adversities and Female Genital Mutilation.

2.0 Quality Assurance

Following the formation of the ICO, the Trust formed the Safeguarding Children Operational Group to ensure clinical teams are leading the delivery of the safeguarding children agenda. The monitoring and quality assurance of Trust wide Safeguarding Children processes are reported to this group. This group reports to the Integrated Safeguarding Committee, chaired by the Chief Nurse and links to the Quality Improvement Group internally and the Torbay Safeguarding Children Board externally. There is an Audit programme which forms part of the standing agenda. The group links directly with the Child Health Governance meeting to ensure that any lessons can be disseminated across the Trust in an open manner.

The Named Professionals continue to participate in the Multi-Agency Case Audit (MACA) process with the Torbay and Devon Safeguarding Children's Boards and the learning is shared via the Mandatory training days, supervision updates, Peer review sessions or staff attendance at Best Practice forums.

3.0 Child Death Service

Working Together to Safeguard Children March 2015 lays out statutory guidance about how organizations should work together to safeguard and promote the welfare of children. In order to make this process as effective and informative as possible, the four LSCBs of Cornwall and Isles of Scilly, Devon, Plymouth and Torbay have agreed to a joint process, sharing resources and information to improve the quality of outcomes. Child Death Overviews will seek to identify patterns and trends in child deaths that may be used to safeguard children in the future.

The Child Death Service for Torbay and South Devon NHS Foundation Trust is supported by a Named Doctor for Child Death (Paediatric Consultant) and a Child Death Coordinator (0.2 wte). The Named Doctor provides induction training for all new Consultants. The Trust interim Named Doctor, Child Death Coordinator, Police and Rapid Response practitioner also presented a Schwartz Round "Who supports whom in the case of unexpected death?". This received significant positive response in evaluation from a wide range of Trust staff.

For the year 2015/2016 there have been 8 reported Child Deaths with a further 5 transfers to Tertiary Hospitals (Out of area). One of the cases involved intervention from the Rapid Response Team from the Peninsula Child Death Overview Panel (CDOP). Two full multidisciplinary Child death Local Case Reviews were completed which identified learning actions for the partners involved. Positive outcomes were identified when compared to previous similar cases and organisations reported improved responses and support for the family and young people within the schools. Service pressures were noted, particularly in relation to CAMHS and local Police staffing. In response to a recent ombudsman enquiry, the Peninsula Child Death Process is currently under review and this may have a direct impact on the cases which are identified as requiring a Local Child Death review to be completed by the Named Doctor.

4.0 Maternity Services:

During 2015, midwives completed 286 interagency communication forms (ICF), which identifies pregnant women who have safeguarding and vulnerability factors, such as substance misuse, domestic abuse, mental health, teenager, etc. This equates to approximately 15% of women using the maternity services with Torbay and South Devon and requires a significant amount of resource to ensure that needs are assessed and appropriate plans are put in place to safeguard the baby and family.

The volume and nature of safeguarding children work necessitates close inter-agency working. This has been particularly so in relation to the challenge faced surrounding the legality of separating mothers and their newborns. This is further complicated by requirements around supervised contact for parents with their baby. This has resulted in frequent multi-agency discussions. Further meetings are planned with Children's Services to move this agenda forward.

The Named Midwife for Safeguarding Children and the Safeguarding Children Midwife continue to provide staff with an annual update as part of the essential maternity training. These sessions provide an update on hot topics, such as child sexual exploitation, learning from serious case reviews and scenario based learning.

The team work to ensure that staff are enabled to safeguard children and as such have developed a 'summary of safeguarding plan' document to aid communication for frontline staff. This tool is utilized to clearly document the plan of care for newborn babies in regard to aspects of safeguarding. In addition safeguarding supervision continues to be embedded within maternity with the development of a more robust system of recording

4.1 Vulnerable Babies Group

The Vulnerable Babies Group was set up by a Public Health Midwife in January 2016.This was in response to concerns raised by the Perinatal Mental Health Team (PMHT) that women were being given confusing and often conflicting information regarding required hospital admissions for their babies for monitoring of withdrawal symptoms from certain prescribed mental health medications.
Since then the group for discussion, to include babies of Mothers who were on other prescribed medications and those that have misused substances in their pregnancy. Since April 2016, it was also decided to discuss babies that are subject to Child Protection Plans that are due to be born in the next 2 months. This was to ensure that the Consultant Paediatrician and SCBU staff were aware of them in case they were admitted to SCBU.

The meeting is held on a monthly basis. It is chaired by the Public Health Midwife and is attended by the Neonatal Lead Consultant Paediatrician, Safeguarding Midwife, Ward Manager Special care Baby Unit and/or Child Health Matron, Perinatal Mental Health Team and Substance Misuse Health visitor. Medication advice is sought ahead of the meeting from the Pharmacist.
Each case is discussed and an individual baby care plan devised. This baby care plan details if the baby needs to stay in hospital for observations and if so, for how long, whether the baby can be breastfed, whether any other paediatric input is required and if there is any other specific care that is needed for that baby. This plan is then shared with the woman, her GP, planned Health Visitor and Midwifery Team. A copy is also filed on Special Care Baby Unit and in the lady's medical notes.
Women can be referred for discussion at the group by any member of staff including the PMHT, Obstetric staff or midwives, simply by completing an Obstetric/Paediatric communication form which is then given to the Public Health Midwife.

5.0 Looked After Children

The Looked After Children health service is a service aimed at improving the health outcomes of Looked After Children. The Looked After Children Health Service is governed by statutory guidance from the Department of Health (DH 2010) and by National Institute of Clinical Excellence Guidance published in October 2010 and updated 2015. Currently there are 287 Torbay Children who are "looked after". Within South Devon there are an additional number of Looked After Children, approximately 150.

5.1 Looked After Children Team

The Looked After Children's Team currently comprises of a full time Lead Nurse for Looked After children (job share), Named Doctor for Looked After Children and Adoption (0.5 wte) and a Mental Health worker for Looked After Children. Following the recent CQC Inspection, funding has been secured from the CCG to increase the team and a Named Nurse for Looked After Children (0.8 wte) has been appointed and has started in July 2016. A Band 6 Looked After Nurse post (0.8 wte) has been funded and is currently going through the matching process. Previously Review Health Assessments have been completed by Health Visitors and School Nurses but now that the team is extended this role will be completed within the Looked After Health Team. This will provide a consistent set of Health Professionals for the young people who are within the Looked After Service, providing continuity and quality assurance.

The lead nurses support the learning and development for all public health nurses and offer regular training sessions for all staff who work with looked after children, to raise the children's profile and help practitioners to recognise the health needs of this vulnerable group. In addition the lead nurses also deliver training to new foster carers alongside our partners in children services and to social workers, to help them understand the health needs of children looked after and the importance of working in partnership with health. These sessions are well received and evaluated

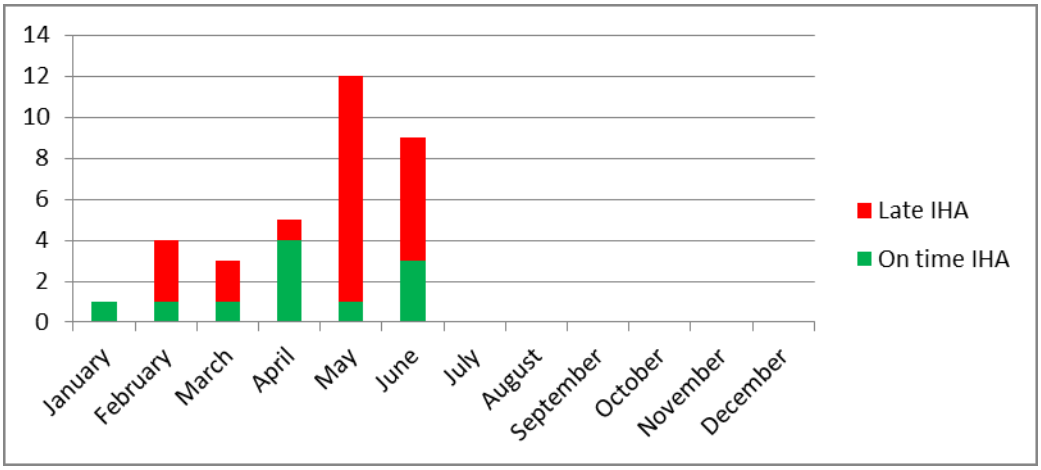
The lead nurses have developed health passports for all care leavers. These passports are completed for all children aged 15yrs and older to ensure that those leaving care have full knowledge of their health history. The Looked After Team, alongside the Trust contract team, have developed a service level agreement for providing initial and review health assessments for children placed in Torbay from other parts of the country, which brings us in line with other areas and covers our costs for providing this service.

5.2 Looked After Children Performance

Statutory guidance states that all children in care must have an Initial Health Assessment (IHA) completed within 28 days of coming into care, and subsequent review health assessments every six months for children under the age of five years, and every 12 months for children/young people aged between five and 17 years.

Timeliness for these assessments is monitored through the CCG and Safeguarding Children Operational Group. Achieving timescales for IHAs has been a challenge and was identified in the recent CQC inspection as an area for improvement. A Quality Improvement Project is underway to streamline the process for IHAs and address delays. This should result in a more timely process for notification to health of a newly Looked After Child and consent for initial health assessment; for monitoring of LAC clinics with additional clinics to be arranged if needed and for foster carers to be informed of the need to attend the first available appointment whenever possible.

5.3 Timeliness for IHA – Torbay 2016

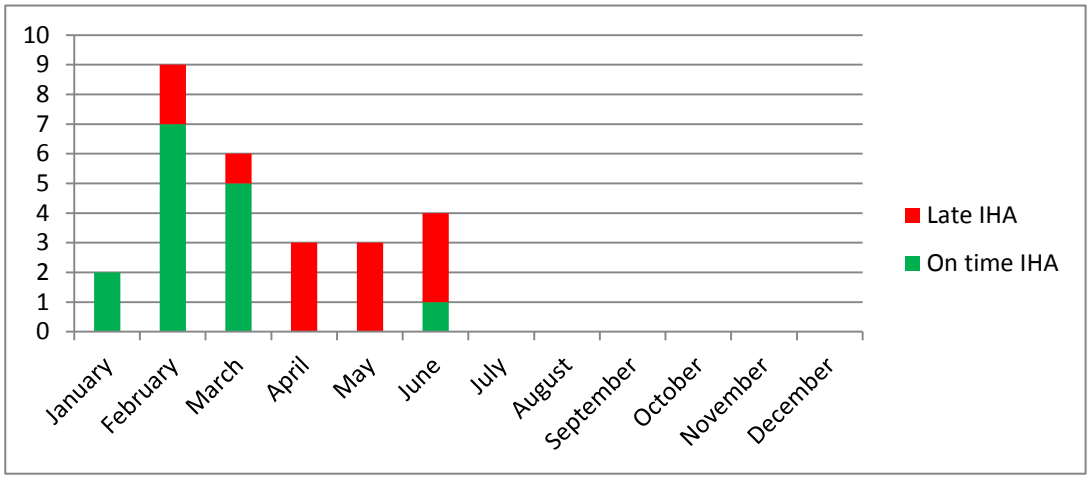


34 IHAs completed
11 met statutory timescales (33%)
23 were outside of statutory timescales (66%)

79% were offered an appointment for their IHA within timescales.

13 would have met timescales if carer had accepted first appointment offered but carer chose a later date.
9 were delayed by late notification to health.

Timeliness for IHA – Devon 2016



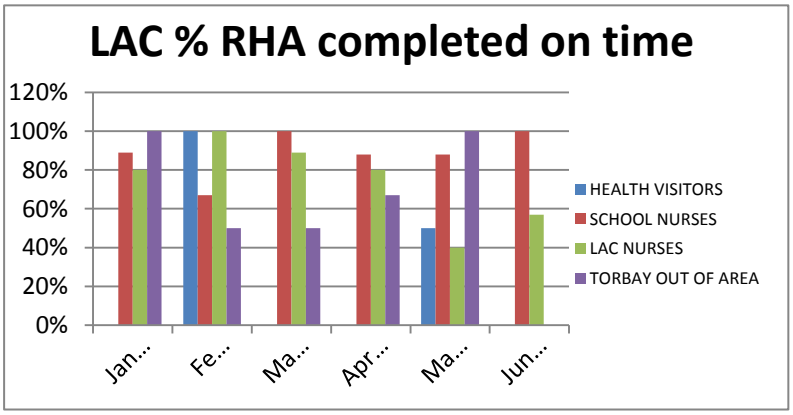
27 IHAs completed
15 met timescales (56%)
12 were outside of timescales (44%)

74% were offered an appointment for their IHA within timescales.

5 would have met timescales if carer had accepted first appointment offered but carer chose a later date.
8 were delayed by late notification to health

5.4 Timeliness for RHA:

Timeliness of completion of Review Health Assessments (RHA) continues to be a priority. NHS England provided Torbay and South Devon NHS Foundation Trust with additional resource to support an improvement in the timeliness of RHA's. This additional resource ended at the end of March 2016.

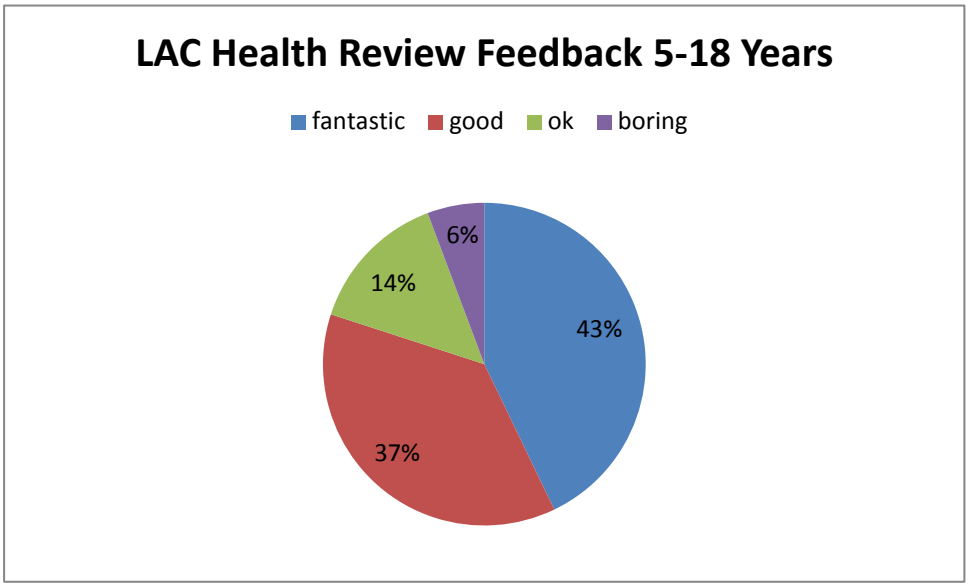


5.6 Quality and Assurance

The Lead Nurses continue to quality assure Review Health Assessments against a benchmarking tool. The same tool is used to complete an annual audit of the quality of Initial Health Assessments.
In May 2016, a Health Management Review in association with Torbay Safeguarding Children's Board was completed focusing on a Looked After Child. The main issues identified were related to parental responsibility, information sharing and ensuring appropriate health services are maintained when a child is placed out of area.

5.7 Voice of the Child

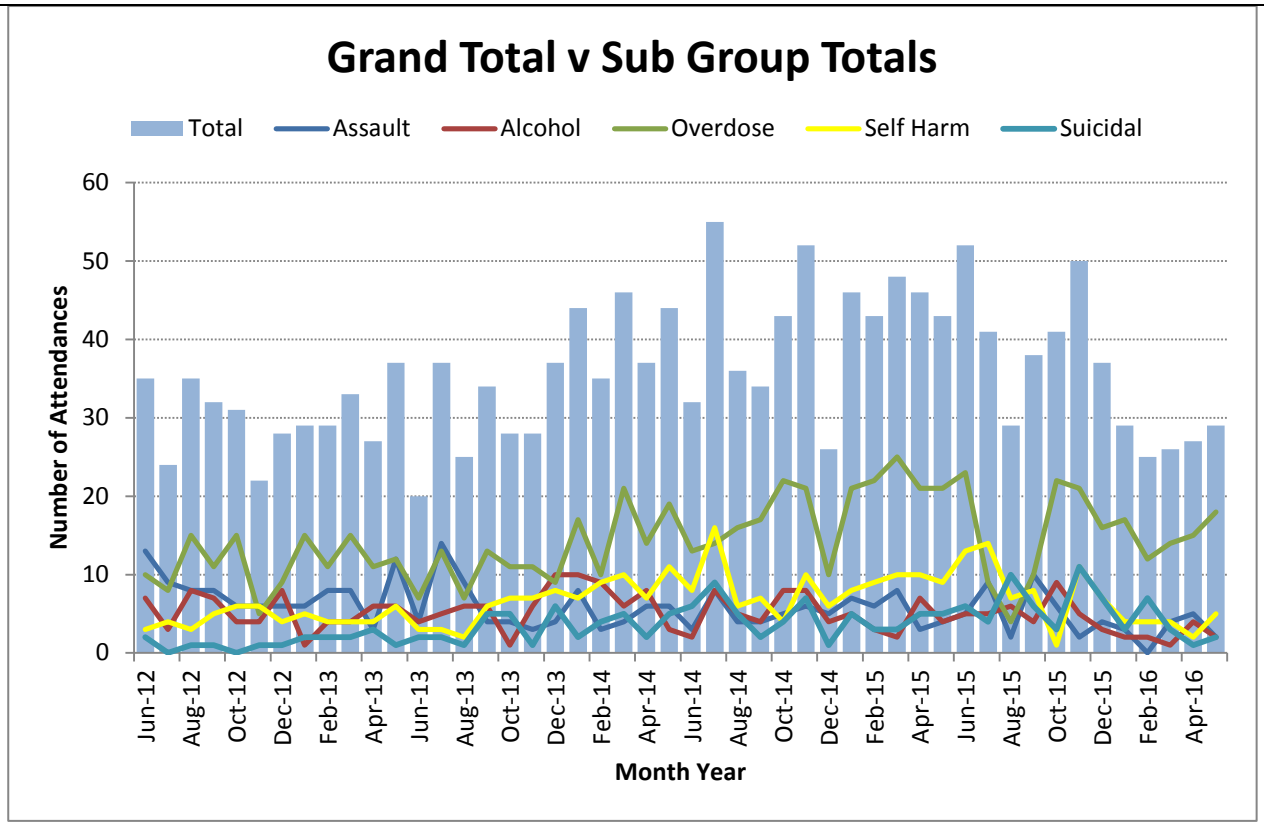
All children who receive review health assessments are asked to tell us what they thought of their review with the nurses. This year 46% were returned and showed that overall 80% children felt their review was either fantastic or good.



6.0 Mental Health Care and Safeguarding

Mental Health problems continue to have a significant impact on the safeguarding of children and young people. This can be in relation to the impact of mental health problems affecting parenting capacity of adult patients or mental health and wellbeing concerns for children / young people. Mental health related presentations to the Emergency Department and subsequent hospital admissions for young people continue to raise concerns for the Trust (see below). There are a significant number of young people attending with vulnerabilities, including substance misuse, alcohol misuse, self-harm and overdose, all of which impact significantly on their mental health and wellbeing.

Both Torbay and Devon CAMHS continue to support young people during their inpatient stay at the Hospital and many of the young people continue their treatment after discharge. The Safeguarding Team is regularly required to provide support to staff / patients and escalate care concerns for these patients and their families. It is a subject that is a pressure to many health services at a National level.



The recent CQC inspection identified that the Children's and Adolescent mental health service (CAMHS) worked closely with local services in health, social care and education. They noted that over the past 12 months there had been a significant increase in the number of children and young people with mental health issues requiring the support of CAMHS. There had also been an increase in the number of violent and aggressive incidents towards ward staff, 16 incidents for the period April 2014 to March 2015, some requiring police support. In response to these pressures, review meetings and weekly reports from the Paediatric Matron, supported by the Safeguarding Team, to commissioners is in place to escalate the needs of these young people and to highlight the gaps in service which prevent the ability to provide suitable care for the young people concerned.

Overall the CQC findings for the services for children and young people stated that there was a clear vision and overall strategy for children's and young people's services. The service provided effective and responsive planned and emergency care and support to children and young people and their families. People who used the service told us they felt safe.

7.0 Section 11 returns for TSCB / DSCB

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

8.0 TSCB - Torbay Safeguarding Children's Board

The TSCB chose to evaluate the Section 11 returns utilising presentations to the Quality Assurance Sub Group. All partners were requested to provide their information in the form of a face to face presentation. The Named Nurse and Associate Director for Nursing and Midwifery gave the initial presentation for Torbay and South Devon NHS Foundation Trust. The Trust was highly commended for the presentation and the TSCB were satisfied with the information and evidence provided. There was also a review presentation to feedback progress against the targets set by the Trust. This review was presented by the Director of Nursing. The TSCB were again satisfied with the progress, acknowledging the work completed towards the Safeguarding Children training agenda, the significant contribution of the Safeguarding team to the MASH process and the challenge of meeting the safeguarding supervision agenda.

9.0 DSCB – Devon Safeguarding Children's Board

The DSCB have chosen a different approach from the TSCB. They are opting for a "walk-about" approach similar to a peer review. Members of the DSCB will conduct a face to face visit to follow a patient experience within a clinical area of the Trust. They have chosen the Maternity service and will visit and meet with frontline staff, as well as members of the management team. The Trust is awaiting confirmation of the date but it is expected to be imminent.

10.0 Torbay Safeguarding Children's Board – Ofsted Improvement Plan 2016-2017

Torbay Council was inspected by Ofsted in October-November 2015. The report was published in January 2016. The inspection was of services for children in need of help and protection; children looked after and care leavers. It also included a review of the Torbay Safeguarding Children's Board. The report found the services to be inadequate.

An improvement plan was coordinated and, as a partner of the TSCB, Torbay and South Devon NHS Foundation Trust have been working within and supporting the actions identified by the plan.
Staff use of the Threshold Tool when assessing safeguarding concerns was highlighted as one of the actions. Information regarding the Threshold Tool has been shared with staff across the Trust in a number of ways, including on mandatory study days for Child Health, the Emergency Department and Maternity services. It is integrated into the safeguarding supervision practice and there have been good levels of attendance to "The Childs Journey" training, hosted by Torbay Council.
The Trust will also be involved in evidence gathering, utilising "the voice of the child". This will be measured in the responses to the Section 11 returns, utilising the "patient story" approach with a view to show positive outcomes for children and young people, in response to services that have been put in place to safeguard their families.

Recommendations:

To **note** the contents of the report

Torbay and South Devon NHS
NHS Foundation Trust

Board Summary Sheet

Meeting Date:	3rd August 2016
Title:	Annual Report of the Audit and Assurance Committee 2015/16
Lead Director:	Sally Taylor, Chair of Audit and Assurance Committee
Corporate Objective:	Objective 4: Well led
Purpose:	Decision

Summary of Key Issues for Trust Board

Strategic Context:

To present the Annual Report of the Audit and Assurance (A&A) Committee.

Key Issues/Risks:

1. None identified

Recommendations:

1. The Board of Directors accepts the attached report.

Summary of ED Challenge/Discussion:

Not applicable as submitted to the Board of Directors by Sally Taylor (non-executive director) via the Trust's Audit and Assurance Committee. Director of Finance was in attendance when the draft annual report was presented to the Committee in May 2015.

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

The content of the report does not directly impact on equality and diversity, public and patient and/or governor involvement. There is a governor observer on the Audit and Assurance Committee.

Equality and Diversity Implications:

None identified.

Board of Directors
Annual Report of the Audit and Assurance Committee 2015/16
Date: 3 August 2016

Main Report

1. Introduction

1.1 The Audit and Assurance Committee ('the Committee') of Torbay and South Devon NHS Foundation Trust ('the Trust') has been established under Board delegation. Its terms of reference were updated during the year covered by this report, but not changed substantively; they closely follow guidance provided by the Audit Committee Handbook 2014 published by the Department of Health, and by the Healthcare Financial Management Association (HFMA).

1.2 Membership of the Committee comprises the Trust's non-executive directors, with regular attendance by the Trust's Director of Finance, representatives of its internal and external auditors, the Trust's counter fraud specialist, the Company Secretary and, by invitation, the Chairman, other executive directors and other key Trust staff. The Committee has also benefited by the attendance of a representative of the Trust's Council of Governors.

1.3 The Committee has met on five occasions in relation to the year ended 31 March 2016, to consider and discharge its role in scrutinising the operation of the assurance framework of the Trust, and to seek and assess assurance on aspects of the Trust's operations. As one of the senior committees of the Board this role is central to the governance of the Trust.

2. Principal areas of review

The work undertaken by the Committee during 2015/16 has included the following:

2.1 **Board Assurance Framework** - the Committee has reviewed and used the assurance framework of the Trust and believes that it is fit for purpose, comprehensive and reliable post integration. Also, that there are no significant areas of duplication or omissions in the systems of governance and the sources of assurance are sufficient to support the Board's decisions and declaration. Where appropriate, recommendations have been made to the Board regarding the continued development of the assurance framework, and on matters of risk identification and management. Committee members are aware of the corporate risk register as this was presented to the Board in January 2016 as well as a monthly overview of risks as part of the back pocket briefing for Board members and governors.

2.2 **Care Quality Commission (CQC) assurance** - the Committee reviewed the Trust's CQC preparedness during 2015 which included a spot check of compliance with four key risk assessments: pressure ulcer risk; falls risk; infection risk; and Malnutrition Universal Screening Tool (MUST) – nutrition risk. The CQC peer inspections showed good risk assessment compliance and some areas for improvement. Further, the Committee has received and considered reports on aspects of compliance with the requirements of the CQC prepared by the Trust's Internal Auditors. These arrangements will continue during 2016/17. Following the CQC's inspection between 25 January and 5 February 2016 and the unannounced visit on 15 February 2016, the Trust received official notification outlining possible enforcement action on 1 March 2016. The primary concerns were about the potential risks to safe care of patients in our emergency department during a period of escalation. The Trust produced a response to the letter on 3 March 2016 highlighting the improvements that had already been taken or were being implemented either with immediate effect or within March 2016. One immediate improvement was to review and revise the reporting on the quality and safety indicators to the Board and have enhanced

the oversight arrangements with our Clinical Commissioning Group (CCG). The delivery of the action plan post 31 March 2016 will be monitored through a governance and reporting process agreed with the CQC, the CCG and National Health Service England (NHSE), and through enhanced internal monitoring including a more detailed report to the Board.

The Trust's Quality Assurance Committee has a specific remit to monitor, review and report on the quality (safest care, effectiveness of care, best experience) of clinical and social care services provided by Torbay and South Devon NHS Foundation Trust.

2.3 **Risk management and governance arrangements** - during 2015/16, the Committee has reviewed the:

- Trust's risk management and governance arrangements;
- undertaken a number of reviews of major areas of activity including:
  - CQC regulations;
  - integrated care organisation programme;
  - observational reviews for information governance/data protection;
  - main accounting system;
  - IT projects: cradle to grave;
  - management of action plans;
  - serious incidents, never events and complaints;
  - non-medical prescribers;
  - Care Act 2014;
  - data quality – community nursing performance indicator;
  - Torbay and Southern Devon Health and Care NHS Trust 400 information governance series;
  - follow-up to care contracts;
  - ISAE3402 third party assurance report in respect of shared business services;
  - absence management;
  - mandatory training performance indicators;
  - personal development reviews;
  - zone review – Totnes and Dartmouth community teams;
  - vanguard (ophthalmology) investment;
  - OrderComms project support;
  - clinician additional hours; and
  - development of the corporate risk register.

All the reviews were conducted by internal audit using a risk-based approach. The minutes of meetings of the Committee are circulated to Board members and as Chair of the Committee I produce an independent report is presented to the Board after each meeting.

2.4 **Internal audit plan** - the Committee has reviewed and agreed the formulation and content of the Trust's internal audit plan for 2015/16 and 2016/17 to enable assurance over a wide range of topics. It was noted at April's [2015] Committee meeting that the Care Trust had an internal audit plan in place for the year and work was completed to merge both plans prior to integration on 1 October 2015.

2.5 **External auditor reports/reviews** – the Committee has received and considered reports from its external auditors including:

- International Standards on Auditing (ISA) 260 Report including letter of representation;
- internal audit's processes in line with ISA requirements;
- 2015/16 external audit plan and progress reports;
- quality report / continued implementation of reporting using the quality report;

- review of financial accounts;
- review of the arrangements in place to prevent and detect fraud and corruption; no incidences of material fraud were brought to the auditor's attention; and
- gave their opinion over the economy, efficiency and effectiveness with regards to the use of funds as well as non-financial performance in relation to clinical indicators.

The external auditor also met with Trust managers and Grant Thornton to discuss findings and review audit working papers in relation to the acquisition of Torbay and Southern Devon Health and Care NHS Trust.

2.6 **Counter fraud** - the Committee has undertaken reviews of the work undertaken by the Trust's local counter fraud specialist, including:

- fraud awareness training for Trust staff;
- counter-fraud plan for 2016/17; and
- results of current fraud investigations as well as any other related matters.

2.7 **Clinical audit** - the Committee received a clinical effectiveness update report from the Chief Nurse at its meeting in October 2015. The Chief Nurse commented on clinical audits rated as amber at the time including reference to safeguarding (2015 safeguarding audit - risk regarding Cheshire West had been escalated to the Board and the need to ensure sufficient assurance received); Whistleblowing (February 15) - detailed response to Monitor on how the Trust knows staff are confident to raise concerns; incident reporting – how to manage the process better in relation to quality of reporting; and root cause analysis. It was acknowledged at the time that the new Quality Assurance Committee would need to drive any improvements.

2.8 **Follow-up reviews** - Committee members did not ask for any follow up reviews during the year primarily due to integration work.

2.9 **Financial reporting** – the Committee has reviewed the annual accounts and financial statements prior to recommending these to the Board, and have reviewed the financial reporting systems and internal controls throughout the year, and considered them to be robust.

2.10 **Committee effectiveness** - the Committee will be reviewing its own effectiveness using feedback from its members and contributors.

2.11 **Regional audit meetings** - the chair or other members of the Committee attend periodic meetings of regional audit committee chairs where appropriate.

3. Conclusions

3.1 The Committee has reviewed the draft annual governance statement for the Trust for the period 1 April 2015 to 31 March 2016 and considers that the statement is consistent with the Committee's view of the Trust's system of internal control. Accordingly, the Committee supported Board approval of the statement.

3.2 The Committee has reviewed and used the Trust's assurance framework, and believes that it is fit for purpose.

3.3 The Committee has considered past self-assessment by the Trust of its compliance with the requirements of the CQC and concluded that the self-assessment prior to the CQC inspection was consistent with its understanding gained through the assurance framework.

3.4 The Committee has considered the Trust's system of risk management and has concluded that it is adequate as a means of identifying risks and allowing the Board to understand the appropriate management of those risks. The Committee appreciates that work is underway to bring two risk management systems together post integration that will result in improvements in the way the Trust captures, responds to and reports on risks. The Committee was made aware that following a lengthy procurement exercise the preferred bidder took the opportunity to challenge some of the content within the contract; nothing significant was changed, but the actions delayed the rollout of the new system.

3.5 During the year the Board of Directors initiated additional governance reviews in line with Monitor's guidance.

3.6 The Committee is not aware of any other significant duplications or omissions in the Trust's systems of governance that have not been adequately resolved.

4. Other matters

4.1 The Committee would like to record its thanks for the contributions that it has received during 2015/16 from its internal and external auditors, counter-fraud specialists, executive directors, the company secretary, the governors' representative, and for the secretarial support.

Sally Taylor
Chair of Audit and Assurance Committee
Torbay and South Devon NHS Foundation Trust
25 May 2016

REPORT SUMMARY SHEET

Meeting Date:	3rd August 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:
Lord Carter's report, published in February 2016, made the recommendation that the primary measure of nursing workforce become Care Hours Per Patient Day (CHPPD). We provided the initial data as requested and this has been used to develop the first national dataset.

The NHSI agency cap was introduced in March 2016 with agency reduction targets set for each organisation. The national agency spend has been falling since Autumn 2015, there has also been a general reduction in agency prices. NHSI have identified that the area for focus in 2016 is the number of agency overrides where agency is booked outside the agency cap target and the use of non-framework agencies.

Lord Carter review - The data submitted each month as part of the safe staffing UNIFY return is now used to calculate the new CHPPD metric. This metric is currently summarised as a monthly mean for each ward and as a monthly mean total for the organisation. This has replaced the summary monthly care hours previously reported to the Board.

This data forms part of the newly developing Carter model hospital dashboard and will be used to benchmark the Trust against other Trusts. At present this is only available at organisation level mapped to national medians. The Carter model hospital dashboard is still in its infancy but eventually each ward / specialty will be mapped against national specialty data to provide a more accurate assessment for benchmarking and this data will be fed into our local reports.

Key Risks/Issues:

- Agency cap - The Trust is currently reporting 5% against a target of 3%. Within this the nursing agency spend is 10%.
- There is a wide variation in overrides by region with the Southwest being one of the highest. NHSI are aware of the specific challenges facing Trusts in the Southwest where there are fewer agency providers.
- We have a number of queries currently with the central Carter team to gain clarity and understanding on some of the data inclusions / exclusions which will aide our understanding and confidence in our ability to benchmark like for like information.
- Impact of AHP vacancies/sickness levels on QuESTT scores and need for transformative solutions
- Need to review role of Matron in emerging Operational structures
- Need for overarching workforce strategy for the ICO

Recommendations:
To consider and if necessary challenge to assurance provided in this report.

Summary of ED Challenge / Discussion:

The agency cap trajectory is encouraging but is dependent on anticipated local and overseas recruitment to fill vacancies. Whilst there is a high level of confidence that that vacancies will be filled, the overseas recruitment and successful NMC registration is a potential risk.

The community AHP (Physio / Podiatry) service redesign is linked to the care model transformation. There is a need to ensure we fully explore the opportunities to review the skill mix and consider opportunities for the skilled not registered workforce. The emerging development of social day centres, where clients could be seen in these centres instead of their home could cut down the travel time and reduce home visits. This should be explored as part of service redesign.

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

Equality and Diversity Implications:
None

Report to:	Trust Board
Date:	3 Aug 2016
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:

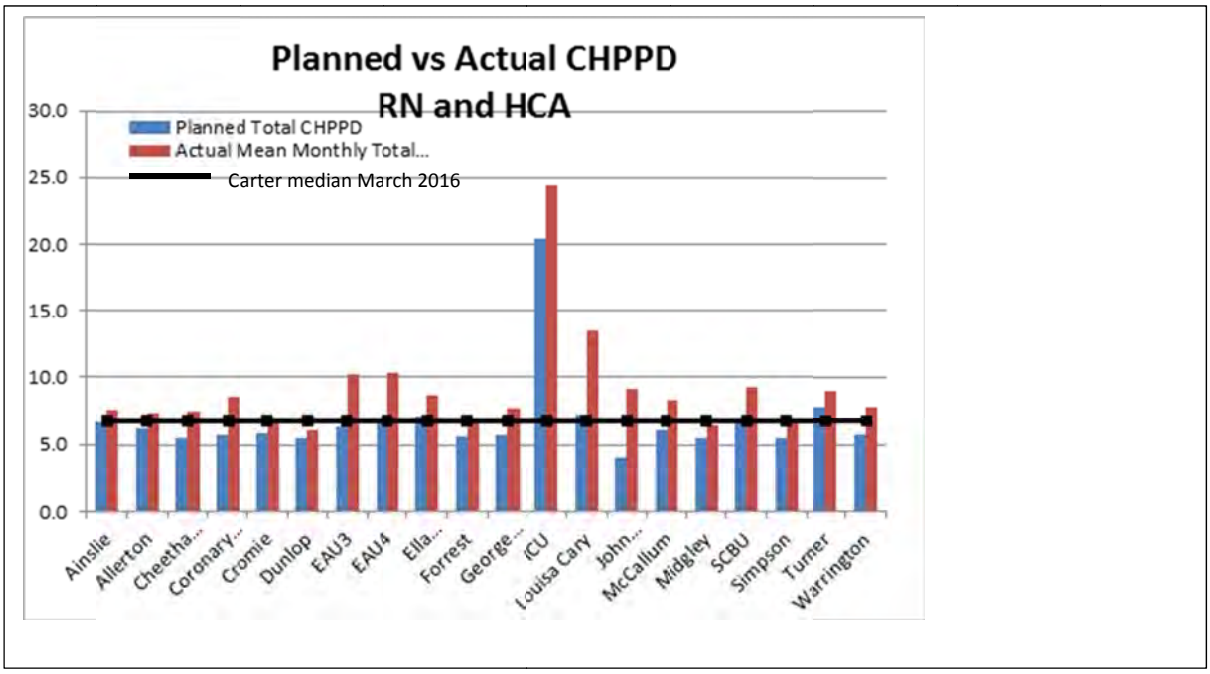
The report is informed by the following:

- Minutes and action log Quality Improvement Group (QIG) / Quality Assurance Committee
- Matrons workshop
- Minutes of the Executive Team
- NHSI guidance

3 Safe Staffing:

CHPPD

Lord Carter's report, published in February 2016, made the recommendation that the primary measure of nursing workforce become Care Hours Per Patient Day (CHPPD). The national median CHPPD in the model hospital dashboard for March 2016 using aggregated data indicates a national median of 6.77 for all care staff. However it is currently unclear what data was included in this to allow accurate benchmarking for the Trust as a whole.



We await further datasets to be uploaded and for clarity on how data is being aggregated to ensure we understand what the information is telling us and how it is benchmarked. For instance:

- Louisa Carey has high dependency beds, PAU and CAMHS patients.
- Allerton accepts high dependency patients directly from ITU.
- ITU may staff the recovery unit to create extra capacity.
- Turner Ward includes staffing for the Ricky Grant day care unit.
- Coronary Care includes staffing for the cardiac catheter suite.
- EAU3 &4 are currently staffing the Acute Medical Unit

Clarification has been requested and will inform future reports. In addition, national specialty specific data to allow ward based benchmarking is not yet available.

Local analysis of the total mean (RN and HCA combined) CHPPD, and RN only CHPPD, for June suggests five areas have a variance against the planned hours:

Ward	Planned mean hours	Actual mean hours
Registered Nurse		
Ainslee	3.4	3.0
Allerton	3.8	3.6
Cromie	3.5	3.3
Teign	3.3	2.8
Non-registered		
SCBU	2.3	1.3
Teign	4.7	3.9

Matrons receive this data and will provide narrative on variance to QIG as they familiarise themselves with it.

4 Progress on agency cap

The Senior Manager for Workforce and Efficiency at NHSI attended a meeting at the Trust on 1ST June to discuss our plans to reduce spend on nursing agency and our reliance on non-framework agencies. This followed a series of regional workshops that NHSI had been holding with providers across the country. NHSI data was provided that showed agency usage performance against local peers and compared to the overall national picture. The conclusion was that the Trust had made significant progress and were fully committed to achieving the target. Nevertheless, whilst the Trust is generally succeeding in supressing the demand for agency staff, it is struggling to control non-framework and to meet the price cap.

At this meeting the NHSI staff toolkit diagnostic was used to identify areas for improvement. This toolkit uses 43 questions across five domains to analyse where the issues might be addressed to improve performance:

- Leadership
- Technology
- Control and Information
- Staff engagement and recruitment and bank
- Procurement

The Trust self-assessment showed no red rated areas but there are a number of amber rated areas for focus.

	Domain	Diagnostic	Action
1	Leadership	There are a number of significant work streams currently underway but no overarching workforce strategy to co-ordinate them. The Trust may benefit from clear accountability to 1 Exec lead and direct reporting to the Exec.	The Chief Nurse is the executive accountable for delivery of reduction in nursing agency spend and achieving the agency cap working in partnership with the Director of Workforce and OD.
2	Technology	The Trust may want to consider an alternative to the current e-roster system that facilitates daily management of staffing centrally.	The Trust are working to maximise the potential of the existing system whilst exploring alternatives.
3	Controls & Information	The Trust should revise and strengthen the process for ward staff requesting agency	Revised process agreed at Exec Team 19 July.
4	Staff engagement and recruitment	There is an opportunity for the Trust to streamline HR information and supporting KPIs including reduction in recruitment times.	HR team reviewing existing temporary workforce processes to reflect the NHSI Toolkit best practice.
5	Procurement	Review agency procurement processes	The Associate Director of Nursing - Workforce to link with procurement team and review current process to reflect NHSI Toolkit.

A further teleconference meeting was held on 21 July to clarify our actions and areas of focus. We discussed the following recommendations:

	Recommendation	Actions
01	The need to ensure Rosterpro is used to its full potential with KPIs and performance management.	Weekly Senior Sister rota meetings to centrally monitor rota and agency / bank requests..Rota guidelines reviewed.
02	Clear Exec leadership and oversight of the process	Weekly Exec led rota meetings
03	Booking process for temporary staffing to be strengthened	Clear guidance and clinical leadership from ADN
04	Key targets and performance indicators	Identified and to be discussed at weekly meeting
05	Clear communication strategy on current expectations	To be progressed
06	Trade Union involvement	To be progressed
07	The trust to review transparency of agency rates/unit cost data?	To be progressed

NHSI have agreed to share benchmark data and best practice actions from high achieving Trusts. This information is awaited and we have agreed to hold a teleconference monthly to update on progress and learn of quick wins from other organisations.

5 Nursing agency spend reduction:

Overview:

The Trust continues to experience an overspend in the use of agency and temporary staffing. Areas of high spend to month 3 are:

- ED, EAU4 and Warrington
- Cromie and Forrest wards
- Midgely, CheethamHill and Simpson

The plan below details individual projects to reduce this spend and bring back to baseline budget (See attached trajectory).

The budget line highlights the pay budget for nursing each month and the actual & forecasted budget highlights the actual spend. Each of the projects listed will give an estimated saving month on month which is shown on the revised spend line. From the months of August through until March will deliver a saving of circa £500,000 and from April until June a further £385.15. This trajectory is shown in the trajectory graph.

Each of the projects are detailed below:

Ban on HCA

HCA agency has ceased with immediate effect. There will be no HCA agency shifts authorised to go out to agency from July. The financial effects from this will be seen from August onwards.

Cromie & Forrest Temporary placements

Cromie and Forrest ward both have temporary agency placements in post to manage the level of vacancies in the wards. Both areas are expecting newly qualified nurses and the nurse rotation programme to commence in September which will release the temporary placements. The effects from this will be seen from October onwards.

Incentivised Overtime

All full time staff are to be offered overtime with immediate effect. Although there is a potential initial increase in spend with staff being paid at overtime rates, this will still realise a reduction in the overspend by approximately £6.5000 per month.

Effective Rostering

There is a detailed in depth piece of work underway to ensure effective rostering is implemented across the organisation. The initial wards under review are presently Forrest, Cromie, George Earl, Simpson, Cheetham Hill and ED. Specific KPI's are being introduced which includes ensuring the rota's are published 8 weeks in advance with sign off at 6 weeks by the Matron. Annual leave compliance will be within the tolerance level for each ward to ensure this is streamlined each month. All expensive shifts are covered first by substantive staff which will be scrutinised by the Chief Nurse and Associate Director of Nursing & Workforce weekly.

Rostering guidelines have been reviewed which includes a roster publishing timetable to ensure all Rosters are published at the same time. This project is currently being micromanaged to ensure the main areas of high overspend are reviewed first. The initial financial savings are expected to be seen from October onwards with an anticipated increase in savings each month thereafter as the project rolls out further.

ED Recruitment

There is an ongoing plan to recruit substantively to ED with further intelligence regarding activity and staffing following the BEST analysis work. This will enable realignment of staff/skill mix accordingly to ensure the right staffing and skill mix are at the right time.

Replace Thornbury with a different agency

Discussion are underway with other agencies that will be cheaper than Thornbury. Further information is required at this stage to see ability to place nursing staff and negotiations of rates of pay.

Weekly Challenge Meetings

The Associate Director of Nursing & Workforce is ensuring each AND receives the projected agency requests for the following week to ensure further scrutiny of the requests takes place. This is discussed weekly at the AND huddle with the Chief Nurse.

Weekly Challenge Meetings

There is a weekly challenge meeting set up with the Chief Nurse and Associate Director of Nursing to scrutinise the rosters with each Ward Manager. This is to ensure the rosters are being tightly managed and to ensure accountability and ownership of the rosters.

Overseas Recruitment

It is anticipated that 100 of the Philippine Nurses will be in post and in receipt of their PIN numbers by June 2017. These will be filling current vacancies which are one of the key factors in the use of agency overspend. The Fillipno work ethic is very different where these nurses will want to work as many shifts as possible to earn extra money to send back home. These nurses will also increase our bank capacity thus potentially reducing the need for agency completely.

Further Plans:

Further initiatives will be explored which will also have an impact on the overspend which will include the agency authorisation process. Discussions are also underway regarding the possibility of Part Time staff incentives and annual leave pay back for all staff. Also risks regarding deviating from PPSA and agency compliance and paying our own bank staff top of pay band.

6 Quality Effectiveness and Safety Trigger Tool:

The 23 quality indicators included in QuESTT encompass: 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. Those with a score of 20 or above require an immediate management response.

In July there were no red rated scores for the acute hospital wards but Allerton (17), AMU (16) and Cheetham Hill (17) are rated amber. Common themes are vacancy and sickness with Allerton reporting greater dependency and Cheetham Hill greater need for 1:1 supportive observations. Community Hospitals and MIUs are rated green in July.

In non-bed settings the following areas are amber: Paignton and Brixham nursing team (21), The Newton Abbot physiotherapy team (20) and the podiatry service (17). Vacancies and sickness feature as does increased demand for the physiotherapy service and podiatry.

Each service is monitored by the Matron or service lead and actions taken to address emerging issues. Newton Abbot physiotherapy service and the podiatry service have

reported an elevated QuESTT for several months due to increasing demand and reduced capacity.

Physiotherapy Team:

- There is a community band six physiotherapy on mat leave which has reduced capacity. The team have recently recruited to a band ¾ therapy support worker role but there are gaps in the band five rotation awaiting graduate recruits.
- A band six physio is leaving and has yet to be replaced. To mitigate this there are bank physiotherapists contributing additional hours.

Podiatry:

- The Podiatry QuESTT score has been elevated over the past year for a number of reasons. The demand for home visits is increasing with insufficient capacity to meet this demand. The team are seeing patients monthly instead of weekly for dressing changes for foot ulcers. This has an impact on community nurses who are delivering the activity on behalf of podiatry. Submission of a Business case to increase capacity was not approved by the CCG. As a pilot, the Torquay community nursing team recruited a podiatrist from community nursing budget to deliver this foot ulcer activity. This will be evaluated as a possible longer term solution to meeting the increasing demand. The home visiting criteria has been revised to ensure home visits are prioritised for complex cases.
- The podiatry team have been unable to recruit back fill for the full 12 months of maternity leave due to the specialist nature of the work. This leaves a gap in service provision.
- There are a number of vacancies in Podiatry due to staff leaving, promotion or secondments (e.g. lower limb therapy service and knock on effect of delays in recruitment processes).
- The challenge of releasing staff to attend the required clinical training updates such as independent prescribing, diabetic foot modules, injection therapy for MSK ICO project which are essential to service need/development.
- A number of staff were on long term sick. Sickness absence management policy robustly implemented

Social Care:

A number of social care teams are reporting amber QuESTT scores, Paignton / Brixham (16), Moorlands (20), Newton Abbot (18), Torquay (18). This is because of the ongoing vacancy issues in Band 6 Social Work, and some long term sickness issues. Social Care in Torbay have taken the following measures:

- Ongoing recruitment, including an open day on 8th August
- Use of Agency, but there is limited availability
- Some staff recruited – starting in September
- Brixham and Paignton Social Care have been brought together to improve resilience
- The Trust will be applying the same recruitment incentives as for nursing; relocation expenses and payment of professional body registration

This issue has been escalated to the Trust Integrated Safeguarding Board and the Associate Director for Social Care has a work plan to deliver a sustainable social worker workforce strategy.

7 Matrons Workshop:

A Matrons workshop was held 15 July with a theme of 'Into the Future'. The meeting was well attended by Matrons, the SDU Associate Nurse Directors and the Deputy Directors. The agenda included National Drivers, the STP, Trust objectives and Executive objectives. Matrons identified their priorities for the Quality Strategy which included:

- Demonstrating compassion and care in every contact
- Giving staff the tools to cope with change
- Aligned metrics across the organisation and validated benchmarking of quality
- Patient at the centre of everything we do

We reviewed the Matron role and how it might change in the new operational structure and the care model. They reviewed what works well now and what might need to change:

- Clinical presence is essential to the role / clinical integrity
- Will need to review Matron responsibilities in the new operational structure and care model
- More Nurse led services
- Freedom to lead and earned autonomy
- Greater corporate responsibility

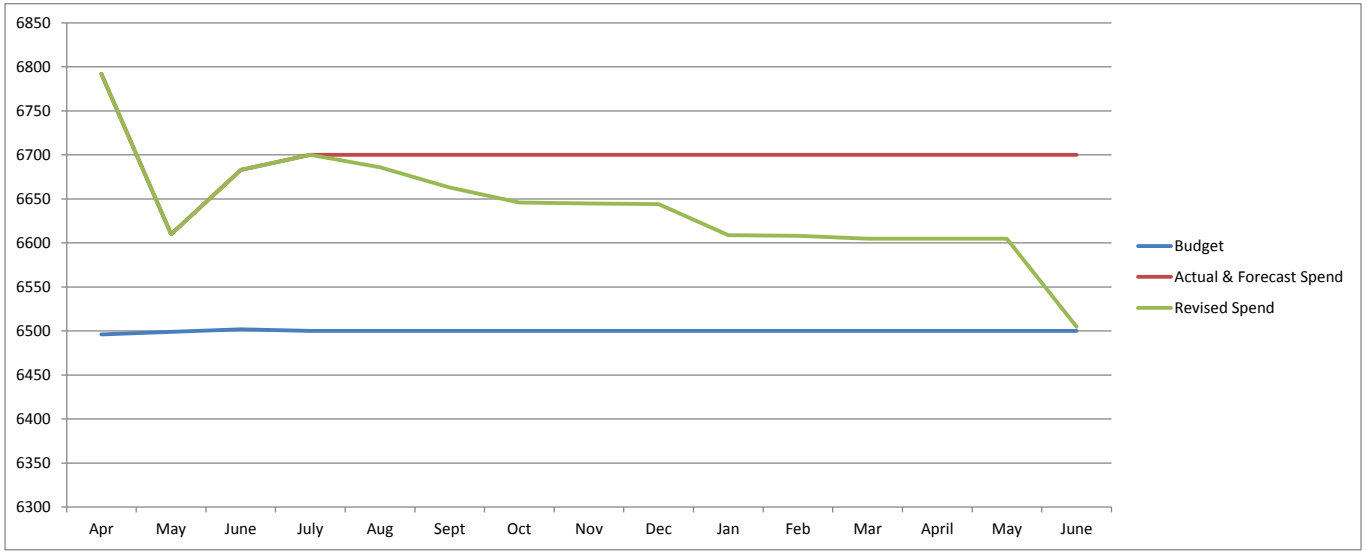
We agreed that now is a good time to review the Matron role and responsibilities and this will be undertaken in Q2.

Recommendation

To **note** the contents of the report.

Nursing Budget - Overspend Trajectory

					Anticipated £500K saving Aug to March									Anticipated £385K		
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	
Budget	6496	6499	6502	6500	6500	6500	6500	6500	6500	6500	6500	6500	6500	6500	6500	6500
Actual & Forecast Spend	6792	6610	6683	6700	6700	6700	6700	6700	6700	6700	6700	6700	6700	6700	6700	6700
Revised Spend	6792	6610	6683	6700	6685.7	6662.95	6645.95	6644.95	6643.95	6608.95	6607.95	6604.95	6604.95	6604.95	6504.95	
Savings Projects																
Ban on HCA Agency					14.3	14.3	14.3	14.3	14.3	14.3	14.3	14.3	14.3	14.3	14.3	
New Nurses - Forrest & Cromie							15	15	15	15	15	15	15	15	15	
Incentivised Overtime						6.75	6.75	6.75	6.75	6.75	6.75	6.75	6.75	6.75	6.75	
Improved Rostering							2	3	4	6	7	10	10	10	10	
ED Substantive Recruitment										33	33	33	33	33	33	
Replace Thornbury with ANOther Agency						4	4	4	4	4	4	4	4	4	4	
Weekly Challenge meetings - Agency requests						2	2	2	2	2	2	2	2	2	2	
Ward budget Challenges						10	10	10	10	10	10	10	10	10	10	
Overseas Nurses															100	
Project Total	0	0	0	0	14.3	37.05	54.05	55.05	56.05	91.05	92.05	95.05	95.05	95.05	195.05	



REPORT SUMMARY SHEET

Meeting Date:	3rd August 2016
Title:	Workforce and OD Board Report
Lead Director:	Director of Workforce and Organisational Development
Corporate Objectives:	• Safe, Quality Care and Best Experience • Improved wellbeing through partnership • Valuing our workforce • Well led
Purpose:	Information/Assurance

Summary of Key Issues for Trust Board

Strategic Context:

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

Key Issues/Risks:

- The Directorates objectives for 2016/2017 are included in section 2
- The key metrics performance targets for 2016/2017 are included in section 3 of this report.
- The staff appraisal rate for the Trust is 82% which benchmarks favourably with other local trusts (see section 3). The target staff appraisal remains at 90%.
- The sickness absence rate was 4.13% in May 2016 which is above the target rate of 4.00% set for that month (see section 3).
- The vacancy factor for the Trust at the end of June 2016 was 7.97% which is relatively unchanged since the formation of TSDFT.
- The Trust's Occupation Health service will be provided by Optima Health from August 2016.
- The Trust has appointed a Guardian of Safe Working to safeguard the working hours of doctors.
- The Equalities Freedom To Speak Up Guardian has been advertised and the interviews will be held in early August.

Risks

- A range of incentives are being implemented to attract bank workers to help mitigate agency usage. This Trust continues to report weekly to monitor on the number of shifts that are not compliant with the framework and price cap requirements.

- Recruitment to Band 5 nursing posts remains an issue which is consistent with other Trusts. A range of measures to support this issue are contained within this report.

- Medical recruitment remains a challenge in key areas as reported in Section 6.7.

- The BMA held a referendum of relevant BMA members on whether or not to accept the new Junior Doctors Contract. It was announced on 5th July that members have rejected the proposed new contract for junior doctors. 58% voted against the new contract compared to 42% voting to accept, with a turnout of 68% in their referendum.

  Subsequently the Government have announced their intention to impose the contract from 3 August 2016 with a staged transition planned.

- The consultation in respect of Community Hospitals is increasing the number of staff seeking employment elsewhere increasing the risk to the services provided.

Recommendations:

The Board is asked consider and discuss the assurance provided by the contents of this report.

Summary of ED Challenge/Discussion

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

Governor Observer on Workforce and Organisational Development Group (Workstream 4)

Equality and Diversity Implications:

None.

Board of Directors
Workforce and Organisational Development Directorate
3rd August 2016

1.0 Purpose and Content of the Report

1.1 Report Purpose

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

1.2 Report Content

- A summary of the workforce and OD corporate objectives for 2016/2017.
- A summary of progress on key performance indicators. These performance indicators are included in the Trusts monthly workforce and OD scorecards in the appendices and include key targets and monthly trends.
- Detail on actions and initiatives linked to the objectives and key performance indicators.

2.0 Workforce and OD Objectives

2.1 Objectives 2016/2017

The following Workforce and Organisational Development objectives were agreed by the Workforce and OD Group for the 2016/2017 financial year. The objectives are designed to support the Trusts overarching corporate objectives. This report to the Board includes progress towards achievement of each of them.

2.1.1 Supporting large scale and rapid structural change

To support the major structural change needed to allow the ICO to effectively implement the new model of care.

2.1.2 Implementation of medical workforce changes

To support the implementation of wide scale medical workforce changes.

2.1.3 Changing Trust culture to reflect a community based approach to care

Develop leadership and culture throughout the organisation to ensure the values and beliefs of the organisation and support the implementation of the new model of care.

2.1.4 Making the Trust a more attractive and competitive employer

Developing recruitment and retention strategies that make the Trust an attractive organisation to attract and retain staff.

2.1.5 Developing and implementing new ways of working
To develop new roles and new ways of working to support the implementation of the model of care.

2.1.6 Workforce Planning and Development
To implement and monitor the agreed Workforce Strategy including developing and implementing workforce and development plans.

2.1.7 Workforce Information and Reporting
To review, update, implement and monitor the existing strategy for providing workforce information and reporting.

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

2.1.9 Improved wellbeing through partnership
Extend Leadership, resilience and communication programmes to wider partner and stakeholder groups within the ICO including voluntary sector.

2.1.10 Valuing our workforce, paid and unpaid

- Set up an all staff conference for the 1 year anniversary of creation of ICO
- Embed shadowing for all through appraisal and objective setting

2.1.11 Well led

- Develop a Talent Management Strategy, Plan and Programme
- Creation of a Leadership and Management Hub (virtual and physical) supporting Management as a profession - that includes all leadership and management programmes and development internally and externally; Forums to share best practice; Helpful information, policies, procedures, case studies.

3. Progress on Key Performance Indicators

3.1 The Workforce and OD metrics included in this paper are as at the end of June 2016 and are included as detailed below.

- Appendix A – Workforce and OD Scorecard – Organisational month by month metrics for the last year to show trends.
- Appendix B – Key Metrics by Business Unit – Metrics month by month for the operational Business Units for the current financial year to show trends. Metrics included are vacancy factor, sickness absence, staff appraisal and mandatory training.
- Appendix C – Summary of key metrics by Business Unit, Division/Department. Those included are sickness absence, staff appraisal and mandatory training. In this report sickness absence rates are for the actual month rather than the rolling year.

3.1.1 The above reports are RAG rated based on targets and thresholds agreed by the Workforce and OD Group for 2016/2017. The targets for June 2016 are included in the Workforce and OD Scorecard (appendix A).

3.1.2 Where metrics are outside of the target range actions to achieve compliance are included in this paper.

3.1.3 In addition to comparison with our own targets the table below compares a number of our key metrics with other Trusts in the South West.

	Torbay & South Devon NHS Foundation Trust	Plymouth Hospitals NHS Trust	Royal Cornwall Hospitals NHS Trust	Royal Devon & Exeter NHS Foundation Trust	Taunton & Somerset NHS Foundation Trust	Northern Devon Healthcare NHS Trust
Sickness Absence	4.1%	4.1%	4.3%	4.1%	**3.7%**	**3.7%**
Appraisal Rate	**82.3%**	81.0%	72.7%	80.4%	82.1%	75.8%
Mandatory Training	88.1%	88.0%	84.6%	85.7%	**89.4%**	87.3%

3.2 **Appraisals** – The appraisal compliance rate has remained at 82% for the last 3 months to June 2016. As can be seen in appendix A this is a small reduction from the previous highest ever level and below our target of 90%. It is however above that of all of the above south west comparators.

3.3 **Mandatory Training** – Of the nine key modules six were rated green and three were rated amber in June 2016. Overall the combined average compliance was 88% which is a green rating. This compliance rating is above all but one of the above south west comparators.

3.4 **Sickness Absence** – The sickness absence rate was 4.13% in May 2016 which is above the target, which for May 2016 was set at 4.00%. The target for the end of the financial year is 3.80%. The current rate is a further small increase on previous months and not as low as two of the above south west comparators.

3.5 **Vacancy Factor –** The vacancy factor as shown in the table below was 7.97% in June 2016. The vacancy factor is calculated by dividing the WTE vacancies by the WTE funded establishment. If the temporary workforce (bank and agency) plus additional hours, less reduced hours are taken into account the residual vacancy factor is 2.09%. The table below shows this position by WTE and percentage.

Funded Establishment WTE	In-Post Contracted WTE	Vacancies WTE	Vacancy Factor (excluding temporary workforce, plus add hours, less reduced hours WTE	Temporary workforce, plus add hours, less reduced hours WTE	Under/Over (-) Funded WTE	Vacancy Factor (including temporary workforce, plus add hours, less reduced hours WTE
5557.25	5114.16	443.09	7.97%	327.00	116.09	2.09%

This shows that even after taking account of our temporary workforce and staff working additional hours there is a small residual vacancy factor. Actions to improve the recruitment position are included later in this report.

3.6 Employee Relations Cases

The table below shows the number of Employee Relations cases at the Trust that entered a formal policy and received a formal warning/outcome over the periods Oct-Dec 2015, January 2016 to March 2016 and April 2016-June 2016.

Cases are only counted once in the period the process commenced, the formal process may be on-going and span more than one quarter.

Type of Case	Total for Quarter Oct-Dec 2015	Total for Quarter Jan-March 2016	Total for Quarter April- June 2016
Disciplinary	8	5	3
Grievance	3	5	9
Sickness Warnings	20	21	15
Performance Management	3	2	1
Unacceptable Behaviour	1	1	1
Whistleblowing	0	0	0
Suspensions	0	0	2
Investigations	11	5	8
Settlement Agreement	0	1	0
Employment Tribunal Claims	0	1	0

The figures above represent where formal warnings have been issued during the relevant period. Investigations relate to issues that are being formally looked into that may subsequently lead to a formal process with an outcome of a formal warning.

The table below represents the number of organisational change projects involving formal consultation with staff that may result in changes to working hours and/or band and/or redeployment into alternative roles.

	Total for Quarter Oct-Dec2015	Total for Quarter Jan-March 2016	Total for Quarter April- June 2016
Organisational Change Projects	2	5	4
No. of Employees requiring Redeployment (permanent & temporary) as a result of organisational change	20	0	15

In addition to the formal processes above the following activities are taking place concurrently:

- Management of long term sickness cases that require regular reviews
- Management of short term sickness absence reviews where no warnings are issued

4. Workforce Planning

4.1 Integrated Workforce Plan

The Workforce Redesign Network is the sub-group of the Workforce and Organisational Development Group responsible for steering and coordinating delivery of the Integrated Workforce Strategy. Guided by these groups activity in respect of the Integrated Workforce Strategy is continuing as follows:

- Continuing development of the Trusts "growing our own" part of the Integrated Workforce Strategy, including the use of apprentiships. From 2017 the Trust in common with other Public Sector employers will have a levy of 0.5% of its annual pay bill. This levy is recoverable and the Trust can get more back if it achieves or exceeds 2.3% of headcount annually as apprenticeships starts (new recruits/existing staff).

  The relative benefits of vocational or academic training including and beyond bands 1 to 4 for our future workforce is also being considered including the new role of Associate Nurse. There are a number of potential options and the Workforce and Organisational Group via the Workforce Redesign Group will consider how the various strands of the "growing our own" and the career pathway should be further implemented based on an options appraisal.

- Exploratory meetings have been held with the Executive Dean, Faculty of Health and Human Sciences at Plymouth University to start to set out the Trusts position in respect of student places following the removal of bursary places in 2017. Proposals will be developed to ensure the Trust can benefit from the move to student loans that will overcome the on-going gap between demand and supply of Registered Professionals.

- Workforce plans are developing to implement the care model changes. Initially this is the resourcing of the Intermediate Care Teams at the same time as protecting staff in the Community Hospitals that are subject to consultation. Staff in these hospitals have been guaranteed a front line post should there be closures and/or changes but there are still significant concerns that given the supply issue in respect of nurses this will continue to present a challenge.

  The Assistant Director for Community Hospitals and the Human Resources Director have recently met with staff at Paignton Hospital and have provided written guarantees in terms of employment in the event that Paignton Hospital did close following the consultation. This action is designed to try to reduce the level and numbers of staff who are obtaining posts elsewhere in the Trust.

- The Workforce and Organisational Development Directorate is represented on the STP Workforce Working Group – Workforce Model Custodian. The shared system-wide work plan that is included in the STP submission was adopted and amended from the outputs from the Torbay and South Devon Health and Social Care Community "Thinking Futures – Scenario Planning Event".

4.2 Lord Carter Report

The actions from the Lord Carter Report include reducing the Trusts management and administrative workforce to 7% of income by April 2018 and 6% by April 2020. The data for this benchmark is taken from the Electronic Staff Record (ESR). An early action is to verify the information in ESR used for the benchmark to ensure accuracy and that our baseline is correct.

4.3 Executive Vacancy Risk Panel

As previously reported the revised arrangements for establishment control now known as the Executive Vacancy Risk Panel are in place. Any requests to increase establishment for non-front line and corporate posts (category B and C) require final sign off on the system by the respective Executive Director before being presented by that Director at the Executive Vacancy Risk Panel. Each Director will only sign off if they consider that the post or change presents such a high risk that there is no alternative.

5.0 Pay, Pensions and Expenses

5.1 Staff Expenses System

As previously reported staff from what was previously SDHFT currently use a purchased electronic Software Europe system for claiming expenses. It had always been intended to roll out the same system for those staff that transferred to what is now TSDFT once the ESR systems were merged. However an expenses system is now available free of charge on ESR. The Trust's contract for the purchased system is until September 2018 at a cost of C£8K per annum for what were previously SDHFT staff. Using the purchased system for the remaining staff in the Trust would increase costs due to additional licences being required.

The Workforce and OD Group have previously discussed a number of options and the following is favoured:

Option 4 – Review each of the systems that are being offered for free as part of the ESR suite i.e. Allocate Software and Giltbyte with a view to using for all staff as soon as possible. There would be no annual cost but the Trust would need to continue to pay Software Europe C£8K per annum until September 2018. However staff would be on the same system that has the advantage of being a part of ESR.

Both expenses systems have been reviewed and it has been concluded that both are fit for purpose with Allocate the preferred option. Allocate representatives have therefore been asked to come to the Trust to present the system to appropriate Trust staff.

Provided this audience consider the Allocate Expenses System fit for purpose a plan to implement in in place of the current system will be developed.

5.2 Weekly Payroll

The weekly payroll for bank only workers has been running successfully for 12 weeks. Existing bank workers had the option of joining the weekly payroll and all new bank workers are automatically paid weekly. Details of progress with the numbers on the payroll and submitting timesheets is included in section 6.6 which includes details of the other incentives for bank workers.

5.3 External Services

The Trust will commence providing the Payroll Service to Yeovil District Hospital NHS Foundation Trust with effect from the 1st August 2016. The Trust already provides the Pension Service to the same Trust. This initiative provides economies of scale and will therefore provide a CIP contribution.

5.4 Pensions Auto Enrolment

The Trust became subject to the Pensions Auto Enrolment Regulations with effect from the 1st July 2013. Since that date all eligible staff have to be automatically enrolled into a Pension Scheme although they can then choose to opt out. Three years after being auto enrolled any eligible staff that previously chose to opt out will be auto enrolled again and will be contacted to make a choice as to whether to stay in the scheme or exercise a further opt out.

6.0 Human Resources

6.1 Managing Sickness Absence

The data for sickness absence at the end of June 2016 indicates a rolling 12 month figure of 4.13%. This rate is above the first quarter target of 4% and to a large degree reflects an increase in short term absence in the last quarter of 2015/16.

Long term sickness continues to make up the higher proportion of the overall figure and remains relatively consistent at 64.38%. In respect of days lost through absence 'Stress, anxiety and depression' remains the top declared category of sickness absence standing at 20.82%, with MSK at 16.16%. The category of absence that causes the most number of episodes to be taken continues to be 'Colds and Flu'.

Work is currently on-going in respect of reviewing the current Sickness Absence Policy to ensure that the policy is as effective as it can be and also to support an improvement area of the 2015 Staff Survey. This related to the outcome that 65% of staff surveyed had indicated that they had felt pressured to attend work when feeling unwell.

In addition to the policy review work the HR department continues to provide close support and advice to managers via 'surgery' sessions in hospitals and departments, individual and team training as required and individual support.

6.2 Staff Friends and Family Test

6.2.1 National Update

The national findings for quarter 4 (January – March 2016) have recently been published and are as detailed below;

	% Recommend for work	% Recommend for care
England	62%	79%
TSDFT	78%	89%

In comparison to the Trusts in the South West, TSDFT performs second in the region for both recommendation for a place to be cared for and a place to work.

6.2.2 Local Update

The Staff FFT will be conducted again for 2016 – 2017. A programme of activity is diarised to ensure all members of staff have the opportunity to complete the survey. As in the previous two years information and findings will be fed back to the relevant senior management teams to ensure any comments/themes etc. are acted upon and shared.

6.3 Staff Survey 2016

Preparations have commenced for the 2016 NHS Staff Survey which will be issued at the end of September and reported upon in early 2017. A communication plan is currently being developed to ensure a robust response rate and will include further publicity of those actions taken in response to the previous year's findings.

6.4 National NHS Staff Health and Wellbeing CQUIN 2016/17

The Workforce CQUIN for 2016/17 relates to the health and wellbeing of NHS Staff and consists of three parts;

1a – Introduction of health and wellbeing initiatives covering physical activity schemes, mental health and improving access to physiotherapy for staff with MSK issues.

1b – Healthy food for NHS staff, visitors and patients

1c- Improving the uptake of flu vaccinations to achieve 75% uptake for front line staff

Plans to achieve the CQUIN are being submitted as part of the quarter 1 submission. Progress will be monitored and formally reported on a quarterly basis.

6.5 Recruitment

6.5.1 Strategic Recruitment and Retention Group

The Workforce and OD Group review the work of the Strategic Recruitment and Retention Group. The Strategic Recruitment and Retention Group has four workstreams with four task and finish groups delivering in key areas. Progress in

these areas was reported to the last Workforce and OD Group meeting as detailed below.

6.5.2 Recruitment and Recruitment Processes Working Group

The group is continuing to meet on a regular basis. The current work activities include:

- Development of a Trust promotional video to publicise the benefits of working and living in Torbay and South Devon.
- Increasing the use of social media to advertise vacancies within the Trust, on a structured and themed basis.
- Review of current work processes and timelines to identify opportunities for improvement, which includes:
  - Guidelines for drafting advertisements
  - Updating communications to managers to the various stages of the process.
- Another Nurse Recruitment open day is being planned for August 2016.
- Overseas recruitment is reported separately below.

6.5.3 Retention Working Group

The most recent meeting of this group focussed very much on retention issues at Community Hospitals particularly those whose future is subject to the outcome of a forthcoming public consultation exercise. The discussion outcomes contributed to subsequent retention actions in respect of maintaining staff at Paignton Hospital. Other areas where work is in progress are:

- Revised and shortened exit questionnaire
- Use of 'stay questions' with PDR

6.5.4 Succession Planning Working Group

The task and finish is working on an implementation plan that includes:

- Information and systems to gather that information for business critical posts
- Talent spotting
- Capturing peoples skills, ambitions and potential
- Reviewing PDR and other policies to support succession planning
- Development for identified talent
- Ability to compare business critical posts with peoples skills, ambitions and potential

A flowchart is being designed to support managers in achieving succession planning. This will include resources available to support them in this activity.

6.5.5 Agency and Temporary Staffing Working Group

The activity of this group is included in the Temporary Staffing section of this report in 6.6 below.

6.5.6 Overseas Nurse Recruitment

The Trust had a successful trip to the Philippines to recruit to the nurse workforce and has offered employment to 100 of the candidates interviewed, subject to meeting the necessary NMC requirements for English language and clinical competency.

There are still some stages for the individuals to overcome before they are able to join the Trust, which we anticipate will be from December 2016 onwards. Prior to coming to the UK, the candidates must:

- Achieve IELTS level 7 in all four aspects.
- Complete NMC CBT test

Once all tests have been passed, the nurses can then apply for their UK visas. Upon arrival in the UK they are then required to undertake the NMC OSCE (objective structured clinical examination) which is practice based. On passing this final stage, they will then receive their NMC pin number allowing them to practice in the UK as registered nurses.

6.5.7 Amendment to English language test requirements for nurse applicants trained outside the UK

The Nursing and Midwifery Council (NMC) has announced that it is changing its International English Language Testing System (IELTS) requirements for nurses and midwives coming on to the register from overseas and within the European economic area. These changes will increase flexibility for applicants while ensuring that the appropriate standard of English language is still achieved.

Under the previous system applicants were required to achieve the IELTS Academic Test Level 7 in reading, writing, speaking and listening in a single sitting. Under the new protocols the NMC still requires applicants to achieve Level 7 in all areas, but this can now be achieved over two sittings of the tests. Both tests must be within six months of each other and no single score must be below 6.5 in any of the areas across both tests.

It is anticipated that this will support the achievement of the IELTS.

6.6 Temporary Staffing

6.6.1 Incentives for Bank Workers

The level of Bank and Agency Usage remains under constant review, with the aim of decreasing the level of overall usage of temporary labour and secondly to increase the proportion of Bank as opposed to Agency. Progress on the incentives implemented in the use of Bank and Agency workers are included below:

- A bonus payment for those workers who work in excess of 200 hours in a three month period was implemented from 1st July 2016.

- Substantive staff that work a bank shift will be paid for that shift at their substantive pay point.

- The weekly payroll that has been implemented for bank workers that do not have substantive contracts continues to expand. Of the current 800 bank only workers 411 are now on the weekly payroll an increase from 280 in the first week. The breakdown below shows the number of staff by staff group submitting timesheets and being paid on the weekly payroll in the first 8 weeks of the weekly payroll.

	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
Staff Nurse (band 5)	6	10	11	13	7	10	11	12
Staff Nurse (band 6)		1			2	1		
Sister/Charge Nurse (band 7		1						
Assistant Practitioner (band 4)	2	1	1	1		1		
Health Care Assistant (band 3)	1		3	2	1	1	1	1
Health Care Assistant (band 2)	53	71	92	76	90	89	89	97
Estates and Ancillary (band 2)	15	22	20	21	18	21	26	26
Administrative and Clerical (band 2)	4	8	14	9	11	17	12	14
Administrative and Clerical (band 3)			1	2	3	2	2	3
Administrative and Clerical (band 4)							1	1
Physiotherapist (band 5)								1
Physiotherapist (band 6)	1	1	1	1		1	1	1
Physiotherapist (band 7)						1		1
Occupational Therapist (band 6)	1	1		1		1	1	1
Speech and Language Therapist (band 6)			1					
Dietitian (band 5)						1	1	
Total	**83**	**116**	**144**	**126**	**132**	**146**	**145**	**158**

Further planned incentives to be implemented soon include:

- Payment of travel expenses at public transport rate for working in areas which are more than 5 miles from home
- The potential for introducing an 'early' booking bonus.

In addition the Group is reviewing rostering practices with a view to ensuring that the most expensive shifts are filled by substantive staff or through bank rather than going to agency.

There has also been a review of the bank process and agency authorisation arrangements and a revised flowchart has been drafted and is currently being consulted on.

6.6.2 South West Agency Consortium

In addition to the above the Trust is working collaboratively with other organisations in the region with the aim of delivering a collective SW Agency solution for managing regional demand for agency nursing staff.

6.6.3 NHS Improvement Agency

The Trust has engaged with the NHS Improvement Agency to identify any potential support they can provide the Trust to reduce agency spend in the Trust. An initial meeting has been held and we are currently awaiting feedback from the Improvement Agency.

6.6.4 Bank and Agency Activity

The Trust continues to report to Monitor on a weekly basis in respect of the number of agency shifts that are not compliant with Monitor framework and price cap requirements. From 4 July 2016 the Trust is required to report on the number of shifts that are outside of the maximum wage cap.

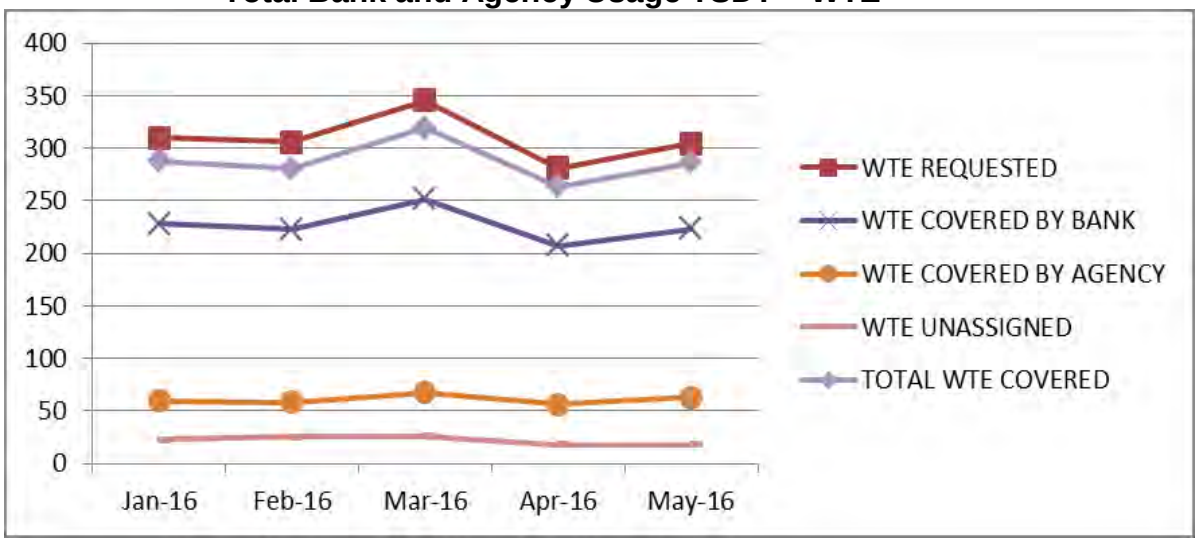
Of the weekly reports, nursing shifts are the biggest component of the report (averaging 150 shifts per week), followed by medical shifts (averaging 50 per week).

NH Improvement have also reviewed the current process and has implemented a formalised amendment process with effect from reporting period WC Monday 4 July 2016. The new process is designed to ensure greater governance within Trusts for the submission and amendment of regulatory data for the agency controls.

We are continuing to report to Monitor on a weekly basis on all agency shifts booked with Agencies that are not on an agreed framework or exceed the price caps. The Temporary Staffing Team continues to strive to fill the demand for shifts across the acute and community settings. In March 2016 the Temporary Staffing Team was able to fill 94% of the shifts through a combination of bank and agency. This equates to 319 WTE.

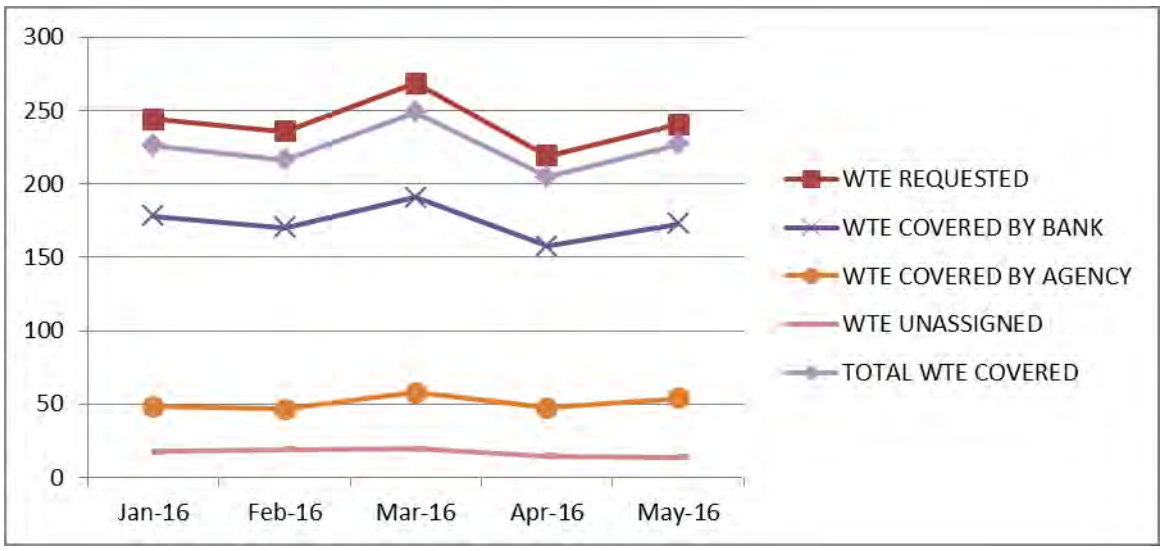
The tables below show the bank and agency usage by WTE for the whole Trust and separately for acute and community areas for the most recent months.

Total Bank and Agency Usage TSDT – WTE



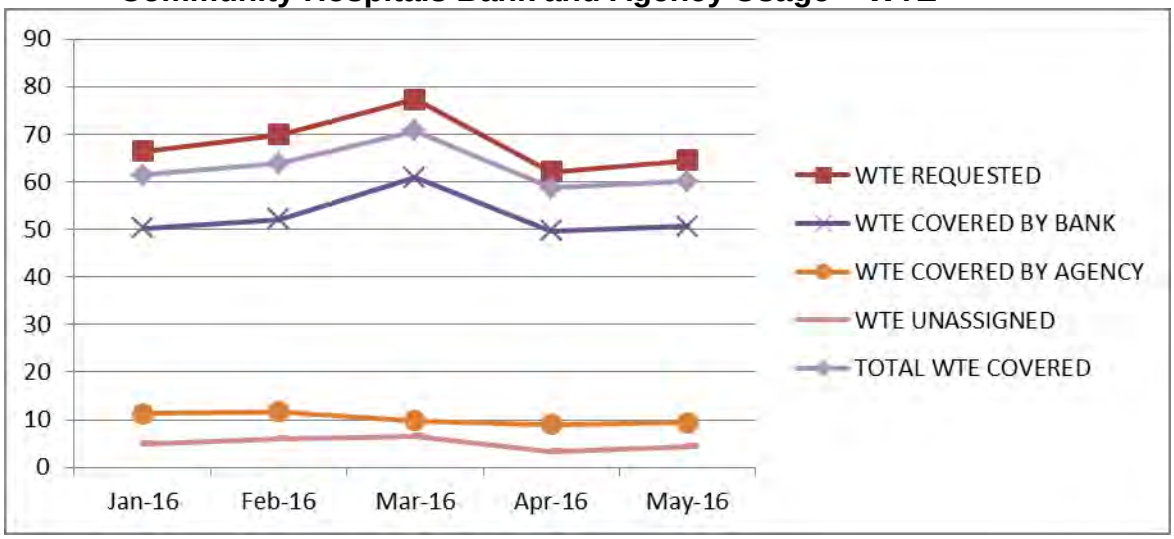
	Jan-16	Feb-16	Mar-16	Apr-16	May-16
WTE REQUESTED	310	306	346	281	305
WTE COVERED BY BANK	228	222	252	207	223
WTE COVERED BY AGENCY	60	58	68	56	63
WTE UNASSIGNED	23	25	26	18	18
TOTAL WTE COVERED	***288***	***280***	***319***	***263***	***287***

Acute Hospital Bank and Agency Usage – WTE



	Jan-16	Feb-16	Mar-16	Apr-16	May-16
WTE REQUESTED	244	236	268	219	240
WTE COVERED BY BANK	178	170	191	157	173
WTE COVERED BY AGENCY	48	46	58	47	54
WTE UNASSIGNED	18	19	20	15	14
TOTAL WTE COVERED	***226***	***217***	***249***	***205***	***227***

Community Hospitals Bank and Agency Usage – WTE



	Jan-16	Feb-16	Mar-16	Apr-16	May-16
WTE REQUESTED	66	70	77	62	64
WTE COVERED BY BANK	50	52	61	50	51
WTE COVERED BY AGENCY	11	12	10	9	9
WTE UNASSIGNED	5	6	7	3	4
TOTAL WTE COVERED	***61***	***64***	***71***	***59***	***60***

6.6.5 Cost Improvement Programme (CIP)

The division has recently been allocated a CIP scheme on behalf of the Trust to make a 350k saving on agency usage. Work is underway to determine where this can best be achieved. In context qualified nursing staff and medical and dental staff are recognised as national shortage groups where difficulties are already encountered filling substantive vacancies. Consequently all data on agency usage Trust wide is being interrogated. Findings and recommendations will be reported to the Workforce and OD Group for action.

6.7 Medical HR

6.7.1 Junior Doctor 2016 Contract

The BMA held a referendum of relevant BMA members on whether or not to accept the new Junior Doctors Contract. It was announced on 5th July that members have rejected the proposed new contract for junior doctors. 58 per cent voted against the new contract compared to 42 per cent voting to accept, with a turnout of 68 per cent in their referendum.

Subsequently the Government have announced their intention to impose the contract from 3 August 2016 with a staged transition as identified below.

Trusts have been encouraged to continue with the appointment process for the Guardian of Safe Working in recognition of the fact that all parties have confirmed their strong commitment to this appointed role. We are pleased to announce that Dr Nuala Campbell, Consultant Anaesthetist was appointed to this role for Torbay & South Devon NHS Foundation Trust on the 5 July.

Following the suspension of all work on the new contract pending the outcome of the referendum, work has recommenced with Medical HR and Medical Education working closely together to ensure the smooth implementation of the new contract later this year.

The table below shows the transition arrangements for Junior Doctors moving to the new terms and conditions.

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Date	Action
July 2016	Appoint guardians of safe working hours
26 July 2016	Guardian of safe working hours conference, London
3 August 2016	Contract is live
October 2016	Transition to the new terms and conditions of service (TCS) for: • Obstetrics ST3 and above
November - December 2016	Transition to the new TCS for: • F1 doctors taking up next appointments • F2 doctors taking up next appointment and sharing rotas with F1 doctors
February – April 2017	Transition to the new TCS for: • Psychiatry trainees taking up next appointments (all grades) • Pathology trainees (lab based) (all grades) • Paediatrics trainees taking up next appointments (all grades) • Surgical trainees (all disciplines) taking up next appointments (all grades) • F2 doctors and GP trainees (ST1/2) taking up next appointments and sharing rotas with any of the above
August – October 2017	All remaining trainees taking up next appointments (all grades) All new starters (all grades)

Notes:

(1) The above does not include trainees employed on long-term contracts in lead employer arrangements (other than those who joined such arrangements on a single placement contract in August 2016, or those whose contracts have a clause allowing for them to be varied in this way); these trainees will remain on the 2003 TCS until they finish training and / or their current contracts expire.

(2) There will be some parts of the country where rotation dates do not coincide precisely with the above timetable. In such cases, trainees will move to the new terms at the next rotation date following their scheduled transition date, and by October 2017 at the latest.

6.7.2 Medical Agency Booking System

The Trust is implementing a new electronic system called TempRE to manage and reduce our Medical temporary staffing expenditure. TempRE is an end to end temporary workforce management system provided by Liaison. The TempRE system will deliver a number of benefits to the trust but involves changing the flow of the administration.

Vacancies will be created and released through the TempRE system. Shifts are cascaded to agencies and filled by introduction via an agency. Agency locums will then be directly engaged by the trust for the period of the booking. To facilitate this all the contracts, timesheets, authorisation and payroll will be completed electronically by TempRE Direct Engagement as an outsourced service.

The electronic timesheet approval enables us to reduce the transactional burden on the trust but this element needs to be done on a timely basis with all the individuals approving the hours understanding that this will release payment to the Locum. The TempRE system allows for a dual stage authorisation which entails that certain staff will be set up as Attendance Checkers who certify the hours worked by the locum and thereafter timesheets are sent for budget holder authorisation.

The benefits of this system will enable the Trust to have control at every stage of an agency placement from vacancy release to payment. The system will provide streamlined invoicing and a reduction in administrative tasks, but most importantly this system will allow for fast, timely information on our medical agency bookings and cost plus NHS wide benchmarking of pay and commission rates.

The Trust are receiving this system at no additional cost as the system is available via the Direct Engagement service we already receive.

6.7.3 Medical Recruitment

Current Medical Vacancies (as of June 2016):

Grade	Specialty	Status
Consultant (new post)	Histopathology	Trying to recruit since Apr 2015; Advertised on 4 occasions
Consultant (replacement x2)	Stroke	Trying to recruit since Apr 2015 Advertised on 4 occasions
Consultant (replacement)	Gastroenterology	Trying to recruit since Dec 2015 Advertised on 2 occasions
Consultant (New Post)	Dermatology	Trying to recruit since Jul 2015 Advertised on 3 occasions
Consultant (replacement x2)	Neurology	Trying to recruit since Nov 2015 Advertised on 2 Occasions
Consultant (replacement x3)	Healthcare of Older People	Trying to recruit since Jan 2015; Advertised on 6 occasions 1 successful appointment in May 2016
Consultant (Replacement x2)	Radiology	Trying to recruit since Feb 2015 Advertised on 5 occasions
Consultant (New Post)	Anaesthetics- Pain Management	Re-advertised and closes on 15th May

6.7.4 Clinical Excellence Awards

The Trust made the decision to proceed with CEAs this year and the committee received 52 applications. The committee were struck by the higher number of applicants this year, of which many were of a high standard and a significant number of applicants had not previously received a clinical excellence award.

Taking all of these factors into account the committee were able to award the maximum of 31 points allocated this year.

7.0 Occupational Health

7.1 Occupational Health

A comprehensive implementation and communication plan is now underway to ensure a smooth transfer of the service to Optima Health on 1st August 2016. Current arrangements for OH Physician cover via an agency will cease from that date.

The new OH service from Optima will include an Employee Assistance Programme [EAP] for all staff to access 24/7, provided by 'Workplace Wellness'. As of the 1st August Occupational Health will be removed as a red risk on the risk register.

Flu campaign 2016 – work is underway to support this year's flu campaign. It has been identified as a CQUIN target to vaccinate 75% of frontline staff. Regular updates will be submitted to update the status of uptake as campaign progresses.

8.0 Workforce and OD Systems

8.1 E-rostering

The Workforce and OD Group have agreed the following option for the further development of e-rostering "Implement a coordinated and actively managed programme of works with the ultimate aim of procuring the Allocate solution and commencing a staged implementation". The intention is that concurrent work streams will ensure organisational readiness and manage the planned progression towards one IT solution. One of these work streams is a coordinated review and management of Rostering Practices and Time & Attendance management in conjunction with other programmes of work (such as the Nursing Workforce Programme).

Working with colleagues from the Nursing Workforce Team the e-rostering team have a programme of work, to visit Safer Staffing Wards and Emergency Department to validate staffing and budgets and improve rostering practice and the use of Rosterpro, the current e-rostering system. This activity has commenced in Forrest Ward and Emergency Department and with Cheetham Hill, George Earle and Simpson Ward's. This work includes:

- The Rostering Policy has been re-drafted and is currently with the Associate Director of Nursing Workforce to finalise and agree via the Trusts Governance process.
- Revisiting each clinical area starting with Emergency Department and safer staffing areas
- Looking at current practice and how rostering is done
- Gaining an understanding into how annual leave is currently allocated and moving forward to sisters and senior sisters changing practice so that annual leave is granted in accordance with rostering good practice including in relation to how many vacancies there are

- Looking at the current requirements of the area ensuring Rosterpro reflects this in terms of how many RGN's and HCA's are required for each shift
- Ensuring that all clinical areas have their rosters completed and published 6 weeks in advance. A template will be produced for each area showing when staff requests have to be in by, roster planning carried out and approved by senior Sister and Matron. This will monitored as a KPI and fed back
- Each clinical areas Rosterpro will be rebuilt taking into account current staff, skill and requirements
- Staff will be retrained in using the system, ensuring areas are adhering to Trust policies such as sickness, back to work interviews etc.
- Monitoring of contractual hours that have not been utilised on a monthly basis
- Safer staffing areas will be encouraged initially to be verifying on a weekly basis but by the 3rd of the month and then there will be an expectation that areas will verify on a weekly basis

9.0 Education and Development

9.1 Learning Management System (LMS)/Nurse Revalidation

The implementation of the new LMS & Nurse Revalidation system is delayed. Unforeseen work to the Active Directory (AD) needs to take place, this manages new starts, leavers and movers within the Trust and informs connected systems. The Health Informatics Service (HIS) anticipate that this work will be completed by September 2016. The current arrangements for learning and revalidation are robust and will extend its operation into the autumn when the new LMS and Revalidation systems will be introduced. To maintain momentum, the project team continues to work with stakeholders and subject matter experts to progress work stream elements not directly impacted by the AD activity.

9.2 Medical Education

9.2.1 GMC Regional review

On the 28th April the GMC visited the Trust as part of their regional review of the South West. During their visit they met with the Exec team, medical education team, supervisors, trainee doctors and medical students. Verbal feedback on the day was very positive and they described the Trust as having a very positive learning culture and all trainees and medical students they spoke to were positive about their training experience at the Trust. We have since received the preliminary report which is detailed below:

Areas the team consider to be working well:

- The Trust is a learning organisation, with a supportive, open and inclusive culture.
- All grades of learners across departments feel that their consultants and the senior management are approachable and supportive.
- The perception of supervisors, students and trainees is that the Trust is responsive to feedback and that change happens where possible.
- All students and trainees would recommend their current posts.
- The monthly review of medical trainees at consultant meetings promotes early recognition of concerns and need for support.

- There is widespread understanding of how to raise concerns throughout the Trust. Supervisors, students and trainees feel that their concerns are listened to, and action is taken where possible.
- The student experience at the Trust is very positive.
- Despite continued colloquial use of SHO terminology, trainee and student levels of competencies are recognised and learners are rarely asked to work beyond these.
- The relationships with medical schools in the region look to be working effectively.
- The protection of GP and Psychiatry teaching time adds positively to the trainee experience.

Domain Areas the team consider could be improved:

- The evaluation and review of handover in clinical areas to ensure consistency in quality.
- Trainees in some areas are unable to be released for teaching and training due to workload and service.
- The use and monitoring of local E&D data, including progression data, to improve the quality of training.
- The monitoring of how job plans are delivered and reflect the variety of tasks supervisors undertake.
- The advanced notification of rotas is variable across specialties, and does not always give trainees adequate notice.
- The feedback loop for concerns raised by formal processes is not adequately closed.
- The impact of increasing service demands and workload on the currently effective learning culture should be actively monitored.

The final report for the region will be available to the Trust from the 22nd August for comment and the final report will be made public at the end of September on the GMC website.

9.2.2 Undergraduate programmes

The Undergraduate Medical Education Committee met in May to discuss the future programmes and agree some recommendations which will be proposed to the medical schools which are crucial to the successful delivery of the programmes at the Trust. A joint meeting will be taking place in the autumn to discuss these recommendations with both medical schools. The current transition for student placements is as shown in the table below:

ACADEMIC YEAR	YEAR 5 PROGRAMME DELIVERY
2016-17	PCMD (approx. 38)
2017-18	40 x PCMD – RETURNING INTERCALATING STUDENTS – LAST PCMD COHORT 10 x PSMD (NEW PLYMOUTH SCHOOL)
2018-19	30 x PSMD (NEW PLYMOUTH SCHOOL) 20 x UEMS (NEW EXETER SCHOOL)

Student numbers for 2016/17 are lower than forecasted and we are currently in negotiation with the medical school as there is potentially another placement swap in the pipeline.

9.2.3 PA Programme

The 8 students undertaking their 2nd year at the Trust are half way through the year now and progressing well. Feedback from the students and clinicians involved in the training has been positive.

There are a few programme changes the Trust have recommended to the medical school including increasing the block length from 3 weeks to 6 weeks, like the medical students, as it was felt 3 weeks is far too short for students to settle in and gain an effective level of experience. A paper outlining the plan for the future training programme and rotations for the 5 PA's who will be working at the Trust has been drafted and is currently under discussion. It is likely that the first cohort of trained physician associates will be allocated to front door services e.g. ED.

We will be advertising jointly with Plymouth University a post for a qualified PA to come and work at the Trust 50% clinically in the medical directorate and 50% for education and the University developing and delivering the PA programme. They will also play a key role in embedding the role in to the organisation and supporting the first cohort of PA's at the Trust. The interview date is TBC.

Some discussion needs to be had regarding the funding for the PA posts from 2017 and identify options for new funding and/or reallocating existing funding. Initial discussions will be had with the DGM's.

9.2.4 Medical Education Service Level Agreements (SLA's)

The divisional SLA's will be issued this month detailing the contracted postgraduate and medical education training delivery for the next 12 months. The SLA's will include a summary of funding the divisions will receive for delivering this contract. This year the Operational Managers will be included on the distribution lists.

9.2.5 Medical recruitment (Trainees and Trust Doctors)

All F1 and Core Medical training (CMT) posts have been filled. However some level of drop out is anticipated this year at F1 level as this is the first year there is no waiting list and therefore if someone drops out there will be no immediate back fill.

Vacancies from August:

Vacant Post	Action Plan
1 x F2 – 12 month post in Pads/Colorectal, Acute Med	ECF submitted for a Trust Doctor
1 x ACCS CT3 Emergency Medicine	Awaiting notification of possible training extension before recruitment.
1 x GPST1 Paediatrics 40% gap due to a 60% LTFW trainee in a full time slot.	No action
1 x Trust Fellow Acute Medicine (12 months)	Being re-advertised
1 x Trust Fellow Emergency Medicine (6 months) / T&O (6 months) – *50% of a full time slot*	Being re-advertised
1 x Trust Doctor Acute Medicine (6 months) / Critical Care (6 months)	Recruiting / awaiting candidates to accept
1 x Trust Doctor Acute Medicine (9 months)	Recruiting / awaiting candidates to accept

9.3 Professional Practice

9.3.1 Cost Collection

Work is continuing on the HEE SW dictate for cost collection evidence relating to cost of providing education and training to students.

Two wards have been piloted to ensure the questions are sensible to garner evidence for ward staff mentoring, assessing and signing-off student nurses in the clinical setting. Evidence so far demonstrates parity across a medical and surgical ward. This pilot will then roll out across the acute and community setting to give a wide arena of clinical placement mentor activity.

9.3.2 Mask Fitting for pandemic outbreaks

Mask fitting continues for clinical staff. Areas are conforming due to the exertions of the professional Clinical Team delivering this form of education. Medical staff are still not compliant, discussions need to take place with the Medical Director to find a way forward for this staff group.

9.3.3 The Foundation Degree in Healthcare programme (FdSc) for our Assistant Practitioners (Band 4s)

This year the number of staff being put forward to undertake the FdSc is at its highest and we have broken through to GP surgeries re this qualification. This in turn will help GP surgeries look to succession planning for their RN workforce of the future. Again the Trust has no financial burden to pay for this programme which equates this year to circa £237,600.

9.3.4 Numeracy and English for nursing students and Sponsorship for Adult Nursing

Following on from the successful numeracy day on April 4th this year, we now have 10 Sponsored Assistant Practitioners that will be guaranteed a Band 5 RN post on completion. These staff have been selected by managers and will work to the needs of the new organisation, they will also be able to APEL up to 18 months off the student nursing programme. They are very committed to the Trust and it is anticipated that this student group will maintain their zero attrition rates.

9.3.5 Non EU International recruitment

The recruitment of the 100 nurses from the Philippines requires additional provision for the education needs of this staff group. These education needs are in relation to the NMC requirements of Pre Preceptorship and Preceptorship or the education or for these nurses to undertake the OSCE exams required by the NMC before issuing registration.

An Options Appraisal has been undertaken to address this issue. This will need to be monitored closely to ensure the introduction to the Trust is successful.

9.3.6 The NMC Objective Structured Clinical Examination (OSCEs) National Centre

An expression of interest was sent to the NMC to become a second centre for the OSCEs. The Executives gave sign up to look at the Tender. The NMC still have not written the Tender so we cannot proceed to the next stage to offer a more formal options appraisal to see if the Board wish to Tender.

We have no intelligence as to when this will be available from the NMC.

9.3.7. Nursing Recruitment Event April 27th

A nursing recruitment event was held in Anna Dart in April. Third year students and those wanting to work in the trust were asked to apply prior to coming and interviews were held on the day. We interviewed 28 registered nurses and a total of 22 have been appointed. A further day for social workers is being held on August 8th and for nurses on August 30th.

9.3.8 Clinical Supervision

Support with Clinical Supervision is being offered to matrons and band 7 managers. Training is being provided and support has been offered to those requiring help in setting supervision up.

9.3.9 Nursing and Midwifery Revalidation Workshops

Training and assistance continues to be offered to support registered nurses and midwives meet their revalidation requirements. Nurses and midwives will be further supported by an ePortfolio being developed on the new LMS. This is due to go live in September.

9.4 Vocational Training

9.4.1 Employability Hub

New Initiative

Way Finder Pilot – started 6th June. The aim is to help patients and visitors navigate their way from Level 2 Outpatients to other areas of the hospital. This will also help to reduce the pressure on staff at the reception desk. The Way Finders can escort patients to their destination, helping to give them a positive experience. 240 shifts have been covered with the majority of Way Finders coming from Devon Studio School. Other local schools are involved as are candidates from the EH inclusion groups. Feedback to date has been 100% positive with both patients and staff in Outpatients finding the service to be very useful. We are looking to extend the pilot to the end of August to cover the main summer holiday period.

9.4.2 Project Search

2015/16 interns graduated on 17th June 2016, two have been offered Traineeships, one is undertaking the Care Certificate, with a view to a Traineeship, one working with Pluss, one volunteering in a care home, with a view to paid employment and one in the process of applying for paid employment at South Hams Hospital Project Search recruitment is in progress for 2016/17 interns. 9 interns will be offered a place, starting in September 2016

Conversion rate from placement to employment is currently around 67%

9.4.3 Future Plans

We are looking to develop a Patient Support Assistant role within a ward setting. An ex Project Search student who is undertaking the Care Certificate will be trialled on a ward, with the support of the ward manager. Talks scheduled to see if this could be rolled out to more areas in the future. The aim of this role is for the Patient Support Assistant to help alleviate some of the pressure on the wards by undertaking tasks currently undertaken by HCAs, freeing up their time and ultimately allowing the nursing staff to carry out duties appropriate to their banding.

9.4.5 Apprenticeships

We had our CMI higher degree apprenticeship launch in leadership and management on the 7th July at the Horizon Centre. The programme will start in September with our delivery partner South Devon College. We aim to deliver 135 apprenticeships this year for new and existing staff. Health and Social care apprenticeships are being launched in July with a view to starting a new cohort of 30 in October.

We have recruited four new apprentices into EAU, in addition we have created 6 new vacancies for Devon studio School leavers who are about to undertake work experience placements on the clinical wards. They will automatically apply for the vacancies once they have completed their work trail. These are star pupils and have been referred by the principal. A similar model is being rolled out with South Devon College.

9.5 Mandatory Training

Compliance levels for the nine reportable topics have remained relatively unchanged. All the low compliant areas have been contacted and support offered to increase their compliance rates, For example

- Hotel Services – Dates for bespoke mandatory training sessions have been planned for the catering and domestic staff that are unable to access our planned face to face courses due to work patterns.
- Community Hospitals – Pat McDonagh has been contacted and reassurance provided that low compliant areas are booked onto training. for example Bovey Tracey Hospital
- Rainbow Day Nursery – We have been signposting team to the digital films for infection control and offering face to face training out of their working hours to complete training.
- Pharmacy Manufacturing Unit (PMU) – The mandatory team are delivering training this week due to parts of the unit closing. We are also working with the team to utilise the digital learning options to enable the PMU to take responsibility of their mandatory training.

A new Equality and Diversity film is being developed with Dementia embedded into content to help raise awareness of the Purple Angel scheme.

We are planning to film a new Information Governance buzz film in the next month if we gain support for the subject matter expert. We will then have options of eLearning plus digital films for the majority of the yearly mandatory training topics. Once the film is in place and after the new learner management system has been embedded we shall be reducing the face to face training options and signposting staff to digital learning.

10.0 Organisational Development (OD)

10.1 Top Team Development

The Executive Directors have recently selected an outside organisation to provide top team development across the Trust. In essence, this will consist of two separate but linked processes.

Firstly, a development programme for the Executive Team which will also include coaching arrangements. Secondly bespoke management development for top managers (Band 8 and above) across the Trust.

The programme will be mandatory and will commence later this year.

10.2 Future Needs Analysis for Leadership and Management Development.

During May and June members of the OD team have met with key managers in Medical, Women's, Children and Therapies, Surgical, Community and Emergency Care Service Delivery Units to discuss on-going leadership and management development needs.

Themes arising from the meetings include:

- Increasing line managers' levels of self-awareness and how they come across to others.
- A need to support managers in developing emotional intelligence and interpersonal skills thus in turn increasing the level of positive engagement with staff through effective conversations and modelling inclusive behaviours.
- In-house programmes like the Introduction to Line Management, Foundation Leader Development Programme, Core Leader Development Programme and Leading with Compassion are seen as effective development activities.
- Any development opportunities need to be mindful of the time away from the workplace. Less is more.
- Little stated appetite from managers for more intense vocational qualification led training.
- Masterclasses provided by the Leadership academy are preferred to on-going qualification programmes.
- Access to coaching and mentoring

Next steps include:

- Repeat this process on an annual basis the future requirements to ensure we are providing appropriate support and development
- Liaise with our external providers of management development to re-align the length and content of the programmes.
- Ensure the suite of programmes available is visible to enable managers and staff to access appropriate programmes that are already in existence and future programmes are seen.
- Promote the Introduction to Line Management Programme
- Continue cascading the offer of programmes provided by the South West Leadership Academy.
- Continue to provide bespoke sessions and programmes specific to the needs of each area.

10.3 Organisational Development Consultancy

To further add to the findings of the cultural barometer for the Emergency Department OD have been supporting the Divisional General Manager (DGM) by way of:

- Undertaking one to one interviews (conversations) with consultants, middles grades and members of the nursing and administrative management teams.
- Group conversations have been held with the administration teams and unit sisters, with forthcoming sessions arranged with staff nurses and healthcare assistants.
- Further opportunities for one to one and group meetings have been offered to all groups of staff

The key themes will be identified and will be presented back to the Service Delivery Unit Manager's, Clinical Director (CD), Associate Director of Nursing (ADN) in the first instance together with recommendations and appropriate action plan including cascading and sharing outcomes with the staff in the department.

10.4 Coaching Skills Programme

There has been a noticeable appetite throughout the organisation for staff at all levels to attend the coaching skills programme delivered internally. Short term evaluation of this programme shows the personal benefit of those attending and the positive impact back in the workplace from those who have attended. To evaluate the longer term effects a longitudinal evaluation will be undertaken at 6 and 12 months.

10.5 Coaching support for unpaid carers and wider coaching networks

The OD Team were invited to become members of a system wide coaching network that includes other organisations other than health bringing different approaches, thoughts and ideas. It also aligned to the organisational objectives and ensures that we are outward facing building networks and partnerships.

As a result of being part of the wider network and following the Carers week in June, we have been approached by Torbay Carers Service and also Devon Carers to offer coaching to local unpaid carers who are seeking paid employment. Coaching will play a crucial part in them gaining the confidence to attain paid employment. We are supporting 2 local carers through this process.

10.6 Supporting Health and Wellbeing Teams

A facilitated session for the Moor to Sea Management Team together with a local G.P. and volunteering representative was undertaken. The purpose of the session was to generate conversation and ideas of what the local Health and Wellbeing Team (previously known as LMAT) within the Moor to Sea communities would look like.

10.7 Modelling the enhanced system for intermediate care – Moor to Sea

To support the Intermediate Care Service that are increasing in size and need to develop referral systems and processes OD are facilitating a modelling workshop with the team. This workshop will help the existing team explore and simulate scenarios of how service users may access the service and what their journey might look like in the future. An expected outcome of this process will be that the team will have co-created a referral system that will support the increasing number of services users being referred through this system.

10.8 Wellbeing Co-ordinator induction and development

The introduction of this new role plays a significant part in driving forward our model of care. OD are involved in several aspects of this process including facilitating workshops for the bringing together of staff in these roles together with the development of the new health and wellbeing teams. Specific training developing positive challenge skills, listening, facilitation and decision making skills will also be delivered by the OD team.

10.9 Equality and Diversity – Workforce Race Equality Standard (WRES)

As agreed at the July Board the action plan following the WRES Report is continuing to be implemented.

11.0 Staff Welfare and Wellbeing @ Work

11.1 Staff Welfare and Well-being@Work

The Staff Well-Being@Work Forum is now meeting. The Forum will provide direction and oversight for the health and wellbeing activities across the health community, leading by example and ensuring that the Trust can evidence its progress by providing reports to the Workforce and OD Group.

11.1.1 Development of a Well-being@Work Forum

The Well-Being@Work Forum at the Trust will provide direction and oversight for the health and wellbeing activities at the Trust to ensure the Trust can evidence its progress in achieving the Well-being at Work objectives and to provide periodic reports to the Trust Board via the Workforce and OD Group. The Forum includes representatives from the Lifestyles Team, Hiblio, Staff-side, Communications, the CCG, WOW Awards and Blue Shields Awards and (by invitation) a lead representation from the Lighten-Up Programme.

11.1.2 The Terms of Reference of the Forum are as follows:

Specific responsibilities:

- Annually review the Trust's Health and Wellbeing Strategy and an agree an action plan to support this, ensuring this is focused on the right areas and is sufficiently challenging to deliver tangible and sustainable health improvements
- Review progress against the action plan including evaluation data, where available
- Agree and review progress against the Staff Survey Action Plans
- On an agreed cycle, review Trust data such as rates and reasons for sickness absence, Occupational Health referrals, Staff Physiotherapy referrals, , participation in Trust health and wellbeing activities etc. and identify any areas or staff groups that may need more targeted health and wellbeing interventions
- Review of the website and supporting communication strategies to ensure this is up to date and is reaching the widest possible audience.

11.2 Key Staff Welfare and Well-being Workstream areas include:

11.2.1 Staff Engagement

- Seminars – it was agreed that a week in the New Year be identified to hold a 'Staff Well-being Awareness Collaborative' and to include a series of events to support staff and their well-being around the 5 identified staff well-being areas. These events would be held at various locations around the Trust.
- Charity commitment – It was suggested that a poll on ICON be held to identify suggested charities that could be supported via sponsored health and well-being activities.

11.2.2 CQUIN 2016/17

- The Staff CQUIN includes the introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues. These are identified as:

  a) Introducing a range of physical activity schemes for staff. Providers are expected to offer physical activity schemes with an emphasis on promoting active travel, building physical activity into working hours and reducing sedentary behaviour. They could also introduce physical activity sessions for staff which could include a range of physical activities such as; team sports, fitness classes, running clubs and team challenges.

  b) Improving access to physiotherapy services for staff. A fast track physiotherapy service for staff suffering from musculoskeletal (MSK) issues to ensure staff who are referred via GPs or Occupational Therapists can access it in a timely manner without delay; and

  c) Introducing a range of mental health initiatives for staff. Providers are expected to offer support to staff such as, but not restricted to; stress management courses, line management training, mindfulness courses, counselling services including sleep counselling and mental health first aid training.

  Quarter 1 requirement: Completion of project plan, milestones & measures.

11.2.3 Employee appreciation and recognition

- Blue Shield Awards
- WOW Awards
- Retirement and Long Service Awards – holding 6-monthly Long Service Award 'cream teas' was discussed and the identification of those staff who have worked for 25+ and 35+ years for the NHS with the presentation of a certificate and announcement in the Trusts' Bulletin and on ICON
- Thank you acknowledgements – thank you cards have now been issued to the Senior Management Team
- 'Did you know?' column to be included in ICON to share good news about staff
- Polls to be launched on ICON e.g. how many people this will have taken a lunch break? And to be Well-being specific.

11.2.4 Mental Health and Wellbeing in the Workplace – to include the introduction of 'Lighten Up' lunchtime seminars covering:

- Making Changes
- Healthy Lifestyles
- Doing Your Day
- Transform Your Thinking
- Identifying Stress

This programme would also make links with other Trust initiatives e.g. Freedom to Speak Up Guardians, Acceptable Behaviour Advisers etc.

It was agreed with the Lifestyles Team that we hold 'Mental Health First Aider' training for staff volunteering to become Mental Health First Aiders.

It was also agreed to identify and re-launch the Health and Well-being at Work Champions Network and to include some further training for staff who may wish to become Champions.

11.2.5 Physical Health and Wellbeing in the Workplace

Work will continue with the Lifestyles team specifically around:

- Diet
- Smoking
- Exercise
- Alcohol
- Back pain

11.2.6 Staff Disability Awareness

It was agreed that links be made with the Disability Advisory Group to include Agenda items around staff with disabilities and how they can be supported.

11.3 Well-being@Work Forum

Group membership will be as follows:

- Director of Workforce and Organisational Development
- Associate Director – Transformation and Well-being at Work
- Directorate HR Manager with responsibility for staff surveys
- Staff Side Chair
- Directorate Representatives
- Occupational Health Representative
- Communications Representative
- Health and Wellbeing Champion Representative

11.4 Governance:

Updates will be provided to the Board via the bi-monthly Workforce and OD Group. An annual review will be produced for the Trust Board.

11.5 Frequency of Well-being@Work Forum Meetings:

Meetings will be held every six weeks and to coincide with reporting to Workforce and OD Group.

TSDFT Workforce and OD Scorecard 2016/2017 **Appendix A**

Jun-16

Indicator and (Target)	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Bank/Agency Spend Total	£2,498,486	£3,388,102	£4,383,581	£5,430,808	£6,718,244	£7,918,436	£9,059,507	£10,494,361	£11,816,473	£13,368,816	£1,746,467	£3,450,162	£5,173,698
Bank Monthly	£366,133	£375,545	£451,147	£373,237	£522,045	£644,746	£544,710	£577,004	£554,756	£633,754	£835,496	£661,185	£611,744
Agency Monthly	£542,262	£514,071	£544,332	£673,990	£765,391	£555,446	£596,361	£857,850	£767,356	£918,589	£910,971	£1,042,510	£1,111,792
Staff Headcount Number	4262	4256	4262	4276	6089	6078	6057	6071	6069	6059	6077	6070	6056
Staff Establishment WTE	3819.94	3844.10	3855.00	3887.31	5506.99	5527.21	5524.46	5503.96	5511.78	5513.05	5557.25	5557.25	5557.25
Staff in Post WTE	3597.75	3594.88	3682.92	3638.56	5144.64	5153.82	5108.62	5128.76	5125.18	5057.48	5117.05	5113.31	5114.16
Cumulative Vacancies WTE	222.19	249.22	172.08	248.75	362.35	373.39	415.84	375.20	386.60	455.57	440.20	443.94	443.09
Vacancy Factor (excl temp workforce and add hours) (5% or below)	5.82%	6.48%	4.46%	6.40%	6.58%	6.76%	7.53%	6.82%	7.01%	8.26%	7.92%	7.99%	7.97%
Bank Usage (WTE)	155.70	165.76	204.57	166.33	185.09	223.51	243.61	240.63	239.78	266.85	296.85	297.19	220.12
Agency Usage (WTE)	65.74	47.38	44.60	92.58	53.87	98.78	124.20	107.26	115.45	144.27	132.66	119.55	141.95
Additional Hours/Reduced Hours (-) (WTE)	3.75	6.07	-78.25	-28.72	3.82	42.85	2.37	-33.43	-31.07	1.83	21.09	-5.84	-35.07
Vacancy Factor (inc temp workforce and add hours) (5% or below)	-0.08%	0.78%	0.03%	0.48%	2.17%	0.15%	0.83%	1.10%	1.13%	0.77%	-0.19%	0.59%	2.09%
Starters	16.5	24.3	32.4	48.3	70.0	59.9	23.9	53.4	62.5	39.4	48.1	44.9	42.6
Leavers	21.3	36.3	36.3	41.8	54.5	68.1	45.9	62.3	46.5	53.3	38.3	50.7	54.7
Staff Turnover Rate % (Between 10% - 14%)	11.00%	11.17%	11.05%	11.09%	12.79%	12.97%	13.15%	12.94%	13.09%	12.75%	12.78%	12.77%	13.21%
Sickness Absence Rate % (4.00% or less)	4.16%	4.13%	4.12%	4.12%	4.07%	4.04%	3.98%	3.99%	4.04%	4.10%	4.11%	4.13%	
Bradford Score % over 250 Points	12.38%	12.53%	12.23%	12.20%	11.62%	11.69%	10.76%	9.18%	10.68%	10.63%	10.86%	10.90%	
Sickness Cost	£4,223,943	£4,184,439	£4,172,131	£4,172,955	£6,058,810	£6,075,432	£6,042,868	£6,043,671	£6,151,402	£6,279,071	£6,292,997	£6,327,834	
Skill Mix (Registered-Band 5 & above/Non-registered-Band 4 & below)	54/46	54/46	54/46	54/46	55/45	55/45	55/45	55/45	55/45	55/45	55/45	55/45	54/46
Staff appraised in last year (90% or above)	84%	85%	85%	83%	80%	77%	78%	86%	85%	83%	82%	82%	82%
Age Profile - % of staff over 55 years of age	21.0%	21.0%	21.0%	21.0%	22.0%	22.0%	22.0%	22.0%	23.0%	22.0%	22.0%	22.0%	22.0%

Training and Development - Percentage of staff compliant

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

Appendix B

OUTTURN	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Vacancy Factor % (excl temp workforce and add hours) - All ICO Staff	6.49%	7.03%	5.82%	6.48%	4.46%	6.40%	6.58%	6.76%	7.53%	6.82%	7.01%	8.26%	7.92%	7.99%	7.97%
Community BU Total													10.28%	10.32%	10.03%
Medicine BU Total													13.39%	13.60%	13.47%
Surgery BU Total													9.86%	9.89%	10.43%
WCD BU Total													2.30%	2.02%	2.04%
Vacancy Factor % (inc temp workforce and add hours) - All ICO Staff	1.41%	0.88%	-0.08%	0.78%	0.03%	0.48%	2.17%	0.15%	0.83%	1.10%	1.13%	0.77%	-0.20%	0.59%	2.09%
Community BU Total													3.09%	1.25%	4.78%
Medicine BU Total													-3.76%	-2.83%	-0.71%
Surgery BU Total													5.87%	6.17%	9.01%
WCD BU Total													1.47%	0.39%	0.51%
Sickness Absence - All ICO Staff	4.26%	4.28%	4.19%	4.16%	4.15%	4.12%	4.07%	4.04%	3.98%	3.99%	4.04%	4.10%	4.11%	4.13%	
Community BU Total	4.77%	5.01%	4.67%	4.54%	4.50%	4.53%	4.38%	4.43%	4.27%	4.44%	4.29%	4.39%	4.32%	4.46%	
Medicine BU Total	3.85%	3.87%	3.79%	3.75%	3.80%	3.85%	3.84%	3.83%	3.87%	3.94%	4.00%	4.06%	4.16%	4.16%	
Surgery BU Total	4.40%	4.41%	4.45%	4.47%	4.40%	4.36%	4.26%	4.19%	4.08%	4.10%	4.15%	4.15%	4.12%	4.07%	
WCD BU Total	3.64%	3.59%	3.57%	3.53%	3.46%	3.41%	3.27%	3.26%	3.19%	3.19%	3.24%	3.29%	3.18%	3.19%	
Staff Appraisals - All ICO Staff	84%	84%	86%	86%	86%	84%	80%	77%	78%	86%	85%	83%	82%	82%	82%
Community BU Total	84%	86%	89%	89%	86%	86%	83%	80%	85%	90%	90%	89%	88%	87%	86%
Medicine BU Total	84%	83%	86%	87%	86%	86%	81%	80%	76%	83%	81%	77%	76%	78%	78%
Surgery BU Total	83%	82%	84%	86%	90%	89%	88%	85%	86%	90%	89%	87%	87%	87%	85%
WCD BU Total	81%	84%	86%	85%	85%	79%	81%	80%	87%	92%	89%	86%	87%	87%	88%
Mandatory Training - % Completion of 9 competencies - All ICO Staff	87%	87%	87%	88%	88%	87%	89%	89%	90%	90%	89%	88%	88%	88%	88%
Community BU Total	93%	93%	91%	92%	92%	91%	92%	92%	93%	92%	91%	89%	89%	91%	91%
Medicine BU Total	83%	84%	84%	83%	86%	85%	85%	85%	85%	85%	86%	85%	84%	85%	86%
Surgery BU Total	85%	86%	86%	86%	87%	86%	87%	87%	88%	88%	89%	88%	88%	88%	89%
WCD BU Total	90%	90%	90%	90%	90%	89%	89%	89%	89%	89%	89%	89%	88%	89%	89%

Appendix C

Division/Directorate	Sickness	Appraisals	Training (Average)	Staff	FTE
	May-16	Jun-16	Jun-16	Jun-16	Jun-16
CHARITABLE FUNDS DIVISION	1.82%	88%	78%	36	20.79
Health Visiting & School Nursing	6.54%	100%	94%	103	80.60
Other Public Health Provider	5.88%	94%	92%	96	80.05
Dir - Public Health	6.21%	97%	93%	199	160.65
SD Community Services - Coastal	8.16%	81%	91%	33	29.05
SD Community Services - Moorland	0.42%	89%	92%	21	16.61
SD Community Services - Newton Abbot	4.41%	96%	85%	34	27.47
SD Community Services - Other	7.27%	84%	90%	89	71.19
SD Community Services - Totnes and Dartmouth	0.50%	97%	93%	34	29.24
Dir - SD Community Services	5.14%	88%	90%	211	173.56
Operations Support	1.81%	72%	88%	37	33.96
TCT Community Services - Adult Social Care	11.01%	83%	89%	37	33.91
TCT Community Services - Baywide	2.81%	81%	95%	42	35.56
TCT Community Services - BEST	11.11%	78%	84%	20	14.95
TCT Community Services - Brixham Zone	4.73%	75%	92%	55	43.06
TCT Community Services - Older Peoples Mental Health	0.00%	91%	84%	13	8.83
TCT Community Services - Other Social Care	17.78%	60%	92%	17	13.21
TCT Community Services - Paignton	6.49%	77%	88%	103	88.28
TCT Community Services - Torquay Zone	1.91%	75%	85%	150	131.44
Dir - Torbay Community Services	4.87%	77%	88%	474	403.20
COMMUNITY SERVICES DIVISION	5.22%	84%	90%	884	737.40
Dir - Chief Executive	0.00%	100%	86%	7	6.04
Dir - Education & Development	6.29%	82%	94%	93	87.61
Finance	2.84%	57%	90%	79	73.58
Health Informatics Service	4.90%	75%	90%	168	145.86
Procurement	5.16%	26%	92%	38	36.53
Dir - Finance, Performance & Information	4.32%	63%	90%	285	255.97
Dir - Medical Director	1.39%	89%	92%	27	22.48
Dir - Nursing & Quality	3.65%	81%	92%	109	92.71
Operations	4.52%	86%	89%	23	19.04
Transport	4.80%	99%	84%	73	65.15
Dir - Operations	4.74%	95%	86%	96	84.19
Dir - Pharmacy Services	3.01%	89%	90%	90	77.36
Dir - Strategy	0.30%	61%	88%	63	59.48
Dir - Workforce	4.69%	77%	90%	79	68.81
CORPORATE SERVICES DIVISION	3.97%	76%	90%	849	754.65
Estates	3.95%	86%	97%	35	34.60
Facilities Management	2.46%	91%	95%	26	24.44
Dir - Estates & Facilities	3.35%	88%	96%	61	59.04
Hotel Services - Catering	4.92%	80%	78%	58	40.90
Hotel Services - Domestic	6.09%	86%	76%	346	248.54
Hotel Services - Other	11.23%	86%	73%	70	64.64
Dir - Hotel Services	6.91%	86%	76%	474	354.08
ESTATES & FACILITIES MANAGEMENT DIVISION	6.39%	86%	78%	535	413.12
Dir - Hospital Services - Brixham	2.78%	95%	100%	26	23.02
Hospital Services - Dawlish Hospital	3.06%	90%	94%	26	22.26
Hospital Services - Teignmouth Hospital	10.41%	89%	91%	25	20.47
Dir - Hospital Services - Coastal	6.53%	89%	92%	51	42.74
Dir - Hospital Services - Dartmouth	0.00%	100%	91%	28	21.41
Dir - Hospital Services - MIU Services	12.80%	79%	99%	31	26.77
Hospital Services - Ashburton Hospital	4.73%	92%	96%	15	11.81
Hospital Services - Bovey Tracey Hospital	7.91%	89%	75%	16	13.04
Dir - Hospital Services - Moorland	6.39%	91%	85%	31	24.85
Dir - Hospital Services - Newton Abbot	5.00%	86%	91%	87	72.00
Dir - Hospital Services - Paignton	1.04%	74%	93%	44	34.84
Dir - Hospital Services - Totnes	2.53%	96%	92%	34	26.17
HOSPITAL SERVICES DIVISION	4.85%	88%	93%	332	271.81

Ind Sec Adult Social Care - Torbay	0.35%	40%	86%	10	9.32
Ind Sec In House Services LD - Torbay	5.82%	82%	86%	43	32.17
545 Dir - Independent Sector Adult Social Care - Torbay	4.67%	73%	86%	53	41.49
546 Dir - Independent Sector Health	4.86%	35%	91%	35	31.47
INDEPENDENT SECTOR DIVISION	4.76%	59%	88%	88	72.97
INTERNAL AUDIT	5.64%	73%	95%	15	14.17
Cancer Services - Medicine	4.40%	71%	93%	9	8.80
Clinical Oncology	4.61%	72%	87%	55	47.32
Haematology	0.00%	100%	58%	4	4.00
Medical Oncology	0.00%	100%	91%	6	5.13
Non Surgical Cancer Services Admin	0.88%	90%	95%	43	34.43
Palliative Care	0.00%	100%	100%	5	4.30
Ricky Grant Unit and Turner Ward	1.57%	89%	75%	77	64.36
Dir - Cancer Services - Medicine	2.34%	83%	84%	199	168.33
Care of the Elderly - Medicine	5.16%	85%	81%	100	88.88
Stroke	3.82%	82%	86%	39	36.86
Dir - Care of the Elderly - Medicine	4.76%	84%	82%	139	125.74
Dermatology	0.00%	22%	78%	15	11.44
Neurology	0.00%	100%	83%	4	3.70
Rheumatology	3.62%	92%	88%	17	14.15
Dir - Derm, Rheum, Neurology, Thoracic- Medicine	1.69%	64%	83%	36	29.29
Dir - Emergency Services	2.91%	91%	90%	246	202.71
Diabetes and Endocrinology	0.00%	100%	92%	20	17.47
Gastroenterology	6.56%	35%	78%	75	66.02
Dir - Gastoenterology/Endocrinology- Medicine	5.21%	43%	81%	95	83.49
Admin/Support- Med Div	4.84%	88%	94%	43	38.89
General Medicine	6.94%	89%	82%	41	33.15
Medical Division HQ	0.00%	100%	88%	8	6.25
Dir - General Medicine	5.18%	89%	88%	92	78.29
Cardiology	3.35%	69%	87%	124	106.15
Respiratory	1.93%	64%	87%	71	60.48
Dir - Heart & Lung- Medicine	2.84%	67%	87%	195	166.63
MEDICAL SERVICES DIVISION	3.44%	78%	86%	1002	854.48
PMU Finance	0.00%	60%	98%	5	4.64
PMU Manufacturing	1.13%	8%	93%	52	50.57
PMU Quality Control	0.49%	69%	89%	44	41.69
PMU Sales & Marketing	0.00%	75%	92%	7	6.39
PMU Senior Team	0.00%	83%	91%	6	5.20
PMU Supply Chain	3.41%	71%	88%	19	15.29
PHARMACY DIVISION (Manufacturing)	1.05%	48%	91%	133	123.77
RESEARCH & DEVELOPMENT DIVISION	7.70%	88%	86%	41	33.22
Dir - Breast Care	9.35%	86%	97%	42	33.88
Dir - General Surgery	6.87%	80%	86%	248	208.69
Dir - Head & Neck	1.30%	89%	86%	99	75.88
Dir - Ophthalmology	1.72%	88%	90%	121	104.23
Dir - Surgical Division	2.13%	92%	91%	80	71.39
Dir - Theatres, Anaesthetics and ICU	3.46%	82%	88%	408	361.86
Dir - Trauma and Orthopaedics	2.21%	92%	90%	160	136.89
SURGICAL SERVICES DIVISION	3.78%	85%	89%	1158	992.82
Child Health Med, Mgmt and Misc Specialty	0.81%	100%	89%	58	51.81
Paediatric	5.99%	90%	92%	96	76.43
Dir - Child Health	3.80%	92%	91%	154	128.24
Dir - Lab Medicine	4.62%	84%	89%	113	99.90
Gynaecology	8.53%	91%	83%	39	29.35
Midwifery	4.15%	89%	90%	130	102.08
O&G Medical and Management	8.19%	100%	82%	48	42.48
Dir - Obs & Gynae	5.84%	91%	87%	217	173.90
Dir - Radiology & Imaging	1.26%	90%	87%	128	109.55
Dir - Sexual Health	1.45%	63%	93%	38	29.67
Dir - Therapies	2.46%	86%	89%	303	250.04
Medical Electronics	0.00%	100%	99%	15	14.64
Women's, Children's & Diagnostics	0.00%	82%	97%	15	12.65
Dir - Women's, Children's and Diagnostics	0.00%	92%	98%	30	27.29
WOMEN'S, CHILDREN'S & DIAG' DIVISION	3.38%	88%	89%	983	818.59
ICO Grand Total	**4.13%**	**82%**	88%	**6056**	**5107.80**

REPORT SUMMARY SHEET

Meeting Date:	Trust Board 3rd August 2016
Title:	Estates and Facilities Management and Health and Safety Key Performance Indicators: Exception report for May and June 2016
Lead Director:	Director of Estates and Commercial Development
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

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

Key Issues/Risks

- Both the community Estates maintenance provider and the Trust team are still finding the urgent estates response target a challenge. An action plan is in place for both providers with a view to an improvement in performance in quarter 2 2016. The new manager of the service has commenced and a full review of work requests, resources, working hours and working practices is underway within the estates operations function.

- The Health and Safety Committee have identified concern over the peak of sharps incidents in May 2016 and lack of assurance that only risk assessed or safer sharps are in use across the organisation. There is also concern over variable practice related to the use and disposal of sharps by staff across the organisation. A new sharps group has been established under the leadership of the Director of EFM with support from the Director of Infection Prevention and Control with the aim of improving the compliance of the Trust with EU Safer Sharps Directive. A three month work plan has been developed with specific objectives to deliver as an outcome a reduction in the number of sharps incidents and a reduction in the number of non-safe sharps in use across the Trust.

Recommendations

The Trust Board is asked to consider the assurance provided within this report and to advise if further action is required.

Summary of ED Challenge/Discussion

The improved compliance on a number of indicators was commended. Executive discussion was focussed on Executive support for the sharps risk, seeking assurance on leadership from the operational, nursing and medical teams to support the work group, improvement programme and sharps agenda. A recent report from the HSE on common failings of organisations was shared, many of the issues identified are shared by the Trust but will be addressed through the work programme of the task and finsh group. The Infrastructure and Environment Group will monitor progress and escalate to QAC as appropriate.

Internal/External Engagement including Public, Patient and Governor Involvement Governor sits on the Capital Infrastructure and Environment Group (CIEG) – (previously workstream 5).
Equality and Diversity Implications The Disability Awareness Action Group (DAAG) considers and is involved in all EFM development proposals.

Report to:	Trust Board
Date:	August 2016
Report From:	Director of Estates & Commercial Development
Report Title:	Estates and Facilities aand Health and Safety Key Performance Indicators: Exception report

1. EFM Performance report for May and June 2016

Table 1 below identifies performance for May and June and changes between months. Any area of concern for the attention of the Trust Board, with appropriate explanation and action to a resolution, is shown in Table 2.

Table 1 June 2016 Scorecard Indicator

Green ✓	Amber !	Red ✘

Setting	Improving Indicators	May 2016 Position	June 2016 Position
Community	1.2b: PPM (Estates) % success against plan	!	✓
Trust H&S	4.3: Non-patient incidents resulting in minor harm	!	✓
Trust H&S	4.5: Number of near misses	!	✓
Trust	5.2: Number of fire alarm activations	✘	✓
Acute	5.5: No of Fire Audits undertaken	!	✓
	Deteriorating Indicators		
Acute	1.1b: PPM (Estates) % success against plan	!	✘
Trust	3.1:Total tonnage per month all waste streams	!	✘
Trust	3.2: % of Total tonnage Recycled Waste	✓	!
Trust H&S	4.4: Non-patient incidents resulting in moderate harm	!	✘
Community	5.8: No of Fire Audits undertaken	✓	!
	Red Rated Indicators with no change		
Acute	1.1g: % of Estates Reactive work resolved within target - <1-4 Days (Routine)	✘	✘

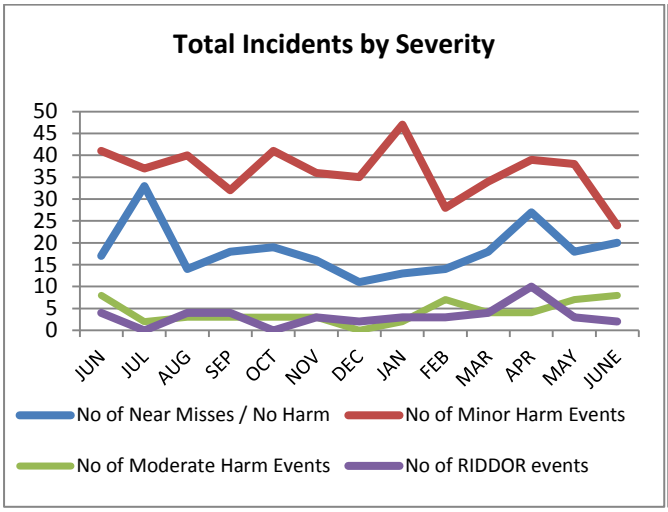
	Table 2: Areas with Specific Cause for Concern	**Timeline**
Acute	1.1b PPM (Estates) % success against plan	
	The availability of the cohort of staff involved in delivering PPM's in June was reduced by 20% as a result of training, annual leave and sickness absence. This was primarily due to the Electrical team staff absence and this had an impact on the electrical lighting PPM. Every effort will be made to pull this back on track in July.	Quarter 2 2016- 17

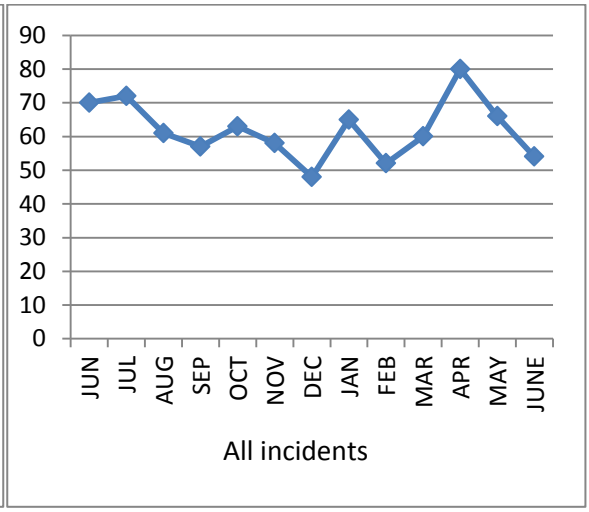
Acute	1.1g	% of Estates Reactive work resolved within target - <1-4 Days (Urgent)	
	Performance of this indicator has improved again during June 2016 but is not yet up to standard. The team are continuing to catch up on outstanding PPMs and have made good progress with prioritising work and staff allocation to meet demands. Work will continue to drive this indicator forward in the coming months.		Quarter 2 2016- 17
Trust	3.1	Total Tonnage per month all waste streams	
	This month the total tonnage is in the red, however the fluctuation of waste is typical of last years pattern.		Quarter 2 2016- 17
Trust	4.4	Non-patient incidents resulting in moderate harm	
	Although this is the second month there has been a rise in moderate harm incidents there has been a corresponding fall in the more serious incidents and minor harm. The majority of incidents were classed as moderate (using HSE classification) due to the fact that the injured person attended A&E for treatment but did not require time off work.		Quarter 2 2016- 17

2. Health and Safety performance exception

May and June have both seen a notable reduction in incidents and harm events since the peak in April as shown in the tables below:

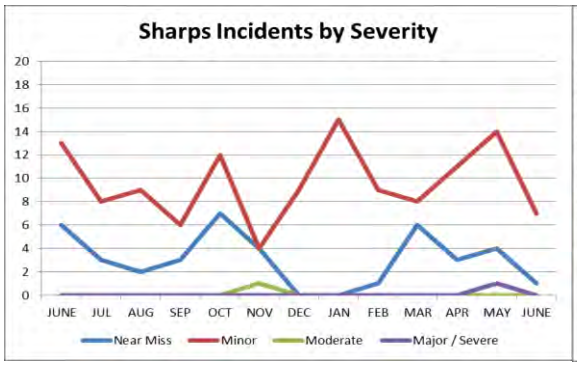
Specifics	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL
No of Near Misses / No Harm	17	33	14	18	19	16	11	13	14	18	27	18	20	**238**
No of Minor Harm Events	41	37	40	32	41	36	35	47	28	34	39	38	24	**472**
No of Moderate Harm Events	8	2	3	3	3	3	0	2	7	4	4	7	8	**54**
No of RIDDOR events	4	0	4	4	0	3	2	3	3	4	10	3	2	**42**
Total non-clinical incident reports	**70**	**72**	**61**	**57**	**63**	**58**	**48**	**65**	**52**	**60**	**80**	**66**	**54**	**806**

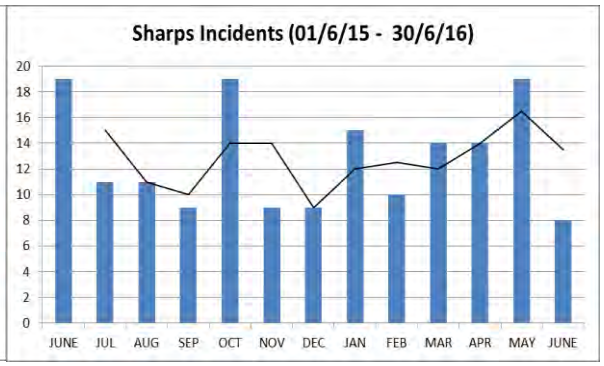




Sharps

May 2016 saw a peak number of incidents related to sharps use and disposal. This has subsequently dropped in June.





May's performance was assessed by the Health and Safety Committee who felt it needed urgent action, and have consequently directed an immediate piece of work to fundamentally review the management of sharps, the sharps policy and the use of safe and unsafe sharps.

A new sharps group has been established under the leadership of the Director of EFM with support from the Director of Infection Prevention and Control and representation from procurement, training, medical, nursing, infection control, professionas allied to medicine and staff side colleagues..

With the aim of improving the compliance of the Trust with EU Safer Sharps Directive, a three month work plan has been developed with a number of key tasks and objectives:

- Understand/map current sharps in use and usage by area
- Understand status of current risk assessments
- Gain information on sharps in use and processes and procedures from three other organisations, and determine best practice for the group to consider
- Understand and map the cause incidentsand location of incidents

- ➢ Recommend to Quality Assurance Committee a new structure and ownership and policy model for the management of sharps based on benchmarked best practice.

To include:

- Roles
- Responsibilities
- Procurement
- Procedures
- Risk Assessments
- Set standard - Learning from incidents

- ➢ Identify the recommended safer sharps for the Trust and future process for the adoption of sharps (gate keeper)
- ➢ Agree the exceptions and risk assessments
- ➢ Agree the reporting information to go to various committees
- ➢ Agree appropriate targeted training by discipline by area.

The Outcome/ Success Criteria for the short life group and work plan will be:

- A reduction in the number sharps incidents,
- A reduction in the number of non-safe sharps in use across the Trust.

EFM and H&S Performance Table – May and June 2016

	Area			Target	Monthly Performance												Current year to date (Complete Months)			Risk Threshold		
Ser	Description			Monthly	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	Yr Avg	RAG Thresholds		
	Estates (Acute Setting)																					
1.1a	Number of PPM items planned per month			Variable	968	1181	1133											1094			
1.1b	PPM (Estates) % success against plan			95%	74%	87%	79%										95%	80%	R<85%	A85-94%	G>95%
1.1c	Planned Maintenance request access denied.			0	0	0	0										0	0	R≤5	A3-4	G≤2
1.1d	% of	Emergency – P1	Total Requests	Variable	118	137	113											123			
1.1e	Reactive	Emergency – P1	<2 Hour	95%	98%	100%	98%										95%	99%	R<90%	A90-94%	G≥95%
1.1f	work	Urgent – P2	Total Requests	Variable	269	263	272											268			
1.1g	resolved	Urgent – P2	<1- 4 Days	90%	83%	84%	85%										90%	84%	R<85%	A85-89%	G≥90%
1.1h	within	Routine – P3 + P4	Total Requests	Variable	298	315	281											298			
1.1i	target	Routine – P3 + P4	<7- 30 Days	85%	88%	90%	94%										85%	91%	R<80%	A80-84%	G≥85%
	Estates (Community Setting)																					
1.2a	Number of PPM items planned per month			Variable	244	269	232											248			
1.2b	PPM (Estates) % success against plan			95%	93%	91%	95%										95%	93%	R<85%	A85-94%	G>95%
1.2c	Planned Maintenance request access denied.			0	0	0	0										0	0	R≤5	A3-4	G≤2
1.2d	% of	Emergency – P1	Total Requests	Variable	11	17	5											11			
1.2e	Reactive	Emergency – P1	<2 Hour	95%	100%	100%	100%										95%	100%	R≤89%	A90-94%	G≥95%
1.2f	work		Total Requests	Variable	47	56	42											48			
1.2g	resolved	Urgent – P2	<1- 4 Days	90%	81%	91%	90%										90%	87%	R<85%	A85-89%	G≥90%
1.2h	within	Routine – P3 + P4	Total Requests	Variable	122	109	56											96			
1.2i	target	Routine – P3 + P4	<7- 30 Days	85%	93%	93%	96%										85%	94%	R<80%	A80-84%	G≥85%
	Estates (All Trust)																					
1.3	Number of Estates Internal Critical Failures			0	0	0	0										0	0	R1	-	G0
	Facilities (Acute Setting)																					
2.1	Compliance Very High Risk Cleaning Audit			98%	100%	99%	99%										98%	99%	R<95%	A95-97%	G≥98%
2.2	Compliance High Risk Cleaning Audit			95%	97%	97%	98%										95%	97%	R≤89%	A90-94%	G≥95%
2.3	Compliance Significant Risk Cleaning Audit			85%	99%	99%	99%										85%	99%	R<80%	A80-84%	G≥85%
2.4	Compliance Low Risk Cleaning Audit			75%	99%	96%	96%										75%	97%	R<70%	A70-74%	G≥75%
	Facilities (Community Setting)																					
2.5	Compliance Very High Risk Cleaning Audit			98%	100%	100%	100%										98%	100%	R<95%	A95-97%	G≥98%
2.6	Compliance High Risk Cleaning Audit			95%	99%	99%	99%										95%	99%	R≤89%	A90-94%	G≥95%
2.7	Compliance Significant Risk Cleaning Audit			85%	99%	100%	97%										85%	99%	R<80%	A80-84%	G≥85%
2.8	Compliance Low Risk Cleaning Audit			75%	100%	100%	91%										75%	97%	R<70%	A70-74%	G≥75%
	Facilities (All Trust)																					
2.9	No. of Environmental (food hygiene/Waste) Events			0	0	0	0										0	0	R1	-	G0

	Waste (All Trust)																	
3.1	Total Tonnage per month all waste streams	176	176	183	190										176	183	R≥185	A177-185	G≤176
3.2	% of Total tonnage Recycled Waste	38%	38%	40%	38%										38%	39%	R≤27%	A28-37%	G≥38%
3.3	% of Total tonnage Landfill Waste	34%	38%	28%	36%										34%	34%	R≥46%	A41-45%	G≤40%
3.4	% of Total tonnage of Clinical Non-Burn waste	12%	24%	21%	19%										12%	21%	R≥25%	A19-24%	G≤18%
3.5	% of Total tonnage of Clinical Burn waste	10%	11%	5%	5%										11%	7%	R≥16%	A12-15%	G≤11%
3.6	% of Total tonnage of Clinical Offensive waste	6%	12%	6%	6%										10%	8%	R≤2%	A3-5%	G≥6%
3.7	Waste to Energy (redirected from landfill 1100s and Compactor.				FROM	JULY	2016												
3.8	% of Compliant Waste Audits	85%	100%	100%	100%										100%	100%	R<80%	A80-84%	G≥85%
3.9	% Compliance of Statutory Waste Audits	95%	100%	100%	100%										100%	100%	R≤89%	A90-94%	G≥95%
	Waste (Community Setting)																		
3.10	Number of Waste Audits undertaken per month	10	10	10	10										10	10	R≤5	A6 - 7	G≥8
	Waste (Acute Setting)																		
3.11	Number of Waste Audits undertaken per month	6	6	6	6										6	6	R≤4	A5	G≥6
	Health & Safety (All Trust)																		
4.1	Number of RIDDOR Incidents	3	8	3	2										3	4	R≤6	A4-5	G≤3
4.2	Number of days lost (due to incidents in month)	Variable	67	3	35											35			
4.3	Non-patient incidents resulting in minor harm	35	39	38	24										35	34	R>39	A36-39	G<36
4.4	Non-patient incidents resulting in moderate harm	4	4	7	8										4	6	R>7	A5-7	G≤4
4.5	Number of near misses	20	27	18	20										20	22	R<15	A15-19	G≥20
4.6	% of Staff receiving H & S training in month	85%	86%	86%	86%										85%	86%	R<80%	A80-84%	G≥85%
	Fire (All Trust)																		
5.1	% of Staff receiving Fire Safety training in month	85%	82%	83%	83%										85%	83%	R<80%	A80-84%	G≥85%
5.2	Number of fire alarm activations	9	7	15	9										9	10	R≥14	A10-13	G≤9
5.3	Fire alarm activations attended by the Fire Service	2	1	3	3										2	2	R≥5	A3-4	G≤2
5.4	No. of Fires	0	0	0	0										0	0	R1	-	G0
	Fire (Acute Setting)																		
5.5	No of Fire Audits undertaken	6	3	4	7										6	5	R<3	A5-3	G≤6
5.6	% of Compliant Fire Audits	85%	66%	100%	100%										85%	89%	R<80%	A80-84%	G≥85%
5.7	% Fire Safety Risk Assessments (Reform Order) in date	95%	95%	100%	100%										95%	98%	R≤89%	A90-94%	G≥95%
	Fire (Community Setting)																		
5.8	No of Fire Audits undertaken	8	12	9	7										8	9	R≤5	A7-6	G≥8
5.9	% of Compliant Fire Audits	85%	100%	100%	100%										85%	100%	R<80%	A80-84%	G≥85%
5.10	% Fire Safety Risk Assessments (RO) in date	95%	100%	100%	100%										95%	100%	R≤89%	A90-94%	G≥95%