




Torbay and South Devon NHS Foundation Trust

Public Board of Directors

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

05 October 2016 09:00 - 05 October 2016 11:00

AGENDA

#	Description	Owner	Time
1	Recipient Story	Ch	
2	PART A: Matters for Discussion/Decision		
2.1	Apologies for Absence - Director of Estates and Commercial Development, Director of Workforce and Organisational Development, Mr Jon Welch Note	Ch	
2.2	Declaration of Interests Note	Ch	
2.3	Minutes of the Board Meeting held on the 7th September 2016 and Outstanding Actions Approve  16.09.07 - 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.pdf 23	CE	
2.6	Strategic Issues		
2.6.1	STP Feedback Information	DSI	
2.6.2	Community Consultation Feedback Discuss	DSI	
2.6.3	NHS England Planning Guidance and Developing the Trust's Operational Plan 2017/18- 2018/19 Information/Assurance  NHS England Planning Guidance.pdf 33	DSI	

#	Description	Owner	Time
2.7	<p>Integrated Quality, Performance and Finance Report - Month 5</p> <p>Assurance</p> <p> QPF Report.pdf 45</p>	DSI	
2.8	<p>Governors' Questions</p> <p>Discuss</p>	Ch	
2.9	<p>Any Other Items Requiring Discussion/Decision (including periodic items eg annual reports and BAF)</p>		
2.9.1	<p>Freedom to Speak up Guardians Network</p> <p>Information/Assurance</p> <p> Freedom to Speak Up Guardian Network.pdf 115</p>	CE	
2.9.2	<p>The Pennine Acute Hospitals Trust - CQC Inspection Report</p> <p>Information</p> <p> e Pennine Acute Hospitals NHS Trust - CQC Insp... 1</p>	COO	
3	<p>PART B: Matters for Approval/Noting Without Discussion</p>		
3.1	<p>Reports from Board Committees</p> <p>Assurance</p> <p> 2016.08.31_QA_Cttee_Report_to_Board.pdf 127</p>		
3.2	<p>Reports from Executive Directors</p>		
3.2.1	<p>Report of the Chief Nurse</p> <p>Information</p> <p> Report of the Chief Nurse.pdf 129</p>	CN	
3.2.2	<p>Kings Fund Report - Social Care for Older People - Home Truths 2016</p> <p>Information</p> <p> Kings Fund Report - Social Care for Older People -... 135</p>	CN	

#	Description	Owner	Time
3.2.3	<p>Report of the Chief Operating Officer</p> <p>Note</p> <p> Report of the Chief Operating Officer.pdf 139</p>	COO	
3.2.4	<p>Report of the Director of Workforce and Organisational Development</p> <p>Information/Assurance</p> <p> port of the Director of Workforce and Organisation... 7</p>	DWOD	
3.2.5	<p>Report of the Director of Estates and Commercial Development</p> <p>Assurance</p> <p> Report of the Director of Estates and Commercial D... 175</p>	LDk	
3.3	Compliance Issues		
3.4	Any Other Business Notified in Advance	Ch	
3.5	Dates of Next Meeting - 9.00 am, Wednesday 2nd November 2016	Ch	
3.6	Exclusion of the Public	Ch	

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**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 7TH SEPTEMBER 2016**

PUBLIC

Present:	Sir Richard Ibbotson	Chairman	
	Mr D Allen	Non-Executive Director	
	Mr J Furse	Non-Executive Director	
	Mrs J Marshall	Non-Executive Director	
	Mr R Sutton	Non-Executive Director	
	Mrs S Taylor	Non-Executive Director	
	Mrs M McAlinden	Chief Executive	
	Mr P Cooper	Director of Finance	
	Mrs L Darke	Director of Estates and Commercial Development	
	Ms L Davenport	Chief Operating Officer	
	Dr R Dyer	Medical Director	
	Mrs J Saunders	Director of Workforce and Organisational Development	
	Mrs A Wagner Councillor J Parrott	Director of Strategy and Improvement Torbay Council Representative	
In Attendance:	Mrs S Fox	Board Secretary	
	Mrs J Gratton	Interim Head of Communications	
	Mrs J Phare	Deputy Chief Nurse	
	Mr R Scott	Corporate Secretary	
Mrs C French	Lead Governor	Mrs C Carpenter	Governor
Mr C Davidson	Governor	Mrs L Hookings	Governor
Mrs M Lewis	Governor	Mrs W Marshfield	Governor
Mrs S Rhodes	Governor	Mr P Welch	Governor

ACTION

PART A: Matters for Discussion/Decision

108/08/16 **Apologies**

Apologies were received from the Chief Nurse, Mrs Lyttle and Mr Welch.

109/08/16 **Declarations of Interest**

Nil.

110/08/16 **Minutes of the Board Meeting held on the 3rd August 2016 and Outstanding Actions**

The minutes of the meeting held on the 3rd August 2016 were approved as an accurate record.

The Chairman reported on the following:

- ♦ Although the planned Junior Doctor strike for the following week had been cancelled, the Chairman wished to acknowledge the flexible way in which staff were working in preparing for the strike and the concern the Board had for staff welfare in the face of prolonged industrial action.
- ♦ The CCG-led community hospitals consultation process had commenced and the Chairman thanked the Board and Governors for their active engagement in this process.
- ♦ The Chairman and Chief Executive attended the first meeting of the 'Your Future Care: Collaborative Board' at the end of August. The meeting raised the potential for devolution, of which the STP was part. The Chairman and Chief Executive had agreed that they would both continue to attend this meeting until the impact on this Trust was clear.
- ♦ The Chairman recently met with the Chair of HealthWatch Devon where the Board's determination to act transparently and serve the population of Devon was discussed along with a desire for increased engagement with HealthWatch Devon.
- ♦ A meeting took place with the new Managing Director of the Trinity Mirror Group, who owned the Herald Express. The Chairman welcomed the opportunity to encourage the paper to focus not just on the 'bad news' stories but more positive engagement and publicity.
- ♦ Plymouth University had appointed a new Vice-Chancellor, Professor Judith Pitts, and a programme for her to visit the Trust was in the process of being arranged.
- ♦ The Chairman had visited several community hospitals over the past month and used the opportunity to stress the fact that the community hospitals consultation was not about closing community hospitals, but about providing the best model of care into the future for communities and their population.

The Chief Executive highlighted the following from her report:

- ♦ Early data for the August four hour combined ED and MIU was 92.8% - however this did require validation. This was above the trajectory agreed with the CCG.
- ♦ As part of the ongoing evolution of the urgent care system, Gynaecology had launched a direct access service to fast track patients who would otherwise present at the ED. The Chief Operating Officer would provide more detail later in the meeting.
- ♦ The Trust had been asked to provide information to a Parliamentary Health Select Committee on best practice in respect of winter planning and impact on ED departments. The Chief Operating Officer provided further information on this issue as she had attended a meeting earlier in the week to provide the evidence. She said that the similarities between the Trusts at the meeting were very apparent, and all had seen significant deterioration in performance over the past couple of years. They all faced similar challenges as this Trust,

with difficulties in recruiting consultants and the need to take forward care market development. The Chief Operating Officer said that it was interesting to note that many of the things the Trusts at the meeting were planning to take forward were things this Trust had already implemented as part of the ICO, for example integrated models; working with social care; flexible and pooled budgets; and flexibility in roles across community and acute services. The next stage in the process was for a formal Health Select Committee to take place and a report then published.

- ♦ The Trust formally launched two Equality and Diversity Guardians, who would join the wider group of guardians.
- ♦ Executive Directors continued to scrutinise CQC reports as they were published for both learning from excellence but also where risks had been identified. The recent CQC review of the Pennine Acute Hospitals NHS Trust, where they had been rated as inadequate, would be reviewed and a report brought to the Board.
- ♦ The NHSI Quarter 1 assessment had been received and the Trust maintained a Financial Risk Rating of 2 and Governance Rating of 3.
- ♦ Councillor Parrott raised the briefing on the Devon Studio School and queried how many of the students from the school were now part of the workforce for the Trust. It was agreed this would be discussed later in the meeting as there was an item on the Studio School in the private section of the agenda.
- ♦ Councillor Parrott then took the opportunity to inform the Board that the Council was preparing to consult on the feasibility of transferring Children's Services to the ICO and the plan to have a report prepared on this issue by December.
- ♦ Mr Furse queried the work that had been taking place to increase the numbers of staff present in ED during evenings and weekends and asked how this was progressing. The Medical Director said that there had been some problems with recruitment and retention with the consultant workforce in ED, however two new consultants had been appointed and had allowed the rota to be enhanced to provide better cover across evenings and weekends. This would be in place in October, once both consultants had commenced in post. The Medical Director added that some of the changes had already been put in place and performance over the last weekend had been better than would normally be expected.

Strategic Issues

113/08/16 **STP Feedback**

The Director of Strategy and Improvement reported that formal feedback from the centre had been received on the STP submission. There was feedback nationally that the STPs were not in the public domain.

As part of the formal feedback, STPs had been put into rankings and the STP for wider Devon had been put into the most progressed ranking due to the fact that the ICO had a 5 year business plan and the Success Regime also already had a plan in place. Work was taking place to look at what services could be provided in one footprint and what should be provided at a local level.

Another STP submission was required in mid-October and it was possible this version would be made public.

The Governance arrangements for the STP were in the process of being refreshed and this Trust was very engaged in that process. There were a lot of STP meetings taking place and the Trust needed to ensure it was represented at these meetings, whilst keeping the local community engaged on progress.

Finally, it was noted that both Torbay and South Devon and NEW Devon CCGs had been assessed as inadequate. Torbay and South Devon CCG had received its legal direction and work was taking place to understand what this would mean for the CCG and Trust. NEW Devon was likely to receive a similar legal direction.

Councillor Parrott raised a concern around anything that might delay the Trust and community from delivering its plans at pace. The Chairman agreed and said that this had already happened, with the delays to the commencement of the community consultation whilst waiting for approval to proceed.

The Chairman wished the Board to note that the issue of devolution was focused more on Councils and commissioners than provider Trusts. However, if this Trust moved to an Accountable Care Organisation it would be affected as it would then have a commissioning function. The Director of Strategy and Improvement acknowledged this and stated that potential options were being considered and that the Trust needed to be able to influence the direction of travel as system leaders.

The Chief Executive informed the Board that the STP Lead Chief Executive had asked her to lead work on the Acute Services Review and she wished to commend both the Trust's Executive Team and colleagues at Torbay Council for their hard work and level of engagement on this very important work.

The Board noted that the South West Peninsula had one of the most challenged health economies in the country, and Mr Allen stated that a formula-based distribution took less account of demography and it was clear then when the formula changed the South West was disadvantaged. Mr Allen said he hoped that this might be addressed in the future. The Director of Finance added that this was on the agenda as part of the STP work and the Trust needed to continue to push for this to happen.

114/08/16 **Delivering our Shared Ambition for Local People - Report of Stakeholder & Voluntary Sector Engagement Events**

Strategic Context

Two different partnership engagements events were held on 11 March 2016 and 23 May 2016. The first small event of 40 senior leads from parties in the statutory, third and voluntary sector; the second a larger event attended by 71 people and held specifically with parties from the voluntary sector in Torbay and South Devon. Feedback received highlighted the value and importance of continued engagement.

Key Issues/Risks

Both events demonstrated the desire of the wider community across Torbay and South Devon to work together to co-design and deliver a shared vision for the population; interactive, enthusiastic, and vibrant dialogue inevitably produced a very broad range of issues and feedback.

The value and importance of engaging with all the Trust's stakeholders in this way was illustrated at both events and cannot be underestimated. Common themes emerging from the events include:

- The need for the Trust to be seen to respond and act on feedback from the event.
- The benefit of co-design and co-production in the development of services

- A range of issues around transport, particularly in more rural areas.
- The need to ensure that mental health and housing needs are taken into account in developing wellbeing services.
- Wellbeing services are needed across all age ranges, including for children and families.

Both events have acted as a catalyst to strengthen links and connections between stakeholders in the community. Examples of this were that since the event the Trust had developed the closer links with the Academic Health Science Network and CDT and CVS have begun working direct with Devon Fire and Rescue Services on home safety issues.

Such events required a considerable investment of time from partners, stakeholders and Trust staff. To maximise the return on this investment there was learning which could be taken in regard to the organisation, management, and follow up from such events.

The Director of Strategy and Improvement reported that, following the two events, the voluntary sector had stated they would like the Trust to move at a greater pace than currently. An area of concern for the voluntary sector was transport and how the Trust could support change and this was being progressed at pace. The Chief Operating Officer added that benefits were already being illustrated in the Care Model in terms of looking at transport opportunities; delivery of innovate care packages; and the appointment of Wellbeing Co-Ordinators, all delivered in partnership with the Voluntary Sector. The Board also noted that the Trust was, in partnership with the Voluntary Sector in Brixham, looking to support a social enterprise to provide day care and it was hoped this would provide a template for similar initiatives in other areas.

115/08/16 **Community Consultation**

Strategic Context

NHS England had authorised the Clinical Commissioning Group (CCG) to begin a twelve week public consultation on the future shape of community services across all our localities except Coastal (which was subject to a separate consultation last year and was now starting to implement changes).

The proposals for change, which had been developed with the support of the Trust, and were based on extensive public and stakeholder engagement, were an important part of the Trust's new model of care, with more care delivered in or close to people's homes. This would mean investing in strengthening the community-based teams and services that most people use, so there was less reliance on bed-based care.

The consultation proposals reflected the national Five Year Forward View policy, which had been endorsed by professional groups, the Government and the NHS as the way services should be provided in future.

Key Issues/Risks

Reconfiguring services was never easy and some tough choices needed to be made if the Trust is to ensure the sustainability of local health and social care services. The current NHS provision in the area was unsustainable and would be unable to continue to cope with rising demand for services from the Trust's increasingly elderly population, increased life expectancy and the number of people with complex long term conditions. Change was inevitable and maintaining the status quo was neither sustainable nor clinically sound.

The Trust was cognisant of the impact on staff and was ensuring those staff directly affected by the proposals were supported and briefed. Change of this magnitude was not without risk – the Trust had seen a number of staff move on already despite assurances regarding job security. As the Board was aware the Trust has taken immediate action to ensure safe staffing levels, including reducing beds temporarily where necessary.

The Director of Strategy and Improvement informed the Board that staff consultations had already taken place and the first community consultation meeting was taking place early next week. She reminded the Board that this was a CCG-led process and their Governing Body would make a final decision based on feedback following the consultation process. The Trust was a key partner in the process and it was a significant part of the community transformation and improved services for the Trust's population. The Trust would need to formally respond to the consultation and it was suggested this was done once the formal engagement process was completed. The CCG's Governing Body was expected to make a decision at the end of the 2016/beginning 2017.

Councillor Parrott said that the Overview and Scrutiny Committee would be looking at the consultation process put in place by the CCG to analyse how effective it was and would feed back any views to the CCG.

It was agreed that it would be helpful if NEDs could attend consultation meetings if they were able and the PA to the Chief Executive would circulate the timetable and ask NEDs to inform her which meetings they could attend.

CEPA

Mr Davidson raised concern in respect of travelling times as he felt some journeys for patients would be significantly longer, for example those in Dartmouth. He did acknowledge the amount of detailed work that was provided in the supplementary documents that had helped inform the proposals. The Chief Executive said that she had already passed his concerns onto the CCG and said that communities needed to understand the alternatives that would be put in place for them and the enhanced transport options where transport issues did exist. Mrs Marshfield added that it was important that the public were easily able to access the supplementary/ background information and this was acknowledged.

Mrs French informed the Board that a review of transportation in the Teignbridge area had already taken place and Teignbridge Governors were working to understand how this had affected the community so that this could be feed into the consultation.

The Board formally received the report and noted a further paper with detail of initial responses would be brought to the November Board meeting where Directors will have the opportunity to agree a formal response to the proposals.

116/08/16 **Integrated Quality, Performance and Finance Report – Month 4**

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 Trust's position for July (month 4) 2016/17 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 were identified and associated action plans reported. The report also identified areas where performance had improved.

This report had been reviewed by the executive team and the Finance and Performance Committee. Performance of each Service Delivery Unit (SDU) was currently reviewed by Executive Directors on a bi-monthly basis through the Quality and Performance Review meetings. This enabled the corporate team to receive assurance, prioritise areas for improvement, consider support required and oversee action plan delivery. This month the community SDU were reviewed. The Quality and Performance Reviews would move to monthly from September as part of enhanced accountability and reporting arrangements.

Key Issues/Risks

1. Quality Framework

19 indicators in total of which 5 were RAG rated RED for July (5 in June) as follows:

- VTE risk assessment on admission (Acute and community) – acute 92.8% and community 92.2% (last month 94.3% acute 91.2% community) against 95% standard.
- Fractured neck of femur time to theatre within 36 hours – 75.7% (85.2% last month - Amber) against >90% standard.
- Stroke Patients Spending 90% of Time on a Stroke Ward – 71.4% (79.6% last month) against >80% standard
- Dementia Find – 29.4% (target 90% - 31.9% last month))
- Follow ups past to be seen date – 6,601 deterioration of 382

Of the remaining 14 indicators, 11 were rated GREEN, 3 AMBER

2. NHS I Compliance Framework

12 performance indicators in total including the quarterly governance rating of which 3 indicators are RAG rated RED for July (2 in June):

- Urgent care (ED/MIU combined) 4 hour wait – 92.3% (91.6% last month) against national standard 95% - note Trust is overachieving against the SRG agreed STF trajectory of 89.9% for July.
- RTT incomplete pathways – 91.4% (92.0% last month) against the standard of 92%.
- Cancer 31 day for subsequent treatment radiotherapy – 93.8% (98.6% last month) against the standard of 94%. Performance remains on track to achieve standard for the Q2 NHS I assessment.

All of the remaining indicators were rated GREEN including the forecast NHS I governance rating.

3. Financial Performance Summary

Key financial headlines for month 4 to draw to the Board's attention are as follows:

- **EBITDA:** for the period to 31st July 2016 EBITDA is £1.31m. This was showing an adverse position against the PBR plan by £0.95m. Should the plan be agreed based on the Risk Share arrangement this would result in an EBITDA position adverse position of £0.05m.

- **Income and Expenditure:** The year to date income and expenditure position is £3.78m deficit which was £0.80m adverse against the PBR plan, and £0.11m favourable against the RSA plan. The Trust had a £1.16m deficit in month after risk share income had been applied.
- **CIP Programme:** CIP delivery remains challenging with £2.1m delivered to date. The level of savings planned increased significantly from Quarter 2 onwards, it was therefore imperative that the Trust secured better traction in the programme. Plans have been developed in support of the vast majority of schemes, and progress would be reported at scheme level to the Finance and Performance Committee including a monthly deep dive into the larger schemes.
- **Risk Rating:** The Trust had delivered a Financial Sustainability Risk Rating of 2, which is on plan.
- **Cash position:** Cash balance at month 4 was £15.99m which is lower than PBR plan by £6.07m, and RSA plan £1.67m mainly due to debtors, offset by lower than planned capital spend.
- **Capital:** Capital expenditure was £3.7m behind plan at month 4.
- **Agency Spend:** Total trust wide agency spend to date was running at 5% in month, 5% year to date. This was therefore 2% higher against the NHSI cap of 3%.

4. Contractual Framework

15 indicators in total of which 9 are RAG rated RED in July as follows:

- RTT waits over 52 weeks – 11 (5 last month) against 0 standard.
- On the day cancellations for elective operations – 0.9% (1.6% last month) against <0.8% standard.
- Cancelled patients not treated within 28 days of cancellation – 9 (6 last month) against 0 standard.
- A&E patients (ED only) – 88.2% (87.2% last month) against 95% target Note: locally agreed SRG trajectory for MIU / ED = 89.9%.
- Number of Clostridium Difficile cases (acute & community combined) – 3 (4 last month) against, 3 threshold.
- Care plan summaries % completed within 24 hrs discharge weekdays 51.2% (59.4% last month) against 77% target.
- Care plan summaries % completed within 24 hrs discharge weekend 20.4% (35.0% last month) against 60% target.
- Ambulance handover delays > 30 minutes – 54 (37 last month) against trajectory of 25.
- 12 hour trolley waits from decision to admit to admission – 1 (0 last month) against 0 standard.

The remaining 5 indicators were rated GREEN and one AMBER

5. Community and Social Care Framework:

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

- Number of delayed discharges – 422 bed days lost (355 last month) (annual target 2,216).
- Bed occupancy – 93.3% (86.4% last month).
- CAMHS % of patients waiting for treatment within 18 weeks – 87% (91% last month) (target >92%).

Of the remaining 9 indicators, 6 were rated GREEN, 1 amber and the remaining 2 no Rag rating.

6. Change Framework

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

7. Corporate Management Framework

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

- Staff vacancy rate (trust wide) – 7.71% (7.97% last month) threshold <5%.
- Staff sickness / absence – 4.19% (4.13% previous month) threshold <3.5%.

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

The Director of Strategy and Improvement highlighted the following:

- ♦ There were three red rated targets on the regulator dashboard, firstly A&E performance, which related to the national 95% target. As the Trust was ahead of the local trajectory it would not impact the Trust's risk rating. Secondly, RTT performance had declined and was directly as a result of the difficulties, as previously reported, in Neurology. The Trust continued to discuss this issue with the CCG and had requested dispensation to remove it from the RTT figures. If removed, it was likely the Trust would just meet the target for Quarter 2. Finally, the 31 day wait for cancer second or subsequent treatment target was red – this affected a very small number of patients, but was being addressed and should be green by next month.
- ♦ Mr Davidson queried the delay in producing care planning summaries and he asked why patients could not be kept in the hospital until they were produced. The Medical Director explained that if patients were kept in hospital until care planning summaries were produced it would create significant problems for bed availability. He added that a lot of work had taken place to streamline the process of producing timely care planning summaries and a new process had been put in place at the beginning of August. It was hoped this would significantly improve performance.
- ♦ Mr Allen reported that the Quality Assurance Committee (QAC) had spent some time discussing and understanding the issues surrounding the Neurology position, and also the demand currently being faced by Dermatology in respect of the 2 week urgency cancer referrals and increases in demand. QAC also looked at Dementia Find performance and that the implementation of Nerve Centre was expected to improve performance and that this would be monitored by the Committee.
- ♦ The Chief Executive raised the potential impact on performance of the planned Junior Doctor strikes. She said that the Audit and Assurance Committee had felt this should be added to the Trust's Corporate Risk Register and that this was being actioned.

In terms of Financial performance, the Director of Finance highlighted the following:

- ♦ The Trust was in line with the revised forecast end of year position. A variance was noted on the original plan and this would now increase month on month.
- ♦ Income and Expenditure was in line with the revised plan.
- ♦ At month 4 the Trust was ahead of its CIP target, however there was a forecast end of year shortfall of £5.8m. Plans to mitigate against this shortfall would be discussed later in the meeting.
- ♦ Mrs Marshfield expressed concern that the Trust was continuing to use Thornbury for agency nursing as it was very expensive. The Deputy Chief Nurse explained that a lot of work had taken place to reduce the Trust's reliance on this agency and that from the beginning of September had ceased using it for agency nursing staff. She said that his work had taken place whilst still ensuring a safe and quality service was provided to patients. The Director of Finance added that agency spend had already started to decrease in August and a more substantial reduction would be seen in the September figures at the next Board meeting. The Chief Executive said that it was not just the reduction in the use of agency staff that had resulted in a reduced spend, but it was a whole-system approach; success in recruitment initiatives; and joint working.

117/08/16 **Governors' Questions**

Mrs French asked, on behalf of a staff governor, what action the Trust was taking to manage waiting times for those areas not covered by RTT targets, for example there was a waiting time of 15 months to see a dietician. It was noted that a considerable amount of work was taking place in this area and a written response, outside of the meeting, would be provided.

COO

Mrs French then asked, following some media coverage in respect of another Trust, what action the Trust took to ensure that equipment was recycled where possible. It was noted that this question was raised some time ago and a response made, and this would be refreshed. It was also important to note that in many cases it was more costly to decontaminate equipment than purchase new items.

COO

118/08/16 **Any Other Items Requiring Discussion/Decision**

Nil.

119/08/16 **Safety Scorecard**

Strategic Context

The safety scorecard was collated on a quarterly basis from a variety of sources and provided internal and external assurance in relation to patient safety and experience across the Trust.

The data contained in this report is considered at Quality Improvement Group (QIG) and exceptions reported to Quality Assurance Committee.

Key Issues/Risks

- Mortality data showed a stable and favourable profile with mortality in the 'better than expected' range.

- Increased mortality in 'Low risk diagnosis groups' would be investigated. In the past this had been found to be related to coding issues.
- Handwashing compliance was lower in June 2016 than previously. This measure would be examined in detail and was reported on monthly basis.
- Clostridium Difficile data was following the expected pattern across the year.
- An increased rate of Grade 3-4 pressure ulcers was identified in January to March 2016. All cases were investigated and mitigating actions implemented. Action plans were monitored through the Pressure Ulcer Group. Ulcer rates had returned to low levels.

DH Safety Thermometer showed percentage harm-free care above the 95% target for every month since the formation of TSDFT in October 2015.

The Medical Director wished the Board to be aware that although the Trust had below average deaths, it did not mean that some of those could be avoidable or the circumstances around those deaths could be improved. He said that a Mortality Surveillance Group had been established to promote a more standardised approach to hospital deaths and address any aspects to them that were avoidable.

The Chief Executive raised the issue of hospital deaths in the Southern Trust not being properly investigated and asked the Medical Director to provide information on how deaths in this Trust were investigated to be brought to the next meeting.

MD

The dip in hand hygiene performance was noted and that there were a couple of hot spots in the Trust. The Trust's Director of Infection Prevention and Control was working with the Chief Nurse to address those areas.

120/08/16 **Safeguarding Adults Annual Report**

Strategic Context

This annual report informs Board members on issues relating to safeguarding adults in Torbay and South Devon.

The Trust had delegated responsibility for Local Authority Statutory Safeguarding Duties for Adults on behalf of Torbay Council. This was governed by The Care Act 2014.

In addition the Trust was a partner organisation working with Devon County Council and Torbay Council as a provider of health and care services. Devon County Council retained the lead for Adults Safeguarding in the South Devon footprint.

The Chief Nurse was Executive Lead for Safeguarding and was supported in this role by the Associate Director of Social Care and the Named Professionals.

Key Issues/Risks

Deprivation of Liberty Safeguards remained a key risk for the organisation. Specialist assessors were very limited and the volume of assessment is very high. An action plan was in place to address risks in management of the Deprivation Liberty Safeguarding duties, with respect to the delegated duties of Supervisory Body.

Staffing challenges in qualified Social Work remain current, with the potential that this would negatively impact on the allocation of Safeguarding Cases for Social Work support.

The Deputy Chief Nurse highlighted the following from this report:

- ♦ Performance data in the past had been numerical, not personal based, but it had been agreed with the Council that in the future two indicators would be based on: immediate action for people at high risk of abuse; and repeat referrals. 100% had been achieved for the first target and 8% for the second.
- ♦ 75% had been achieved against a target of 90% for training and improvements were being addressed through the Adult Safety Operational Group.
- ♦ There had been an increase in requests for Deprivation of Liberty (DoLs) assessments and assurance was provided that any assessed as high were immediately actioned. Each DoL assessment took around 10-12 hours and was a statutory process. Nationally, work was taking place to try to streamline the process and reduce the amount of time it took to complete. Mr Allen suggested that QAC looked at how to safeguard people where the Trust could not complete DoLs assessments in a timely manner to ensure they are not a risk to themselves or others, and also from the perspective of the Trust's and this was agreed.
- ♦ Councillor Parrott asked if the report would be presented to the Local Adult Safeguarding Board and it was agreed that this would take place.
- ♦ Mrs French asked if the Trust worked closely with Devon Partnership Trust (DPT), as they had facilities on the Trust's site and the Chief Operating Officer said that the Trust did work very closely with DPT. Mrs French asked if the Board could have more visibility of this work and it was agreed that the Chief Operating Officer from DPT be invited to attend a future Board meeting to provide a presentation on the joint working.

DA/CS

DCN

COO

PART B: Matters for Approval/Noting without Discussion

121/08/16 **Reports from Board Committees**

Nil.

122/08/16 **Reports from Executive Directors**

Nil.

123/08/16 **Report of the Chief Nurse**

Strategic Context

The report informed Board members on issues relating to the Chief Nurse portfolio.

Key Issues/Risks

Maintaining safe staffing required close monitoring and management. Key developments this month were the move to reporting Care Hours Per Patient Day which is in line with recommendations from Carter; implementation of the Quality Effectiveness and Safety Trigger Tool across all care services is almost complete. It provided a clear overview of service risks and when triangulated with other clinical performance data flags area of risk but the full benefit will not be realised until a real time process was in place.

Improving the Trust's compliance with the Dementia Find measure was a key objective for Q3 and Q4. The Deputy Director of Nursing had completed a review of actions taken over the last year and identified where efforts should be focussed.

Whilst the implementation of the electronic document system Nerve Centre would improve recording, this was unlikely to provide the short term solution required. For this reason the focus would be on driving the existing process with clear direction, an improvement trajectory and close monitoring.

124/08/16 **Report of the Medical Director**

Strategic Context

The Board noted the need to strengthen medical leadership in the Trust and that the Junior Doctors' dispute relating to the new contract was still unresolved.

Key Issues/Risks

Medical Leadership

- Appointment of new Deputy Medical Directors was completed and all would be in post by end of September
- Appointment of GP Locality Clinical directors was completed
- A review would be undertaken of medical leadership throughout the Trust with the redesign of operational structures
- A new leadership programme would be developed to strengthen leadership throughout the Trust and to improve succession.

Junior Doctors' New Contract Dispute

- The Government had instructed all Trusts to implement the new junior doctors' contract commencing October 2016.
- Arrangements were in place to implement in TSDFT including appointment of the 'Guardian of Safe Working'

The BMA Junior doctors' committee had called an all-out strike for 5 days (8am to 5pm) commencing 12 September 2016.

Following the cancellation of the planned strike next week, the Medical Director gave the Board a briefing on action taken to date:

- ♦ Planning meetings had taken place to address risks presented by the proposed strikes (5 day all out strikes in October, November and December), with the following risks being identified:
 - Risk to patient safety – consultants had and would work down during the strikes, but were working in unusual situations and environments without the support of junior doctors.
 - Risk to activity – the majority of routine activity would need to be cancelled, apart from urgent work, and this would impact on the Trust's RTT and financial performance and also affect its reputation. It was also important to ensure that any patients who were cancelled because of a strike, and rebooked, were not cancelled again as part of subsequent strike action.
 - Risk to the Trust's relationship with its Junior Doctors – the Trust had a very good relationship with its junior doctors and they were very engaged with helping the Trust plan for the proposed strikes and it was important the Trust acknowledged this and did not allow pressure to be put on Junior Doctors as a result of the strikes.

- Impact on senior medical staff – by end of the previous 8 days of strikes senior medical staff were clearly becoming fatigued and this would be even more apparent if the proposed strikes took place. This would also affect nursing and managerial staff in the Trust.
- ♦ Communication with Junior doctors and the wider Trust was important, and it had been agreed that any communications would be counter-signed by Junior Doctor leaders.
- ♦ It was reported that Junior Doctors were lobbying the BMA to change their approach to these strikes, but no firm outcome had yet been received.
- ♦ It was agreed that the Chairman and Chief Executive would craft and co-sign a carefully worded open letter acknowledging the Board's appreciation of the approach of Junior Doctors and the flexibility of senior staff in these difficult circumstances. Medical Director to draft the letter.
- ♦ Mrs French queried the use of the phrase 'Junior Doctors' and the Medical Director said that in the past moves had been made to try to change the wording, to for examine 'doctors in training' however it had not been successful.

MD

125/08/16 **Report of the Chief Operating Officer**

Strategic Context

To provide the Board of Directors with an update on key operational issues.

Key Issues/Risks

- Delivery of the care model changes and planned savings within the agreed timeframe.
- Fluctuations in delivery of the 4 hour target which puts delivery against trajectory at risk.
- Requirement to introduce Executive oversight and additional capacity to support delivery of the medicine CQC action plan.
- Risk to delivery of cancer targets due to an increase in dermatology referrals.

The Chief Operating Officer reminded the Board that an Urgent Care Improvement and Assurance Group had been set up to deliver the CQC actions in emergency care and stated that this had been mirrored in medicine to work on the CQC requirements in respect of that area.

The Board was reminded that a reprocurement exercise had taken place for the 111 and out of hours service which would come into force on the 1st October provided by Devon Doctors. Over recent weeks it had come to light that certain elements of the service previously provided were not included in the new contract, namely out of hours medical support to community hospitals; telephone support to SWAST at patient contact; and support to emergency patients in MIUs. An internal risk assessment had taken place and, in conjunction with the CCG, mitigating actions put into place.

The Chief Operating Officer provided some background to the new direct access pathway in Gynaecology. The Board noted that around 10 patients a day presented to ED with gynaecological issues and the new process provided a direct transfer to the clinical team in Gynaecology. This had been achieved at no cost with changes to bed configurations and processes.

Mr Furse queried the fact that the Chief Operating Officers' report stated that there might be a gap between the planned benefits and those being realised from the Care Model changes. The Chief Operating Officer said that some initial work had identified a potential gap, but that more verification work needed to take place to understand and check those assumptions and if there were any gaps how they could be closed.

126/08/16 **Compliance Issues**

Nil.

127/08/16 **Any Other Business Notified in Advance**

Nil.

128/08/16 **Date of Next Meeting – 9.00 am, Wednesday 5th October 2016**

Noted.

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

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No	Issue	Lead	Progress since last meeting	Matter Arising From
1	DoF to ascertain whether the ICO Post-Transaction Review could be sent to Ministers.	DoF	Completed – the DoF confirmed that the document could be sent to Ministers and he would action this.	03/08/16
2	NEDs to be asked which community consultation meetings they could attend.	PA to CE	Completed	07/09/16
3	Written response to be provided to the Lead Governor on actions being taking to manage areas not covered by RTT targets, for example Dietetics.	COO	Completed	07/09/16
4	Response provided some time ago in respect of recycling of equipment to be provided to the Lead Governor.	COO	Completed	07/09/16
5	Information to be provided on how the Trust investigates in-hospital deaths	MD	Completed – issue discussed at Quality Assurance Committee and agreed to review in 6 months. Report available on request.	07/09/16
6	QAC to consider item around how the Trust safeguarded people where a timely DoLs assessment could not be completed to ensure they were not a risk to themselves or staff.	DA/CS	Completed - Chair of Quality Assurance Committee confirmed that this safeguarding item will be discussed at the next Quality and Compliance Committee meeting on 24 October 2016	07/09/16
7	Safeguarding Adults report to be presented to the Local Adult Safeguarding Board	DCN	Completed	07/09/16
8	COO of DPT to be invited to a future Board meeting to provide a presentation with the Trust COO on joint working	COO	Completed – COO of DPT happy to provide joint presentation – agreed to be made to a future CoG meeting.	07/09/16
9	Letter to be drafted to acknowledge the Board’s appreciation of the approach of junior doctors and flexibility of senior staff in respect of the strikes.	MD	Completed – strike cancelled and letter no longer required.	07/09/16

Report to:	Trust Board
Date:	5 October 2016
Report From:	Mairead McAlinden, Chief Executive
Report Title:	Chief Executive's Business Report

1 ICO Key Issues and Developments Update

In this month's report, the ICO updates have been structured under our four corporate objectives so the Board can better align developments, contributions and risks to our key priorities.

Safe Quality Care and Best Experience

Care Model Developments

I am pleased to report that work has started to deliver £200,000 of estate improvements at Teignmouth Hospital including more clinic rooms and offices for the health and wellbeing team; recruitment to new intermediate care roles is almost complete and medical cover to support the new locality teams will soon be in place. Further details are included in the Chief Operating Officers report.

Urgent and Emergency Care Plan

The Board will note from the performance report in the Board pack that the monthly trend has shown a continued overall improving position reflecting the improvement actions that have been and are continuing to be undertaken to proactively manage care to meet the four hour performance standard. However, current performance has dipped. Figures show a combined Emergency Department and Minor Injury Unit performance against the 4 hour wait target of 91.41% which is below the trajectory of 92%. The number of patients receiving first observations in 15 minutes continues to remain fairly consistent at the 80% target.

Junior Doctor Strikes

I was planning to update the Board on our preparations to cope during the planned industrial action by junior doctors. The first strike had been due to take place between 8am and 5pm from 5-7 October and again on 10-11 October. However, as you will probably have heard, the strikes have now been called off. The BMA have said that they have taken this decision following feedback from doctors, patients and the public, and discussions with NHS England about the ability of the NHS to maintain a safe service. We have now also been informed that the challenge to the High Court on the imposition of the contract has been turned down.

Improved Wellbeing through Partnership

Community services consultation

As the Board is aware NHS England authorised our Clinical Commissioning Group (CCG) to begin a twelve week public consultation on the future shape of community services across all our localities except Coastal (which was subject to a separate consultation last year and is now starting to implement changes). The proposals for

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change are an important part of our new model of care, with more care delivered in or close to people's homes. This will mean investing in strengthening the community-based teams and services that most people use, so there is less reliance on bed-based care. The consultation began on 1 September and runs to 23 November.

Public consultation meetings led by the CCG have taken place in Bovey Tracey, Dartmouth, Chudleigh, Ashburton and Buckfastleigh, Paignton and Brixham. Further public consultation meetings are yet to take place in Torquay (6 October), Totnes (11 October), Widecombe (12 October) and Newton Abbot (13 October). All meetings have been well attended demonstrating the huge interest in health and care services and the vital contribution they are seen to bring to communities. It is unfortunate that a number of people had to be turned away from meetings in Ashburton and Paignton as the venues used were too small to cope with the demand. Additional meetings are being arranged and everyone turned away will be contacted and offered the opportunity to attend.

I have attended most of the meetings, along with members of the ICO and CCG executive teams and managers who have helped to facilitate and note table-based discussions. Whilst there is a general acceptance of the need for change, there are a number of recurrent themes emerging from the public consultation meetings including what will happen to the community hospitals if they are closed, and to the money raised if they are sold; availability and quality of care home beds; rationale for the location of the health and wellbeing centres and what will be provided; resourcing and sustainability of the new care model; future model for end of life care; transport availability; workforce resilience; access to Clinical Hubs; location of specialist clinics and MIUs; and concerns about the capacity of the voluntary sector to take on an expanded role under the new model of care. There have also been a number of questions regarding the process of consultation and the need for further investment in health and care services.

Representatives from HealthWatch have attended all meetings to capture the discussions in order to produce their independent report which will be considered by the CCG's Governing Body when it makes its final decision in response to the consultation in January/February 2017.

All documentation, including a weekly stakeholder update is available on the CCG's website and there is a dedicated telephone number (01803 652511) for consultation enquiries. Queries and comments can be sent via email to sdtccg.consultation@nhs.net.

In addition to the public consultation meetings the CCG also made a presentation and took questions from Trust Members at our Annual Members' Meeting as well as holding staff-only consultation events across our area.

The Director of Strategy and Improvement will provide a verbal update at the Board meeting.

Closer working with GPs

The Medical Director is hosting a workshop with GPs on 4 October to discuss developments in medical cover in the community to support the new care model, as

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well as potential changes in community hospital provision. The objective of the workshop is to engage GPs in exploring how best to form a strong partnership between primary care and the ICO to provide integrated health and care services in localities, Rob will provide feedback to Directors at the Board meeting.

Valuing our Workforce Paid and Unpaid

Wow Awards

Earlier this month the Chairman, Directors and I had the pleasure of presenting the latest set of WoW awards to individual staff and teams from across the organisation – both clinical front line and from vital support services - who had been nominated in recognition for going the extra mile for patients, carers, families and colleagues.

Staff Heroes Awards

The scheme was launched in September 2016 and will replace the externally managed WOW! Awards. These internal awards will enable patients and service users to nominate staff and their teams in recognition of excellence in care provision. These Awards are for our staff, who we see working day in, day out beyond the call of duty for our patients. Nominations are open all the year round and the Heroes Awards will be recognised every month with a certification and presentation at a celebration event with myself as Chief Executive, the Chair and the Executive Team.

Work Experience Quality Standard

I am delighted to report that our work experience programme has been accredited at GOLD standard following a recent national accreditation review undertaken by Fair Train, owners of the national Work Experience Quality Standard accreditation and the Group Training Association (GTA) for the voluntary and community sector. They promote workforce development and champion all forms of high quality work experience including traditional work placements, vocational training, volunteering (where it is specifically aimed at developing employability skills) internships, Traineeships and Apprenticeships.

There are three levels of accreditation being – Bronze, Silver and GOLD. The accreditation provides a framework for organisations to work towards, ensuring the placements they offer are high quality. The Work Experience Quality Standard accreditation can be used to maintain quality across all elements of training.

Our accreditation confirms that we recognise the value of high quality work experience and employability provision, which is validated by national standards. I'm sure the Board will want to join me in congratulating the Employability Hub whose work is core to our integrated care offer and our commitment to invest in growing and developing our workforce.

Well Led

Delivery

The Board will note the latest position for month 5 with regard to quality, performance, finance and workforce in the latest integrated performance report in

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today's Board papers. With regard to key regulator performance and financial indicators, members will note over achievement of the ED trajectory and CIP for month 5 together with an increase in the number of quality assured CIP schemes developed for future implementation. However, there is no room for complacency – September is proving to be a challenging month for the ED target and the Board has previously been briefed on the escalating CIP profile as we approach the second half of the year. As previously advised, the Board will also note the deterioration of the RTT target as the impact of neurology and dermatology workforce challenges begin to impact on waiting times. Members will be updated on the latest position at the Board meeting.

Locality Clinical Director appointments

I am pleased to confirm the appointment of the following five highly regarded GP colleagues to the new locality clinical director roles in the Trust:

- | | |
|------------------------|--------------------|
| • Coastal | Dr Matt Fox |
| • Newton Abbot | Dr Paul Johnson |
| • Torquay | Dr Sarah Rowe |
| • Paignton and Brixham | Dr Andrew Thornton |
| • Moor to Sea | Dr Jamila Groves |

These roles will be pivotal to strengthening the locality focus of our new model of care, and to enhancing the integration of the delivery model with our colleagues in primary care. The new clinical directors will have an important role in the development and management of the health and wellbeing teams in each locality, and will also provide advice on the development of new integrated pathways of care. They will be taking up their appointments between 1 October and mid-November.

System Leadership

Directors from the Trust continue to provide leadership support to a number of system wide developments including:

- **SD&T A&E Delivery Board:** The Chief Operating Officer is chairing the new A&E 4 hour delivery board which has replaced the Vanguard Urgent Care Board focussing on key improvements mandated by NHS I and NHS E
- **SD&T System Transformation and Change** –Directors are working with the CCG Executive team on proposals to repurpose the existing Systems Resilience Group to create a System Transformation and Change Leadership Board to focus on the key transformation and change programmes that will deliver the greatest system benefit. To support this the Executive teams from the Trust and CCG together with Directors of Adult Social Services from both Councils are collaborating on a number of priority work programmes to create leadership capacity and ensure delivery of 2016/17 transformation programmes
- **Wider Devon STP:** A number of Directors, together with the Chairman and I are directly involved in the various leadership governance meetings, Clinical Cabinet developments and work programme groups to support delivery of the Wider Devon STP aspirations.

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Could it happen here?

The following national reports provide an opportunity to reflect and ask ourselves “could it happen here?”

- **Pennine NHS Foundation Trust CQC Report** – Directors have reviewed this report for learning. A report from Chief Operating Officer is included in the Board pack for Directors to reflect on.
- **Kings Fund Report: Social Care for Older People Home Truths (2016)** Directors have reviewed this report for learning. A report from the Chief Nurse is included in the Board pack for Directors to reflect on
- **Plymouth Hospitals NHS Trust Inquest Report** into the death of a neurology patient who was not followed up as he should have been. This report, which makes for sobering reading, will be reviewed for learning through our clinical governance system
- **Gloucester Hospitals NHS Foundation Trust:** the Trust recently reported serious failings in financial governance, resulting in a significant deterioration in their expected performance in 2016/17. Failings of this nature are unusual in the NHS. There are a range of actions under-taken in this Trust in the last twelve months that should provide the Board with assurance that such an event is unlikely to occur in Torbay and South Devon. These include:
 - Significant Board level briefing on contractual negotiations,
 - Full briefing on the Trust’s business plan, including the challenge and profile inherent in the CIP programme, achievement against which is reported routinely to Board,
 - Enhanced CIP reporting processes implemented this year, including scheme level reporting through the Finance, Performance and Investment Committee,
 - The receipt of significant external assurance on financial control, planning and reporting processes received during the recently completed transaction assessment process, principally from Monitor and Ernst Young.
 - Internal and External Audit reports and opinion

2 Local Health Economy Update

Wider Devon Sustainability and Transformation Plan (STP)

Work is gathering pace to develop a shared, system-wide vision and five year plan to deliver sustainable, high-quality and affordable services for our population. Although we are working as part of a Devon-wide team, we are taking a ‘place-based’ approach and working closely with the South Devon and Torbay Clinical Commissioning Group to focus particularly on services within our area for our local population.

As the Board is aware the draft STP for wider Devon (Devon, Plymouth and Torbay) was submitted to NHS England on 30 June. Along with all 44 STPs in England, a final version is required to be submitted mid-October setting out more detail regarding affordable plans for sustainable services to meet population need over the next 5 years.

Public

There has been a lot of media interest in the STPs, both in terms of scale of potential change but particularly because they have not yet been made public. A copy of the wider Devon STP was obtained by the BBC who have been reporting on potential changes to acute services. The document was a working draft and it is therefore still a work in progress. There is more analysis and consideration to be undertaken before the work is complete. Whilst some work has started, we have yet to begin the review of acute (hospital) services, which is scheduled to begin in October. The STP review will look at how services can become more aligned and efficient to benefit the health and wellbeing of our population. Our Trust will be playing a key part in this acute service review, and when there is any further information available, we will share it.

Each STP area is responsible for engaging local people and stakeholders on their draft proposals. No changes to the services people currently receive will be made without local engagement and, where required, consultation. There are longstanding assurance processes in place to make sure this happens. I expect a full copy of the STP to be available to come to the Board in the next couple of months.

The Director of Strategy and Improvement will give a further verbal update at the Board meeting.

NEW Devon CCG consultation on community services

NEW Devon CCG has published its consultation plans for community beds in the Eastern Devon area (East, Exeter and Mid Devon). The consultation document, which can be accessed [here](#), sets out proposals to improve future care in NEW Devon by providing more care in people's homes and avoiding hospital admissions where possible. The consultation is therefore about how they decide the location of fewer community hospital inpatient beds in Eastern Devon whilst giving people the reassurance as to the improved care they can expect instead in their own homes. Subject to approval to the plans by the CCG Governing Body at its meeting at the end of September, the public consultation will be launched on 7th October for a 12 week period.

Devon County Council

In last month's update I included details of proposed changes to the top team at Devon County Council. Following consultation the changes are now being implemented. Of relevance to the Trust is Jennie Steven's revised portfolio as she takes on the new role of Chief Officer Adult Care and Health. Jenny and I have met to discuss her four key areas of focus which are:

- Demand – To promote independence for people in Devon we must stop over dependence on services and ensure we only intervene in people's lives when there are no other alternatives. We need to be clear about what people and communities can do for themselves.
- Integration – Working with NHS colleagues to agree how we arrange ourselves to deliver the best outcomes for vulnerable people in Devon in the most efficient way. Jenny will be looking to enable the priorities they identify to be shared and collectively implemented as a health and care system.
- Supply – Making sure we have responsive and safe quality services in place when people really need them

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- Workforce – Staff have the right information, responsibility, tools and support to do the job asked of them

To deliver these aims – which align very well with our own corporate objectives - will require both a team and partnership effort, both within the Council and with NHS and other statutory partners. I welcome this focus as it will bring greater strategic leadership capacity to focus on the partnership and integration agenda at a time when the opportunities and challenges for Local Government and the NHS have never been greater.

Rowcroft Hospice Changes

As the Board is aware - to safeguard its long term future, Rowcroft Hospice has had to make cost savings of £1.1 million. They have now agreed the detail with their staff, and there will be some changes to the services delivered. Having to make these reductions has been very difficult for them and they are doing all that they can to minimise the impact on those receiving their care. The following changes will occur:

- The inpatient unit will reduce from 17 beds to 12 beds. Due to staff vacancies over the past 3 months they have been running at 12 beds - so this will continue. They are continuing to work to make the most efficient use of their beds, with the aim of limiting any impact on numbers of admissions.
- There are some small changes to the Community MDT. They will no longer be able to provide community physiotherapy or art therapy. They will also be reducing their weekend and bank holiday CNS advice service to 4 hours per day instead of 7.5hrs per day. They do not anticipate any reduction in the ability to respond to numbers of referrals to this team.
- The Hospice at Home service will continue 24/7. They have regrettably needed to remove the staff nurses from the day service, which will impact on the ability to respond as promptly to urgent referrals or provide double-up direct care during the day. At night there may be fewer hours available to provide a health care assistant in a patient's home. Their experienced sisters and senior health care assistants will continue to deliver the service 24/7, currently with the same referral criteria.
- As previously reported, as part of our partnership support we agreed to take over delivery of the Chronic Oedema Service which transferred to the Trust on 1 October as planned. At least until the end of the year this service will still be delivered from the outpatient centre at Rowcroft hospice. A new service specification is being developed in collaboration with the CCG
- There are no planned changes to the Bereavement Service.

Rowcroft are keen to reassure the community, staff and partners that their aim is to minimise the impact on patients in making these changes and that while reducing and redesigning services they still plan to be supporting up to 2,000 patients and their families each year.

Newton Abbot GP Merger Paused

Last December the six Newton Abbot locality practices announced their intention to develop a plan to merge. However, this process has proved to be more complex than anticipated, leading them to reflect on their merger plans. As we all know, general practice generally is changing, and there is a strong commitment between

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the Newton Abbot practices to work more closely as the challenges and opportunities arise, for the benefit of patients and the healthcare community, but it is not clear at this point whether this will lead to a full merger. The collaborative work undertaken in the past year has been hugely beneficial, however, and the practices will continue to share ideas and resources. They aim to extract the best from each practice so they can be supported to provide the best possible care for patients in the Newton Abbot area.

3 Chief Executive Leadership Visibility

Internal
<ul style="list-style-type: none"> • All Managers Meeting • Torquay Health and Social Care Team • Community Managers Forum • Community Managers Weekly Huddle • Surgical Divisional Board • CAMHS Team Meeting • Gynaecological Assessment Unit • Joint Consultative Negotiating Committee
External
<ul style="list-style-type: none"> • Kevin Foster MP • Director of Children’s Services, Torbay Council • South West Chief Executives Meeting • Executive Leadership Meeting • Executive Regional Managing Director, NHSI • STP CEO Meeting • STP Programme Delivery Executive Group • STP Clinical Cabinet • System Resilience Group • Chair, Paignton League of Friends
Community Consultation Public Meetings
<ul style="list-style-type: none"> • Ashburton • Bovey Tracey • Buckfastleigh • Chudleigh • Dartmouth

4 National Developments and Publications

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

The Executive Team continues to review the implications of those national developments which particularly affect the ICO and the local health and care system,

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and will brief the Board and relevant Committees as appropriate including undertaking “could it happen here?” reviews where appropriate.

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

Government

Junior doctors have lost a judicial review challenging the legality of a new contract, which is now set to be introduced in October

Policy and guidance

- NHS England and NHS Improvement have published this year’s [operational and contracting planning guidance](#), which for the first time covers two financial years, and was published three months earlier than usual - see detailed paper in Board papers
- NHS E have confirmed most STP footprints should publish STPs by the end of the year
- The new care models programme has now published the frameworks for three of the Five year forward view new care models: multispecialty community provider (MCP); integrated primary and acute care systems (PACS); and enhanced health in care homes. These are important reading for providers as they detail both learning from the vanguard sites and a range of governance, regulatory, workforce, commissioning and contracting considerations in relation to each of the three care models.
- National consultation on retention of business rates at local authority level – we have submitted a response highlighting the potential unforeseen consequences for partnership working and expressing the view that the STP planning footprints would provide an effective and appropriate level at which to seek wider feedback before final decisions on business rates retention, and any additional devolved responsibilities are made.
- Doctors must reveal all income from private work
- NHS I intention to establish core set of NHS Products to be used by all NHS provider trusts to generate productivity and efficiency savings

Performance

- Q1 figures show risk to targets

Think tank reports

- The Royal College of Physicians has published a report, *Underfunded, underdoctored, overstretched: the NHS in 2016* on the theme of working for health. The RCP argues that we need to rethink the way we deliver healthcare: breaking down barriers between hospitals and the community, and working in partnership with patients to deliver joined-up care, and to achieve this we need a health service that is funded to meet the demands placed on it by a growing population. The report says it is time for action and calls for: increased NHS funding; more doctors to be trained; and improved working lives of NHS staff
- A report by Carers UK suggests one in 10 unpaid carers who called 999 or took their loved one to A&E did so because they did not know where else to go.

5 Media Update

National media references to the Trust

- Trust was cited as an “*example of excellence*” by CEO of Skills for Health at the September NICE Fellows conference.
- Coverage of Monica Bulman, one of Britain’s oldest nurses celebrating her 83rd birthday at Torbay Hospital. The story was picked up locally, regionally, nationally and internationally including by the Daily Express, Daily Mail, The Times, as well as BBC Spotlight. The story has also made the international press where it has been covered in numerous countries including Pakistan and Japan.

Local media

- Extensive coverage of community consultation public meetings
- We did it! £1.6m Torbay Hospital Critical Care Unit appeal hits target months ahead of schedule
- Coverage of the recent nurse recruitment day in a variety of media including coverage on BBC Spotlight
- WEEKEND DIAGNOSIS: Care where you want to receive it... in your own home

BOARD REPORT SUMMARY SHEET

Meeting Date:	5 th October 2016
Title:	NHS England Planning Guidance and Developing the Trust's Operational Plan 2017/18 ~ 2018/19
Lead Director:	Ann Wagner
Corporate Objective:	All
Purpose:	Information and Assurance
Summary of Key Issues for Trust Board	
<p><u>Strategic Context:</u></p> <p>Each year NHS England releases guidance on the processes that will be used to govern the process of developing plans and contracts for the forthcoming year. The guidance for 2017~2019 has just been released and the purpose of this paper is to brief the Board on the guidance, key issues, and how the Trust will respond by producing a two year Operational Plan for the period 2017~2019.</p> <p>In broad terms the guidance is in line with the expectations set through financial reset guidance, 'Strengthening Financial Performance and Accountability' which was issued in July, and STP briefings. The key change in these documents is for the Operational Plan to cover a two year period and be submitted three months earlier than in previous years. The planning guidance confirms this position and includes deadlines for agreement of contracts and submission of the Operational Plan by the end of December. Although these timescales will be challenging there is every sign that NHS England and NHS Improvement both believe that the timescales are achievable and clear expectations that the new timescales will be met.</p>	
<p><u>Key Issues/Risks</u></p> <p>The full detail of the guidance, and attendant annexes, is still being worked through at the time of drafting this report. However, there do not appear to be any unforeseen consequences or issues for the Trust. Key themes are:</p> <ul style="list-style-type: none"> ■ the Operational Plan produced by the Trust now has to be for a two year period 2017/18 to 2018/19; ■ a full draft has to be submitted to NHS England by the 24th November 2016; ■ contracts with SDTCCG have to be signed by the 23rd December 2016; ■ the final version of the Operation Plan also has to be submitted by the 23rd December 2016; ■ the guidance ties together recent initiatives and publications, such as STP processes, General Practice Forward View, the nine must do's, 'financial reset' and Single Oversight Framework; ■ the consequences of failure to deliver on key targets or financial control totals and failure to agree a contract with SDTCCG are spelt out very clearly in the guidance; ■ in addition to the control totals which already operate at Trust level control totals will now also be introduced at STP level, with the following proviso: <ul style="list-style-type: none"> • nationally funded Trusts (e.g. ambulance services) and Local Authorities will be excluded from the STP control total at this stage; • all organisations with control totals will be held to account for delivery of both their own control total and that of the STP; • there is the flexibility to vary organisational control totals by agreement within the STP footprint, but variations cannot change the STP level control total and must be agreed 	

prospectively with NHS England and NHS Improvement;

- the nine “must do’s” from the 2016/17 planning guidance will carry through into 2017/19;
- there had been consultation on radical changes to national tariffs to incentivise reductions in follow up rates, these have been redrawn as a more moderate package of changes;
- the guidance includes reference to how the extra funding announced in the General Practice Forward View will be used to help transform services. The Executive Team are exploring how this might be applied to support the care model with colleagues from SDTCCG.

The response from NHS Providers was to welcome the move to create a more effective planning cycle for 2017/18 - 2018/19 which provides greater planning certainty and stability. The briefing released by NHS Providers is a helpful summary and is linked here for reference:

<https://www.nhsproviders.org/news-blogs/our-view-on-the-201719-nhs-planning-guidance>

The approach the Trust will adopt to develop a two year operational plan which meets the requirements of this guidance and provides an effective business planning and delivery framework is set out in the attached report.

One practical impact of the foreshortened timescales set out in the guidance is that the current Board meeting dates in November and December do not fit well within these constraints and there may be a need to make alternative, or additional, arrangements for Board meetings to accommodate these timescales.

Recommendations:

The Board are asked to:

1. Note this information and the release of this guidance.
2. Note the approach to developing the Operational Plan 2017 – 2019.
3. Receive further updates as appropriate.
4. Consider the need to make revised or additional arrangements for meetings in November and December to accommodate the timescales for the signing of contracts and submission of the operational plan.

Summary of ED Challenge/Discussion:

Executive Directors’ considerations have covered some key areas and risks in these challenging planning requirements.

The challenge of delivering the performance and quality agenda (including the Five Year Forward View expectations) within the financial constraints.

Cost Improvements planning covering the general efficiency 2% requirements of all departments and the Trust-wide programmes which will need to address the larger financial challenge of delivering the organisational control totals for the two year planning period (which at the time of writing had not been published). The Trust needs to review and enhance its five year plans to deliver the scale of challenge that is likely to be set in those control totals and to provide confidence to the Foundation Trust Funding Facility for the loans the Trust needs to deliver its capital programme.

The time scales set nationally being significantly constrained compared to previous years where there was much more time for engagement with operational teams and detailed review and challenge.

The Sustainability and Transformation Plan (STP) process overlay with its own STP level Control Total that organisations are being held to account for jointly. If one organisation in the STP required a movement in its control total the implication for the others would be an equal and opposite movement. The implications of the STP lead support service planning process and the implications for the Trust’s planning process given the time constraints.

The output of this process has implications for the Risk Share Agreement that needs to be considered with the Integrated Care Organisation Commissioners.

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

Developing plans for 2017/18 and beyond will require considerable internal engagement at locality, speciality and divisional level. In parallel with this work wider engagement processes will be run to brief and capture the views of our membership and the Council of Governors as well as with external stakeholders including partner agencies, independent providers and voluntary sector organisations.

This work will take place in two phases: the first will be engagement sessions run in October / November to capture the views of our wider stakeholders as plans are being developed, the second will be information giving sessions in February/March 2017 to brief stakeholders on our final plans once they have been signed off.

Equality and Diversity Implications: To be addressed in the business planning processes.

<p>1. Context</p>	<p>To ensure that plans will succeed and be delivered the Trust Board will need to be assured that:</p> <ul style="list-style-type: none"> • The Trust wide development and improvement programmes will deliver the level of changes and savings necessary to meet the challenges to our service quality, activity levels and financial position; • Individual teams, specialities, localities and corporate services have effective plans in place which will enable them to achieve the necessary improvement and release the savings required. • These programmes can be drawn together into a single Operational Plan which meets the requirements of national guidance and regulatory bodies. <p>However experience demonstrates that if we only plan at that ‘local’ level when those plans are aggregated up into a Trust wide plan the sum of the parts is unlikely to be sufficient to address the challenges we face as a whole Trust. Conversely if specialities, localities and service delivery units are not actively engaged in the planning process there is a risk of under delivery against Trust wide assumptions.</p> <p>The planning process set out in this paper is designed to mitigate these risks through a set of convergent processes which ensure plans are developed on a Trust wide basis but in a way that includes the negotiation and agreement of local deliverables.</p> <p>In the current year there is a further complication as operational structures are in the process of being redrawn. This issue is also addressed in the proposed process by using existing structures, and the Operational Plan, to clarify what each team, locality and speciality will need to deliver so that these service plans can then be aggregated in a way which reflects revised service delivery.</p>
<p>2. Process</p>	<p>To address the issues noted above a number of convergent processes will be run through the 2017 ~ 2019 planning round:</p> <ul style="list-style-type: none"> • Efficiency: It is accepted that every team / unit will be required to deliver an efficiency saving of 2% through what might be called good housekeeping (e.g. holding posts for a short period, filling vacancies with staff paid at a lower scale point and vigilance in regard to stationary and travel costs). This requirement for 2% saving has been agreed by the Executive team and work on identifying where, how, and when these savings will be made can begin now. • Demand and Capacity Planning: All acute specialities will need to run the usual demand and capacity exercise. This has already started with colleagues in the performance team preparing demand plans and specialities developing work and capacity plans which will meet the anticipated level of demand within the requirement to deliver a 2% efficiency gain. The contracting regime in our community services and adult social care services makes this process more difficult in that part of our business; this will be managed through the Risk Share Agreement. • Trust wide programmes and projects: We know that the 2% target alone will not address the quality and activity challenges faced by the Trust or close the current ‘financial gap’. To do this we will need a defined set of Trust wide programmes which between them will meet the challenges we face. These projects need to be scoped and built on a Trust wide basis for the following reasons: <ul style="list-style-type: none"> ▪ It is only by planning on a Trust wide basis that we can set and negotiate challenging targets for upper decile performance, against appropriate benchmarks, which are

	<p>aligned and coherent across all specialities and localities;</p> <ul style="list-style-type: none"> ▪ Even once actions at team, specialty, unit, and locality level are achieved there are some savings which can only be realised when activity and use of resources (such as outpatient or theatre space) is co-ordinated across all specialities and localities; ▪ To turn these changes into cashable savings close oversight on a Trust wide basis of benefits realisation work will be required. <p>To ensure these Trust wide programmes are credible, challenging, and deliverable each project will require operational and clinical leads. These leads will scope the savings which can be delivered (against appropriate benchmarks) and have the delegated authority of the Executive team to negotiate with the leadership teams for each speciality, locality and SDU the contributions their service(s) will be required to make to the delivery of the overall programme and thereby the Operational Plan.</p> <p>While the NHS Planning Guidance requires a two year plan the scoping for each of these Trust wide programmes will include setting financial savings targets which are profiled over a five year period.</p> <p>These improvement programmes have been themed in a way which matches the Single Oversight Framework published by NHS Improvement. The proposed Trust wide programmes are set out, under these themes, in Annex 1. These programmes have been cross referenced with the projects being run to ensure in year delivery of CIP through the Efficiency Delivery Group.</p> <p>The themes from the Single Oversight Framework have been chosen as a way of grouping planning and delivering activity as they are set to become the framework which NHS Improvement will apply in collecting the information required from providers replace the Monitor Risk Assessment Framework.</p> <p>A draft grid mapping the Single Oversight Framework themes to Trust Objectives and the STP Triple Aims is attached as Annex 2, a summary of the Single Oversight Framework is attached as Annex 3.</p>
<p>3.</p>	<p>EFM and Corporate Plans</p> <p>In parallel with the above processes, which will impact mainly at speciality and locality level, business plans for EFM services and corporate services will also be required. These plans will have to meet the same, or greater, level of stringency that is expected of services, specialities, and localities.</p> <p>Given the scale and scope of our Estates and Facilities Management services a separate EFM business plan will be agreed. Other corporate directorates will come together, under the leadership of the Director of Finance, in his role and Deputy Chief Executive, to produce a Corporate Services Business Plan.</p> <p>Taken together the 2% efficiency plans, the Trust wide programmes, EFM and Corporate Services business plans will provide the information required to build both:</p> <ul style="list-style-type: none"> • The internal business plans and work programmes necessary to drive progress and delivery in operational services at SDU level; <p>The outward facing Operational Plan, and underpinning contracts, which provide assurance to commissioners and regulators.</p>

<p>4. Process and timeline</p>	<p>The timelines for this process are set nationally; they are very constrained and there is every indication that regulators regard the timelines as achievable and will require compliance. To mitigate this risk it is recommend that business planning activities are phased in the following way:</p> <ul style="list-style-type: none"> • 2% efficiency planning: Starts now, completes by 31 October.
	<ul style="list-style-type: none"> • EFM and Corporate plans: Starts now, completes by 31 October. • Trust wide projects scoped and negotiated with specialities and localities: Starts by end of September, completes 31 October • Stakeholder engagement: October • Operational Plan drafted: October • Trust wide projects, EFM and corporate plans endorsed through peer challenge, Executive Directors and Board: November • Draft operational plan endorsed through Executive Directors and Board: November • Draft Operational Plan 2017/18 – 18/19 submitted: 24th November <i>(note: the scheduled meeting of the Trust Board will need to be adjusted to accommodate this submission deadline)</i> • Revisions to Operational Plan (and Trust wide projects) according to feedback: November / December • Final Operational Plan endorsed through Executive Directors and Board: December • Final Operational Plan 2017/18 – 18/19 submitted: 23rd December <i>(note: the scheduled meeting of the Trust Board will need to be adjusted to accommodate this submission deadline)</i> • Trust wide projects and speciality/locality plans built into SDU Business Plans to match new SDU structures. December 2016/ January 2017 • SDU Business Plans presented to Board: February 2017 • Stakeholder briefing: February 2017 <p>Monitoring and assurance of delivery:</p> <ul style="list-style-type: none"> • Ongoing monitoring of delivery at speciality and locality level: Via established monthly quality, activity and financial monitoring processes. • Ongoing monitoring at SDU level: Via monthly Quality and Performance Review meetings. • Ongoing monitoring of delivery by Trust wide project/programme: Through programme management supported by PMO.

5. Recommendations:

The Board is asked to:

1. Note this information and the release of this guidance.
2. Note the approach to developing the Operational Plan 2017 ~ 2019.
3. Receive further updates as appropriate.
4. Consider the need to make revised or additional arrangements for meetings in November and December to accommodate the timescales for the signing of contracts and submission of the operational plan.

Draft Trust Wide Programmes

Project Title	Single Oversight Framework Theme	Trust Objectives	Trust Wide leads		
			Director	Operational	Clinical
Nursing workforce	Quality of Care	Safe (1) Valuing our workforce (3)	Jane Viner	Dep Director Nursing	Phil Waite
Clinical support services	Quality of Care	Safe (1) Valuing our workforce (3)	Jane Viner	Keith Goldsworthy	Tim Simpson Emma Mays Rep from labs
Medicines Management	Quality of Care	Safe (1) Valuing our workforce (3)	Rob Dyer	Paul Foster	Deputy Med Director
Quality Account (and QUIPP)	Quality of Care	Safe (1) Valuing our workforce (3)	Jane Viner	Susan Martin	Deputy Director of Nursing
Estates utilisation	Finance & use of Resources	Well led (4)	Lesley Darke	TBC	TBC
Independent sector care contracts for Adult Social Care and CHC	Finance & use of Resources	Well led (4)	Paul Cooper	Shelly Machin	Lorraine Webber Andrew Dodd
Management & Administration	Finance & use of Resources	Well led (4)	Paul Cooper	Reps from each 'Corporate' Directorate	

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DRAFT

Project Title	Single Oversight Framework Theme	Trust Objectives	Trust Wide leads		
			Director	Operational	Clinical
Procurement	Finance & use of Resources	Well led (4)	Paul Cooper	Rod Muskett	Mark Slaney and Senior matron
Theatre Utilisation and Productivity	Operational Performance	Safe (1) Valuing our workforce (3) Well led(4)	Liz Davenport	Neil Foster	David DeFriend
Out Patient Innovation & Productivity	Operational Performance	Safe (1) Valuing our workforce (3) Well led(4)	Liz Davenport	Dep COO	Deputy Med Director
Bed Utilisation and Length of Stay	Operational Performance	Safe (1) Valuing our workforce (3) Well led(4)	Liz Davenport	Cathy Gardener	Deputy Med Director
Care Model Delivery	Operational Performance	Safe (1) Valuing our workforce (3) Well led(4)	Liz Davenport	Dawn Butler	Deputy Med Director
ED Improvement Plan	Operational Performance	Safe (1) Valuing our workforce (3) Well led(4)	Liz Davenport	Jane Sangoor	Andrew Griffiths
Commercial, and private income generation and Insourcing	Strategic Change	Improved wellbeing through partnership (2)	Ann Wagner	Malcolm Dicken	Mike Stewart Neal Foster
Disinvestment and Vulnerable Services	Strategic Change	Improved wellbeing through partnership (2)	Ann Wagner	John Harrison	Deputy MD

Public

DRAFT

Project Title	Single Oversight Framework Theme	Trust Objectives	Trust Wide leads		
			Director	Operational	Clinical
Digital technologies and IT	Strategic Change	Improved wellbeing through partnership (2)	Ann Wagner	Gary Hotine	Mike Green Malcolm Dicken Kevin Shute
Engagement and Partnership with VCSE Organisations	Strategic Change	Improved wellbeing through partnership (2)	Ann Wagner	Phil Heywood	Deputy COO Jo Williams
Medical Workplans and Productivity	Leadership & Improvement	Valuing our workforce (3) Well led(4)	Judy Saunders	Dep COO	Deputy Med Director
Soft FM services	Leadership & Improvement	Valuing our workforce (3) Well led(4)	Judy Saunders	Lesley to nominate	Senior Matron
Temporary Staffing	Leadership & Improvement	Valuing our workforce (3) Well led(4)	Judy Saunders	Judy to nominate	Deputy Med Director & Dep Director Nursing

Public

Trust Objectives & STP Triple Aims Mapped Against the NHS Improvement Single Oversight Framework

		Executive leads	Trust Objectives				STP Triple Aim		
			Safe – Quality care and best experience	Improved wellbeing through partnership	Valuing our workforce	Well led	Care & Quality	Health Outcomes	Finance
Single Oversight Framework	Quality of care (safe, effective, caring, responsive)	Jane Vine & Rob Dyer	✓		✓		✓	✓	
	Finance and use of resources	Paul Cooper				✓			✓
	Including Estates & Facilities Mgt	Lesley Darke	✓			✓	✓		
	Operational performance	Liz Davenport	✓		✓	✓			✓
	Strategic change	Ann Wagner	✓	✓			✓	✓	✓
	Leadership and improvement capability	Judy Saunders			✓	✓	✓	✓	✓

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NHS Improvement – Single Operating Framework

The Single Oversight Framework (SOF) sets out a high level description of the framework, describes how NHS Improvement will collect the information required from providers and how they will identify potential support needs across each of the five themes.

The Single Oversight Framework replaces Monitor's Risk Assessment Framework and TDA's Accountability Framework and states:

- **Quality of care (safe, effective, caring, responsive):** we will use CQC's most recent assessments of whether a provider's care is **safe, effective, caring** and **responsive**, in combination with in-year information where available. We will also include delivery of the four priority standards for 7-day hospital services.
- **Finance and use of resources:** we will oversee a provider's financial efficiency and progress in meeting its financial control total, reflecting the approach taken in Strengthening financial performance and accountability and co-developing this approach with CQC.
- **Operational performance:** we will support providers in improving and sustaining performance against NHS Constitution standards and other, including A&E waiting times, referral to treatment times, cancer treatment times, ambulance response times, and access to mental health services. These NHS Constitution standards may relate to one or more facets of quality (i.e. safe, effective, caring, and/or responsive).
- **Strategic change:** working with system partners we will consider how well providers are delivering the strategic changes set out in the 5YFV, with a particular focus on their contribution to sustainability and transformation plans (STPs), new care models, and, where relevant, implementation of devolution.
- **Leadership and improvement capability (well-led):** building on the joint CQC and NHS Improvement well-led framework, we will develop a shared system view with CQC of what good governance and leadership look like, including organisations' ability to learn and improve.

REPORT SUMMARY SHEET

Meeting Date:	5 th October 2016
Title:	Integrated Quality, Performance, Finance and Workforce Report
Lead Director:	Ann Wagner, Director of Strategy & Improvement and Paul Cooper, Director of Finance
Corporate Objective:	Objective 1: Safe, Quality Care and Best Experience Objective 4: Well led
Purpose:	Assurance
Summary of Key Issues for Trust Board	
<u>Strategic Context:</u>	
<p>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 August (month 5) 2016/17 for the following:</p> <ul style="list-style-type: none"> • 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 • workforce framework indicators <p>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.</p> <p>This report has been reviewed by the executive team (20th September) and Finance and performance Committee 27th September. Performance of each Service Delivery Unit (SDU) is now reviewed by Executive Directors on a monthly basis through the Quality and Performance Review meetings (22nd September). This enables the corporate team to receive assurance, prioritise areas for improvement, consider support required and oversee action plan delivery.</p>	
<u>Key Issues / Risks:</u>	
<p>1. Quality Framework: 19 indicators in total of which 4 were RAG rated RED for August (5 in July) as follows:</p> <ul style="list-style-type: none"> • VTE risk assessment on admission (Acute) – 91.8% (last month 92.8%) against 95% standard. • Fractured neck of femur time to theatre within 36 hours – 71.1% (76.3% last month) against >90% standard. • Dementia Find – 29.2% (36.8% last month) against a standard of 90% • Follow ups past to be seen date – 6,919 a deterioration of 318 <p>Of the remaining 15 indicators, 14 were rated GREEN, one not rated.</p>	
<p>2. NHS I Compliance Framework: 12 performance indicators in total including the quarterly governance rating of which 4 indicators are RAG rated RED for August (3 in July):</p> <ul style="list-style-type: none"> • Urgent care (ED/MIU combined) 4 hour wait – 92.8% (92.3% last month) against national standard 95%. However the Trust is overachieving against the SRG agreed STF trajectory of 90.5% for August. The standard for the Q2 NHS I assessment is forecast as being met. 	

- RTT incomplete pathways – 90.5% (91.4% last month) against the standard of 92%. The standard for the Q2 NHS I assessment will not be met.
- Cancer two week wait from urgent referral – 87.9% (98.1% last month) against the standard of 93%. The standard for the Q2 NHS I assessment will not be met.
- Cancer 31 day subsequent surgery – 91.4% (last month 94.6%) against the standard of 94%. The standard for the Q2 NHS I assessment can still be met but is very high risk.

Of the remaining indicators, all 8 were rated GREEN including the forecast NHS I governance rating.

3. Financial Performance Summary

Key financial headlines for month 5 to draw to the Board's attention are as follows:

- **EBITDA:** for the period to 31st August 2016 EBITDA is £1.76m. Measured against the revised Risk Share Agreement (RSA) v forecast, this position represents a £0.08m favourable variance. However, against the PBR plan this represents an adverse position of £0.82m.
- **Income and Expenditure:** The year to date income and expenditure position is a £4.62m deficit, which is £0.25m better than the RSA plan and £0.65m worse than the PBR plan. The Trust has a £0.83m deficit in month after risk share income has been applied.
- **CIP Programme:** CIP delivery has improved with £4.26m delivered to date which is ahead of plan. Whilst we are seeing improvement the level of savings planned increases significantly from Quarter 2 onwards. It therefore remains imperative that we secure increased traction in the programme. Plans have been developed in support of the vast majority of schemes, quality assessed where appropriate and progress reported at scheme level to the Finance, Performance and Investment Committee
- **Risk Rating:** The Trust has delivered a Financial Sustainability Risk Rating of 2, which is in line with plan.
- **Cash position:** Cash balance at month 5 is £20.2m which is lower than plan – both PBR and RSA - and is mainly due to delayed settlement of debts offset by lower than planned capital spend.
- **Capital:** Capital expenditure is £3.1m behind plan at month 5.
- **Agency Spend:** For the year to date, bank, overtime and agency spend is 8.7% of total pay expenditure, 5.4% over the NHSI target cap target which has been set at 3.3%.

4. Contractual Framework:

15 indicators in total of which 7 are RAG rated RED in August (8 in July) as follows:

- RTT waits over 52 weeks – 8 (11 last month) against 0 standard
- On the day cancellations for elective operations – 1.0% (0.9% last month) against <0.8% standard
- Ambulance handovers > 30 minutes against trajectory - 36 delays against trajectory of 20 (last month 54)
- A&E patients (ED only) – 88.5% (88.3% last month) against 95% target Note: The locally agreed SRG trajectory for MIU / ED = 90.5% (August) was achieved
- Number of Clostridium Difficile cases (acute & community combined) – 3 (3 last month) against, <3 threshold
- Care plan summaries % completed within 24 hrs discharge weekdays 54.8% (51.2% last month) against 77% target
- Care plan summaries % completed within 24 hrs discharge weekend 24.0% (20.4% last month) against 60% target

The remaining 8 indicators, 6 were rated GREEN and two AMBER

5. Community and Social Care Framework:

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

- Number of delayed discharges – 425 bed days lost (422 last month) (annual target 2,216)
- CAMHS % of patients waiting for treatment within 18 weeks – 78.4% (87.2% last month) against a target of >92%

Of the remaining 9 indicators, 6 were rated GREEN, 1 amber and the remaining 2 no RAG rating.

6. Change Framework

There are 3 indicators in total – no RAG ratings available pending agreement on tolerances

7. Workforce Framework

There are 5 indicators in total of which 2 RAG rated RED as follows:

- Staffing and vacancy factor (trust wide): The current vacancy factor of 7.71% is above our target of 5% and emphasises the recruitment challenge which is being tackled by a number of initiatives. Use of the temporary workforce and additional hours reduces the gap to 0.18% although this is not consistent for each staff group.
- Staff sickness/absence: The rolling sickness absence rate of 4.21% has increased following previous good progress towards the target which for July was 3.90%. The target for the year end is 3.80%. Management of sickness absence and specific interventions are in progress.

Of the remaining 3 indicators, 1 is rated AMBER and 2 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 August at their meeting on 20th September. The report has been reviewed at the Finance and Performance Committee and area of escalation noted in the finance and performance committee chairman’s update to Board. Overall performance for the month and YTD against national standards and locally agreed 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 – the case to NHS E and NHS I for dispensation for neurology is being finalised.

Directors also had the opportunity to review performance and discuss success and risk with service delivery group leadership at the relaunched quality and performance reviews which commenced this month.

CIP performance has improved since last month and is ahead of plan at month 5. Directors are working with their teams to ensure rigour in approach including assessing any quality impact. This is being driven and overseen through the Efficiency Delivery Group (EDG). EDG has agreed a programme of deep dives to review detailed scheme delivery. The latest schemes to be reviewed in depth were CHC and the Roche contract – highlights will be presented to the Finance, Performance and Investment Committee for further insight and assurance.

Executive Directors are in further dialogue with CCG Executive Directors regarding additional cost cutting measures to address system financial gap – this includes using the Carnall Farrar analysis to review plans to date and identify further actions.

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

Report to:	Finance Performance and Investment Committee and Trust Board
Date:	27 th September 2016 and 5 th October 2016
Report From:	Director of Strategy and Improvement and Director of Finance
Report Title:	Integrated Quality, Performance, Finance and Workforce Report (Month 5: August 2016)

1 Introduction

This report provides commentary against performance variances and improvements at the end of August (month 5) highlighted in the performance dashboard and supported by the detailed data book which now includes finance and workforce schedules. It has been informed from the outcomes and actions from the Efficiency Delivery Group meeting (19 Sept), Service Delivery Unit Quality and Performance Review meetings (held on 21 Sept) and Executive Director debate and challenge.

The report is structured in line with the integrated 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.

The purpose of the report is to provide the Finance, Performance and Investment Committee and the Trust Board with assurance of delivery and enable scrutiny of action plans to address areas of underperformance. Feedback and further action following scrutiny from the Finance, Performance and Investment Committee will be reflected in the Committee Chairman's report to the Trust Board.

2 Quality Framework Indicators

2.1 VTE assessment on admission

RAG RATING: RED

The reported performance for acute care in August of 91.8% is below the national standard 95%. The VTE support team are carrying out a retrospective note audit of admissions where the VTE assessment has not been captured on the discharge summary records. This process continues to identify records where the VTE assessment has been correctly documented in the notes but not transcribed on discharge into the care planning summary. The Audit is expected to improve performance to a compliant position > 95% for the quarterly return.

2.2 Fractured neck of femur time to theatre

RAG RATING: RED

The percentage of patients who have suffered a fracture and who receive their procedure within 36 hours of arrival in hospital was 71% in August – this compares to, 85% in June and 76% in July. The target is 90%.

ACTION: The approved plan to extend trauma operating capacity with an additional 2 hours operating per day from 10th October remains on track.

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

RAG RATING: GREEN

The provisional results for August (87.2%) show continued improvement against the percentage of hospital inpatient stay being spent on the stroke ward. The standard of 80% of patient spending 90% or more of their time on the stroke ward has been met for the first time since February.

2.4 Completion of Dementia 'find' assessment on admission to hospital

RAG RATING: RED

The standard of completing a dementia assessment for all emergency admission patients admitted to hospital over 75 years continues to be a challenge. In August, 29% of eligible patients were recorded as having assessments completed against the standard of 90%. The ability to accurately collect and report all the completed assessments is compromised due to these being in the paper notes and not recorded electronically.

Last month a number of interim actions were described to the Board and these aim to be implemented at the beginning of October. It is clear however that these alone will not remove all the challenges to clinical compliance, accurate recording and data capture needed to report against this standard. The clinical leads are meeting to progress ideas for further changes that should enable an improving trajectory.

The introduction of the "Nerve Centre" clinical data system is critical to make recording of this data a routine part of the data capture. This will also remove the double transcription that is currently needed and which impacts on reported compliance figures. The pilot phase of the 'Nerve Centre' roll out will commence in October.

2.5 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 clinically recommended 'see by date' remains high and has increased by a further 300 patients from last month to 6,919 patients in August.

ACTION: All teams where the number of follow ups is a significant issue have action plans in place to reduce the number of patients waiting. These plans are being monitored on a bi-weekly basis by the RTT & Diagnostics Risk and Assurance Group and monthly through the Quality and Performance Review Meetings.

To increase visibility in this area, next month's Board data book will contain the position for individual specialties and their improvement trajectories. The data book will then show the aggregate improvement trajectory.

3 NHS Improvement (NHS I) 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 and improvement trajectories agreed for both the 4 hour standard and referral to treatment standard.

3.2 August 2016 update against NHS I risk assessment framework performance indicators and the Sustainability and Transformation Fund (STF) trajectory

3.2.1 4 hour standard for time spent in A+E

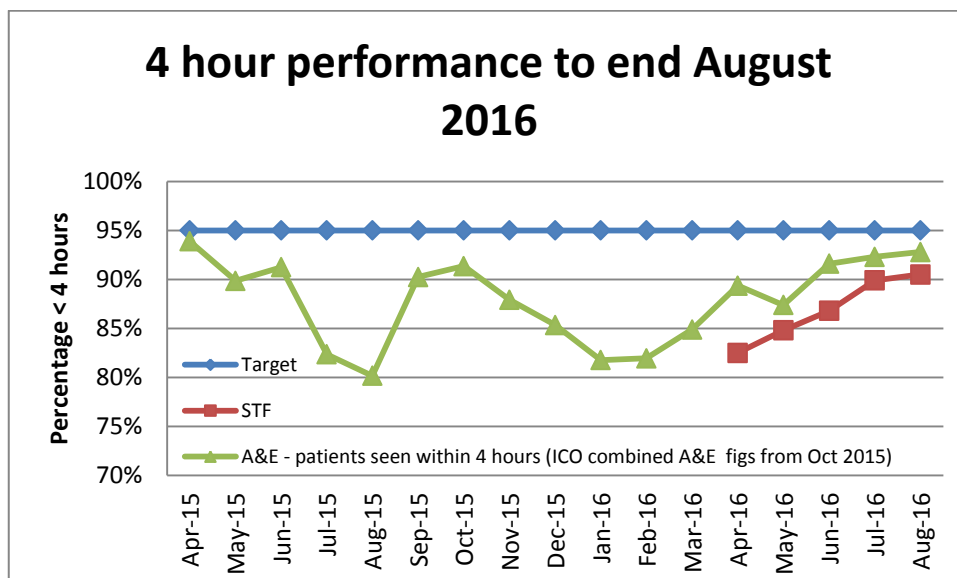
RAG RATING AGAINST SRG TRAJECTORY: GREEN

The 4 hour action plan continues to be reviewed bi-weekly by the Urgent Care Improvement and Assurance Group (UCIAG) led by the Chief Operating Officer. The Emergency Department (ED) board briefing continues to be produced fortnightly and is shared with commissioners and governors.

A summary of most recent progress and issues against the action plan monitoring is set out below:

- For August, the combined performance of Emergency Department (ED) and Minor Injury Units (MIUs) was 92.8% up from 92.3% reported in July and continuing the trend of remaining ahead of the agreed STF trajectory. In August, the trajectory to be achieved was 90.5%.

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



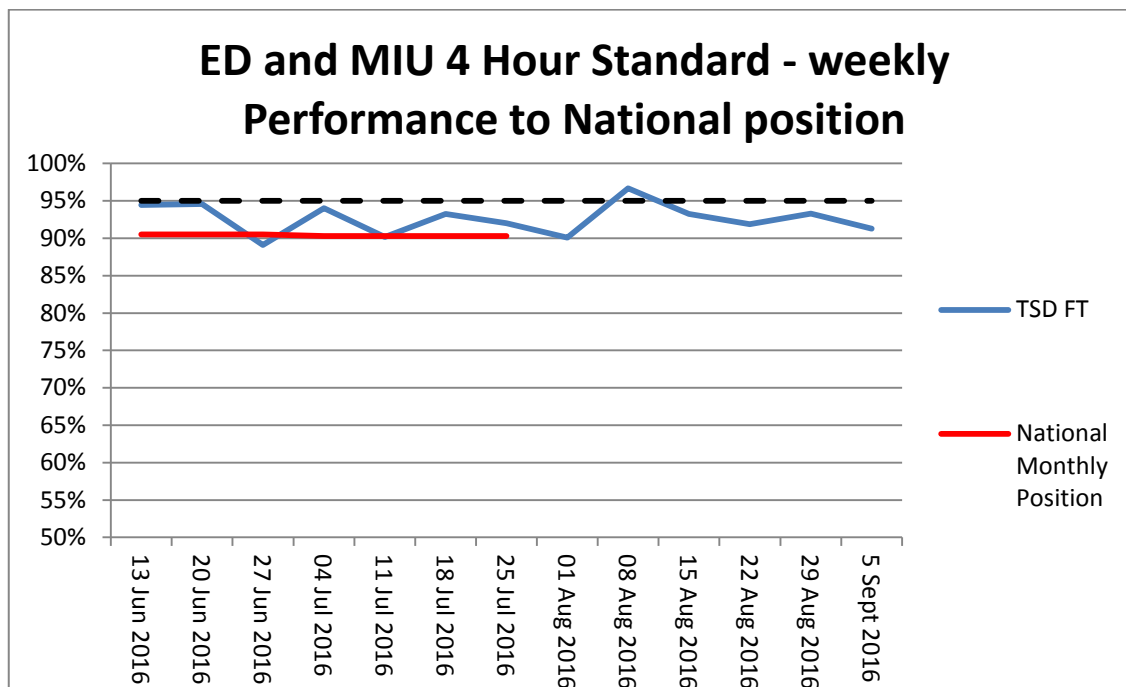
The latest actions to maintain this progress are summarised below.

- Increasing discharges earlier in the day (SAFER programme)
- Consistent x-ray provision at (MIUs) and better understanding of the offering and availability for both patients/staff including enhanced availability weekends
- Improved access to pathology results at weekends and evenings
- Clear messages to the public on where services will be provided and guidance for staff on the re-direction of people who attend ED inappropriately
- Improved and sustained 2 hourly ED escalation reviews
- Consistent senior ED medical presence in Rapid Assessment Area (RAA)
- Creation of gynaecology assessment unit

Public

- “Bed Ready Go”– the Standard operating procedure (SOP) for Bed Ready Go has been approved and will be trialled from Monday 19th September. This will help reduce delays between discharge and transfers to wards and impact on overcrowding within ED.
- Changes to consultant rota

The latest weekly performance compared to the national aggregate position is shown below. This shows that the local performance continues to be above the National average.



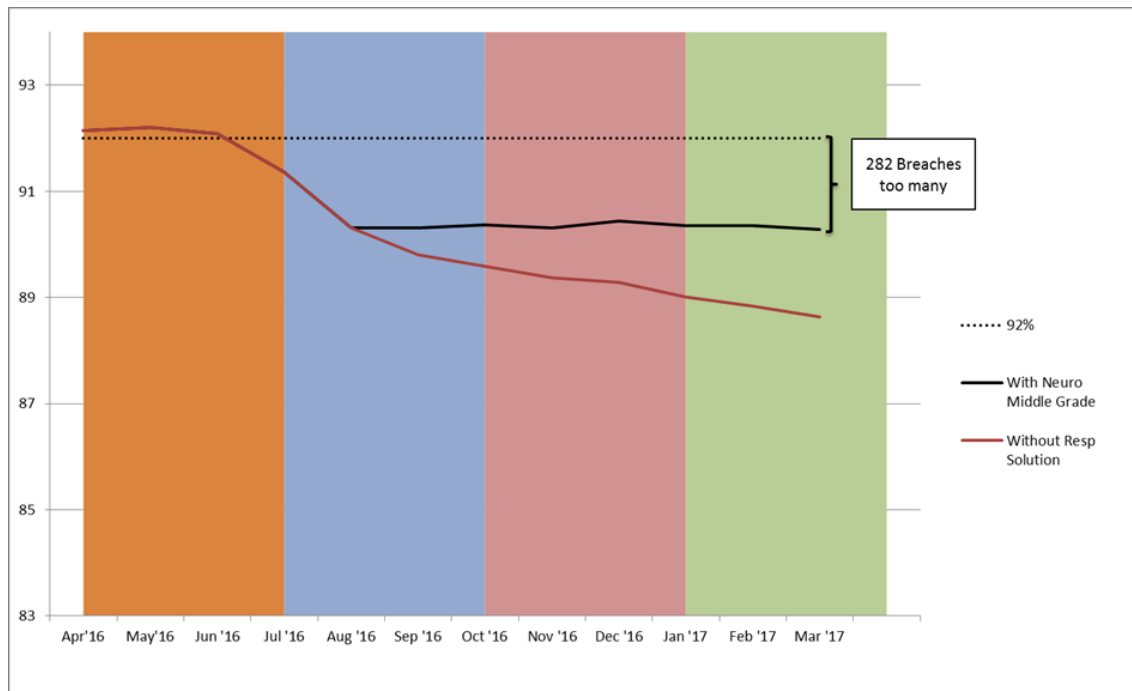
3.2.2 Referral to Treatment (RTT) incomplete pathways

RAG RATING: RED

At the end of August 90.5% of patients waiting for treatment have waited 18 weeks or less at the Trust. This is below the agreed STF trajectory of 92.6% and the 92% standard.

RTT delivery of the aggregate Trust position deteriorated below the 92% standard and the STF trajectory in July. Deterioration of the aggregate position is due to the workforce challenges and associated reduction in capacity faced by the Neurology Department. In June the Trust aggregate position was delivered at 92% and at this point the Neurology backlog of patients waiting over 18 weeks was 141. The number of Neurology patients waiting over 18 weeks continues to increase and as of 14th September there were 282 patients waiting over 18 weeks in Neurology. With additional Neurology capacity coming from a recent appointment of a locum Doctor the rate of growth in the Neurology backlog will decrease. However in the absence of further additional capacity, the Neurology backlog is predicted to be 521 by March 2017.

The impact on the aggregate position is illustrated below.



There are known shortfalls in capacity in other high volume specialties, in particular cardiology and respiratory. The cardiology position has stabilised following summer leave. However the impact of not finding a solution to the workforce shortfall in respiratory is significant and therefore this is also identified in the graph above. Actions are underway to identify additional capacity for Respiratory patients however successful delivery of these actions are insufficiently certain for the impact to be assumed.

Assumptions in the RTT forecast chart

Between now and March 2017 some specialties have plans in place to reduce the number of patients waiting over 18 weeks. This enables the aggregate performance illustrated above to be maintained whilst a further 250 Neurology patients are added to those waiting over 18 weeks. The main specialties contributing with backlog reductions are Pain, Orthopaedics and Orthodontics. The Orthopaedic contribution includes 20 hip and knee cases per month currently outsourced to the private sector and the single point of access for Foot and Ankle having the predicted impact.

Other assumptions in this trajectory are;

- Saturday lists for Urology running Oct – Dec
- Orthopaedic upper limb private capacity 6 cases per month running in addition to the 20 cases per month Sept – Dec
- Extended Trauma Lists 4 cases per month running Nov – Mar
- Foot and ankle Saturday lists 12 cases per month running Oct-Dec

In order to achieve 92% of patients waiting less than 18 weeks a further 282 patients need to be seen from the longest waiters by March 2017. The Trust does not currently have plans to achieve this.

Public

Existing action plans & trajectory dispensation

CCG and Trust colleagues have worked together exploring options for resolving the capacity shortfall in Neurology. Further actions to secure capacity are being taken forward but as yet are not considered sufficiently certain for the impact to be included in the trajectory predicted above.

The Trust has sought a dispensation for a revised RTT trajectory to allow for the impact in full or in part of the deterioration in Neurology. This could reduce the Trusts STF target trajectory for RTT by between 2.5% and 0.5% depending on the terms of the agreement.

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 threshold for the number of C.diff cases is 18 cases. For NHS I 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 August, there were 3 new cases of c-diff recorded with two confirmed as "no lapse in care". The cumulative number of lapses in care to the end of August for 2016/17 is 6 cases which is within the agreed trajectory.

3.2.4 Cancer standards

RAG RATING: AMBER

Provisional data for August and Q2 is shown below.

	July 2016				August 2016			2nd Quarter Total		
	Target	No. Seen	Breached	%	No. Seen	Breached	%	No. Seen	Breached	%
14day 2ww ref	93.0%	951	18	98.1%	813	118	85.5%	1764	136	92.3%
14day Br Symp	93.0%	78	2	97.4%	63	2	96.8%	141	4	97.2%
31day 1st trt	96.0%	200	3	98.5%	188	7	96.3%	388	10	97.4%
31day sub drug	98.0%	99	1	99.0%	86	0	100.0%	185	1	99.5%
31day sub Rads	94.0%	49	3	93.9%	51	1	98.0%	100	4	96.0%
31day sub Surg	94.0%	37	2	94.6%	34	3	91.2%	71	5	93.0%
31day sub Other	-	19	0	100.0%	25	0	100.0%	44	0	100.0%
62day 2ww ref	85.0%	103.5	12.5	87.9%	102.5	13	87.3%	206	25.5	87.6%
62day Screening	90.0%	16	1	93.8%	11	1	90.9%	27	2	92.6%

The two week referrals standard has not been achieved in August. There are now too many patients waiting over 2 weeks for the outpatient appointment for the standard to be delivered in September or recovered for the quarter. The quarter 2 performance standard will not be met. The subsequent surgery treatment standard is just below target for August and remains at significant risk for Q2. In addition the subsequent radiotherapy standard is within 1 or 2 patients of achieving or failing the 94% standard. Latest estimates are that the number of surgical treatments booked in September should enable the 94% standard to be achieved.

Risks and plans:

In July and August there was an above plan increase in urgent two week wait referrals into Dermatology (40% increase on previous year).

Appointments for routine referrals and follow up patients were therefore suspended to create more capacity for patients referred via the 2 week wait standard. Treatments

resulting from these additional urgent appointments will need to be completed within 62 days from referral. The operational team is seeking additional capacity to manage the immediate number of referrals to be seen plus the consequential treatments that will be required in Quarter 3.

4. Financial Performance Summary

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 (PbR) contract arrangement.

The Board have been briefed on the overall financial challenge to the Health and Care System in 2016/17 and the consequent difficulties in agreeing contract arrangements. Encouraged by both Regulators - NHS England and NHS Improvement - negotiations concluded in the reinstatement of the Risk Share Agreement (RSA). This report is presented on the basis that the RSA has been maintained, with the Trust picking up an £11.6m share of system risk in 2016/17. This reduction in income is compounded by a forecast loss of £5.0m of Sustainability and Transformation (STF) funding. The combined effect is, however offset by income under the variance terms of the RSA totalling £6.56m. The Trust's revised forecast for the year is therefore EBITDA of £8.8m and an overall deficit of £8.6m 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 of the tables that follow.

The Trust has briefed NHS Improvement regularly on the expected impact on the Trust's plan, submitting a forecast that reflects the income loss each month since April, and is attempting to negotiate permission to submit a revised plan on the basis of final contract settlement. If successful, this would avoid the adverse FSRR scoring associated with the 'I&E margin variance' and better secure the Sustainability and Transformation Fund. The Quarter 1 letter from NHS Improvement indicates this revision of the plan is looking unlikely to be granted.

4.1 Summary of Financial Performance

	Year to Date - Month 05			Plan Changes		Previous Month YTD	
	PbR Plan	Actual	Variance	Changes PbR to RSA Plan	Variance to RSA Plan	Variance to RSA Plan	Change
	£m	£m	£m	£m	£m	£m	
Income & Expenditure							
Income	163.99	167.64	3.65	3.29	0.36	0.06	↑
Operating expenses	(161.40)	(165.88)	(4.48)	(4.19)	(0.28)	(0.11)	↑
EBITDA	2.59	1.76	(0.82)	(0.90)	0.08	(0.05)	↑
Non-operating revenue	0.22	0.44	0.22	0.00	0.22	0.17	↑
Non-operating expenses	(6.78)	(6.83)	(0.05)	0.00	(0.05)	(0.02)	↑
Surplus / (Deficit)	(3.97)	(4.62)	(0.65)	(0.90)	0.25	0.11	↑

After five months of the financial year, overall performance against the original PbR based plan is, as would be expected, showing an adverse variance; EBITDA is £0.82m and the deficit £0.65m worse than plan. Financial performance continues to be slightly better than the revised RSA based plan, with favourable variances of £0.08m and £0.25m in EBITDA and deficit respectively.

Within this position, income is ahead of plan by £3.65m based on PbR, and £0.36m based on the RSA plan. Under the terms of the RSA an additional £4.1m has been accrued to reflect the contribution expected from commissioning organisations. Operating expenses are showing an adverse position against PBR plan by £4.48m, and £0.28m adverse against the RSA plan.

A total of £1.675m of STF funding has been received, as the financial control total and performance targets have been met in the first quarter of the financial year. No STF has been assumed for months 4 or 5, pending conclusion of discussions with NHS Improvement on a revised control total for the Trust.

4.2 Income

	Year to Date - Month 05			Plan Changes		Previous Month	
	Plan £m	Actual £m	Variance £m	Changes PbR to RSA £m	Variance to RSA Plan £m	Variance to RSA Plan £m	Change
Income by Category							
Healthcare (Acute and Community)	123.61	123.12	(0.48)	(0.16)	(0.33)	(0.55)	↓
Social Care	23.14	23.04	(0.10)	(0.51)	0.41	0.18	↑
Other Income	17.24	17.32	0.08	0.00	0.08	0.11	↓
Risk Share Agreement (RSA) Income	0.00	4.16	4.16	3.96	0.20	0.32	↓
Total	163.99	167.64	3.65	3.29	0.36	0.06	↑

Healthcare Income is behind the RSA plan by £0.33m. This is due to an adverse variance on acute income under NHS England (NHSE) contracts of £0.39m. This principally reflects a £0.35m under performance in specialised services – mainly non-elective admissions, Chemotherapy, and Radiotherapy – that is partly offset by over performance in pass-through drugs and Neonatal services. The contract for NHSE Dental services is also underperformed by £0.05m as a result of reduced follow-up activity, although this is partly offset by over performance in day case and new out-patient activity. The local CCG contract is £0.09m behind plan as a result of penalties being applied through the RSA and the balancing improvement of £0.11m is split across other Commissioners. Community Healthcare income is £0.05m higher than the RSA plan due to increased MIU income.

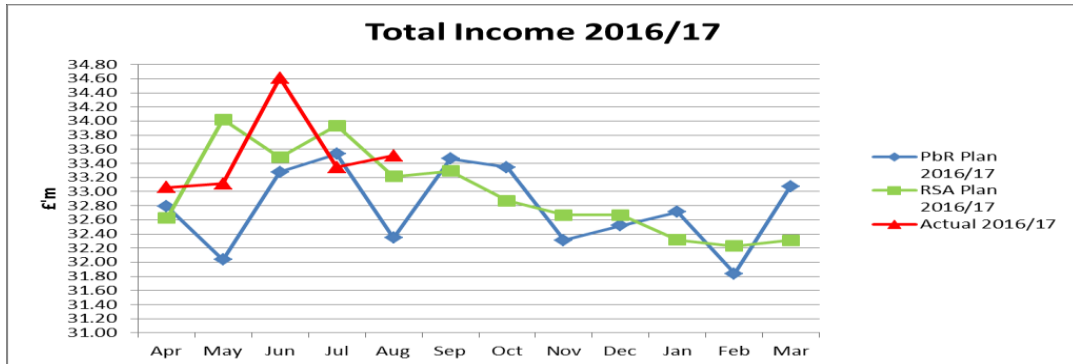
Schedule 7 identifies the key contract activity and finance variances. The gross discount afforded to South Devon and Torbay CCG, being the difference between PbR priced activity and the base RSA value, stands at £5m to 31st August 2016. This is £1.9m above the planned adjustment and mainly the result of over performance in non-elective services (£2.3m offset by £0.3m increase in the marginal rate adjustment). The off-setting charge under the RSA at £3.36m, results in a net benefit of £1.64m to the Commissioner for this period.

STF funding of £1.675m has been received and included in the year to date figure at month 5. A total of £6.7m is planned under the PbR arrangements for the full year, but has been reset at £1.675m in the RSA plan (due to publication of the rules for receipt by NHS Improvement), with this phased into quarter one to reflect expected achievement.

Social Care income is showing an adverse position against PBR plan of £0.10m, and favourable position against the RSA plan of £0.41m. This is mainly the result of additional Public Health income being received for the Drug and Alcohol Service. This income offsets costs being charged from DPT, and is therefore neutral to the overall income and expenditure position. Client income is marginally better than plan by £0.01m.

Other income is £0.08m higher than both the PBR and Risk Share plan. This is made up of small favourable variances in private patient income (£0.08m), R&D / education (£0.12m), site services (£0.02m), and revenue from non patient services (£0.03m), offset by an adverse variance in miscellaneous income of £0.18m reflecting reduced pharmacy sales.

The graph below shows income to date at month 5 against both the PBR and RSA plan



A detailed analysis of income by Commissioner, Business Unit and Healthcare setting can be seen in Schedule 1.

4.3 Operating Expenditure

	Year to Date - Month 05			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	94.06	95.58	(1.51)	1.04	(0.47)	(0.46)	↑
Non-Pay Expenses	67.11	69.93	(2.82)	3.16	0.33	0.47	↓
PFI/LIFT Expenses	0.22	0.37	(0.15)	0.00	(0.15)	(0.11)	↑
Total	161.40	165.88	(4.48)	4.20	(0.28)	(0.11)	↑

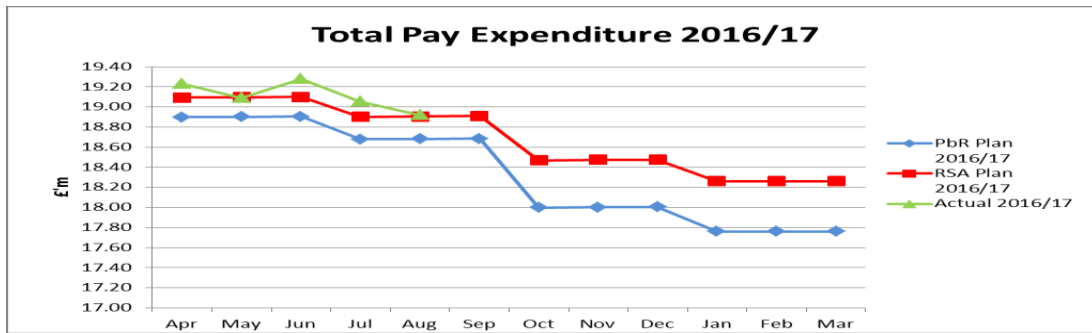
Total Operating Expenditure included in EBITDA is £4.48m higher than the original plan. Based on the RSA plan this is reduced markedly to an adverse variance of £0.28m.

Pay

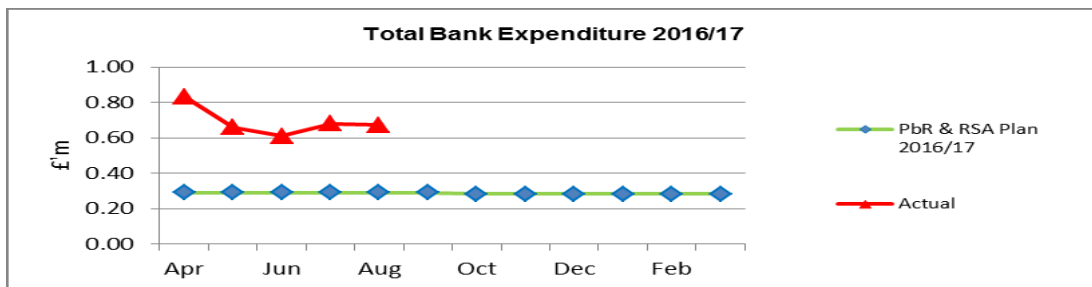
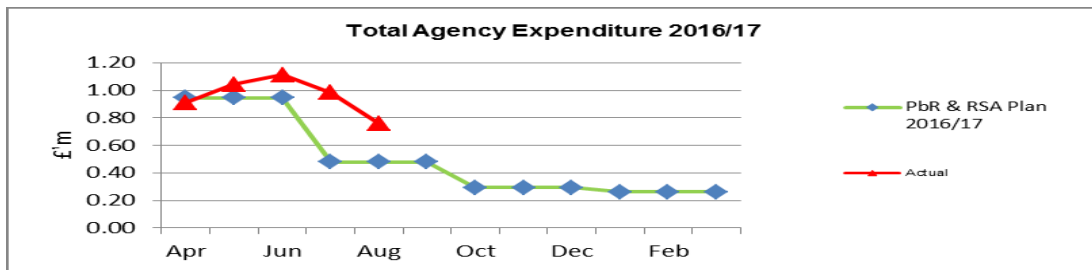
Pay budgets are, in total showing an over-spend of £1.51m against the PbR plan and £0.47m against the RSA plan. However run rates, based on a normalised position, show a reduction in costs from the previous month. This reflects a £0.22m reduction in agency costs; the second consecutive month whereby a reduction in run rate has been achieved. Offsetting increases in established pay costs have been limited to £0.09m and bank costs remain broadly unchanged. At Service Delivery Unit level, we continue to see overspends, particularly in Medicine which is £1.84m overspent against the RSA, mainly as a result of agency costs in the Emergency Department, Care of the Elderly, Cancer Services, Heart and Lung, and General Medicine. Women and Child's Health has pay overspends of £0.38m in Obstetrics & Gynaecology and Child Health, largely associated with locum costs. Estate and Facilities management also have pay overspends of £0.2m mainly in agency and bank costs for hotel services.

There are offsetting pay underspends in Community services (£0.5m) due mainly to vacancies across both Torbay and Southern Devon, and HQ and Corporate services of (£1.5m) mainly in reserves (£1.01m) with the balance due to savings in HIS (£0.27m), Pharmacy (£0.2m) and Strategy (£0.10m).

The graph below shows pay expenditure against both the PBR and RSA plan to date. Further analysis can be seen in Schedule 2.



The graphs below show the expenditure on bank and agency staff to date. The plan for each type of spend is the same for both PBR and RSA plans including the annual phasing for 2016/17



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. At month 5, the YTD position of bank, overtime and agency spend is at 8.7%, 5.4% over the NHSI target cap target of 3.3%. A detailed analysis and Improvement Plan can be seen in Schedule 3.

The actual spend on medical staff agency and locums at month 5 is within the planned medical spend.

Nursing agency spend has reduced by £0.2m in month due to tighter control on Agency spending, regular ward review meetings and improved rostering all of which have contributed to a significant reduction in usage this month.

The cap set by NHSI is for Bank, Overtime and Agency costs for All Staff Groups. The spend to date is £8.3m, of which Agency is £4.8m and bank/Overtime is £3.5m. Previously bank/overtime costs were included within the substantive pay cost.

Non pay

Non pay is showing an overspend against PBR plan of £2.82m, and a favourable variance of £0.33m against Risk Share plan. The difference in the variance is mainly due to the plan adjustments relating to QIPP targets processed in and causing an adverse variance against the PBR plan.

Clinical supplies are overspent by £0.36m at month 5. The run rate of spend is broadly in line with the previous month, although a slight reduction on the earlier months of the financial year. The main areas of overspend are in Community Services, Torbay Pharmaceuticals and in Medicine.

Non pass through drugs are overspent £0.14m with the majority in Surgical Services.

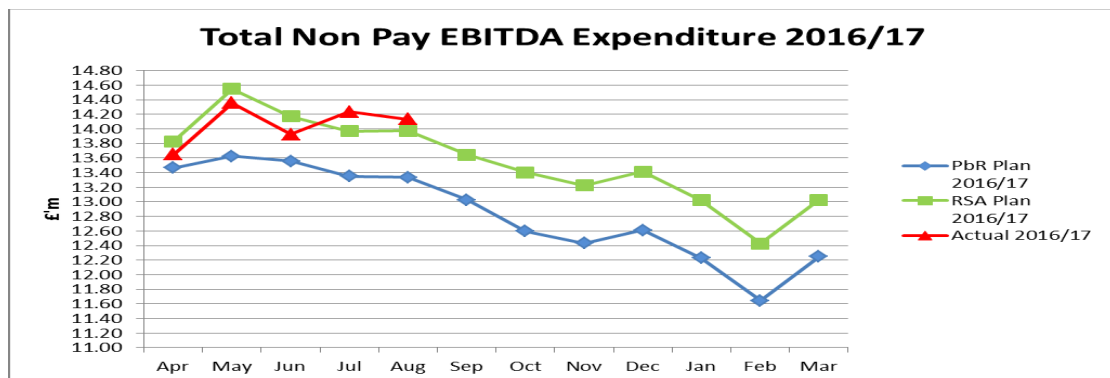
Pass through drugs, bloods and devices are £0.22m over spent against RSA plan. This is neutral to the overall income and expenditure position as additional income is received from NHSE to match these costs.

There is marginal overspend on non clinical supplies of £0.06m

Miscellaneous costs are underspent against the RSA plan by £1.11m. Within this position there are overspends in outsourcing £0.83m; being £0.75m in Surgery and £0.10m in Women's and Child's Health. This is offset by underspends in premises costs (£0.81m), Purchase of Health Care services (£0.16m) and other miscellaneous, operational and discretionary costs (£0.88m), mainly due to the release of central reserves.

PFI/LIFT expenses are showing an overspend against plan by £0.15m. This is however offset within the under spend mentioned above in premises costs due to the budget being partly held in that category.

The graph below shows non pay expenditure against both the PBR and RSA plan to date. Further analysis can be seen in Schedule 4.



CIP targets for both pay and non pay have been profiled, with a significant increase after quarter one to the end of the financial year.

4.4 Non-operating Expenses

	Year to Date - Month 05			Plan Changes		Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Changes PbR to RSA Plan £m	Variance to RSA Plan £m	Variance to RSA Plan £m	Change
Non-Operating Expenses							
Donations & Grants	0.15	0.14	(0.01)	0.00	(0.01)	(0.11)	↑
Depreciation & Amortisation	(4.27)	(4.19)	0.08	0.00	0.08	0.14	↓
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)	(0.28)	↔
Finance Income	0.07	0.05	(0.02)	0.00	(0.02)	(0.01)	↓
Gains / (Losses) on Asset Disposals	0.00	0.25	0.25	0.00	0.25	0.29	↓
Interest cost	(1.29)	(1.28)	0.01	0.00	0.01	0.01	↔
Public Dividend Capitals	(1.08)	(0.92)	0.16	0.00	0.16	0.13	↑
PFI Contingent Rent	(0.13)	(0.15)	(0.01)	0.00	(0.01)	(0.01)	↔
Corporation Tax expense	(0.01)	(0.01)	0.00	0.00	0.00	0.00	↔
Total	(6.56)	(6.39)	0.17	0.00	0.17	0.15	↑

Restructuring costs are £0.28m higher than the RSA plan, due to MARS costs incurred in earlier months.

Public

Gains on asset disposals are £0.25m higher than the RSA plan, primarily due to the sale of the surgical robot.

The PDC dividend payable is £0.16m lower than plan due to the deficit now predicted under the RSA plan during 2016/17.

There are no other noteworthy variances in Non-Operating Expenses.

4.5 Cost Improvement Programme

	2016-17 Position					Memo: 2017-18 Effect of 16-17 Schemes	
	Year to Date - at Month 05			Previous Month YTD		Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Change	Actual £m	Variance £m
Schemes Delivered to Date M1 to M5							
Delivered Schemes : Recurrent	1.87	2.20	(0.33)	(0.10)	↑		
Delivered Schemes : Non-Recurrent	0.00	2.06	(2.06)	(0.70)	↑		
Delivered Schemes : Total	1.87	4.26	(2.39)	(0.80)	↑		

Full Year (Month 1 to 12) Forecast (Risk adjusted) Delivery							
Forecast Schemes : Recurrent 16/17 (See note, below)	13.90	7.10	6.80	6.70	↓	7.10	6.80
Forecast Schemes : (Balance to Full Yr effect of 16/17)- See note below	0.00	-	-	-	-	3.70	(3.70)
Forecast Schemes : Non-Recurrent 16/17	0.00	3.00	(3.00)	(0.90)	↑	0.00	0.00
Total Full Year End forecast Delivery	13.90	10.10				10.80	
Forecast 2016-17 Yr end delivery variance			3.80	5.80	↑		
Forecast delivery variance of 2016-17 schemes in 2017-18							3.10

Note: Further Savings associated with 16-17 recurrent schemes.
Many of our recurrent schemes start part way into the financial year; the Forecast recurrent delivery shown above therefore shows 16-17 benefit. In addition a further £3.7m of recurrent savings, associated with these schemes, will be delivered in 2017-18.

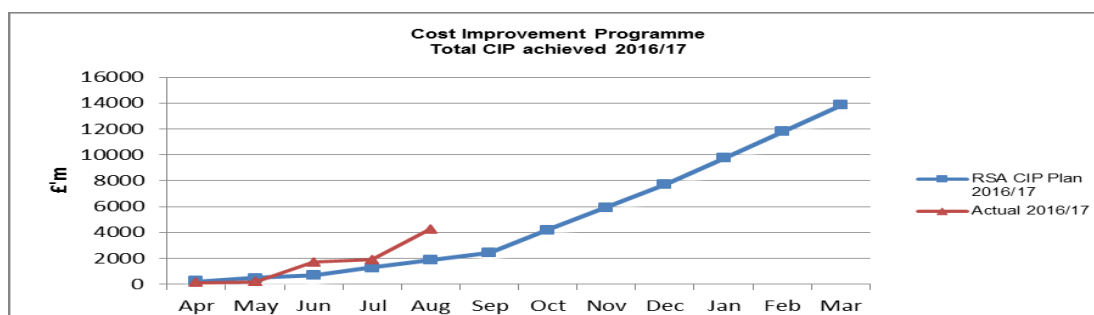
We are cumulatively £2.39m ahead of target to Month 5 with the majority of schemes delivering recurrently.

The Forecast year end, risk adjusted, position shows a revised shortfall of £3.8m, which is a 2.0m improvement on last month's position.

As part of the review of CIP governance and PMO reporting, we are better able to forecast a more accurate year end position. In addition we have now included the "Forecasted balance to full year effect" of 16/17 recurrent CIP schemes.

The transfer of CIP reporting to Smartsheet Programme Management database is complete and actively used to manage project progress and financial performance / delivery. Work is ongoing to close the gap in CIP schemes with deep dives into the schemes by the Efficiency Delivery Group and Finance Committee.

The graph below shows the full year CIP target, and CIP achieved as at month 5



4.6 Balance Sheet

	Year to Date - Month 05			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	9.13	7.86	(1.27)	(0.40)	(0.86)	(0.77)	↓
Property, Plant & Equipment	154.99	152.13	(2.86)	(6.71)	3.85	1.71	↑
On-Balance Sheet PFI	17.13	16.83	(0.30)	(0.20)	(0.10)	(0.08)	↓
Other	1.89	2.09	0.20	(0.24)	0.44	0.39	↑
Total	183.14	178.91	(4.22)	(7.56)	3.33	1.40	↑
Current Assets							
Cash & Cash Equivalents	21.56	20.22	(1.34)	1.08	(2.41)	(4.80)	↑
Other Current Assets	22.47	30.26	7.79	0.72	7.07	6.89	↑
Total	44.03	50.49	6.46	1.80	4.66	2.09	↑
Total Assets	227.17	229.40	2.23	(5.76)	7.99	3.49	↑
Current Liabilities							
Loan - DH ITFF	(6.67)	(6.22)	0.45	0.21	0.25	0.01	↑
PFI / LIFT Leases	(0.72)	(0.64)	0.08	0.09	(0.01)	(0.01)	↔
Trade and Other Payables	(30.50)	(35.18)	(4.68)	(0.16)	(4.52)	(1.98)	↓
Other Current Liabilities	(2.10)	(3.07)	(0.97)	0.07	(1.05)	(0.08)	↓
Total	(39.98)	(45.11)	(5.12)	0.21	(5.33)	(2.06)	↓
Net Current assets/(liabilities)	4.05	5.38	1.33	2.00	(0.67)	0.03	↓
Non-Current Liabilities							
Loan - DH ITFF	(63.91)	(64.26)	(0.35)	2.19	(2.54)	(1.44)	↓
PFI / LIFT Leases	(20.27)	(20.69)	(0.42)	(0.42)	0.00	0.00	↔
Other Non-Current Liabilities	(3.97)	(3.81)	0.16	0.03	0.13	0.11	↑
Total	(88.15)	(88.76)	(0.61)	1.80	(2.41)	(1.33)	↓
Total Assets Employed	99.03	95.53	(3.50)	(3.75)	0.25	0.10	↑
Reserves							
Total	99.03	95.53	(3.50)	(3.75)	0.25	0.10	↑

The RSA Plan has been updated to incorporate the planned reductions in capital expenditure and loan drawdown. It has also been updated to take account of changes to the opening balance sheet that occurred after the original (PbR) plan was submitted.

The previous month variances have been recalculated against the updated RSA Plan, in order to provide a meaningful comparison.

- Intangible Assets and Property, Plant & Equipment are £2.9m favourable, largely due to capital expenditure being £3.1m higher than Plan.
- Cash is £2.4m adverse to Plan, largely due to other current assets £7.1m and capital expenditure £3.1m higher than Plan, partly offset by current liabilities £5.3m and loans £2.3m higher than Plan.
- Other current assets are £7.1m higher than Plan. Significant elements include: £2m Q1 RSA income (CCG - expected mid-Sept), £0.9m West Devon rebasing income (CCG - paid early Sept), £1.6m over performance income (SCG).
- Trade and other payables are £4.5m higher than Plan. Significant elements include: £1.7m payments not collected by NHSLA; £1.7m timing difference re bi-weekly payment of social care invoices; £1.2m deferral of £2m CCG care model funding.
- Non-current loans are £2.5m higher than Plan, due to the phasing of loan drawdowns.

4.7 Capital

	Year to date - Based upon Annual Plan (April 16)			Year to date - Based upon RSA Plan (RSA Plan phasing requires review *)			Full year Annual Plan versus Revised Forecast	
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m
Capital Programme	9.97	6.87	(3.10)	3.80	6.87	3.07	36.90	23.15

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 loans was to fund a planned capital program totalling £36.9m during 2015/16.

The projected deficit of the RSA plan 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, a revised capital program is being 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.

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.

Variances in planned capital expenditure by scheme, and funding sources available can be seen in Schedule 6 (databook – finance framework and schedules).

4.8 Forecast

The Trust is currently forecasting to achieve the RSA plan at £8.6m deficit, after commissioner contributions. There do, however remain a number of risks in delivering this position, most significantly the remaining gap in the CIP programme described earlier in this paper. Risks of escalating spend over the forthcoming winter and any impact, in excess of the rates currently proposed, arising from Torbay Council's consultation on care home fees are others that will need to be carefully managed throughout the remainder of the financial year.

4.9 Activity and Income Report

The Trust level Contract Monitoring Schedule showing activity and income across all commissioners is included in the data book as schedule 7 within the Financial Framework section.

The first section shows admitted patient care (APC) and key variances from plan are elective inpatients 10% under plan and non-electives 7.8% over plan. The two main specialties underperforming in inpatients are gynaecology and upper GI. The position on non-electives reflects the additional pressure the system has been under as well as the additional capacity now available on the EAU4 ward since the Acute Medical Unit (AMU) was moved to level 2.

The second section shows outpatients and here the biggest variance is on first attendances which are nearly 4.5% over plan. This over performance is includes 400 fewer neurology patients than planned being seen, if neurology had performed to plan the position in total would be 6% over plan for first outpatients. The main areas of over performance are orthopaedics and dermatology. Follow ups are 3.6% over plan and again orthopaedics is one of the main contributors along with ophthalmology. Despite this additional activity the Board will be aware that there are still some significant waits for patients on the follow up lists. A&E activity is very close to plan at around 1%.

The activities below the payment by results (PBR) section are contracted in the basis of locally agreed prices. These are all the clinical activity areas where a PBR tariff does not exist or it has been agreed with commissioners that local pathways are not appropriate for the application of a PBR tariff. Acute Medical Unit (AMU) and Clinical Decision Unit (CDU) activity is included here. Whilst AMU activity is very close to the planned levels the activity in the CDU is significantly over plan. In common with the additional activity on EAU4, in part this will be a reflection of pressures in the system. However the CDU model was under development at the point that the plan was being set and therefore the historical or baseline level of activity may have been understated in the plan.

5 Contract Framework

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

5.1 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 table below shows our performance against the trajectory and or standard. Where performance is meeting standard but is lower than trajectory this is shown as GREEN RAG rated. Where the performance is below Standard with the trajectory not achieved this is shown as RED RAG rated.

	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 (standard 95%)	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%	92.3%	92.80%							
RTT - incomplete pathways trajectory (standard 92%)	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%	91.46%	90.50%							
Diagnostics < 6 weeks wait trajectory (standard 99%)	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%	99.03%	99.35%							
Cancer 62 day trajectory (standard 85%)	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%	90.4%	92.38%	87.92%	88.57%							

Notes:

- A+E / MIU (type 1 and 2) waiting times < 4 hours (Target trajectory for August 90.5% achieved 92.8%) - Planned trajectory of improvement to achieve 92% by September 2016 to be maintained for remainder of 2016/17 – **Achieving trajectory to end of August (92.8%)**
- RTT % patients waiting under 18 weeks (Target trajectory for August 92.6%) – **Trajectory and standard to end of August not met (90.45%)**
- Diagnostic waiting times < 6 weeks (Standard 99.0%) - Planned delivery of 99% from July. **Achieving standard in August (99.35%)**
- Cancer 62 day referral to treatment (Standard 85% some months vary due to low planning numbers) - Standard delivered from April 2016. **Achieving standard in August (88.57%)**

Public

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

RAG RATING: RED

In August 8 patients waited over 52 weeks for treatment an improvement from August (11). The Trust has had a steadily increasing number of patients waiting over 52 weeks. Since July 2015 the number has increased from 0 to 11 and is mainly confined to routine Upper GI patients. The trajectory for the number of patients waiting over 52 weeks at the month end is zero all year.

Context

Upper GI experiences a higher proportion of urgent patients compared to other specialties and this results in longer waits for routine patients in this specialty. There is insufficient capacity in the specialty to manage the balance between urgent patients and avoiding routine patients waiting for too long. This becomes more acute during times of peak non-elective demand when pressure on beds can result in cancellations.

The service has experienced an increased proportion of high BMI patients. Our specialist team now includes more capability in this area and the Trust has therefore been able to reduce the level of tertiary referral previously experienced. Although good for patient experience in having this expertise locally this does place additional demand on the capacity of the surgical team.

Action Plan

The team will restart Saturday lists in early October having suspended the additional lists over the summer period. This will provide a degree of extra capacity that had been available earlier in the year and help to balance the demand.

In order for the additional capacity to be focussed on reducing the number of longer waiting patients the site operational team has been asked to reserve beds to help avoid cancellations. These longer waiting patients tend to be inpatients and they will therefore be operated on in the week on lists freed up by offering day case patients access to the additional weekend sessions.

It is estimated that an average of 2 additional patients will be seen per week and that this will clear the current over 52 week waiters in 6 to 8 weeks. However as would be expected, there are further patients currently waiting less than 52 weeks who could progress over 52 weeks. The plan is therefore to keep the additional capacity running and under review. The team is working with the RTT information lead to estimate the capacity and time it will take to reduce the long waiters down to a maximum of 42 weeks then 30 weeks.

5.3 Commissioning for Quality and Innovation (CQUIN)

The next quarterly report will be available for November Board

5.4 Diagnostic tests waiting over 6 week

RAG RATING: GREEN

In August the standard for diagnostic waits has been achieved with 0.7% of patients waiting at the end of month over 6 weeks.

There continue to be service pressures in particular for CT scanning and for MRI. The Radiology team are updating action plans to reduce the total number of patients waiting. The intention is to create headroom to be able to accommodate the monthly variation in numbers referred and capacity.

5.5 Ambulance handover delays > 60 minutes

RAG RATING: AMBER

In August two patients are reported against this standard. Root cause analysis for these events is being completed.

5.6 12 hour Trolley waits

RAG RATING: GREEN

In August there were no 12 hour trolley waits reported.

5.7 Cancelled operations

RAG RATING: RED

Operations cancelled on the day of admission by the hospital remain above the national standard of 0.8% with 1.0% (34 patients) cancelled by hospital on the day of surgery. In addition in August 3 patients were not re-admitted within 28 days of cancellation.

Reason for cancellation August 2016	
Trauma / Priority patient	16
No bed	7
No Op time	6
process / equipment	5
Total	34

5.8 Care Planning Summary (CPS) timeliness

RAG RATING: RED

There remain challenges with the time it takes to complete CPS conflicts with Junior Doctor clinical commitments. In August 54.8% (target 77%) were sent to GPs within 24 hours on weekdays and 24% (target 60%) on the weekends.

The shortened version of the CPS template was introduced on 5th August however this has not yet resulted in any significant improvement in the timeliness of CPS completion.

6. Community and Social Care Framework

6.1 Delayed discharges.

RAG RATING: RED

In August the number of community hospital days for patients delayed in their discharge was recorded as 425 days. The table overleaf shows the distribution of these delays by hospital site and the relevant Local Authority

Site	Devon County Council	Torbay Council	Grand Total
Ashburton	9		9
Brixham	35	58	93
Dartmouth	43	30	73
Dawlish	45	17	62
NAH - Teign	28	1	29
NAH - Templar	31		31
Paignton		39	39
Totnes	40	49	89
Grand Total	231	194	425

Of the 425 bed days lost in August 343 (81%) were solely attributable to Healthcare, 70 (16%) were solely attributable to Social Care and the remaining 12 (3%) had a shared accountability between health and social care.

The most common reasons for delays given in month were 'Care Package' (198 days; 47%), 'Residential Home Placement' (109days; 26%), 'Completion of Assessment' (49 days; 12%), Community Equipment (22 days; 5%), 'Patient / Family Choice' (19 days; 5%); 'Nursing Home Placement (52 days; 4%).

Across all the community hospitals 10% of available bed days (4,340) were lost to delays in August.

Across acute and community beds in the first five months of this year there has been a general increase in the number of days lost. The table below illustrates this:

Month (2016)	Acute	Non-Acute	Total
APRIL	8	351	359
MAY	58	166	224
JUNE	52	355	407
JULY	70	422	492
AUGUST	TBC	425	TBC

6.2 Child and Adolescent Mental Health Patients (CAMHS)

RAG RATING: RED

At the end of August 78% of CAMHS patients had waited 18 weeks or less. This was a deterioration from July (87%). The total number of patients waiting for treatment (51) has increase by 4 and longest waiting time of 25 weeks is an increase from 21 weeks last month.

The reason for deterioration in performance is due to a peak of referrals accepted in May and July which is now impacting on capacity within the service. In addition to the variability in demand, the fact this is a relatively small service impacts on the team's ability to respond flexibly to achieve the waiting time standards. The service is also required to manage on-going treatments for patients whilst prioritising patients with urgent needs or in crisis.

The business case for additional capacity to address the waiting times is under consideration by the CCG.

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 improvements. The early indication from the investment in the Primary Mental Health Service in schools is also showing benefits.

	Apr	May	Jun	Jul	Aug
Number of patients waiting longer than 18 weeks at month end*	7	6	5	6	11
Longest wait (in weeks)	28	26	24	21	25
Total Number of patients waiting for treatment at month end	61	60	53	47	51
RTT % incomplete (Target 92%)	89%	90%	91%	87%	78%

7. Workforce Key Performance Indicators

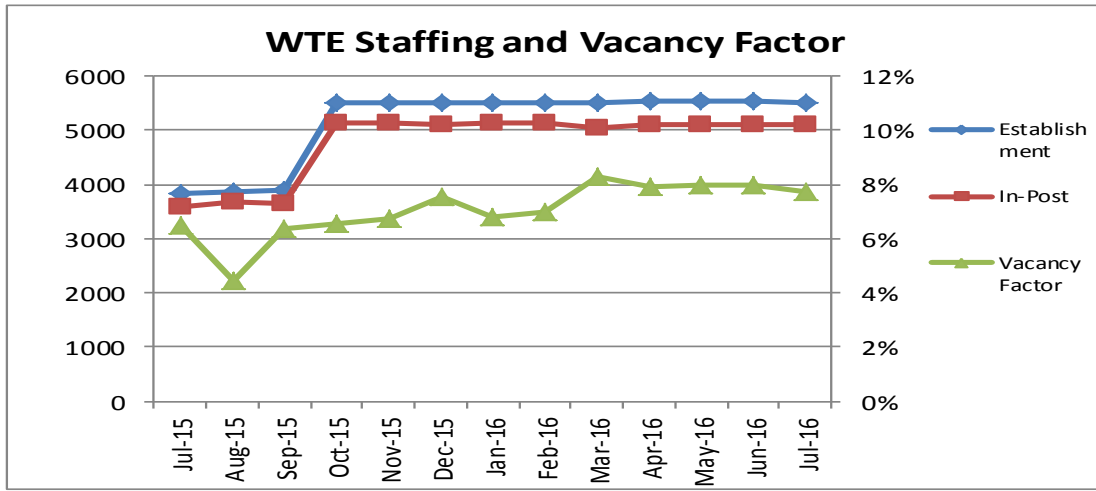
Performance against a wide range of workforce key performance indicators is reported at service delivery unit and department level to all managers and are subject to review at the Trusts performance review meetings and with HR Managers. Appendix 3 provides the detailed breakdown by service delivery unit and department. The following highlights progress at Trust level against the five workforce key performance indicators regularly included in Board reports.

7.1 **Staffing and Vacancy Factor** **RAG RATING: RED**

The graph below shows that the level of establishment and staff in post has remained relatively level since the formation of TSDFT in October 2016. This is not consistent with our planned workforce changes which for all staff at Trust level are as shown in the table below. CIP plans are being implemented together with changes to the care model, some of which are those subject to public consultation. Once implemented the planned trajectory should be achieved.

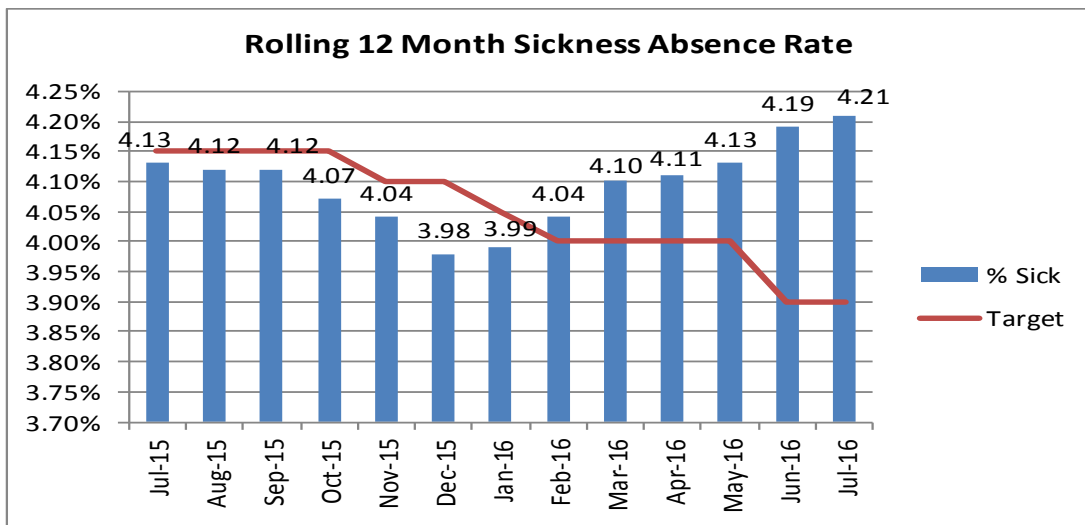
Year	15/16	16/17	17/18	18/19	19/20	20/21
Total WTE	5515.43	5453.28	5358.46	5279.58	5204.33	5156.05

The current vacancy gap of 7.71% is above our target of 5% and emphasises the recruitment challenge. Use of the temporary workforce reduces the gap to 0.18% although this is not consistent for each staff group. Current strategies and initiatives seek to improve recruitment and reduce temporary staff usage, particularly expensive agency. These initiatives are starting to have an effect with agency cost reduced in August 2016.



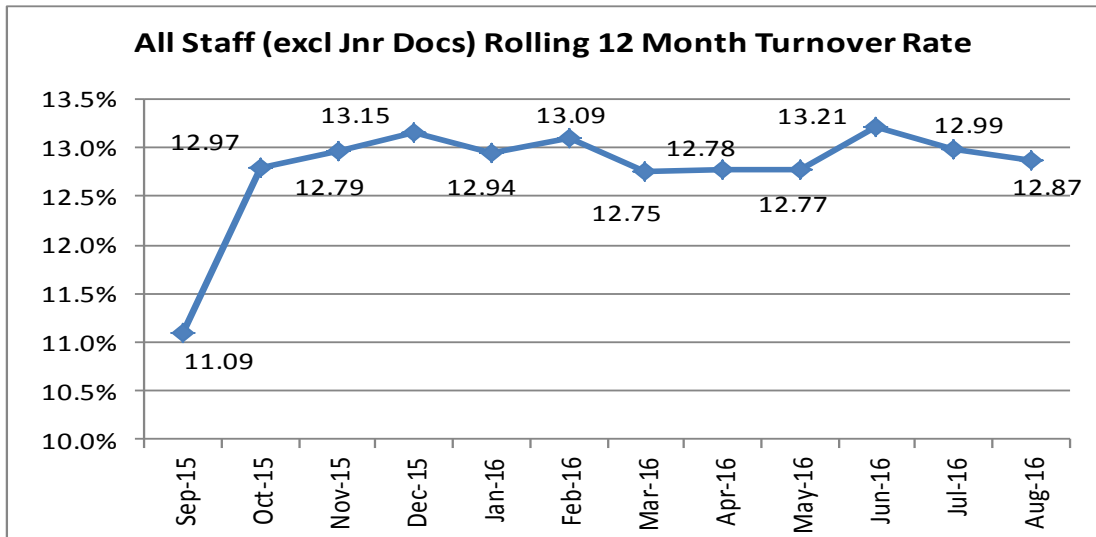
7.2 Staff Sickness Absence Rate
RAG RATING: RED

The graph below shows that the rolling sickness absence rate of 4.21% has increased following previous good progress towards the target which for July 2016 was 3.90%. The target for the year end is 3.80%. More detailed analysis enables the Trust to target specific areas and reasons for sickness absence and as a consequence management of sickness absence and specific interventions are in progress. If the sickness absence rate is benchmarked with similar integrated trusts this trust would not be outside of the norm particularly in a period of significant change.



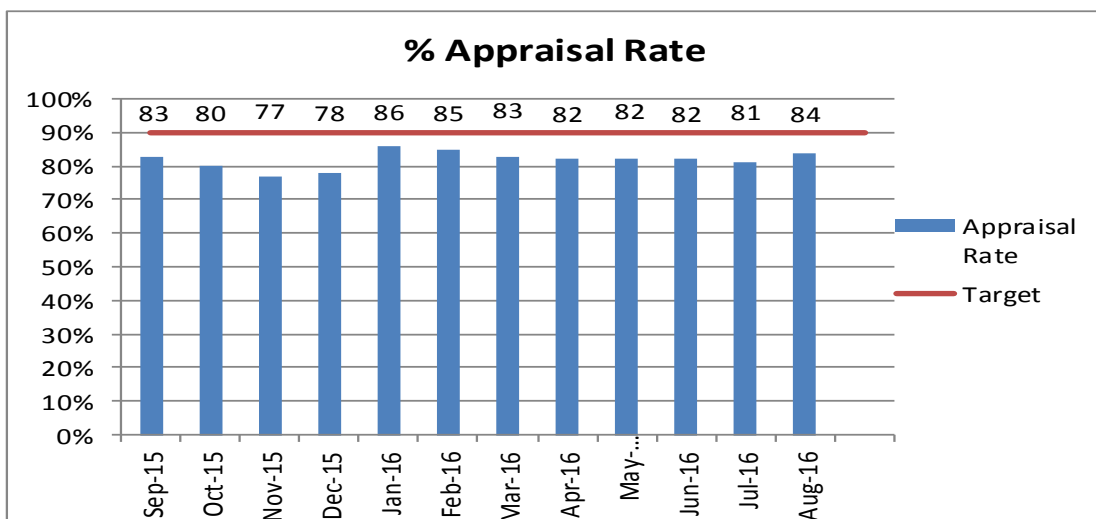
7.3 Turnover (excluding Junior Doctors)
RAG RATING: GREEN

The graph on the following page shows that the Trust's turnover rate has remained relatively constant since the formation of TSDFT in October 2015 and is within the target range of 10% to 14%. Never the less the recruitment challenge to replace leavers from key staff groups remains challenging. This includes Registered Nurses for whom the turnover rate was 11.43% at the end of August 2016.



7.4 Appraisal Rate
RAG RATING: AMBER

The graph on the next page shows that appraisal rate of 84% in August 2016 remains below the target of 90%. Managers and staff are regularly reminded of the importance of an annual appraisal including by regular reports and individual emails.

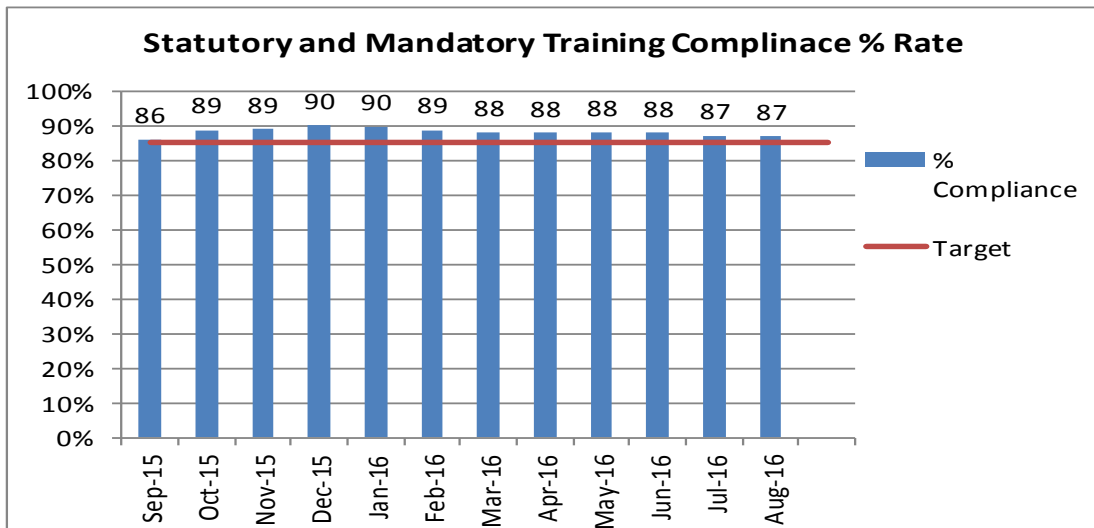


7.5 Statutory and mandatory training Compliance
RAG RATING: GREEN

The Trust has set a target of 85% compliance as an average of 9 key statutory and mandatory training modules. The graph below shows that the current rate of 87% is above target but some individual modules remain below their target as detailed in the table below:

Module	Target	Performance
Information Governance Training	95% or above	87%
Fire Training	85% or above	84%
Infection Control	85% or above	82%

Low compliant areas continue to be contacted and support offered to increase their compliance rates.



8. Supporting documents

- Appendix 1: Month 5 Quality, Performance and Finance Dashboard
- Appendix 2: Month 5 Quality and Performance Databook including financial schedules
- Appendix 3: Monthly Staff Details
- Appendix 4: Cost Improvement programme

Corporate Objective	Target 2016/2017	13 month trend	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Year to date 2016/17
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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%	96.5%	96.7%	96.6%
1	Reported Incidents - Major + Catastrophic *	<6		2	4	2	2	3	2	0	1	4	5	3	5	1	18
1	Avoidable New Pressure Ulcers - Category 3 + 4 * (1 month in arrears)	9 (full year)		1	2	2	0	0	3	4	5	0	2	1	0		3
1	Never Events	0		0	1	0	0	0	0	0	0	0	0	0	0	0	0
1	SIRI - Reportable incidents	0									14	7	9	4	4	2	26
1	QUEST (Quality Effectiveness Safety Trigger Tool) - Red Rated Areas / Teams	0				3	1	2	1	2	2	0	2	0	0	0	2
1	Formal Complaints - Number Received *	<60		26	32	26	17	30	34	44	34	26	39	38	24	38	165
1	VTE - Risk assessment on admission - (Acute)	>95%		95.3%	94.6%	96.2%	96.1%	95.8%	95.6%	95.0%	94.0%	96.7%	95.0%	94.3%	92.8%	91.8%	94.1%
1	VTE - Risk assessment on admission - (Community)	>95%		93.4%	97.1%	91.7%	100.0%	100.0%	98.7%	88.8%	90.4%	92.5%	92.9%	91.2%	92.2%	97.5%	93.2%
1	Medication errors resulting in moderate to catastrophic harm	0							0	0	0	2	1	0	0	0	3
1	Medication errors - Total reported incidents (trust at fault)	N/A							46	39	47	42	46	38	59	35	220
1	Hospital standardised mortality rate (HSMR) - 3 months in arrears YTD = last 12 months cumulative (2014/15 baseline)	<100%		99.6%	98.7%	94.6%	84.8%	86.4%	92.8%	111.0%	98.4%	96.7%	94.5%				96.7%
1	Safer Staffing - ICO - Daytime (registered nurses / midwives)	90%-110%				101.0%	98.1%	95.6%	102.8%	101.1%	101.1%	101.2%	101.4%	102.8%	100.5%	95.6%	100.3%
1	Safer Staffing - ICO - Nighttime (registered nurses / midwives)	90%-110%				98.8%	96.7%	98.8%	101.5%	100.8%	102.4%	97.3%	96.2%	97.5%	97.0%	94.6%	96.5%
1	Infection Control - Bed Closures - (Acute) *	<100		68	18	54	92	36	12	57	38	236	56	68	28	34	422
1	Fracture Neck Of Femur - Time to Theatre <36 hours	>90%		76.5%	72.2%	85.7%	86.8%	66.7%	88.6%	80.6%	80.9%	69.0%	89.5%	85.2%	76.3%	71.1%	77.6%
1	Stroke patients spending 90% of time on a stroke ward	>80%		87.0%	84.0%	79.0%	85.0%	82.0%	84.0%	81.0%	73.0%	61.4%	79.6%	71.4%	79.5%	87.2%	75.8%
1	Dementia - Find - monthly report	>90%		74.8%	71.4%	74.4%	73.5%	65.5%	64.3%	54.0%	40.7%	43.9%	29.8%	31.9%	36.8%	29.2%	34.2%
1	Follow ups 6 weeks past to be seen date	3500		4570	4873	4731	4542	5090	5291	4938	5732	6082	6073	6219	6601	6919	6919

Corporate Objective Key

1	Safe, Quality Care and Best Experience
2	Improve 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

Corporate Objective	Target 2016/2017	13 month trend	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Year to date 2016/17	
NHS I COMPLIANCE GOVERNANCE																	
1	Overall Quarterly NHS I Compliance Framework Score	N/A		1			2			2	2	1	1	2	3		
1	A&E - patients seen within 4 hours [STF]	>95%		80.2%	90.2%	91.4%	87.9%	85.3%	81.8%	82.0%	84.9%	89.4%	87.4%	91.6%	92.3%	92.8%	90.8%
	A&E - trajectory [STF]	>92%		82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	82.5%	84.8%	86.8%	89.9%	90.5%	90.5%
1	Referral to treatment - % Incomplete pathways <18 wks [STF]	>92%		92.2%	92.1%	91.5%	91.2%	90.8%	91.2%	91.4%	91.8%	92.1%	92.5%	92.0%	91.4%	90.5%	90.5%
	RTT Trajectory [STF]			90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	91.2%	91.3%	92.0%	92.6%	92.6%
1	Number of Clostridium Difficile cases - Lapse of care - (ICO) *	<18 (year)		1	2	0	1	0	0	0	0	1	1	1	2	1	6
1	Cancer - Two week wait from referral to date 1st seen	>93%		94.7%	97.6%	98.1%	97.3%	97.7%	98.7%	97.0%	97.1%	96.5%	96.8%	97.4%	98.1%	87.9%	95.3%
1	Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	>93%		97.4%	100.0%	98.1%	93.6%	97.8%	95.8%	98.0%	100.0%	97.7%	99.0%	97.2%	97.4%	97.9%	97.8%
1	Cancer - 31-day wait from decision to treat to first treatment	>96%		98.7%	98.3%	96.6%	98.7%	98.8%	94.4%	98.7%	97.7%	96.8%	98.8%	95.9%	98.5%	96.8%	97.3%
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%	99.8%
1	Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	>94%		93.6%	96.6%	97.7%	96.4%	100.0%	87.9%	96.5%	100.0%	93.3%	98.2%	98.6%	93.9%	98.1%	96.7%
1	Cancer - 31-day wait for second or subsequent treatment - Surgery	>94%		95.2%	97.4%	96.8%	92.3%	96.0%	95.1%	90.9%	96.9%	100.0%	93.2%	100.0%	94.6%	91.4%	95.7%
1	Cancer - 62-day wait for first treatment - 2ww referral [STF]	>85%		90.3%	87.8%	86.5%	88.2%	88.7%	91.1%	89.9%	89.5%	88.5%	90.4%	92.4%	87.9%	87.6%	89.4%
1	Cancer - 62-day wait for first treatment - screening	>90%		100.0%	90.9%	100.0%	90.5%	100.0%	93.3%	100.0%	100.0%	90.0%	100.0%	100.0%	93.8%	90.9%	94.7%

Corporate Objective	Target 2016/2017	13 month trend	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Year to date 2016/17
NHS 1 COMPLIANCE FINANCIAL SUSTAINABILITY																
4	Capital Service Cover	2		1			1			1	1	1	1	1	1	1
	Capital Service Cover - Plan											1	1	1	1	1
4	Liquidity	3		2			4			4	4	4	4	4	3	3
	Liquidity - Plan											4	4	3	3	3
4	I&E Margin	4		2			1			1	1	1	1	1	1	1
	I&E Margin - Plan											1	1	1	1	1
4	I&E Margin Variance From Plan	3		4			4			3	3	3	3	3	3	3
	I&E Margin Variance From Plan - Plan											3	3	3	3	3
4	Overall Financial Sustainability Risk Rating	3		2			2			2	2	2	2	2	2	2
	Overall Financial Sustainability Risk Rating - Plan											2	2	2	2	2
FINANCE INDICATORS																
4	EBITDA - Variance from PBR Plan - cumulative (£'000's)											241	86	499	-950	-823
4	Agency - Variance to NHSI cap											-1.23%	-2.06%	-2.39%	-2.00%	-19.60%
4	CIP - Variance from PBR plan - cumulative (£'000's)											-116	-281	1010	800	1041
4	Capital spend - Variance from PBR Plan - cumulative (£'000's)											1189	2686	3113	3699	3104
4	Distance from NHSI Control total (£'000's)											329	1095	375	-354	320
4	Risk Share actual income to date cumulative (£'000's)											985	2180	2485	3504	4156

* For cumulative 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.

Corporate Objective	Target 2016/2017	13 month trend	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Year to date 2016/17															
CONTRACTUAL FRAMEWORK																															
1	Diagnostic tests longer than the 6 week standard [STF]	<1%														2.6%	2.7%	0.4%	0.8%	1.1%	2.8%	1.0%	1.6%	1.5%	0.9%	1.1%	0.9%	0.7%	1.0%		
	Diagnostic trajectory [STF]		1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.09%	1.02%	1.04%	0.99%	0.97%	0.97%														
1	RTT 52 week wait incomplete pathway	0														1	1	1	1	2	3	5	4	4	6	5	11	8	8		
1	Mixed sex accomodation breaches of standard	0														0	3	1	0	0	0	0	1	0	0	0	0	0	0	0	0
1	On the day cancellations for elective operations	<0.8%														0.8%	0.8%	1.0%	1.0%	1.4%	1.3%	1.4%	0.9%	1.5%	1.4%	1.6%	0.9%	1.0%	1.3%		
1	Cancelled patients not treated within 28 days of cancellation *	0														2	0	0	2	3	2	9	10	4	9	6	9	3	31		
1	Ambulance handover delays > 30 minutes	0														87	86	42	103	75	113	234	170	102	111	37	54	36	340		
	Handovers > 30 minutes trajectory *		50	50	50	50	50	50	50	50	50	50	40	35	25	20	170														
1	Ambulance handover delays > 60 minutes	0														3	2	2	2	5	2	35	16	26	6	0	1	2	35		
1	A&E - patients seen within 4 hours DGH only	>95%														80.2%	90.2%	87.8%	83.3%	79.7%	74.6%	74.4%	77.8%	84.5%	81.2%	87.2%	88.3%	88.5%	86.0%		
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%	100.0%	
1	Trolley waits in A+E > 12 hours from decision to admit	0														0	0	0	3	1	13	10	1	2	0	0	0	0	2		
1	Number of Clostridium Difficile cases - (Acute) *	<3														2	3	1	2	1	0	1	3	1	4	2	2	3	12		
1	Number of Clostridium Difficile cases - (Community)	0														1	0	0	0	1	1	0	0	0	1	2	1	0	4		
1	Care Planning Summaries % completed within 24 hours of discharge - Weekday	>77%														61.7%	61.5%	62.4%	61.8%	55.0%	58.5%	58.5%	54.0%	63.6%	56.2%	59.4%	51.2%	54.8%	56.8%		
1	Care Planning Summaries % completed within 24 hours of discharge - Weekend	>60%														28.1%	24.3%	26.7%	30.2%	23.8%	35.3%	22.0%	24.6%	25.0%	22.4%	35.0%	20.4%	24.0%	25.0%		
1	Clinic letters timeliness - % specialties within 4 working days	>80%														72.7%	59.1%	59.1%	72.7%	77.3%	72.7%	77.3%	86.4%	81.8%	72.7%	81.8%	81.8%	81.8%	80.0%		

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

Corporate Objective	Target 2016/2017	13 month trend	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Year to date 2016/17	
COMMUNITY & SOCIAL CARE FRAMEWORK																	
1	Number of Delayed Discharges *	2216 (full year)		403	317	211	467	327	325	415	338	351	166	355	422	425	1719
1	Timeliness of Adult Social Care Assessment assessed within 28 days of referral	>70%		70.3%	69.6%	69.9%	71.0%	67.0%	68.8%	68.8%	68.9%	85.7%	78.7%	72.1%	72.9%	73.7%	73.7%
3	Clients receiving Self Directed Care	>90%		93.4%	93.1%	92.8%	92.5%	92.7%	92.1%	92.9%	93.6%	92.5%	91.6%	91.2%	91.1%	91.7%	91.7%
2	Carers Assessments Completed year to date	40%		24.2%	27.4%	32.1%	35.9%	38.2%	41.2%	42.8%	43.3%	5.9%	11.9%	18.6%	21.9%	25.2%	25.2%
	Carers Assessment trajectory	(Year end)		16.7%	20.0%	23.3%	26.7%	30.0%	33.3%	36.7%	40.0%	3.3%	6.7%	10.0%	13.3%	16.7%	16.7%
3	Number of Permanent Care Home Placements	<=617		645	639	645	630	636	637	640	635	628	624	626	614	626	626
	Number of Permanent Care Home Placements trajectory	(Year end)		644	642	640	638	636	634	632	630	634	632	631	629	628	628
1	Children with a Child Protection Plan (one month in arrears)	NONE SET		190	199	216	216	212	174	147	139	131	137	131	117		126
3	4 Week Smoking Quitters (reported quarterly in arrears)	NONE SET			231			303			451						
3	% OCU in Effective Drug Treatment (reported quarterly in arrears)	NONE SET			6.3%			6.4%			8.5%			9.2%			
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%	100.0%	100.0%
1	Bed Occupancy	80% - 90%		92.3%	89.9%	90.3%	92.7%	92.4%	94.8%	92.5%	91.9%	92.8%	89.8%	86.4%	92.7%	90.2%	90.2%
1	CAMHS - % of patients waiting under 18 weeks at month end	>92%										88.5%	90.0%	90.6%	87.2%	78.4%	78.4%
CHANGE FRAMEWORK																	
3	Number of Emergency Admissions - (Acute)			2580	2694	2776	2760	2708	2609	2740	2945	2797	2974	2946	3077	2935	14729
3	Average Length of Stay - Emergency Admissions - (Acute)			3.2	3.2	3.2	3.4	3.5	3.5	3.3	3.4	3.7	3.3	3.2	3.0	3.4	3.3
3	Hospital Stays > 30 Days - (Acute)			21	28	17	18	21	21	28	29	35	34	26	21	26	142

Corporate Objective	Target 2016/2017	13 month trend	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Year to date 2016/17
WORKFORCE MANAGEMENT FRAMEWORK																
2	Staff Vacancy Rate (excl temp workforce and additional hours)	<5%		4.50%	6.40%	6.60%	6.80%	7.50%	6.80%	7.00%	7.45%	7.92%	7.99%	7.97%	7.71%	
2	Staff sickness / Absence (1 month arrears)	<3.8%		4.20%	4.10%	4.10%	4.00%	4.00%	4.00%	4.00%	4.05%	4.11%	4.13%	4.19%	4.23%	4.23%
2	Appraisal Completeness	>90%		86.00%	84.00%	80.00%	77.00%	78.00%	86.00%	85.00%	83.00%	82.00%	82.00%	82.00%	81.00%	83.91%
2	Mandatory Training Compliance	>85%		88.00%	87.00%	89.00%	89.00%	90.00%	90.00%	89.00%	88.10%	87.85%	88.00%	88.00%	87.00%	87.25%
2	Turnover (exc Jnr Docs) Rolling 12 months	10% - 14%			11.09%	12.97%	12.79%	13.15%	12.94%	13.09%	12.75%	12.78%	12.77%	13.21%	12.99%	12.89%

Performance & Quality Databook

Month 5 August 2016

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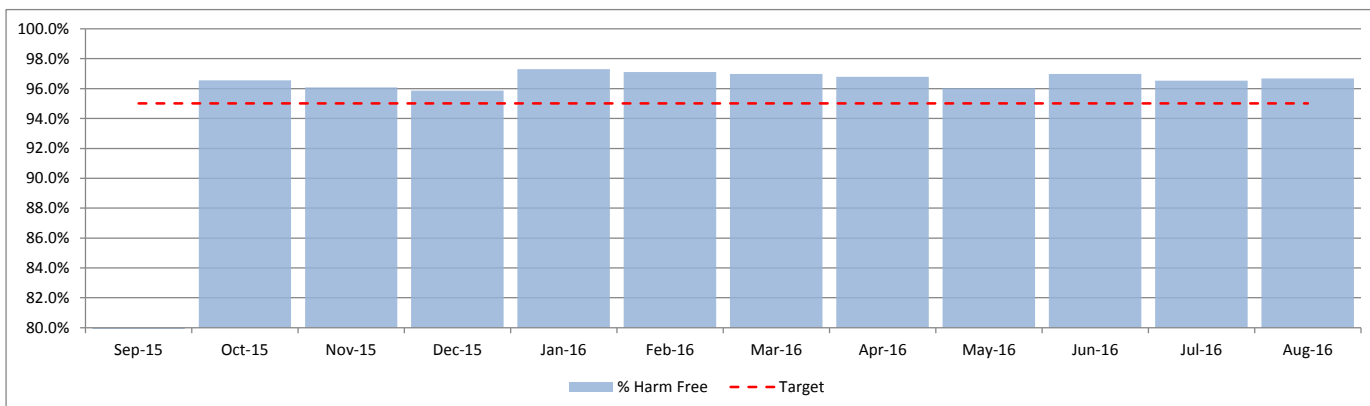
QUALITY FRAMEWORK

Month 5 August 2016

QUALITY FRAMEWORK

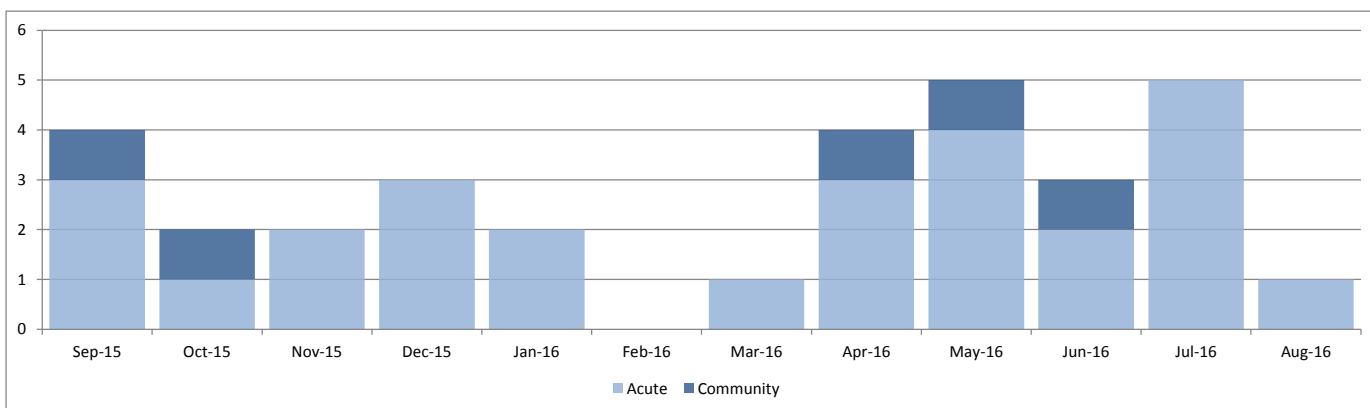
Harm Free - Trust Total

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Patients		985	1044	994	1109	1075	1057	1027	1056	1093	1040	1083
Harm Free		951	1003	953	1079	1044	1025	994	1014	1060	1004	1047
% Harm Free	n/a	96.5%	96.1%	95.9%	97.3%	97.1%	97.0%	96.8%	96.0%	97.0%	96.5%	96.7%
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%



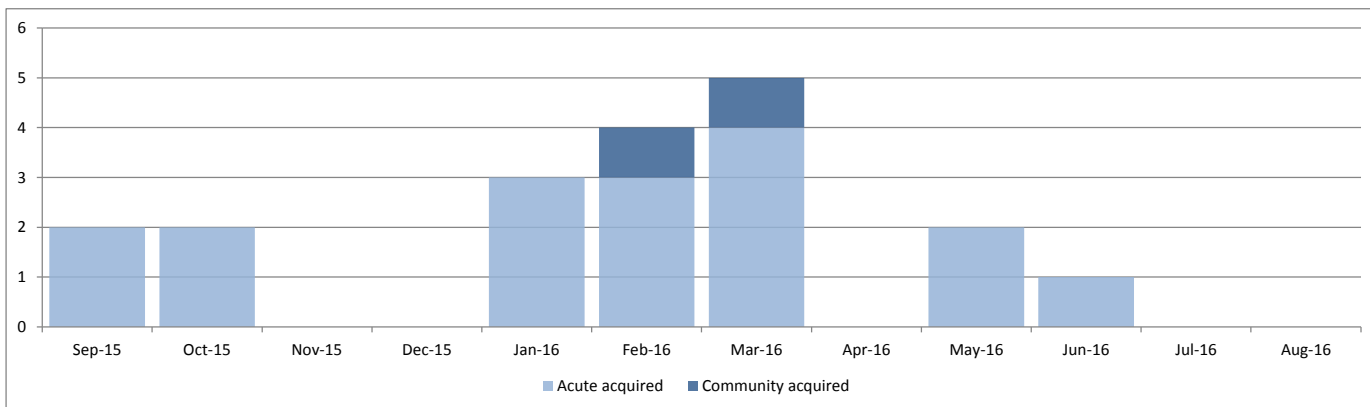
Reported Incidents - Major and Catastrophic

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Acute	3	1	2	3	2	0	1	3	4	2	5	1
Community	1	1	0	0	0	0	0	1	1	1	0	0



New Pressure Ulcers - Categories 3 and 4 (avoidable)

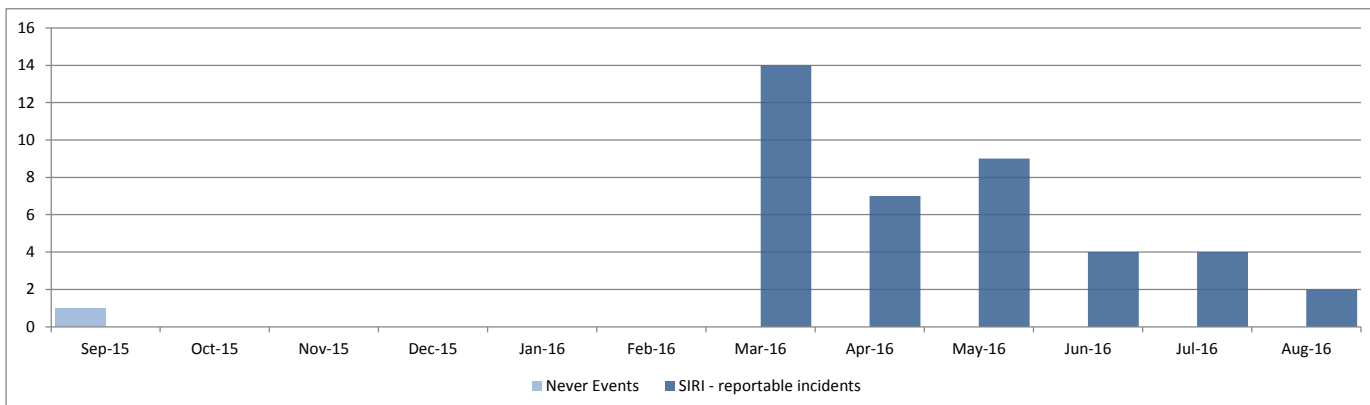
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Acute acquired	2	2	0	0	3	3	4	0	2	1	0	
Community acquired	0	0	0	0	0	1	1	0	0	0	0	



QUALITY FRAMEWORK

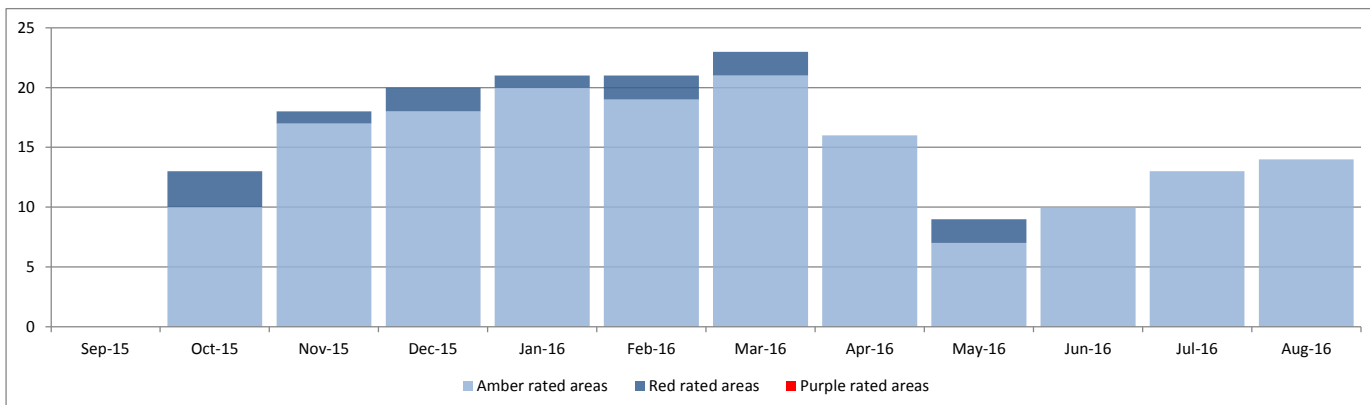
Never events & SIRI

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Never Events	1	0	0	0	0	0	0	0	0	0	0	0
SIRI - reportable incidents							14	7	9	4	4	2



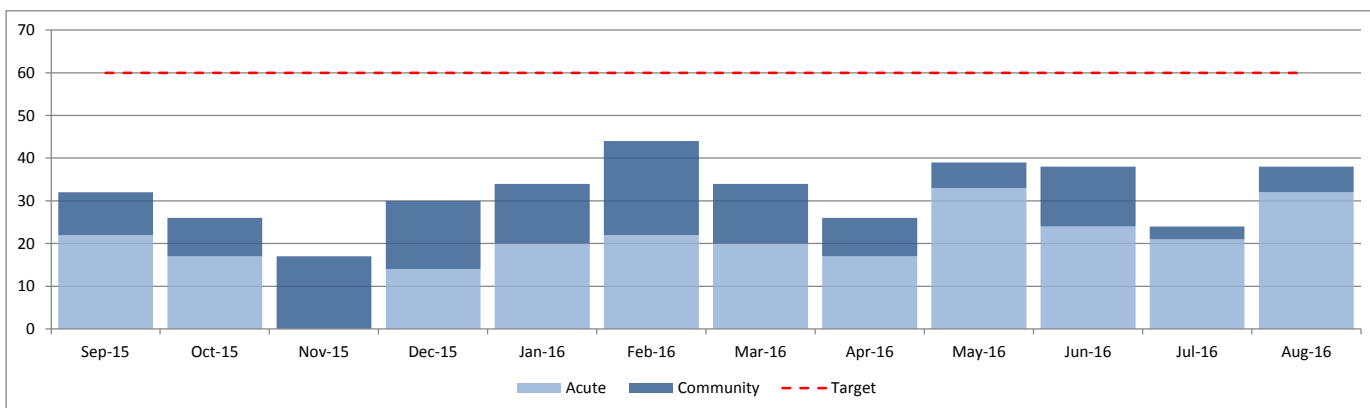
Quality Effectiveness Safety Trigger Tool (QUEST)

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Purple rated areas	n/a	0	0	0	0	0	0	0	0	0	0	0
Red rated areas	n/a	3	1	2	1	2	2	0	2	0	0	0
Amber rated areas	n/a	10	17	18	20	19	21	16	7	10	13	14



Formal complaints

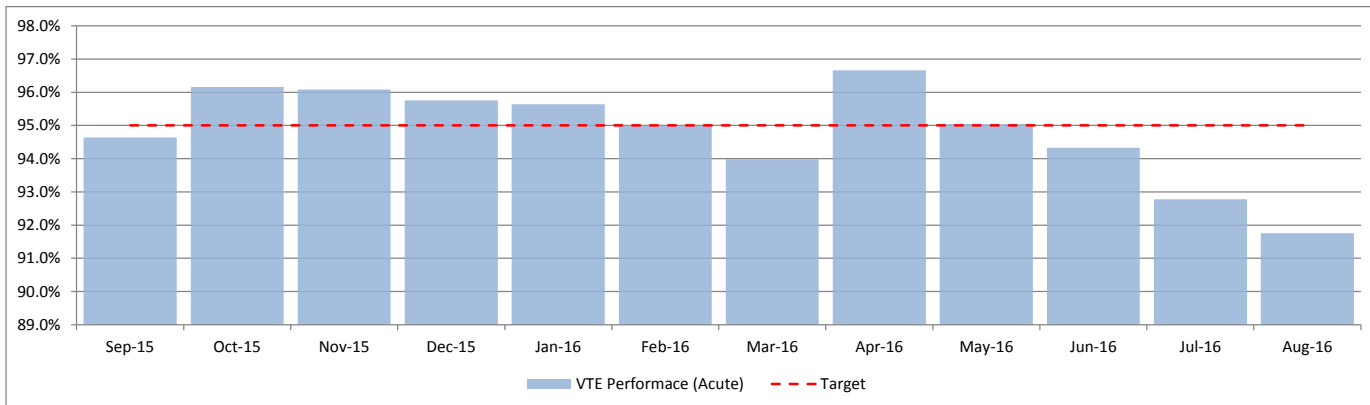
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Acute	22	17	0	14	20	22	20	17	33	24	21	32
Community	10	9	17	16	14	22	14	9	6	14	3	6
Total	32	26	17	30	34	44	34	26	39	38	24	38
Target	60	60	60	60	60	60	60	60	60	60	60	60



QUALITY FRAMEWORK

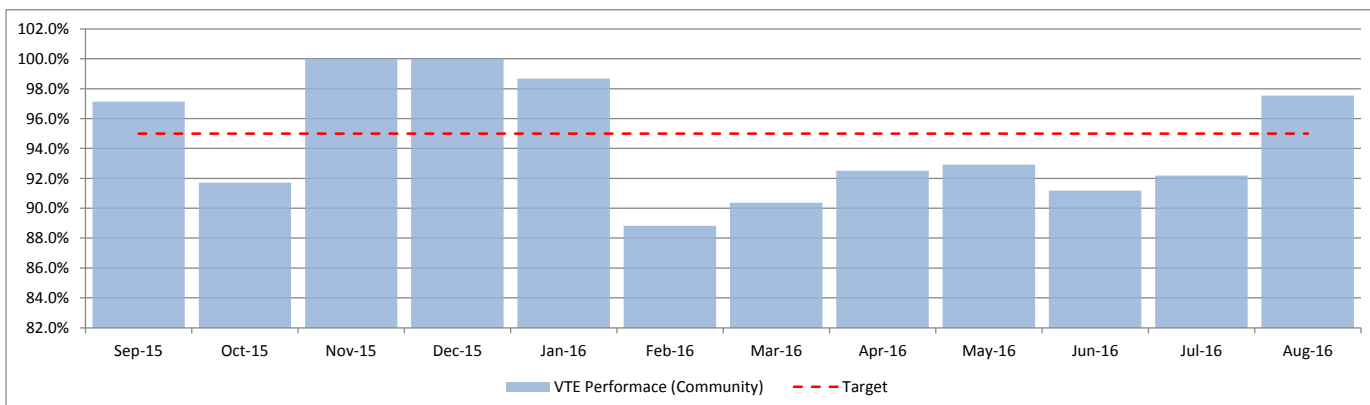
VTE Risk assessment on admission - (Acute)

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
VTE Numerator	5930	5738	5593	5352	5653	5424	5573	5591	5883	5885	5757	5651
VTE Denominator	6266	5967	5821	5589	5911	5710	5930	5784	6190	6239	6205	6159
VTE Performance (Acute)	94.6%	96.2%	96.1%	95.8%	95.6%	95.0%	94.0%	96.7%	95.0%	94.3%	92.8%	91.8%
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%



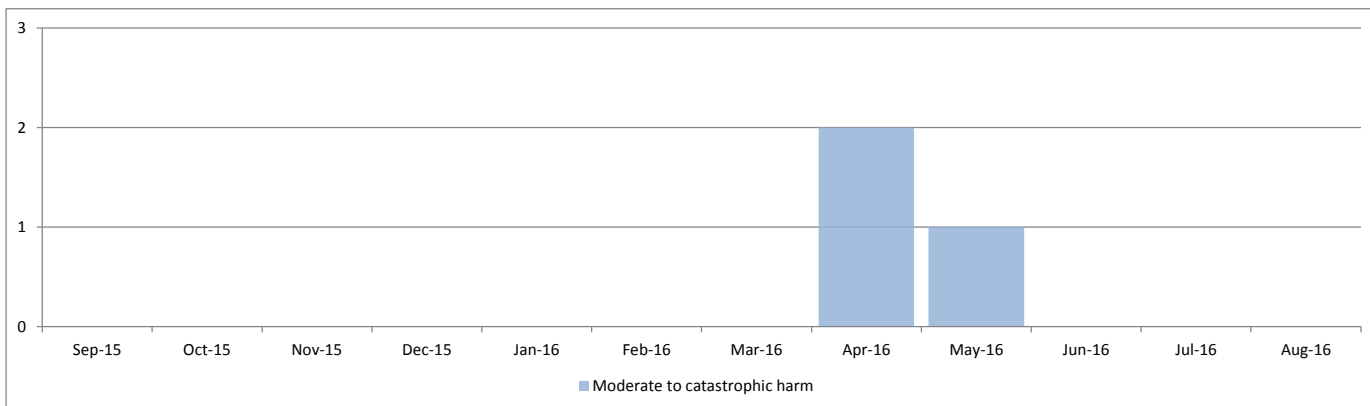
VTE Risk assessment on admission - (Community)

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
VTE Numerator	135	133	135	137	148	135	122	136	131	124	118	119
VTE Denominator	139	145	135	137	150	152	135	147	141	136	128	122
VTE Performance (Community)	97.1%	91.7%	100.0%	100.0%	98.7%	88.8%	90.4%	92.5%	92.9%	91.2%	92.2%	97.5%
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 Resulting in Moderate to Catastrophic Harm

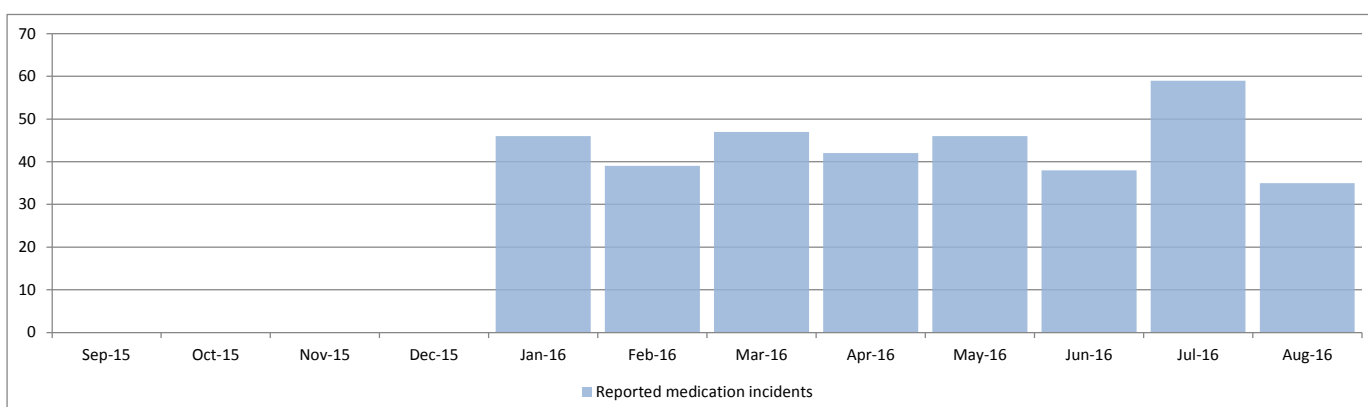
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Moderate to catastrophic harm	n/a	n/a	n/a	n/a	0	0	0	2	1	0	0	0



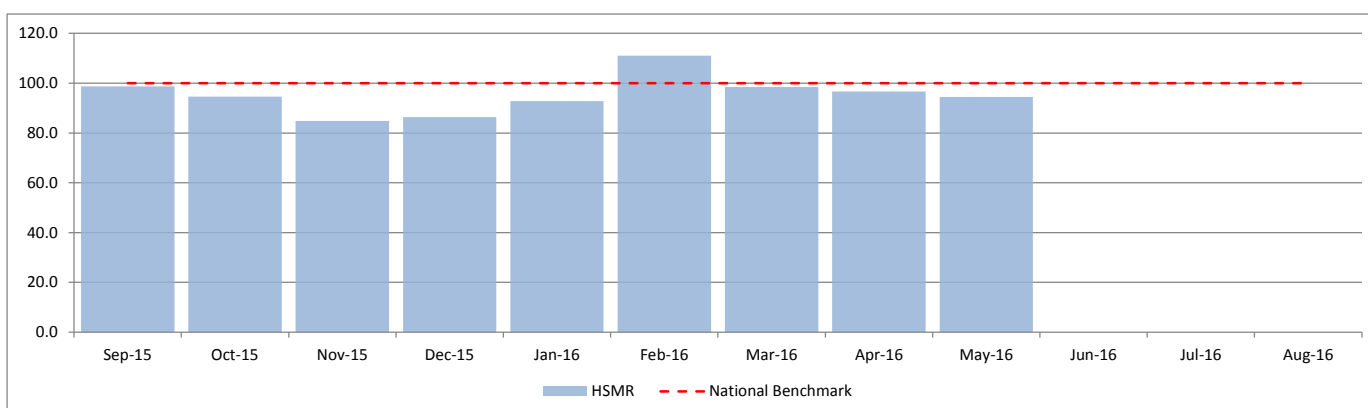
QUALITY FRAMEWORK

Medication Errors - Reported incidents (trust at fault)

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Reported medication incidents	n/a	n/a	n/a	n/a	46	39	47	42	46	38	59	35

**Hospital Standardised Mortality Rate (HSMR) national benchmark = 100**

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
HSMR	98.7	94.6	84.8	86.4	92.8	111.0	98.4	96.7	94.5			
National Benchmark	100	100	100	100	100	100	100	100	100	100	100	100

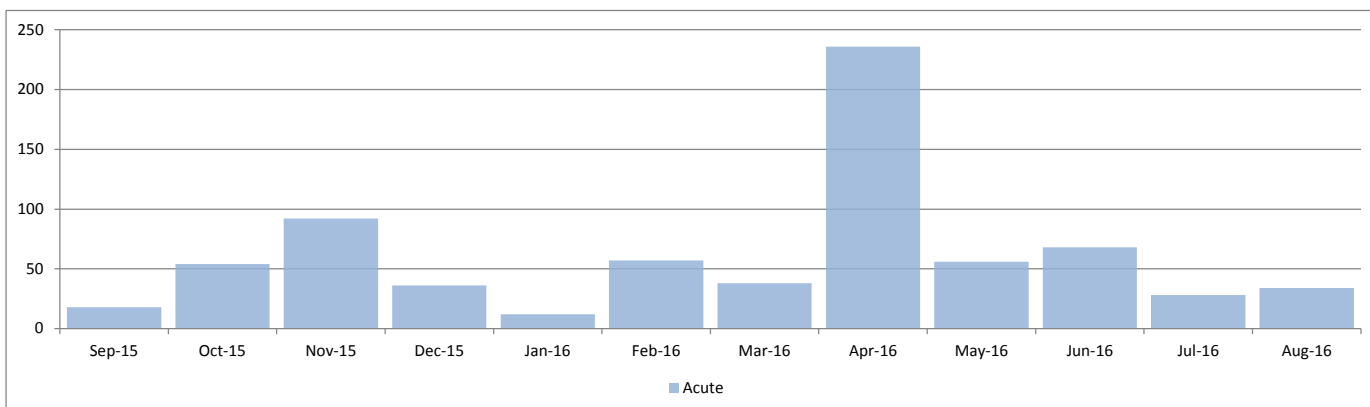
**Safer Staffing Levels**

Site	Day		Night	
	Average fill rate - registered nurses / midwives	Average fill rate - care staff	Average fill rate - registered nurses / midwives	Average fill rate - care staff
Ashburton+Buckfastleigh Hospital	101.6%	159.1%	100.0%	190.3%
Bovey Tracey Hospital	0.0%	0.0%	0.0%	0.0%
Brixham Hospital	105.4%	135.5%	100.0%	174.2%
Dartmouth Hospital	108.3%	99.4%	100.0%	101.6%
Dawlish Hospital	95.7%	102.2%	100.0%	100.0%
Newton Abbot Hospital	97.7%	102.6%	101.5%	100.6%
Paignton Hospital	119.4%	125.8%	101.6%	98.4%
Teignmouth Hospital	0.0%	0.0%	0.0%	0.0%
Torbay Hospital	94.0%	132.9%	93.3%	131.0%
Totnes Hospital	100.0%	100.0%	103.2%	98.4%
ICO	95.6%	125.9%	94.6%	126.0%

QUALITY FRAMEWORK

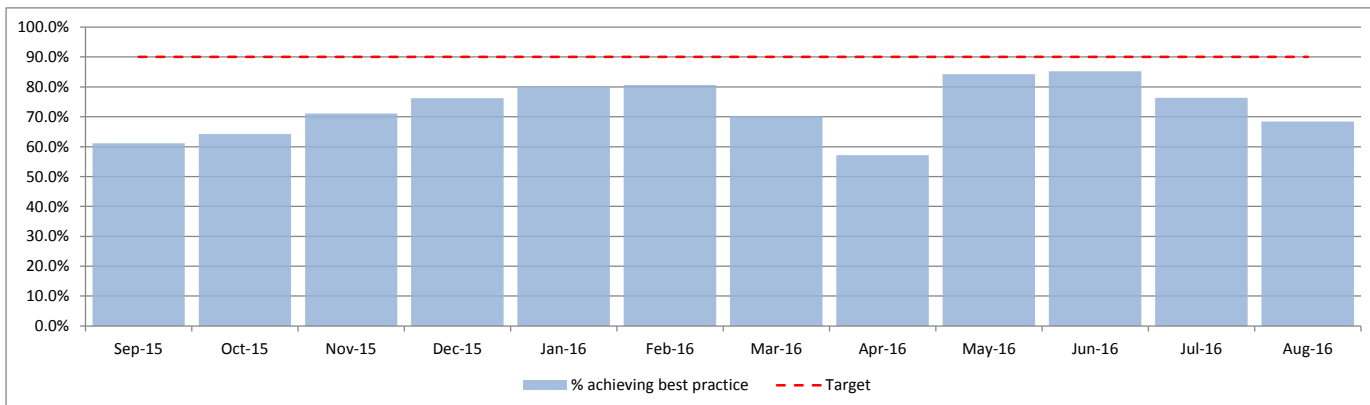
Infection Control - Bed Closures (acute)

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Acute	18	54	92	36	12	57	38	236	56	68	28	34



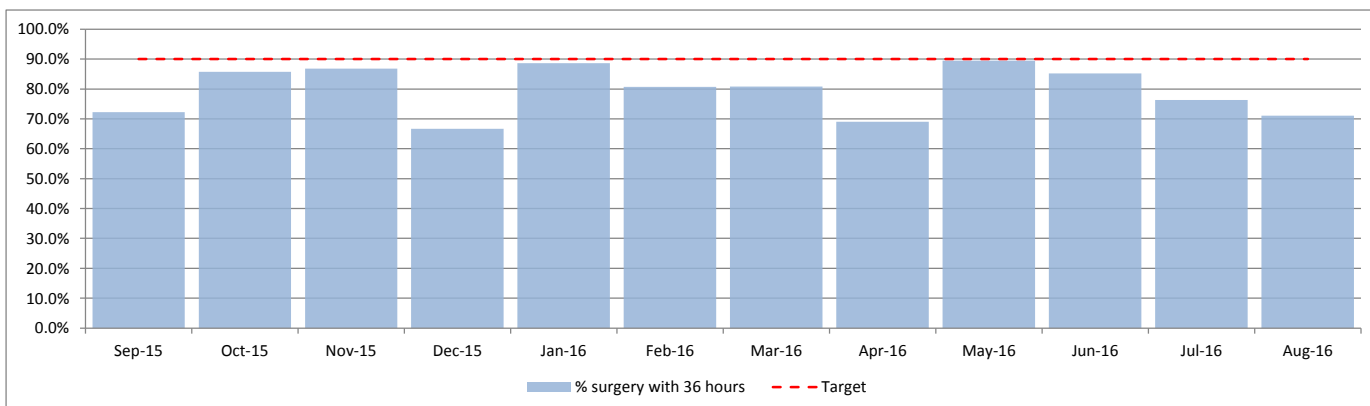
Fracture Neck of Femur - Best tariff assessment

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Patients	36	28	38	42	35	31	47	42	38	27	38	38
Achieving best practice	22	18	27	32	28	25	33	24	32	23	29	26
% achieving best practice	61.1%	64.3%	71.1%	76.2%	80.0%	80.6%	70.2%	57.1%	84.2%	85.2%	76.3%	68.4%
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

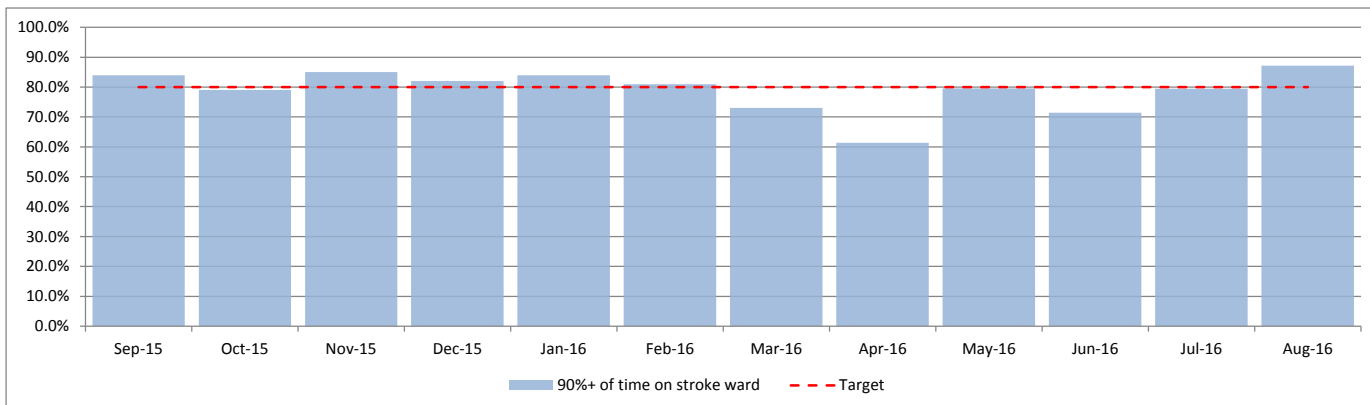
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Patients	36	28	38	42	35	31	47	42	38	27	38	38
Surgery with 36 hours	26	24	33	28	31	25	38	29	34	23	29	27
% surgery with 36 hours	72.2%	85.7%	86.8%	66.7%	88.6%	80.6%	80.9%	69.0%	89.5%	85.2%	76.3%	71.1%
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%



QUALITY FRAMEWORK

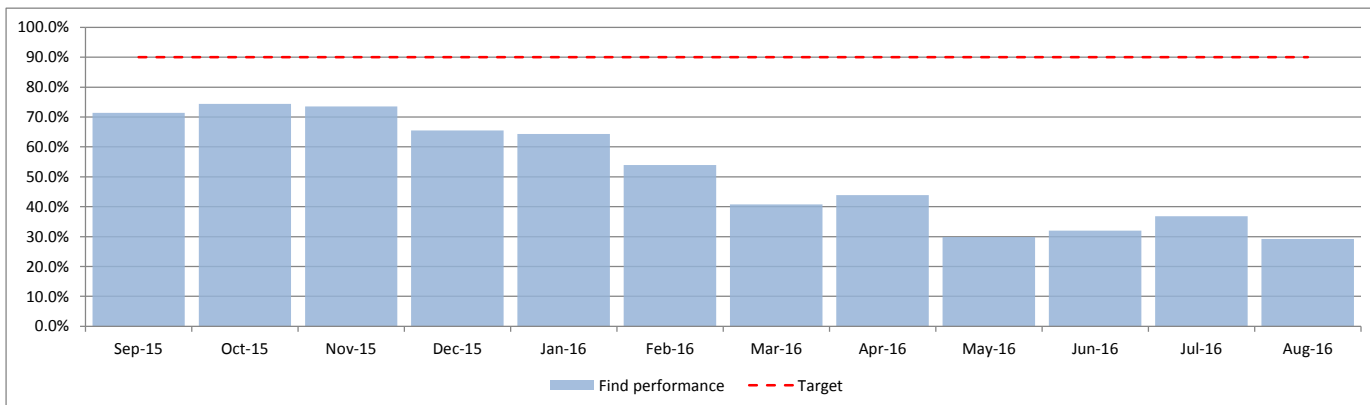
Stroke

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
90%+ of time on stroke ward	84.0%	79.0%	85.0%	82.0%	84.0%	81.0%	73.0%	61.4%	79.6%	71.4%	79.5%	87.2%
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%



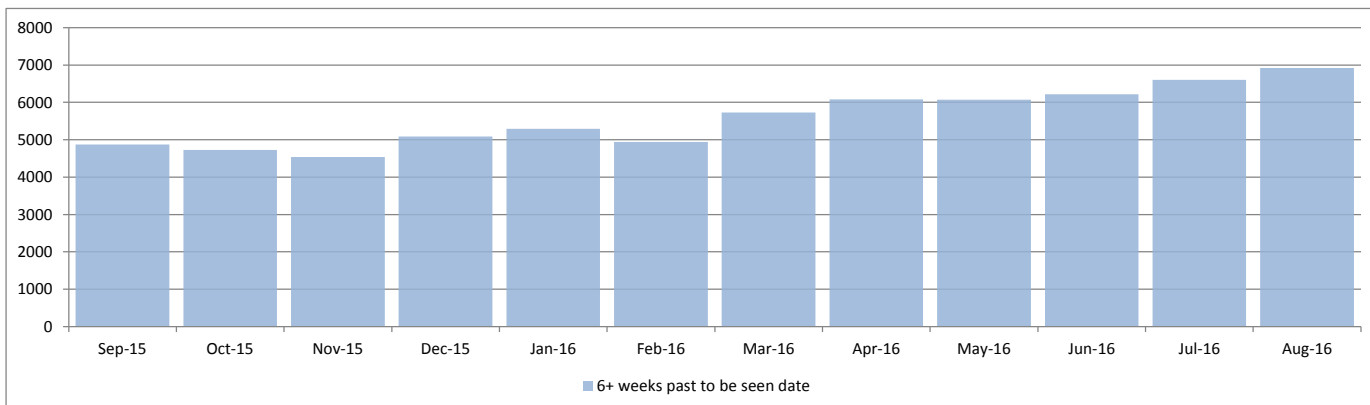
Dementia - Find

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Numerator	423	472	461	484	402	360	350	366	303	250	227	128
Denominator	532	581	556	630	558	545	584	607	662	548	503	438
Find performance	71.4%	74.4%	73.5%	65.5%	64.3%	54.0%	40.7%	43.9%	29.8%	31.9%	36.8%	29.2%
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%



Follow ups 6 weeks past to be seen date

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
6+ weeks past to be seen date	4873	4731	4542	5090	5291	4938	5732	6082	6073	6219	6601	6919



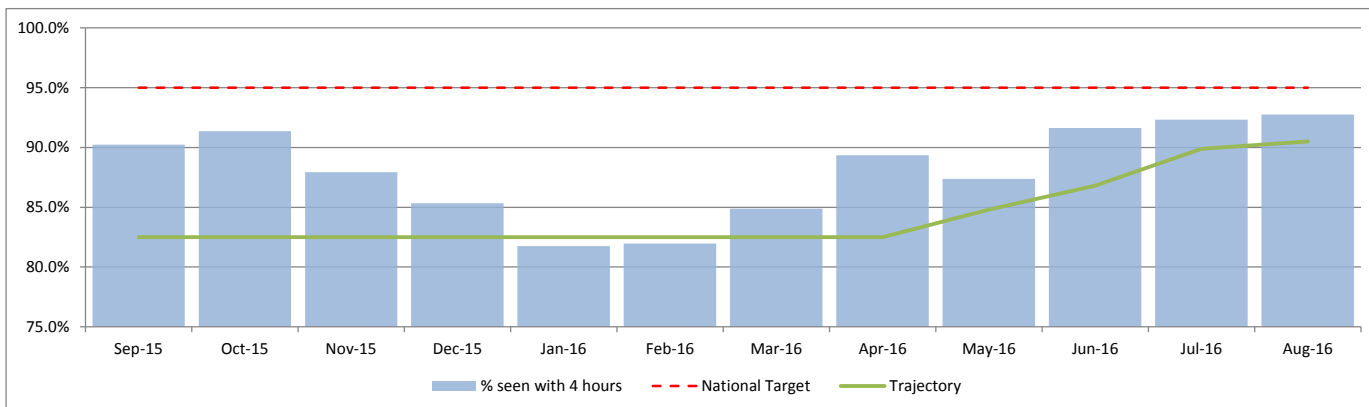
NHS I COMPLIANCE FRAMEWORK

Month 5 August 2016

NHS I COMPLIANCE FRAMEWORK

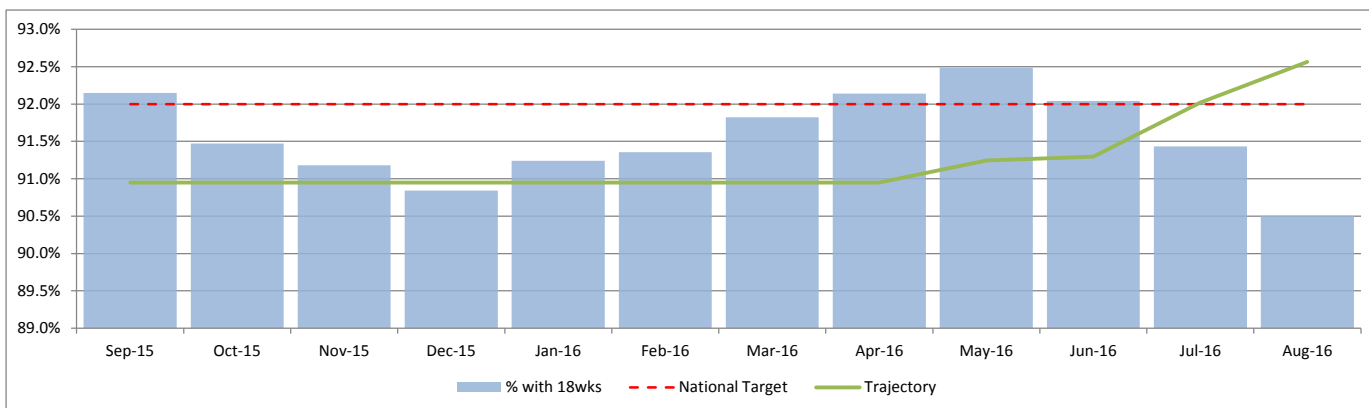
A&E and MIU patients seen within 4 hours

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Patients	6087	8712	8451	8135	8223	8084	9298	8627	9741	9672	10679	10449
4 hour breaches	594	753	1020	1192	1500	1459	1406	918	1229	810	819	756
% seen with 4 hours	90.2%	91.4%	87.9%	85.3%	81.8%	82.0%	84.9%	89.4%	87.4%	91.6%	92.3%	92.8%
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%	84.8%	86.8%	89.9%	90.5%



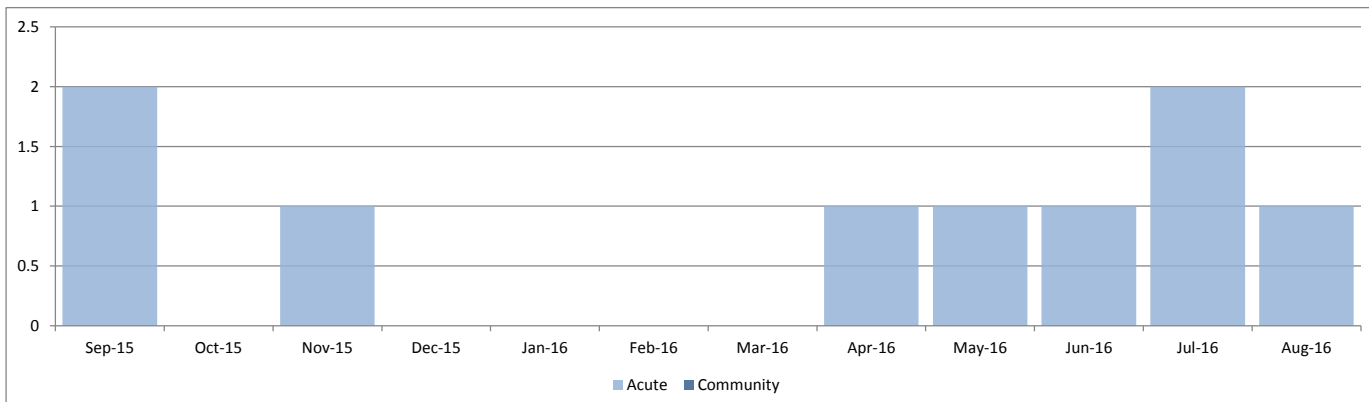
Referral to Treatment - Incomplete pathways

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Incomplete <18wks	14849	14140	14100	14503	14292	14566	14518	14771	15194	15119	15255	15331
Incomplete >18wks	1265	1318	1364	1462	1372	1378	1293	1260	1234	1307	1429	1609
% with 18wks	92.1%	91.5%	91.2%	90.8%	91.2%	91.4%	91.8%	92.1%	92.5%	92.0%	91.4%	90.5%
National Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Trajectory	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	90.9%	91.2%	91.3%	92.0%	92.6%



C Diff. Lapse in Care

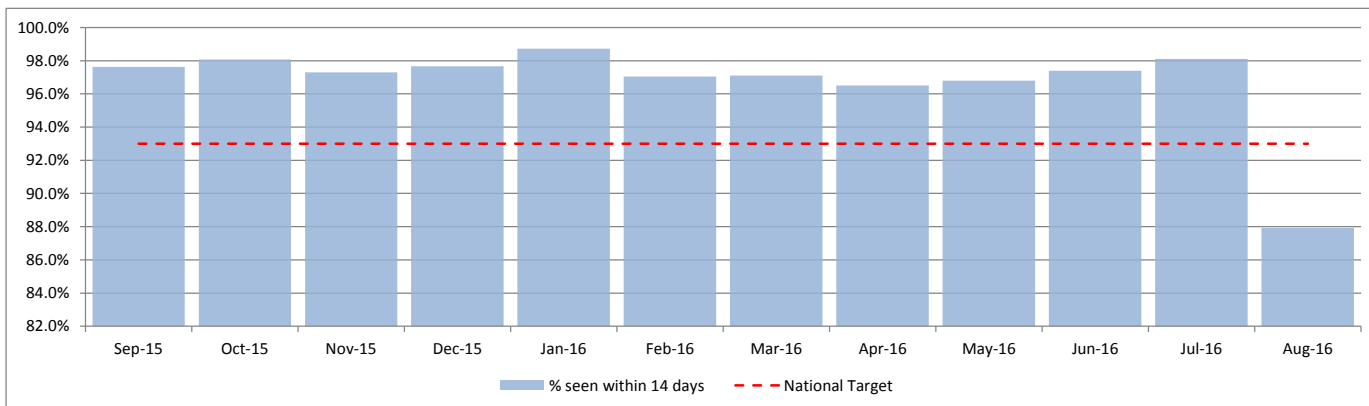
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Acute	2	0	1	0	0	0	0	1	1	1	2	1
Community	0	0	0	0	0	0	0	0	0	0	0	0



NHS I COMPLIANCE FRAMEWORK

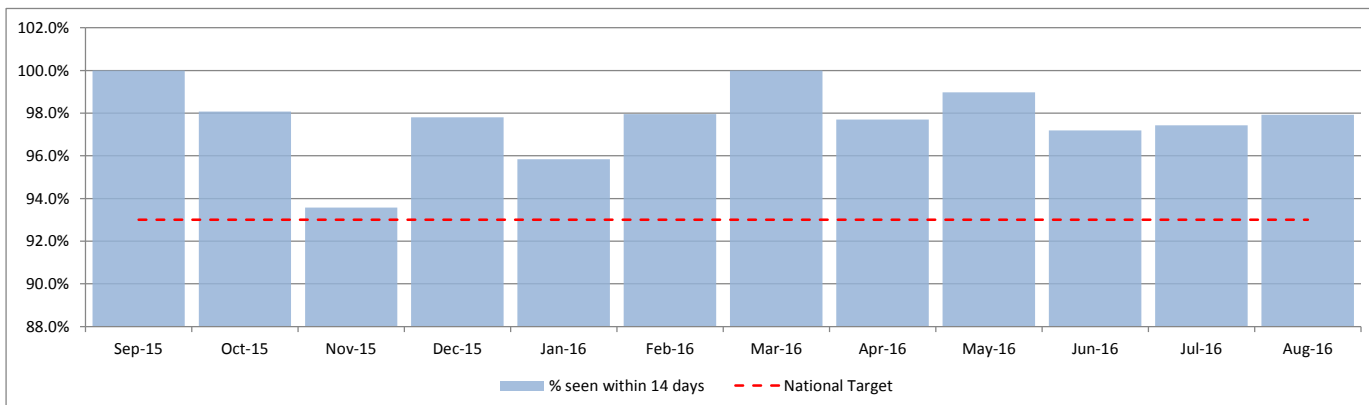
Cancer - Two Week Wait Referrals

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
2ww Referrals	884	879	889	897	705	846	965	888	997	997	951	994
Seen within 14 days	863	862	865	876	696	821	937	857	965	971	933	874
% seen within 14 days	97.6%	98.1%	97.3%	97.7%	98.7%	97.0%	97.1%	96.5%	96.8%	97.4%	98.1%	87.9%
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%



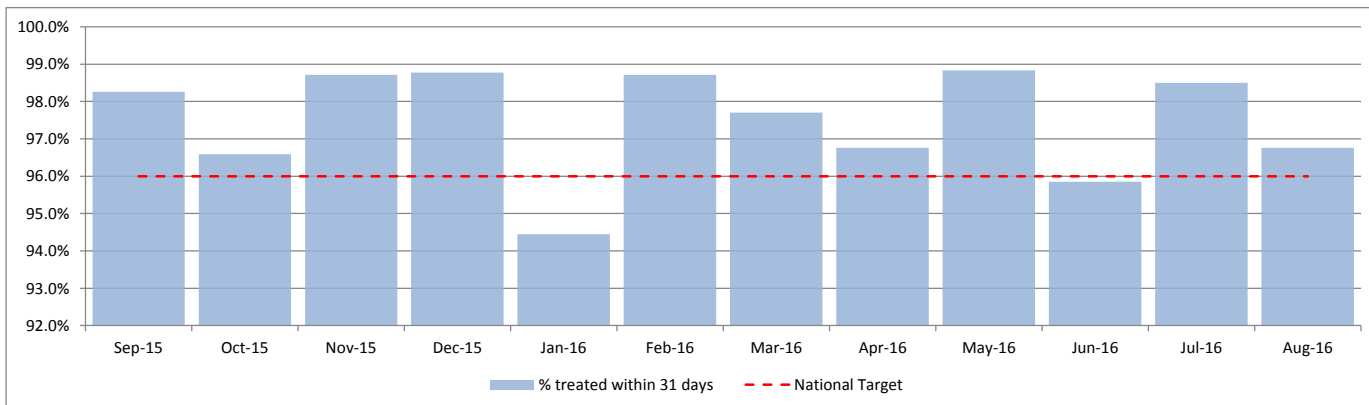
Cancer - Breast Symptomatic Referrals

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Breast symptomatic referrals	90	104	109	137	96	98	130	87	97	107	78	96
Seen within 14 days	90	102	102	134	92	96	130	85	96	104	76	94
% seen within 14 days	100.0%	98.1%	93.6%	97.8%	95.8%	98.0%	100.0%	97.7%	99.0%	97.2%	97.4%	97.9%
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

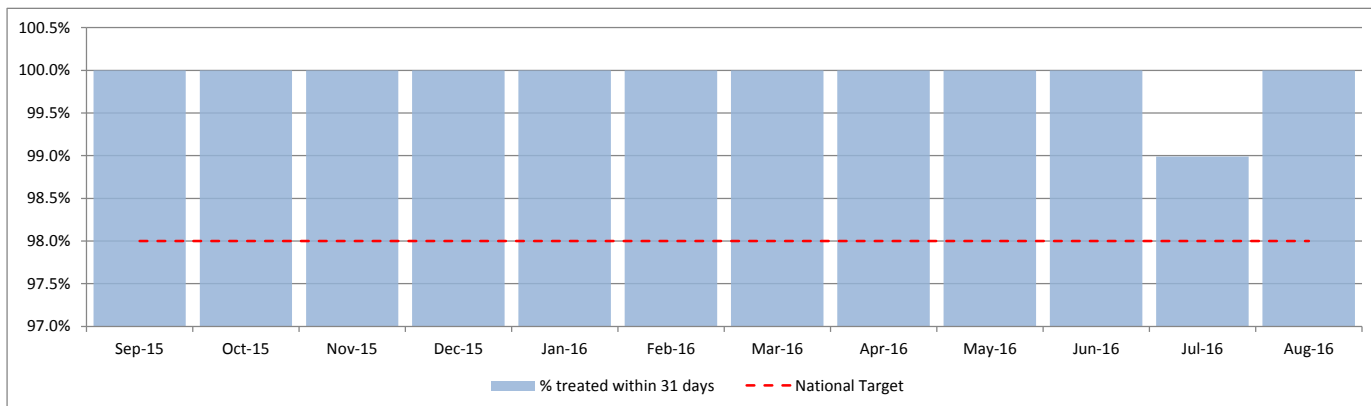
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
1st treatments	172	176	156	163	162	155	174	185	172	193	200	185
Breaches of 31 day target	3	6	2	2	9	2	4	6	2	8	3	6
% treated within 31 days	98.3%	96.6%	98.7%	98.8%	94.4%	98.7%	97.7%	96.8%	98.8%	95.9%	98.5%	96.8%
National 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%



NHS I COMPLIANCE FRAMEWORK

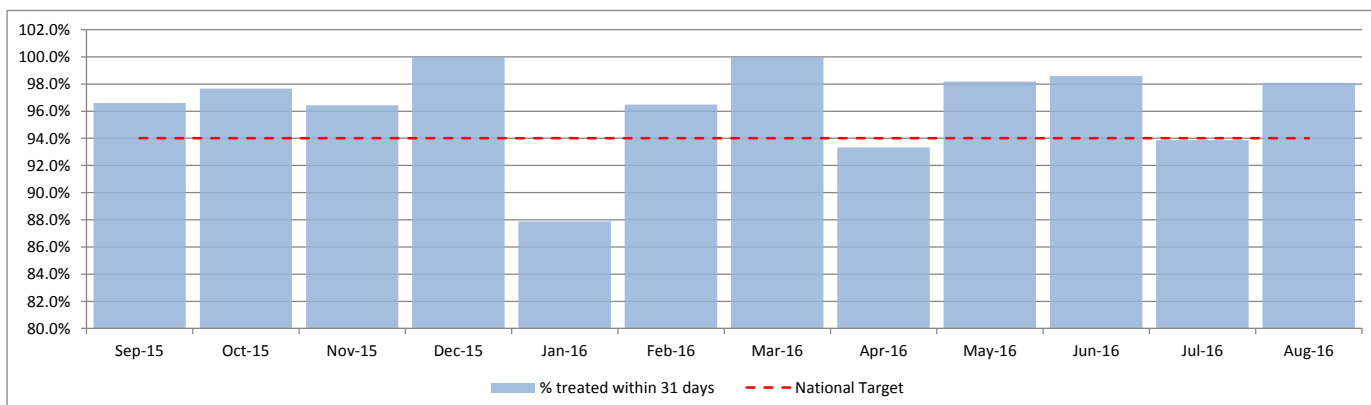
Cancer - 31 day wait for second or subsequent treatment - Drug

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Subsequent Drug treatments	55	52	49	47	59	52	62	70	68	85	99	87
Breaches of 31 day target	0	0	0	0	0	0	0	0	0	0	1	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%	99.0%	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%



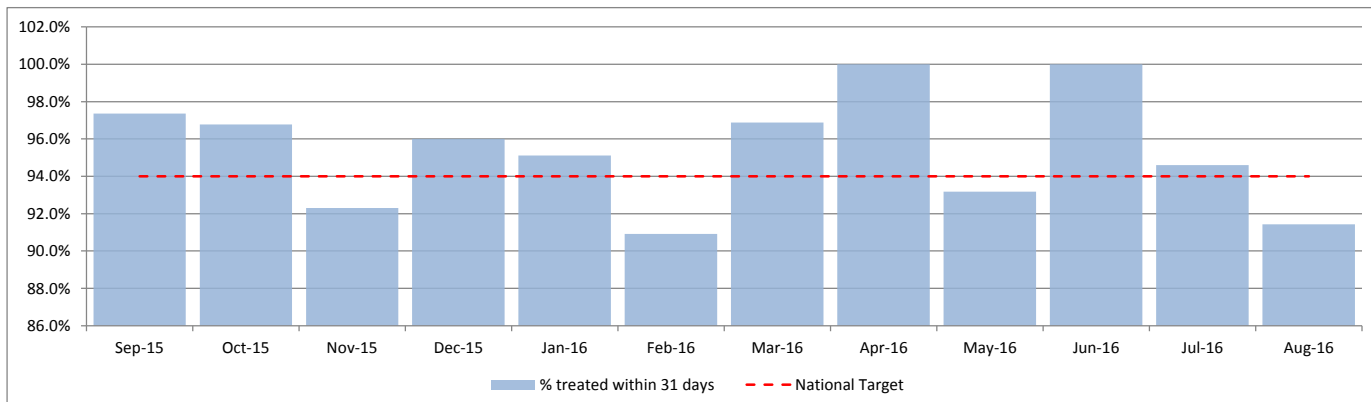
Cancer - 31 day wait for second or subsequent treatment - Radiotherapy

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Sub radiotherapy treatments	59	43	56	42	66	57	64	45	55	71	49	52
Breaches of 31 day target	2	1	2	0	8	2	0	3	1	1	3	1
% treated within 31 days	96.6%	97.7%	96.4%	100.0%	87.9%	96.5%	100.0%	93.3%	98.2%	98.6%	93.9%	98.1%
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

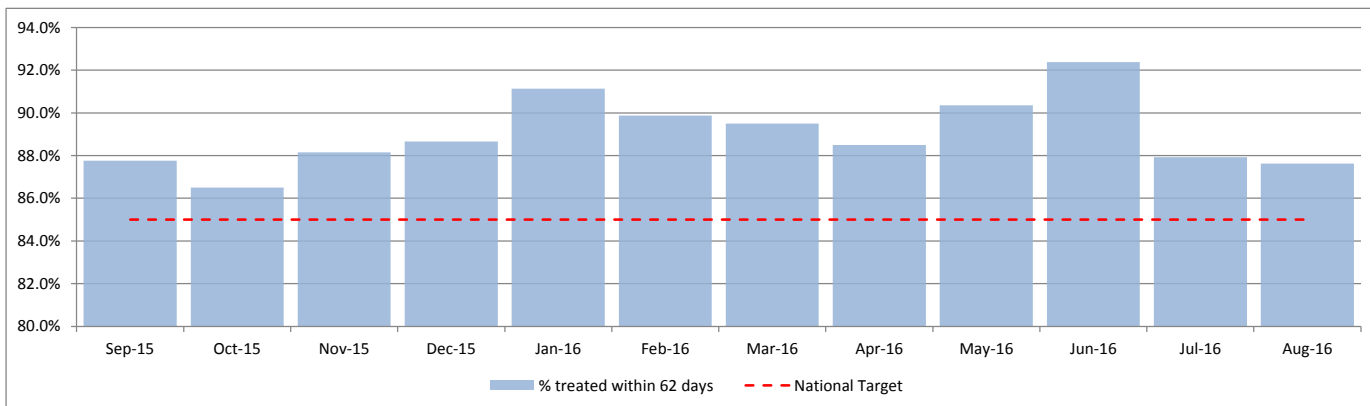
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Subsequent surgery treatments	38	31	39	25	41	44	32	30	44	40	37	35
Breaches of 31 day target	1	1	3	1	2	4	1	0	3	0	2	3
% treated within 31 days	97.4%	96.8%	92.3%	96.0%	95.1%	90.9%	96.9%	100.0%	93.2%	100.0%	94.6%	91.4%
National 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%



NHS I COMPLIANCE FRAMEWORK

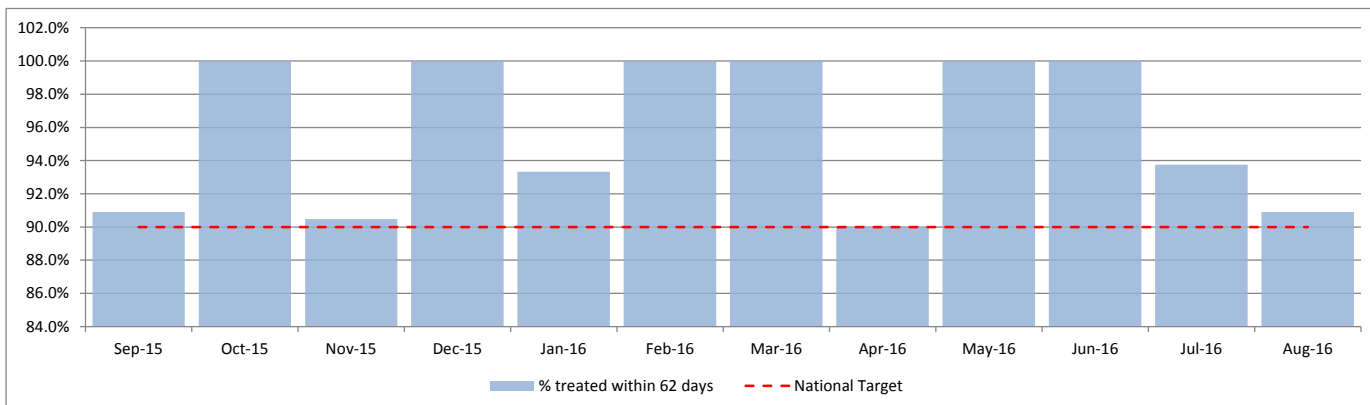
Cancer - 62 day wait for 1st treatment from 2ww referral

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
1st treatments (from 2ww)	98	100	76	75	79	79	90.5	100	98.5	105	103.5	101
Breaches of 62 day target	12	13.5	9	8.5	7	8	9.5	11.5	9.5	8	12.5	12.5
% treated within 62 days	87.8%	86.5%	88.2%	88.7%	91.1%	89.9%	89.5%	88.5%	90.4%	92.4%	87.9%	87.6%
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

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
1st treatments (from screening)	11	11	10.5	15.5	15	7	13.5	20	14	15	16	11
Breaches of 62 day target	1	0	1	0	1	0	0	2	0	0	1	1
% treated within 62 days	90.9%	100.0%	90.5%	100.0%	93.3%	100.0%	100.0%	90.0%	100.0%	100.0%	93.8%	90.9%
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%



FINANCE FRAMEWORK AND SCHEDULES

- Schedule 1 - Income analysis
- Schedule 2 - Employee expenses
- Schedule 3 - Agency spend
- Schedule 4 - Non pay expenses
- Schedule 5 - Cash flow
- Schedule 6 - Capital
- Schedule 7 - Contract Income Analysis

Month 5 August 2016

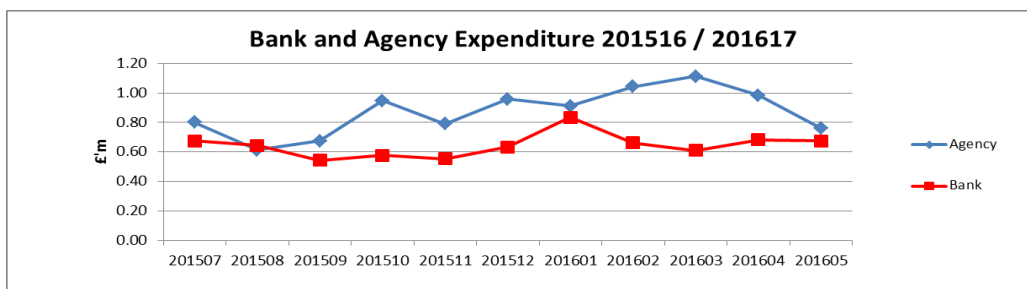
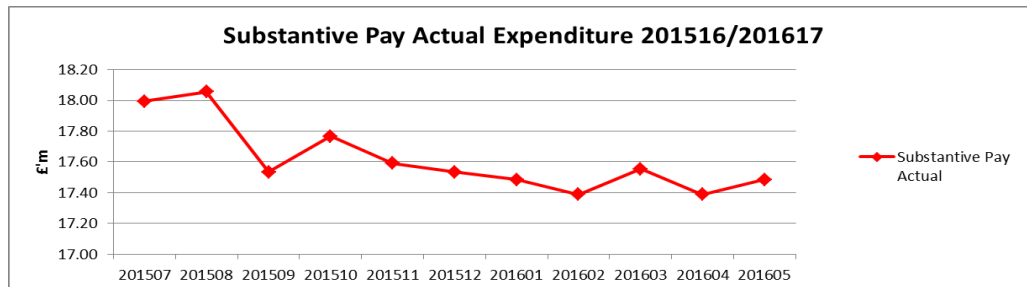
	Year to Date - Month 05			Plan Changes		Previous Month	
	Plan	Actual	Variance	Changes PbR to RSA Plan	Variance to RSA Plan	Variance to RSA Plan	Change
Healthcare Income - Commissioner Analysis							
	£m	£m	£m	£m	£m	£m	
South Devon & Torbay Clinical Commissioning Group	67.17	67.30	0.12	0.20	(0.08)	(0.07)	↑
North, East & West Devon Clinical Commissioning Group	2.17	2.21	0.04	0.00	0.04	0.04	↔
NHS England - Area Team	3.12	3.07	(0.05)	0.10	(0.15)	(0.09)	↑
NHS England - Specialist Commissioning	11.91	11.46	(0.45)	(0.10)	(0.35)	(0.52)	↓
Other Commissioners	3.41	3.48	0.07	(0.10)	0.17	0.09	↑
Sub-Total Acute	87.79	87.52	(0.27)	0.11	(0.38)	(0.55)	↑
South Devon & Torbay Clinical Commissioning Group (Placed People and Community Health)	31.74	32.62	0.88	0.88	0.00	0.00	↔
Other Commissioners	1.29	1.31	0.02	(0.03)	0.05	0.00	↔
Sub Total Acute and Community	33.03	33.92	0.90	0.84	0.05	0.00	↑
Sustainability Transformational Funding (STF) Income	2.79	1.68	(1.12)	(1.12)	0.00	0.00	↔
Total Acute and Community	123.60	123.11	(0.49)	(0.16)	(0.33)	(0.55)	
Healthcare Income - By Business Unit							
	£m	£m	£m	£m	£m	£m	
Medical Services	37.54	37.25	(0.28)	(0.20)	(0.07)	(0.52)	↓
Surgical Services	28.23	28.51	0.27	(0.01)	0.28	0.01	↑
Women's, Childrens & Diagnostic Services	18.10	18.05	(0.05)	(0.74)	0.69	0.36	↑
Community Services	33.03	33.92	0.90	0.84	0.05	(0.00)	↔
Non-Clinical Services / Central Contract Income	6.71	5.39	(1.32)	(0.05)	(1.28)	(0.41)	↑
Total	123.61	123.12	(0.48)	(0.16)	(0.33)	(0.55)	↑
Healthcare Activity - By Setting							
	Activity	Activity	Activity	Activity	Activity	Activity	
Elective In-Patient Admissions	1,775	1,816	41	205	(164)	(113)	↑
Elective Day Case Admission	13,849	14,189	340	449	(109)	(120)	↓
Urgent & Emergency Admissions	48,044	48,536	492	228	264	(240)	↑
Out-Patients	180,027	188,603	8,576	3,010	5,566	3,365	↑
Community Services							
Total	243,695	253,144	9,449	3,892	5,557	2,892	↑
Social Care Income							
	£m	£m	£m	£m	£m	£m	
Torbay Council - ASC Contract income	16.94	16.29	(0.65)	(0.65)	(0.00)	(0.00)	↔
Torbay Council - Public Health Income	2.07	2.47	0.40	0.00	0.40	0.12	↑
Torbay Council - Client Income	4.13	4.29	0.16	0.14	0.01	0.06	↓
Total	23.14	23.04	(0.10)	(0.51)	0.41	0.18	↑
Other Income							
	£m	£m	£m	£m	£m	£m	
Non Mandatory/Non protected clinical revenue	0.62	0.71	0.08	(0.00)	0.08	0.03	↑
R&D / Education & training revenue	3.63	3.75	0.12	(0.00)	0.12	0.07	↑
Site Services	0.91	0.93	0.02	0.00	0.02	0.02	↔
Revenue from non-patient services to other bodies	2.28	2.31	0.03	0.00	0.03	0.03	↔
Misc. other operating revenue	9.80	9.63	(0.17)	0.01	(0.18)	(0.03)	↑
Total	17.24	17.32	0.08	0.00	0.08	0.11	↓
Risk Share Income							
	£m	£m	£m	£m	£m	£m	
Risk Share Income	0.00	4.16	4.16	3.96	0.20	0.32	↓
Total	0.00	4.16	4.16	3.96	0.20	0.32	↓
CCG Block adjustment							
	£m	£m	£m	£m	£m	£m	
CCG Block adjustment	0.00	(5.08)	(5.08)	(3.15)	(1.93)	(2.33)	↓
Total	0.00	(5.08)	(5.08)	(3.15)	(1.93)	(2.33)	↓

	Year to Date - Month 05			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	
Employee Expenses - By Category							
Medical and Dental staff	21.82	21.60	0.22	0.19	0.41	0.44	↓
Registered nurses, midwives and health visiting staff	23.58	24.38	(0.80)	0.30	(0.50)	(0.59)	↓
Qualified scientific, therapeutic and technical staff	18.59	17.78	0.80	0.15	0.95	0.74	↑
Support to clinical staff	7.67	8.67	(1.00)	0.00	(1.00)	(0.82)	↑
Managers and infrastructure Support	22.41	23.15	(0.74)	0.40	(0.34)	(0.23)	↑
Total	94.06	95.57	(1.51)	1.04	(0.47)	(0.46)	↑

Employee Expenses - By Type							
Substantive	88.53	87.20	1.33	1.04	2.37	1.74	↑
Bank	1.45	3.46	(2.01)	0.00	(2.01)	(1.63)	↑
Locum costs including agency	0.72	0.68	0.04	0.00	0.04	0.04	↔
Agency (excluding Locums)	3.36	4.22	(0.87)	0.00	(0.87)	(0.61)	↑
Total	94.06	95.57	(1.51)	1.04	(0.47)	(0.46)	↑

Employee Expenses - By Service							
Medical Services	17.09	18.93	(1.84)	0.00	(1.84)	(1.40)	↑
Surgical Services	19.33	19.48	(0.16)	0.00	(0.16)	(0.04)	↑
Women's, Childrens & Diagnostic Services	15.54	15.91	(0.38)	0.00	(0.38)	(0.24)	↑
Community Hospitals and Services (including ASC)	18.27	18.22	0.05	0.06	0.11	0.12	↓
Non-Clinical Services	23.84	23.02	0.82	0.98	1.80	1.11	↑
Total	94.06	95.57	(1.51)	1.04	(0.47)	(0.46)	↑

Pay run rates Oct 2015 - Aug 2016

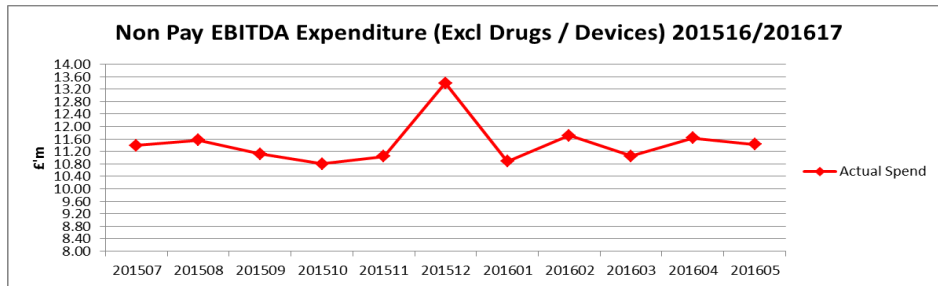


Torbay and South Devon NHS Foundation Trust						
Trust Agency Information						
Financial Year 2016/17						
All Staff Group	April	May	June	July	August	YTD 2016-17
NHS Improvement - revised Ceiling (June 2016)	£m	£m	£m	£m	£m	£m
Total Bank, Overtime (OT) and Agency Staff Cost	(0.662)	(0.643)	(0.623)	(0.590)	(0.575)	(3.094)
Total Planned Staff Costs	(18.898)	(18.901)	(18.904)	(18.678)	(18.681)	(94.061)
% of Bank, OT & Agency Costs against Total Staff Cost	4%	3%	3%	3%	3%	3%
ICO Actual	April	May	June	July	August	YTD 2016-17
Total Bank, Overtime (OT) and Agency Staff Cost	(0.911)	(1.043)	(1.112)	(0.983)	(4.221)	(8.270)
Total Actual Staff Cost	(19.231)	(19.090)	(19.565)	(19.053)	(18.641)	(95.580)
% of Bank, OT & Agency Costs against Total Staff Cost	5%	5%	6%	5%	23%	9%
Variance against Revised Ceiling	April	May	June	July	August	YTD 2016-17
Total Bank, Overtime (OT) and Agency Staff Cost	(0.249)	(0.400)	(0.489)	(0.393)	(3.646)	(5.176)
% of Bank, OT & Agency Costs against Total Staff Cost	1%	2%	2%	2%	20%	5%
Nursing only	April	May	June	July	August	YTD 2016-17
NHS Improvement - revised Ceiling (June 2016)	£m	£m	£m	£m	£m	£m
Total Bank, Overtime (OT) and Agency Staff Cost	(0.272)	(0.266)	(0.259)	(0.168)	(0.163)	(1.128)
Total Planned Staff Costs	(4.633)	(4.631)	(4.629)	(4.723)	(4.723)	(23.340)
% of Bank, OT & Agency Costs against Total Staff Cost	6%	6%	6%	4%	3%	5%
ICO Actual	April	May	June	July	August	YTD 2016-17
Total Bank, Overtime (OT) and Agency Staff Cost	(0.442)	(0.544)	(0.552)	(0.457)	(0.897)	(2.892)
Total Actual Staff Cost	(4.980)	(4.927)	(4.993)	(4.824)	(4.654)	(24.378)
% of Bank, OT & Agency Costs against Total Staff Cost	9%	11%	11%	9%	19%	12%
Variance against Revised Ceiling	April	May	June	July	August	YTD 2016-17
Total Bank, Overtime (OT) and Agency Staff Cost	(0.170)	(0.278)	(0.293)	(0.289)	(0.734)	(1.764)
% of Bank, OT & Agency Costs against Total Staff Cost	3%	5%	5%	6%	16%	7%
Comment	M1 to M5 Actual is higher than revised Ceiling by £5.2m YTD, 5% more than the revised ceiling of 3%. M5 Total include £3.5m of Bank and Overtime cost YTD previously included within substantive Pay line. Agency cost YTD is £4.8m.					

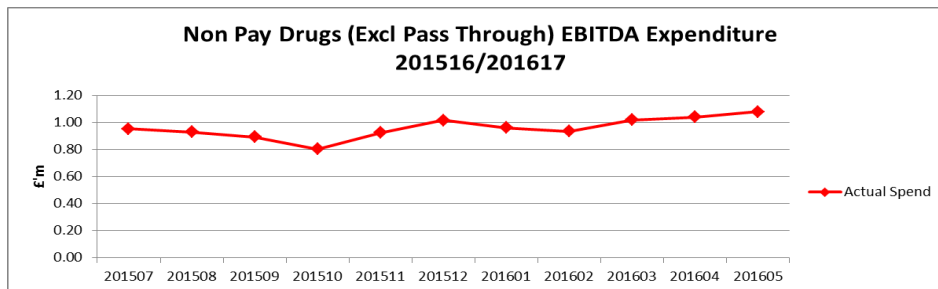
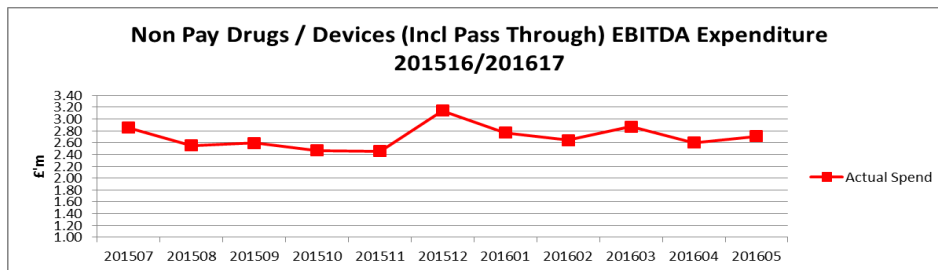
Improvement Plan			
No.	Action	Lead	Date
1	Nursing agency shifts all approved by a Director	JV	ongoing
2	Medical Agency and Locum Approved by a Director	RD	ongoing
3	Recruitment processes streamlined and regular for key clinical staff	JS	Ongoing
4	Overseas Recruitment of Nursing Staff	JS/JV	in progress
Governance Arrangements			
Senior Business management Team, Exec Team meetings, Finance Committee			

	Year to Date - Month 05			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 Pay Expenses - By Category							
Clinical Supplies	9.13	9.48	(0.36)	0.00	(0.36)	(0.33)	↑
Drugs (Excluding Pass through)	4.52	4.66	(0.14)	0.00	(0.14)	(0.04)	↑
Pass through Drugs, Blood and Devices	8.39	8.93	(0.53)	0.32	(0.22)	(0.24)	↓
Non Clinical Supplies	1.14	1.20	(0.06)	0.00	(0.06)	(0.06)	↔
Miscellaneous / Other	43.93	45.66	(1.73)	2.84	1.11	1.14	↓
Total	67.11	69.93	(2.82)	3.15	0.34	0.47	↓

Non pay run rates Oct 2015 - Aug 2016



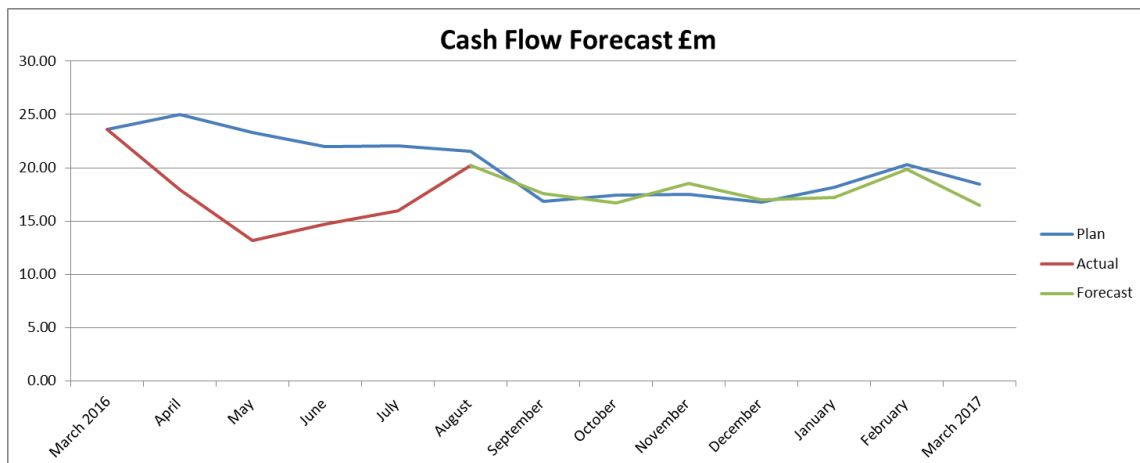
Increase in non pay EBITDA expenditure month 12 2015/16 (201512) in the above table was due to Adult Social Care back dated Care Home fee. Income was received to offset and cover these costs.



	Year to Date - Month 05			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	
Opening Cash Balance	23.57	23.57	0.00	0.00	0.00	0.00	
Cash Generated From Operations	3.00	1.58	(1.42)	0.00	(1.42)	(0.40)	↑
Debtor Movements	4.67	(3.66)	(8.32)	0.00	(8.32)	(6.92)	↓
Creditor Movements	(2.09)	5.19	7.28	0.00	7.28	2.35	↑
Capital Expenditure (accruals basis)	(9.97)	(6.87)	3.10	0.00	3.10	(1.24)	↓
Net Interest	(0.95)	(0.80)	0.15	0.00	0.15	0.14	↑
Loan drawdown	3.83	3.70	(0.13)	0.00	(0.13)	1.55	↑
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	(0.12)	(2.14)	(2.02)	0.00	(2.02)	(0.77)	↓
Closing Cash Balance	21.55	20.22	(1.33)	0.00	(1.33)	(5.26)	↑

Cash Flow 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	
Cash Flow							
Opening Cash Balance - 01/04/2016	23.57	23.57	0.00	0.00	0.00	0.00	
Cash Generated From Operations	22.36	10.52	(11.85)	(11.21)	(0.64)	(0.68)	↑
Debtor Movements	4.41	4.14	(0.27)	(0.27)	0.00	0.00	↔
Creditor Movements	(2.10)	(0.72)	1.38	1.38	0.00	0.29	↓
Capital Expenditure (accruals basis)	(36.90)	(22.09)	14.81	14.81	0.00	(0.00)	↔
Net Interest	(2.90)	(2.90)	0.00	0.00	0.00	0.00	↔
Loan drawdown	18.65	12.90	(5.75)	(5.75)	0.00	0.00	↔
Loan repayment	(5.95)	(5.95)	0.00	0.00	0.00	0.00	↔
PDC Dividend	(2.58)	(1.79)	0.79	0.00	0.79	0.79	↔
Other	(0.08)	(1.19)	(1.11)	(1.38)	0.27	0.01	↑
Forecast Cash Balance - 31/03/2017	18.48	16.49	(2.00)	(2.41)	0.42	0.41	↑



Capital

Schedule 6

	Year to date - Based upon Annual Plan			Year to date - Based upon RSA Plan (RSA)			Full year Annual Plan versus	
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m
Capital Programme	9.97	6.87	(3.10)	3.80	6.87	3.07	36.90	23.15
Significant Variances in Planned Expenditure by Scheme:								
HIS schemes	2.03	0.81	(1.22)	0.77	0.81	0.04	9.08	5.63
Estates schemes	5.90	5.28	(0.62)	2.25	5.28	3.03	16.28	10.01
Medical Equipment	0.63	0.40	(0.23)	0.24	0.40	0.16	7.70	4.47
Other	0.03	0.01	(0.02)	0.01	0.01	(0.00)	0.05	0.09
PMU	0.83	0.36	(0.47)	0.32	0.36	0.04	1.60	1.50
Contingency	0.55	0.00	(0.55)	0.21	0.00	(0.21)	2.19	0.38
Prior Year schemes	0.00	0.01	0.01	0.00	0.01	0.01	0.00	0.00
Total	9.97	6.87	(3.10)	3.80	6.87	3.07	36.90	22.08
Funding sources								
Secured loans	3.83	3.70	(0.13)	3.83	3.70	(0.13)	10.94	10.94
Unsecured loans	0.00	0.00	0.00	0.00	0.00	0.00	7.71	1.96
Charitable Funds	0.15	0.14	(0.01)	0.15	0.14	(0.01)	2.60	2.60
Internal cash resources	5.99	3.03	(2.96)	(0.18)	3.03	3.21	15.65	6.58
Total	9.97	6.87	(3.10)	3.80	6.87	3.07	36.90	22.08

(* Due for completion by 30th September 2016)

Income Category	2016/17 Annual Plan (Activity)	2016/17 YTD Plan (Activity)	2016/17 YTD Actual (Activity)	Cumulative Variance Current Mth (Activity)	Cumulative Variance Previous Mth (Activity)	2016/17 Annual Plan (£'000)	2016/17 YTD Plan (£'000)	2016/17 YTD Actual (£'000)	Cumulative Variance Current Mth (£'000)	Cumulative Variance Previous Mth (£'000)
Inpatients	4,581	1,857	1,689	(168)	(108)	15,493	6,185	6,015	(170)	(146)
Day Cases	32,565	13,541	13,471	(70)	(77)	20,488	8,556	8,381	(174)	(234)
Non-Electives	29,681	12,219	13,255	1,036	891	56,391	23,057	25,325	2,267	2,052
Critical Care - Adult	0	0	0	0	0	0	0	0	0	0
Critical Care - Neonatal & Paeds	0	0	0	0	0	0	0	0	0	0
Chemotherapy Delivery	0	0	0	0	0	1,294	554	590	36	(1)
Chemotherapy Procurement	0	0	0	0	0	3,174	1,366	1,272	(94)	(111)
Elective Readmissions						(230)	(96)	(96)	0	0
Emergency Readmissions						(188)	(78)	(78)	0	0
Chemotherapy Core HRG Adjustment						0	0	0	0	0
Emergency Adjustment						(3,182)	(1,326)	(1,612)	(286)	(284)
Emergency adjustment add back						0	0	0	0	0
APC Variation Orders Agreed						0	0	0	0	0
Total APC						93,241	38,218	39,797	1,580	1,275
Outpatients - 1st	76,972	31,084	32,558	1,474	1,151	12,126	4,883	5,073	189	143
Outpatients - F-up	202,129	81,141	84,250	3,109	2,049	19,058	7,700	7,949	250	136
Chemotherapy Delivery	0	0	0	0	0	106	43	8	(35)	2
Chemotherapy Procurement	0	0	0	0	0	1,644	687	625	(62)	(52)
Maternity Pathway	0	0	1	1	1	4,941	2,059	1,984	(75)	(100)
Radiotherapy	12,471	5,500	4,822	(678)	(463)	3,039	1,344	1,149	(196)	(150)
OP Radiology	28,291	11,851	12,046	195	20	2,988	1,233	1,293	59	36
GP Radiology	45,398	19,291	19,672	381	257	1,838	783	814	31	20
Outpatient Variation Orders Agreed						0	0	0	0	0
Total Outpatients						45,740	18,732	18,893	162	35
A&E	75,422	32,739	32,443	(296)	(695)	8,691	3,723	3,698	(25)	(96)
A&E Variation Orders Agreed										
Total A&E						8,691	3,723	3,698	(25)	(96)
Total PBR						147,672	60,672	62,389	1,716	1,215
Cost & Volume - Inpatients	337	123	127	4	(5)	379	122	168	46	18
Cost & Volume - Day Cases	1,663	759	718	(41)	(43)	694	315	361	46	34
Cost & Volume - Non-Electives	2,809	231	288	57	39	1,053	444	489	45	38
Cost & Volume - AMU	1,894	792	778	(14)	(20)	1,432	575	594	19	76
Cost & Volume - CDU	3,218	1,283	1,772	489	318	186	73	101	28	19
Cost & Volume - Outpatients 1st	27,425	11,315	12,291	976	838	2,896	1,194	1,319	125	98
Cost & Volume - Outpatients F-up	55,501	22,856	22,964	108	(487)	6,421	2,630	2,578	(51)	(118)
Cost & Volume - New	0	0	0	0	0	11,743	4,893	5,057	164	127
Critical Care - Adult						3,954	1,731	2,135	404	416
Critical Care - Neonatal & Paeds						1,919	766	846	79	108
Chemotherapy Delivery						0	0	0	0	0
Chemotherapy Procurement						0	0	0	0	0
Palliative Care						563	286	244	(38)	(33)
Other Cost & Volume - Drugs						18,457	7,690	8,067	378	370
Other Cost & Volume - Bloods						799	333	333	1	18
Other Cost & Volume - Excluded Devices						1,803	751	573	(179)	(177)
Cost & Volume - Various						1,539	641	670	28	(6)
Cost & Volume Variation Orders Agreed						0	0	0	0	0
Total Cost & Volume						53,838	22,445	23,537	1,095	987
Block - Patient Related						7,560	3,150	3,150	0	0
Block - Non Patient Related						4,041	1,684	1,684	0	0
Block Variation Orders Agreed						0	0	0	0	0
Total Block	0	0	0	0	0	11,602	4,834	4,834	0	0
Total Non-PBR						65,440	27,279	28,371	1,095	987
CQUIN						4,634	1,931	1,931	0	0
Total Contract Adjustments	0	0	0	0	0	4,634	1,931	1,931	0	0
SD&T CCG plan adjustment to match resource envelope						0	0	0	0	0
Total Contract						217,745	89,882	92,690	2,812	2,202
Phasing adjustment	0	0	0	0	0	0	1,177	0	(1,177)	(374)
Contract Penalties						0	0	(93)	(93)	(70)
Block Adjustment						(7,567)	(3,153)	(5,079)	(1,926)	(2,332)
Grand Total						210,178	87,907	87,518	(385)	(575)
Grand Total of agreed contract plan						210,178	87,907	87,518	(385)	(575)

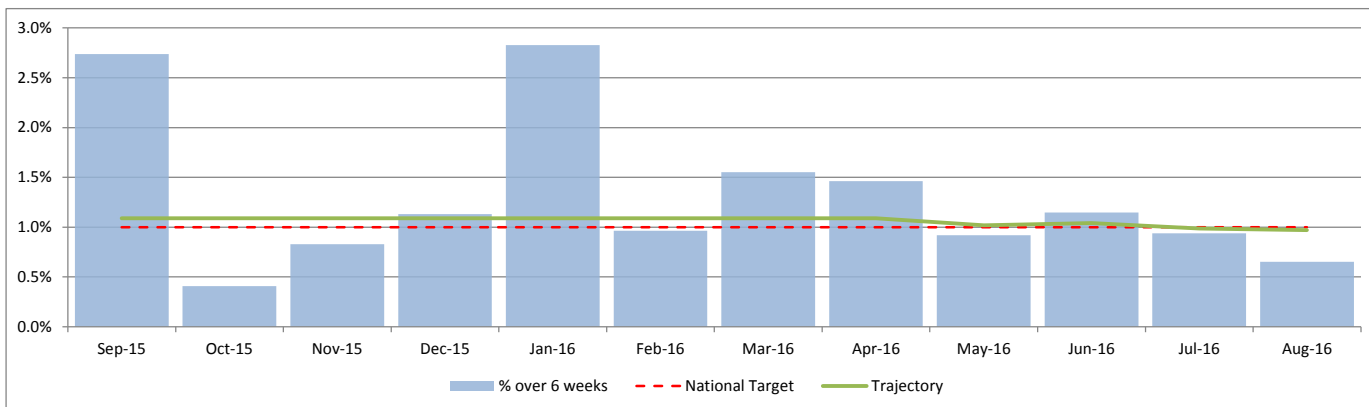
CONTRACTUAL FRAMEWORK

Month 5 August 2016

CONTRACTUAL FRAMEWORK

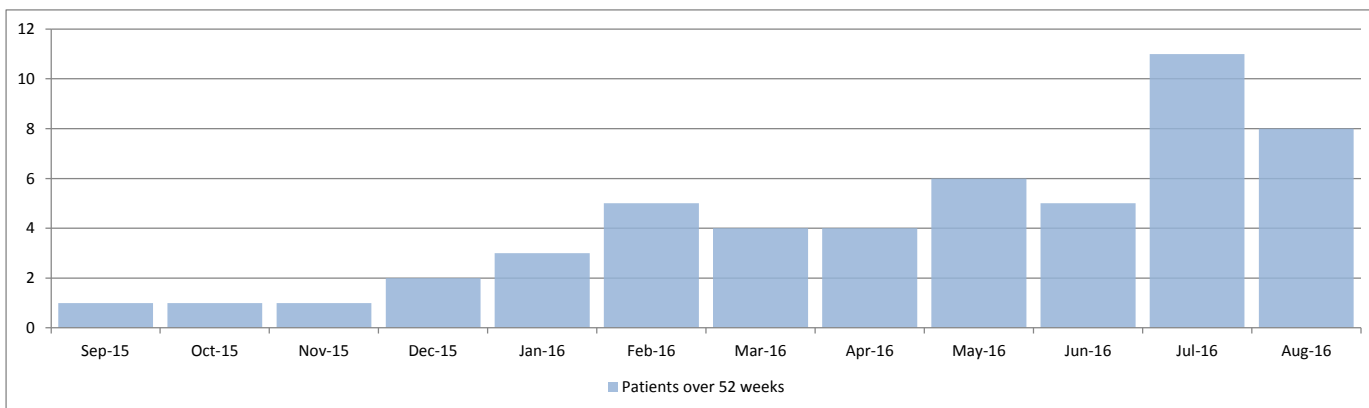
Diagnostic Tests Longer than the 6 week standard

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Patients	3688	3667	3382	3800	3750	3637	3543	3693	3377	3750	3305	3228
Waiting longer than 6 weeks	101	15	28	43	106	35	55	54	31	43	31	21
% over 6 weeks	2.7%	0.4%	0.8%	1.1%	2.8%	1.0%	1.6%	1.5%	0.9%	1.1%	0.9%	0.7%
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%	1.02%	1.04%	0.99%	0.97%



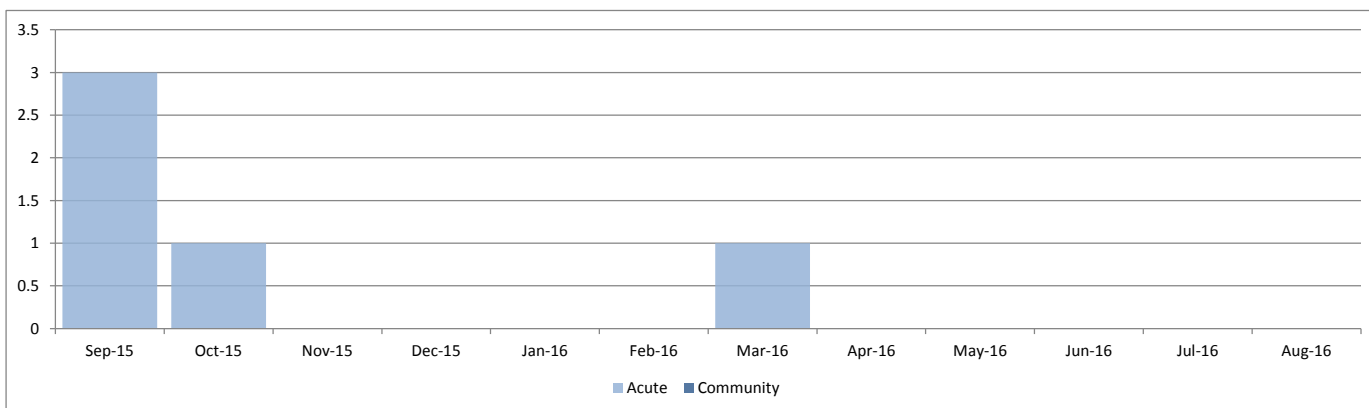
Referral to Treatment over 52 week incomplete pathways

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Patients over 52 weeks	1	1	1	2	3	5	4	4	6	5	11	8



Mixed sex accomodation breaches of Standard

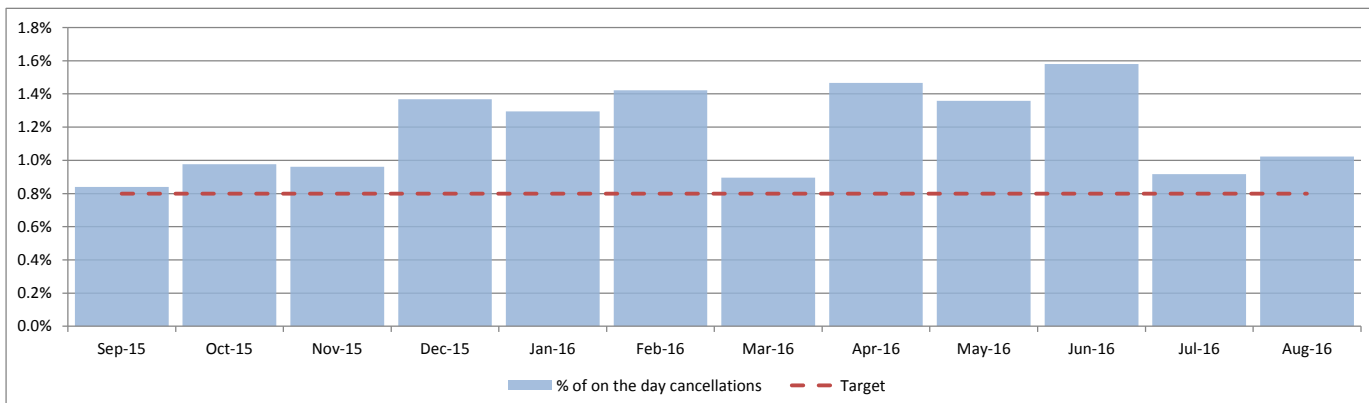
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Acute	3	1	0	0	0	0	1	0	0	0	0	0
Community	0	0	0	0	0	0	0	0	0	0	0	0



CONTRACTUAL FRAMEWORK

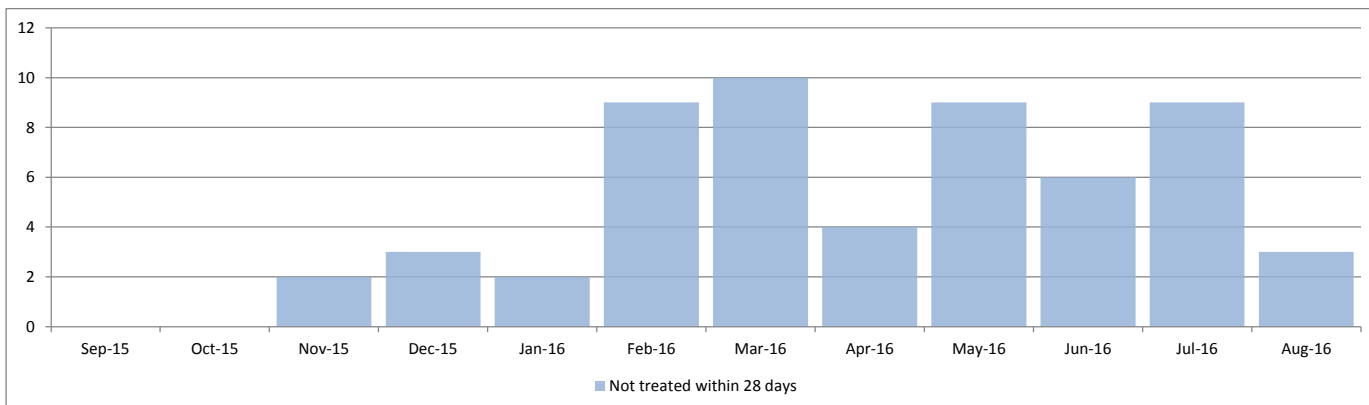
On the day cancellations for elective operations

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Cancellations	30	32	30	41	40	45	29	47	46	56	30	34
Elective spells	3576	3275	3123	2998	3089	3164	3236	3205	3387	3543	3271	3327
% of on the day cancellations	0.8%	1.0%	1.0%	1.4%	1.3%	1.4%	0.9%	1.5%	1.4%	1.6%	0.9%	1.0%
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%



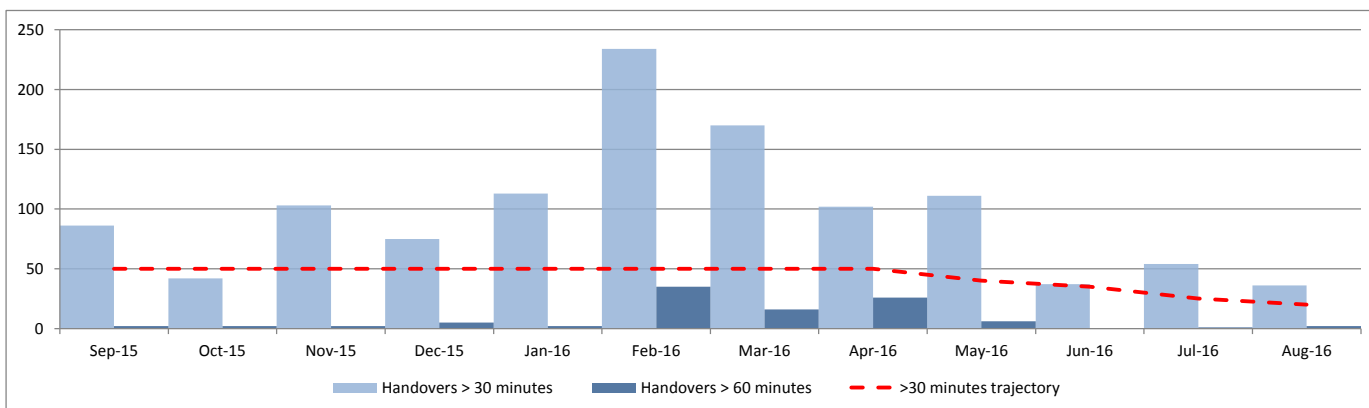
Cancelled patients not treated within 28 days of cancellation

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



Ambulance handovers

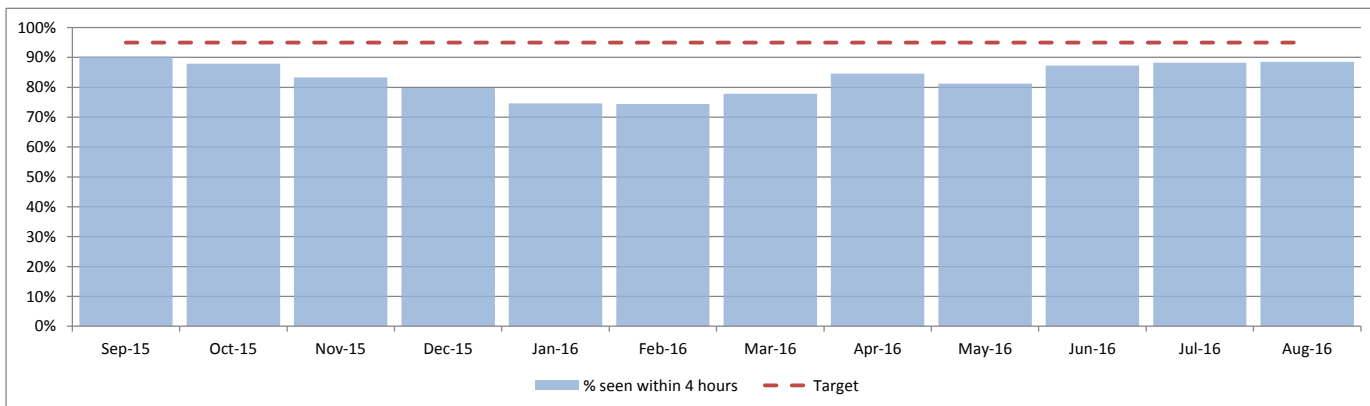
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Handovers > 30 minutes	86	42	103	75	113	234	170	102	111	37	54	36
Handovers > 60 minutes	2	2	2	5	2	35	16	26	6	0	1	2
>30 minutes trajectory	50	50	50	50	50	50	50	50	40	35	25	20



CONTRACTUAL FRAMEWORK

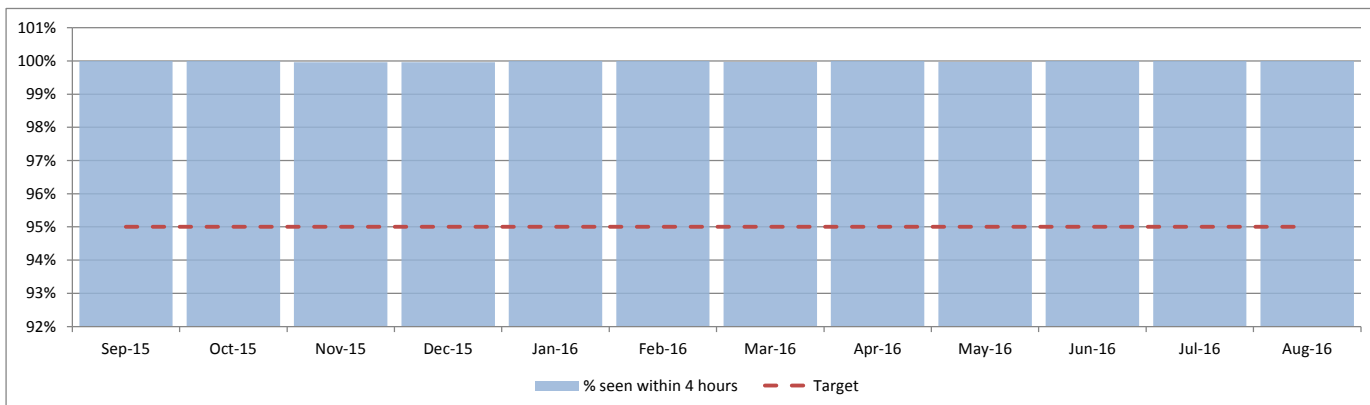
A&E patients seen within 4 hours (DGH only)

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Patients seen	6087	6192	6090	5874	5896	5693	6334	5924	6534	6350	6971	6587
4 hour breaches	594	753	1019	1191	1500	1459	1405	918	1228	810	819	759
% seen within 4 hours	90%	88%	83%	80%	75%	74%	78%	85%	81%	87%	88%	88%
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%



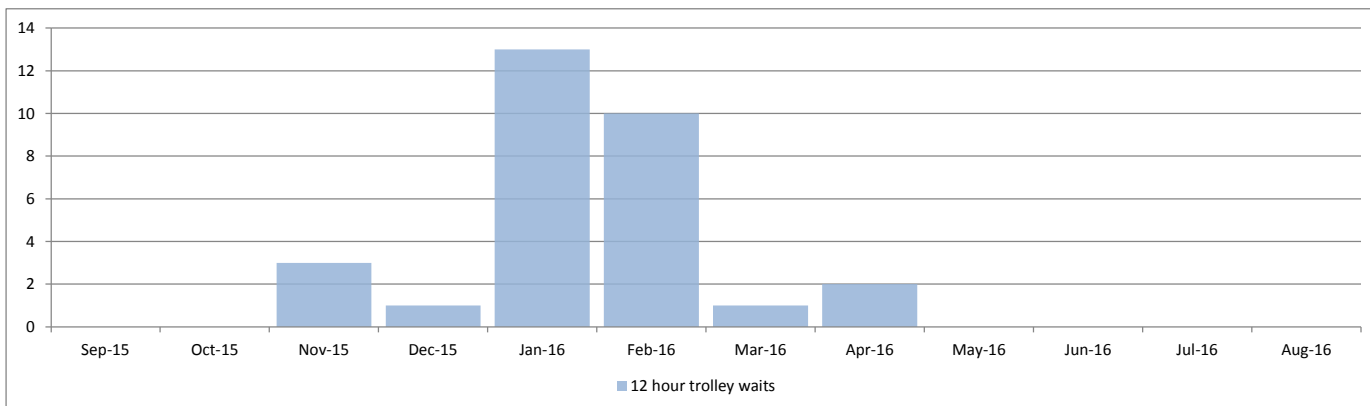
A&E patients seen within 4 hours (community MIU)

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Patients seen	2788	2520	2361	2261	2327	2391	2964	2703	3207	3322	3708	3862
4 hour breaches	0	0	1	1	0	0	1	0	1	0	0	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

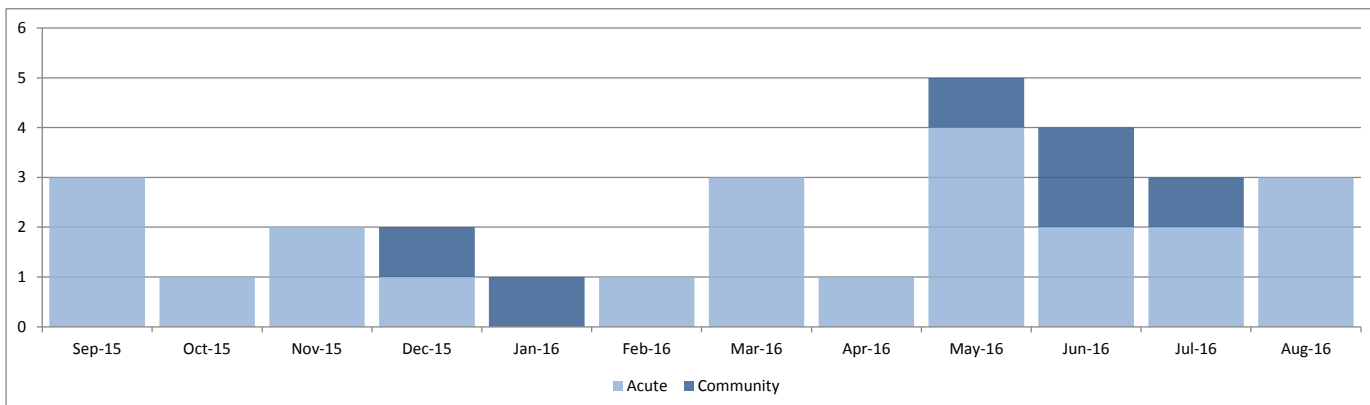
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
12 hour trolley waits	0	0	3	1	13	10	1	2	0	0	0	0



CONTRACTUAL FRAMEWORK

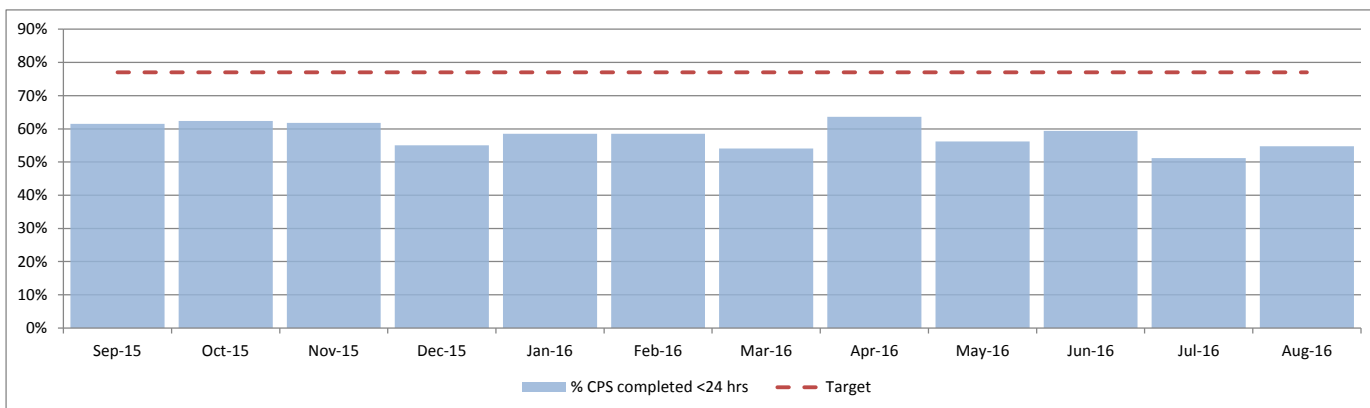
Number of Clostridium Difficile cases

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



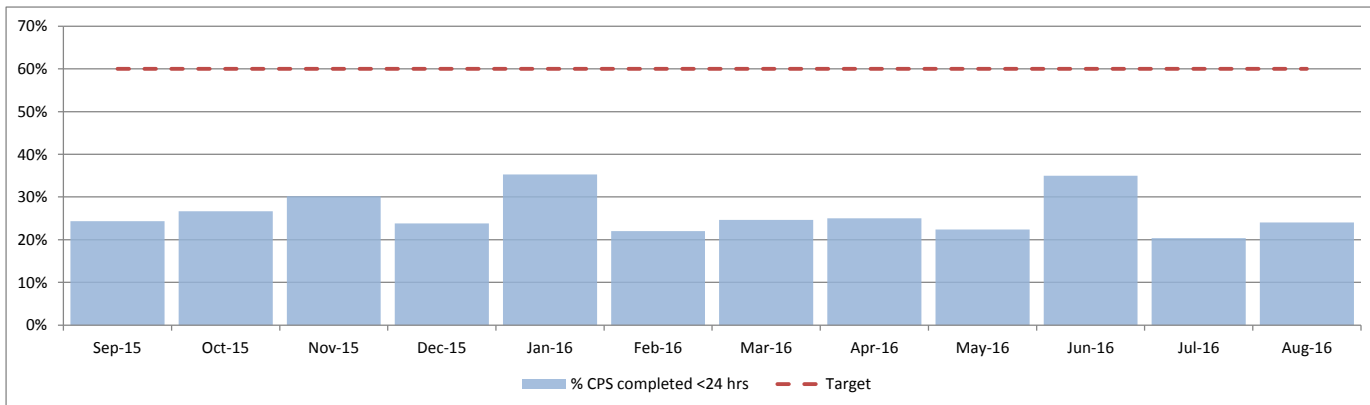
Care Plan Summaries completed with 24 hours of discharge - Weekday

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Discharges	1165	1148	1132	1025	997	1089	1085	1105	1109	1179	1039	1059
CPS completed within 24 hours	1893	1840	1831	1863	1705	1860	2008	1737	1975	1986	2031	1934
% CPS completed <24 hrs	62%	62%	62%	55%	58%	59%	54%	64%	56%	59%	51%	55%
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

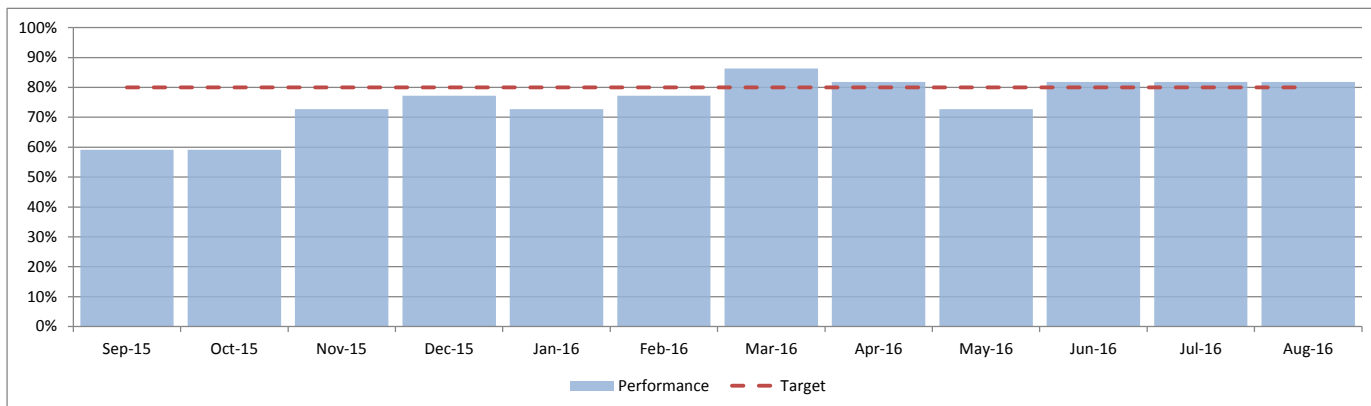
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Discharges	444	495	444	390	470	414	406	528	532	460	599	441
CPS completed within 24 hours	108	132	134	93	166	91	100	132	119	161	122	106
% CPS completed <24 hrs	24%	27%	30%	24%	35%	22%	25%	25%	22%	35%	20%	24%
Target	60.0%	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

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



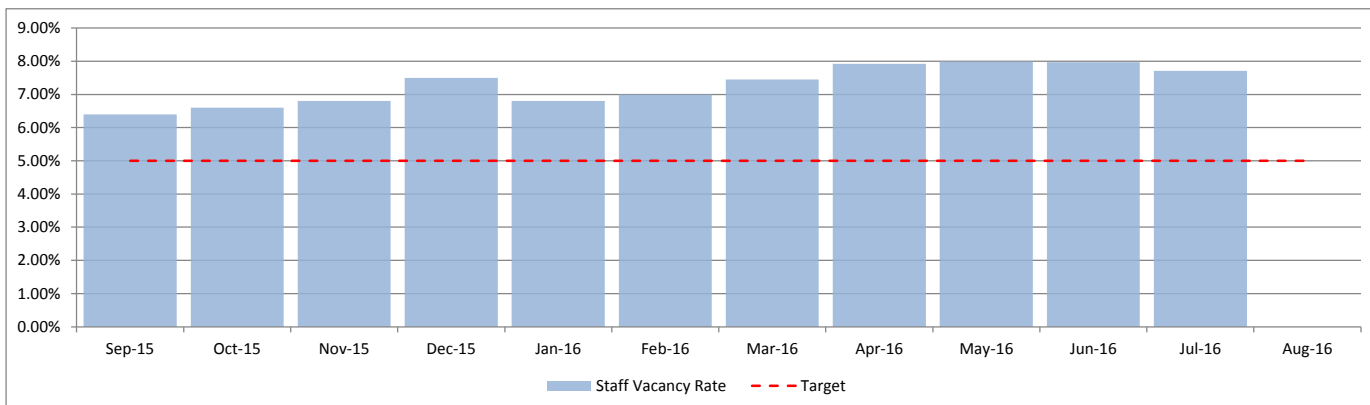
WORKFORCE MANAGEMENT FRAMEWORK

Month 5 August 2016

WORKFORCE MANAGEMENT FRAMEWORK

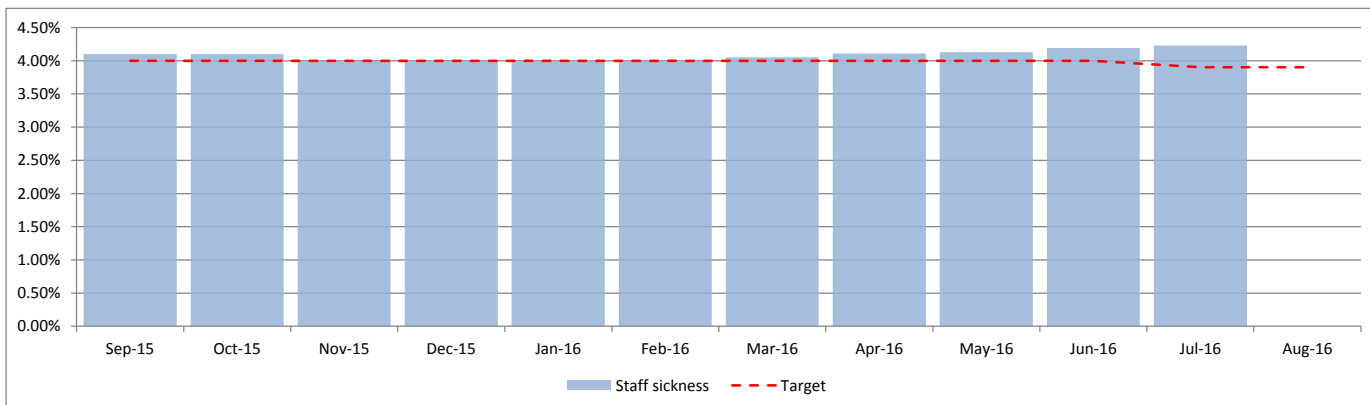
Staff Vacancy Rate (excluding temp workforce and additional hours)

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Staff Vacancy Rate	6.40%	6.60%	6.80%	7.50%	6.80%	7.00%	7.45%	7.92%	7.99%	7.97%	7.71%	n/a
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%



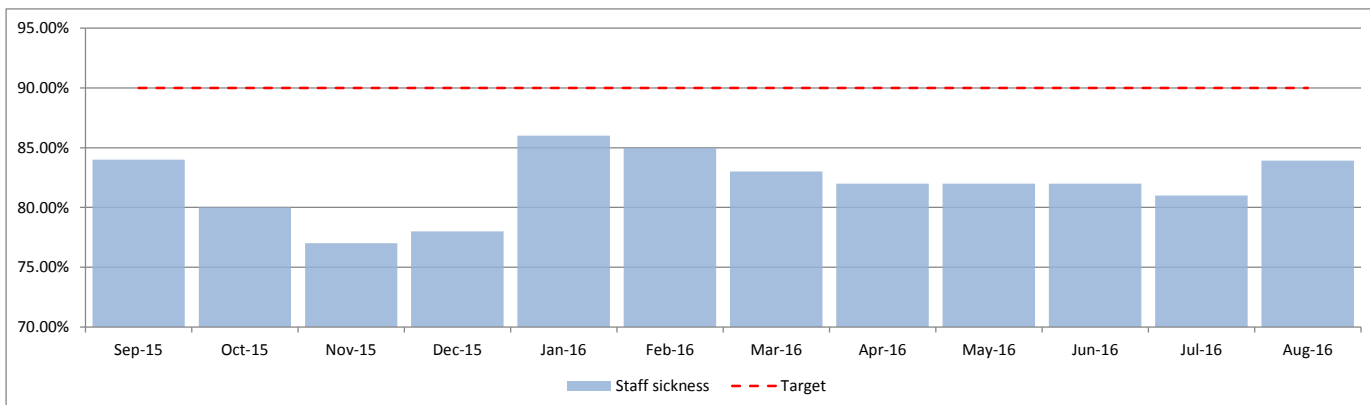
Staff sickness

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Staff sickness	4.10%	4.10%	4.00%	4.00%	4.00%	4.00%	4.05%	4.11%	4.13%	4.19%	4.23%	n/a
Target	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	3.9%	3.9%



Appraisal Completeness

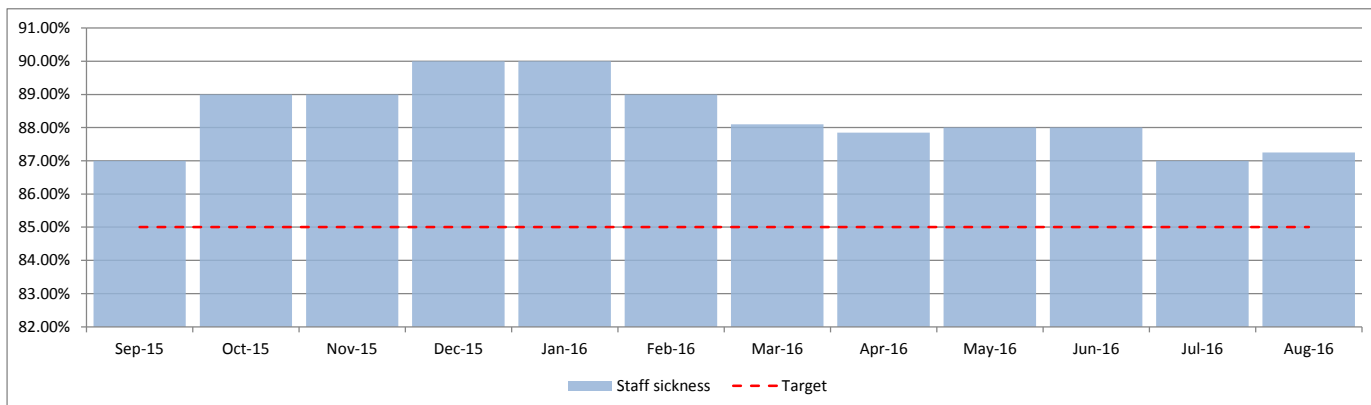
	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Staff sickness	84.00%	80.00%	77.00%	78.00%	86.00%	85.00%	83.00%	82.00%	82.00%	82.00%	81.00%	83.91%
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%



WORKFORCE MANAGEMENT FRAMEWORK

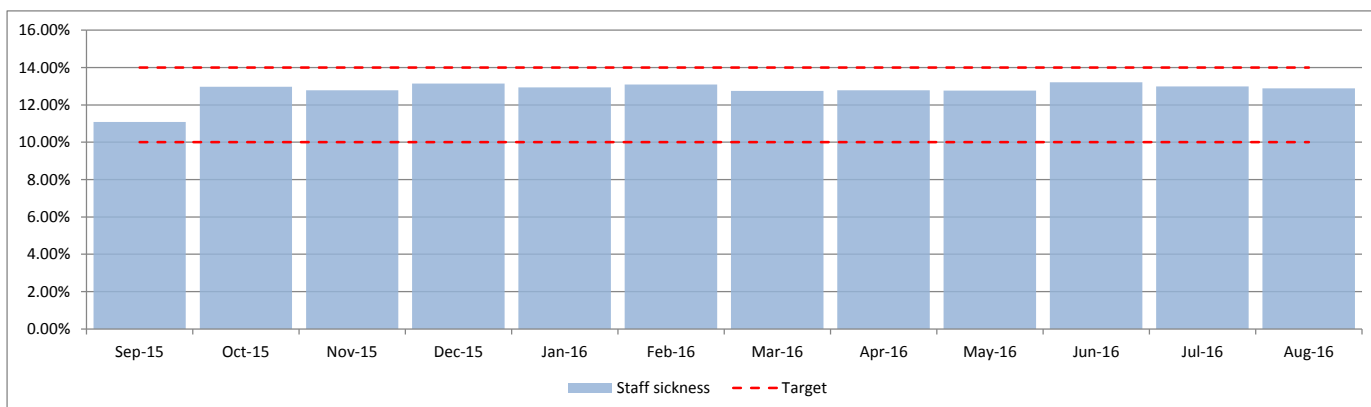
Mandatory Training Completeness

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Staff sickness	87.00%	89.00%	89.00%	90.00%	90.00%	89.00%	88.10%	87.85%	88.00%	88.00%	87.00%	87.25%
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%



Turnover - All Staff (Excl Jnr Docs) Rolling 12 Month Turnover Rate

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Staff sickness	11.09%	12.97%	12.79%	13.15%	12.94%	13.09%	12.75%	12.78%	12.77%	13.21%	12.99%	12.89%
Target	10-14%	10-14%	10-14%	10-14%	10-14%	10-14%	10-14%	10-14%	10-14%	10-14%	10-14%	10-14%



Workforce Analysis - Torbay and South Devon NHS Foundation Trust

Monthly Staff Details (End of August 2016)			Bank & Agency (End of Jul)				Starters (headcount)		Starters (FTE)		Leavers (headcount)		Leavers (FTE)		FTE Turnover	Skill Mix	Fixed Term Contract	Work Pattern		Gender		Disability / Ethnicity		Valid Appraisals	Age	
Division/Directorate	Staff	FTE	Bank Monthly FTE Usage	Bank Monthly Cost	Agency Monthly FTE Usage	Agency Monthly Cost	This Month (Aug)	12mth Rolling	This Month (Aug)	12mth Rolling	This Month (Aug)	12mth Rolling	This Month (Aug)	12mth Rolling	12mth Rolling %	Band 5 above/Band 1-4	FTE of staff on FTC	% Full-Time	% Part-Time	% Female	% Male	% Reporting a Disability	% Ethnic Minority	12 Mth Rolling	% of Age over 55	
CHARITABLE FUNDS DIVISION	34	19.93						5			1.33		4		2.87	14.33%	06/94	0.53	21%	79%	100%	0%	3%	3%	89%	12%
Health Visiting & School Nursing	99	76.78	0.05	£ 166			6		4.95	1	15	0.53	10.96	13.84%	76/24	2.32	32%	68%	99%	1%	4%	1%	98%	20%		
Other Public Health Provider	98	80.14	0.37	£ 898	9.78	£ 67,134	2	20	1.60	16.98	1	14	0.67	11.53	14.70%	70/30	2.69	49%	51%	71%	29%	4%	7%	96%	16%	
Dir - Public Health	197	156.92	0.42	£ 1,054	9.78	£ 67,134	2	26	1.60	21.93	2	29	1.20	22.49	14.27%	73/27	5.01	41%	59%	85%	15%	4%	4%	97%	18%	
SD Community Services - Coastal	34	30.05	0.19	£ 456			1		1.00	4		4		2.71	8.83%	65/35		59%	41%	79%	21%	3%	0%	81%	19%	
SD Community Services - Moorland	20	16.17	0.14	£ 503			2		1.01	7		7		4.37	25.59%	65/35		30%	70%	100%	0%	5%	0%	94%	25%	
SD Community Services - Newton Abbot	33	26.86	2.81	£ 9,752					4.80	1	3	0.64	2.04	7.89%	61/39	0.11	52%	48%	94%	6%	0%	0%	96%	18%		
SD Community Services - Other	89	71.97	2.04	£ 7,331	1.80	£ 4,861	11		9.27	2	15	1.32	10.87	15.14%	57/43	3.36	35%	65%	94%	6%	1%	0%	84%	18%		
SD Community Services - Tonnes and Dartmouth	34	29.16	0.43	£ 1,359	1.49	£ 5,822	4		3.00		5		3.87	13.16%	59/41		47%	53%	88%	12%	3%	0%	93%	44%		
Dir - SD Community Services	210	174.22	5.61	£ 19,401	3.29	£ 10,683	23		19.08	3	34	1.96	23.85	13.65%	60/40	3.47	43%	57%	91%	9%	2%	0%	88%	23%		
Operations Support	33	30.34						4		4.00		7	0.84	6.33	20.25%	55/45		79%	21%	58%	42%	3%	3%	77%	33%	
TCT Community Services - Adult Social Care	38	34.55	0.22	£ 709					2.64		3		2.64	7.45%	87/13	1.80	61%	39%	84%	16%	3%	5%	7%	76%	34%	
TCT Community Services - Baywide	46	39.56	0.08	£ 335	0.91	£ 2,692	2	10	2.00	8.97	1	11	1.00	9.39	22.91%	35/65	2.80	50%	50%	87%	13%	9%	0%	80%	28%	
TCT Community Services - BEST	19	13.94			1.13	£ 7,138	1		0.50	1	2	1.00	1.50	10.39%	58/42		11%	89%	95%	5%	0%	0%	65%	26%		
TCT Community Services - Brixham Zone	53	40.83	0.19	£ 673	0.57	£ 2,981					6		5.10	11.19%	68/32	0.42	30%	70%	96%	4%	2%	4%	84%	36%		
TCT Community Services - Older Peoples Mental Health	13	8.83	0.08	£ 441										0.00%	85/15		23%	77%	92%	8%	0%	0%	91%	15%		
TCT Community Services - Other Social Care	17	13.21						1	0.40		3		2.75	20.15%	76/24	0.20	29%	71%	94%	6%	12%	0%	86%	29%		
TCT Community Services - Paignton	103	87.81					1	12	1.00	10.36	2	16	2.00	13.72	15.26%	68/32	2.00	50%	50%	87%	13%	2%	1%	84%	29%	
TCT Community Services - Torquay Zone	154	134.67	0.09	£ 413	0.44	£ 1,268	3	16	3.00	14.88	25		18.83	14.18%	71/29	1.00	59%	41%	94%	6%	2%	1%	76%	21%		
Dir - Torbay Community Services	476	403.74	0.66	£ 2,570	3.06	£ 8,115	6	44	6.00	39.11	5	73	4.84	60.25	14.62%	67/33	8.22	50%	50%	89%	11%	3%	2%	79%	28%	
COMMUNITY SERVICES DIVISION	883	734.89	6.68	£ 23,025	16.12	£ 85,932	8	93	8	80.12	10	136	8	106.59	14.31%	66/34	16.70	46%	54%	89%	11%	3%	2%	85%	24%	
Dir - Chief Executive	6	5.84					1		1.00		4		4.00	29.64%	83/17		83%	17%	67%	33%	0%	0%	100%	33%		
Dir - Education & Development	99	93.41	-0.87	£ 26,963			10	21	10.00	21.00	9	18	9.00	16.67	12.58%	78/22	6.08	83%	17%	67%	33%	5%	2%	91%	12%	
Finance	79	73.72	0.92	£ 2,087			1	6	1.00	6.00	1	11	1.00	10.47	13.53%	58/42	4.00	71%	29%	72%	28%	4%	1%	85%	25%	
Health Informatics Service	164	141.68	10.40	£ 20,287			1	18	1.00	16.31	3	17	2.43	14.11	10.01%	37/63	12.75	65%	35%	54%	46%	2%	1%	81%	23%	
Procurement	38	36.53									1		0.69	1.88%	34/66		89%	11%	42%	58%	3%	8%	8%	21%	24%	
Dir - Finance, Performance & Information	281	251.94	11.31	£ 22,374			2	24	2.00	22.31	4	29	3.43	25.27	9.90%	43/57	16.75	70%	30%	57%	43%	3%	2%	65%	23%	
Dir - Medical Director	28	23.48	0.06	£ 184			1	7	1.00	5.40		4		3.00	13.38%	68/32	0.49	43%	57%	89%	11%	7%	0%	89%	14%	
Dir - Nursing & Quality	110	92.25	16.12	£ 92,703			2	13	2.00	9.21		14		11.07	11.93%	68/32	2.25	55%	45%	84%	16%	3%	0%	85%	31%	
Operations	24	19.73	0.77	£ 2,555	1.35	£ 18,240	1	1	0.51	0.51		4		2.53	12.65%	54/46		54%	46%	88%	13%	4%	0%	81%	17%	
Transport	74	65.57	7.25	£ 16,354				6	5.13		8		6.40	9.70%	03/97		59%	41%	35%	65%	1%	0%	0%	80%	41%	
Dir - Operations	98	85.31	8.02	£ 18,909	1.35	£ 18,240	1	7	0.51	5.64		12		8.93	10.39%	15/85		58%	42%	48%	52%	2%	0%	80%	35%	
Dir - Pharmacy Services	97	84.36	0.79	£ 1,620			5	19	5.00	18.47		14		13.20	16.26%	58/42	4.00	59%	41%	87%	13%	2%	5%	79%	9%	
Dir - Strategy	63	59.08						2	2.00		2		2.00	3.69%	83/17	4.24	79%	21%	44%	56%	6%	2%	67%	16%		
Dir - Workforce	71	62.99	1.09	£ 2,076		£ 4,320	1	18	1.00	15.59	24		19.35	28.89%	41/59	4.24	68%	32%	43%	57%	17%	4%	3%	88%	20%	
CORPORATE SERVICES DIVISION	853	758.65	36.51	£ 110,903	1.35	£ 22,560	22	112	21.51	100.61	13	121	12.43	103.49	12.88%	53/47	38.06	67%	33%	66%	34%	3%	2%	76%	22%	
Estates	33	32.60	0.15	£ 279								3		3.00	8.00%	30/70	2.00	97%	3%	9%	91%	0%	0%	91%	36%	
Facilities Management	28	26.28						2	2.00		1		1.00	5.10%	89/11	3.00	82%	18%	39%	61%	11%	0%	92%	32%		
Dir - Estates & Facilities	61	58.88	0.15	£ 279				2	2.00		4		4.00	7.00%	57/43	5.00	90%	10%	23%	77%	5%	0%	92%	34%		
Hotel Services - Catering	55	38.70	2.56	£ 5,617				9	4.68	1	17	0.80	9.81	21.86%	02/98		38%	62%	38%	62%	5%	5%	80%	27%		
Hotel Services - Domestic	346	246.83	35.97	£ 84,947	2.67	£ 9,705	1	76	0.40	44.71	5	48	3.73	29.88	13.70%	00/100		15%	85%	80%	20%	3%	4%	88%	41%	
Hotel Services - Other	67	61.61	7.81	£ 16,298				9	3.81	1	12	0.47	10.68	16.18%	09/91	1.20	75%	25%	33%	67%	3%	0%	92%	43%		
Dir - Hotel Services	468	347.15	46.34	£ 106,862	2.67	£ 9,705	1	90	0.40	53.19	7	77	5.00	50.37	15.31%	01/99	1.20	27%	74%	39%	31%	3%	3%	88%	40%	
ESTATES & FACILITIES MANAGEMENT DIVISION	529	406.03	46.49	£ 107,141	2.67	£ 9,705	1	92	0.40	55.19	7	81	5.00	54.37	14.08%	09/92	6.20	34%	66%	83%	37%	3%	3%	88%	39%	
Dir - Hospital Services - Brixham	28	25.02	2.85	£ 8,233	0.63	£ 6,000		6	5.60		6		4.52	17.71%	43/57	0.80	64%	36%	86%	14%	4%	7%	87%	25%		
Hospital Services - Dawlish Hospital	25	21.26	3.53	£ 9,871				4	5.24		4		2.98	13.71%	36/64		52%	48%	80%	20%	0%	16%	95%	16%		
Hospital Services - Teignmouth Hospital	21	17.83	2.55	£ 9,061	1.15	£ 8,311		6	4	2.77	1	10	0.80	6.92	27.91%	43/57		38%	62%	100%	0%	0%	10%	94%	38%	
Dir - Hospital Services - Coastal	46	39.09	6.08	£ 18,932	1.15	£ 8,311		10	8.01	1	14	0.80	9.90	21.28%	39/61		48%	54%	89%	11%	0%	13%	95%	26%		
Dir - Hospital Services - Dartmouth	26	20.11	3.43	£ 9,827	0.08	£ 2,159		6	3.52		8		5.68	23.61%	38/62		31%	69%	100%	0%	0%	4%	9%	95%	31%	
Dir - Hospital Services - MU Services	30	24.87	0.16	£ 407	0.31	£ 1,592		7	6.60	1	5	1.00	3.63	15.28%	83/17		47%	53%	63%	37%	0%	0%	0%	86%	30%	
Hospital Services - Ashburton Hospital	17	13.41	5.94	£ 17,085	0.22	£ 165	1	2	1.00	1.80		3		2.39	16.44%	41/59		29%	71%	100%	0%	0%	6%	93%	41%	
Hospital Services - Bovey Tracey Hospital	13	10.44	0.89	£ 2,294	2.64	£ 11,362		5	4.49	1	9	1.00	7.99	53.36%	23/77	0.80	38%	62%	69%	31%	8%	0%	100%	46%		
Dir - Hospital Services - Moorland	30	2																								

Workforce Analysis - Torbay and South Devon NHS Foundation Trust

Monthly Staff Details (End of August 2016)		Bank & Agency (End of Jul)					Starters (headcount)		Starters (FTE)		Leavers (headcount)		Leavers (FTE)		FTE Turnover	Skill Mix	Fixed Term Contract	Work Pattern		Gender		Disability / Ethnicity		Valid Appraisals	Age
Division/Directorate	Staff	FTE	Bank Monthly FTE Usage	Bank Monthly Cost	Agency Monthly FTE Usage	Agency Monthly Cost	This Month (Aug)	12mth Rolling	This Month (Aug)	12mth Rolling	This Month (Aug)	12mth Rolling	This Month (Aug)	12mth Rolling	12 mth Rolling %	Band 5 above/Band 1-4	FTE of staff on FTC	% Full-Time	% Part-Time	% Female	% Male	% Reporting a Disability	% Ethnic Minority	12 Mth Rolling	% of Age over 55
Care of the Elderly - Medicine	99	88.19	22.79	£ 29,589	4.89	£ 38,903	6	23	6.00	21.88	4	13	3.61	11.25	10.48%	48/52	2.84	67%	33%	82%	18%	2%	6%	93%	12%
Stroke	39	36.32	11.09	£ 18,256	2.23	£ 23,005		7		7.00		6		5.61	15.45%	49/51	3.40	79%	21%	79%	21%	0%	28%	100%	28%
Dir - Care of the Elderly - Medicine	138	124.51	33.88	£ 47,845	7.12	£ 61,908	6	30	6.00	28.88	4	19	3.61	16.86	12.05%	49/51	6.24	70%	30%	81%	19%	1%	12%	95%	17%
Dermatology	15	11.44	1.09	£ 3,130	3.18	£ 17,801		2		1.20		1		0.80	7.39%	80/20	0.20	33%	67%	87%	13%	0%	13%	22%	20%
Neurology	3	3.00	0.10	£ 307	-			1		1.00		2		2.00	50.63%	100/00		100%	0%	67%	33%	0%	0%	100%	0%
Rheumatology	17	12.95			-	£ 1,587	1	2	1.00	1.70	1	1	1.00	1.00	0.00%	88/12		29%	71%	82%	18%	0%	12%	100%	16%
Dir - Derm, Rheum, Neurology, Thoracic- Medicine	35	27.39	1.18	£ 3,437	3.18	£ 16,214	1	5	1.00	3.90	1	4	1.00	3.80	10.38%	86/14	0.20	37%	63%	83%	17%	0%	11%	65%	17%
Dir - Emergency Services	258	215.03	39.79	£ 103,280	22.61	£ 160,649	14	59	13.77	52.54	15	44	13.65	35.96	9.50%	62/38	12.99	48%	52%	83%	17%	2%	6%	90%	12%
Diabetes and Endocrinology	20	17.36	0.37	£ 871	-	£ 3,557		4		3.80	3	4	3.00	4.00	0.00%	100/00		55%	45%	75%	25%	0%	10%	86%	5%
Gastroenterology	79	70.09	1.67	£ 3,448	-		2	17	1.40	13.09	5	11	4.40	9.44	5.57%	56/44	2.20	57%	43%	81%	19%	0%	5%	52%	20%
Dir - Gastroenterology/Endocrinology- Medicine	99	87.46	2.04	£ 4,319	-	£ 3,557	2	21	1.40	16.89	8	15	7.40	13.44	4.66%	65/35	2.20	57%	43%	80%	20%	5%	6%	56%	17%
Admin/Support- Med Div	47	40.44	1.03	£ 2,224			1	11	0.80	10.00		14		12.25	30.76%	32/68	1.00	55%	45%	91%	9%	6%	0%	97%	32%
General Medicine	55	47.95	8.15	£ 21,000	11.40	£ 83,844	5	25	5.00	21.92	4	4	3.40	11.96%	60/40	0.60	55%	45%	80%	20%	2%	5%	76%	16%	
Medical Division HQ	4	4.05						1		0.20		3		2.40	48.45%	75/25		75%	25%	100%	0%	0%	0%	100%	25%
Dir - General Medicine	106	92.44	9.19	£ 23,224	11.40	£ 83,844	6	37	5.80	32.12		21		18.05	24.68%	48/52	1.60	56%	44%	86%	14%	4%	3%	88%	24%
Cardiology	124	105.27	3.42	£ 10,039	1.87	£ 13,835	5	16	4.51	14.11	3	12	3.00	10.15	7.28%	65/35	0.90	54%	46%	81%	19%	2%	10%	81%	19%
Respiratory	66	56.34	8.69	£ 24,291	2.84	£ 13,878	2	14	2.00	13.60	7	21	6.12	17.01	21.34%	64/36	0.20	48%	52%	85%	15%	0%	8%	86%	14%
Dir - Heart & Lung- Medicine	190	161.61	12.11	£ 34,331	4.71	£ 27,713	7	30	6.51	27.71	10	33	9.12	27.16	12.06%	64/36	1.10	52%	48%	83%	17%	1%	9%	82%	17%
MEDICAL SERVICES DIVISION	1024	875.88	104.03	£ 231,519	51.58	£ 368,305	40	213	38.27	186.69	46	169	42.14	141.46	12.03%	59/41	27.73	53%	47%	84%	17%	2%	7%	84%	17%
PMU Finance	5	4.64			8.50	£ 10,559	1	14	1.00	14.00	1	2	1.00	2.00	4.39%	25/75		92%	8%	58%	42%	2%	2%	8%	15%
PMU Manufacturing	52	50.57			1.86	£ 9,038		4		3.53		1		1.00	2.50%	50/50	1.00	84%	16%	59%	41%	2%	5%	79%	14%
PMU Quality Control	44	41.79						1		1.00				0.00%	86/14		71%	29%	100%	0%	0%	0%	0%	75%	0%
PMU Sales & Marketing	7	6.39												0.61	12.94%	100/00		80%	20%	80%	0%	0%	0%	100%	60%
PMU Senior Team	5	4.70												0.61	12.94%	100/00		80%	20%	80%	0%	0%	0%	100%	60%
PMU Supply Chain	19	15.28			2.51	£ 3,180		3		3.00	1	1	0.61	0.61	4.10%	16/84		58%	42%	53%	47%	5%	0%	73%	42%
BPHARMACY DIVISION (Manufacturing)	132	123.37			12.87	£ 22,777	1	22	1.00	21.83	2	6	1.61	4.81	4.16%	33/67	1.00	83%	17%	53%	47%	5%	2%	52%	25%
RESEARCH & DEVELOPMENT DIVISION	42	33.77	0.45	£ 677				2		2.00		3	0.70	1.89	5.72%	69/31	4.40	33%	67%	33%	67%	0%	2%	91%	26%
Dir - Breast Care	40	32.88	1.76	£ 3,464	1.81	£ 22,031	1	2	1.00	1.53		5		3.73	9.09%	55/45		53%	48%	93%	8%	3%	5%	84%	38%
Dir - General Surgery	257	214.26	15.33	£ 41,347	12.13	£ 80,590	11	57	9.11	49.20	5	45	5.00	36.08	12.07%	56/44	6.23	54%	46%	85%	15%	2%	5%	79%	19%
Dir - Head & Neck	102	78.62			0.80	£ 4,656	4	17	3.60	15.13	7	19	7.00	14.74	7.23%	69/31	6.59	44%	56%	75%	25%	3%	5%	91%	22%
Dir - Ophthalmology	121	103.65			3.26	£ 75,124	7	28	6.03	25.43	2	17	2.00	16.16	11.44%	50/50	4.40	59%	41%	85%	15%	3%	9%	96%	23%
Dir - Surgical Division	82	73.18	0.88	£ 1,560			3	22	2.22	20.83	2	13	2.00	10.83	15.32%	24/76	1.00	66%	34%	79%	21%	1%	5%	85%	20%
Dir - Theatres, Anaesthetics and ICU	406	360.09	3.27	£ 9,593	10.99	£ 75,263	8	60	7.33	55.03	11	55	10.01	47.90	10.58%	71/29	4.38	66%	34%	72%	28%	2%	11%	86%	20%
Dir - Trauma and Orthopaedics	158	135.20	4.76	£ 13,457	6.05	£ 28,951	6	25	5.92	23.07	8	28	7.61	24.96	13.90%	52/48	1.00	54%	46%	72%	28%	2%	6%	89%	22%
SURGICAL SERVICES DIVISION	1166	997.87	25.99	£ 69,420	35.04	£ 286,614	40	211	35.20	190.21	35	182	33.63	154.40	11.50%	59/41	23.59	58%	42%	78%	22%	2%	8%	86%	21%
Child Health Med, Mgmt and Misc Specialty	58	52.31	0.39	£ 1,704	-0.31	£ 10,278	2	17	2.00	15.18	4	19	4.00	17.50	12.06%	55/45	2.40	60%	40%	76%	24%	2%	14%	93%	14%
Paediatric	97	77.51	6.78	£ 20,844	0.88	£ 11,101		6		4.98	1	5	0.92	3.17	4.16%	69/31	1.60	30%	70%	99%	1%	3%	2%	92%	15%
Dir - Child Health	155	129.82	7.16	£ 22,548	0.57	£ 21,379	2	23	2.00	20.16	5	24	4.92	20.67	7.01%	64/36	4.00	41%	59%	90%	10%	3%	6%	92%	15%
Dir - Lab Medicine	115	101.80	2.00	£ 4,095	2.20	£ 11,931		10		6.79		9		8.27	8.23%	63/37	6.70	68%	32%	63%	37%	3%	4%	90%	22%
Gynaecology	40	29.75	2.07	£ 5,786	0.08	£ 2,493		2		0.89		2		1.53	5.20%	65/35	0.46	30%	70%	100%	0%	5%	5%	92%	13%
Midwifery	127	100.02	2.56	£ 9,645				7		5.72		11		7.68	7.55%	79/21	4.86	24%	76%	100%	0%	1%	2%	83%	32%
O&G Medical and Management	47	42.83	0.23	£ 436	1.49	£ 33,779	1	19	1.00	17.19	3	20	3.00	17.69	16.16%	49/51	3.25	30%	70%	74%	26%	0%	11%	95%	13%
Dir - Obs & Gynae	214	172.60	4.87	£ 15,867	1.57	£ 31,286	1	28	1.00	23.80	3	33	3.00	26.90	8.79%	70/30	8.57	35%	65%	94%	6%	1%	4%	87%	16%
Dir - Radiology & Imaging	129	109.21	0.38	£ 1,279	1.61	£ 47,544	2	20	1.85	16.30	3	25	2.20	18.71	16.95%	66/34	0.57	44%	56%	72%	28%	1%	3%	86%	19%
Dir - Sexual Health	39	30.15	0.92	£ 2,167				4		2.80	1	9	1.00	6.23	17.40%	67/33		36%	64%	87%	13%	0%	3%	68%	28%
Dir - Therapies	305	248.53	0.70	£ 1,969	0.59	£ 20,057	5	58	3.91	44.09	4	52	3.44	35.09	14.23%	75/25	11.35	43%	57%	85%	15%	3%	2%	90%	17%
Medical Electronics	16	15.73						1	2	1.00	2.00	2	1.18	7.46%	44/56	2.00	94%	6%	13%	88%	0%	0%	100%	31%	
Women's, Children's & Diagnostics	15	12.65						3		2.43		1	1.00	7.72%	67/33		53%	47%	80%	20%	0%	7%	80%	13%	
Dir - Women's, Children's & Diagnostics	31	28.39						1	5	1.00	4.43	3	3	2.18	7.57%	55/45	2.00	74%	26%	45%	55%	0%	3%	92%	23%
WOMEN'S, CHILDREN'S & DIAG DIVISION	88	820.49	16.03	£ 47,925	6.53	£ 132,197	11	148	9.76	118.36	16	155	14.56	118.05	11.54%	69/31	33.19	45%	55%	82%	18%	2%	6%	88%	16%
Grand Total	6069																								

Absence and Mandatory Training - Torbay and South Devon NHS Foundation Trust

Monthly Staff Details (End of August 2016)			Sickness Absence (Jul)		Total Est Sick Cost (Jul)		Sickness Absence (12month rolling)			Reason % Days Lost YTD (12 mt rolling)							Annual Leave		All Absence		Mandatory Training Compliance (Aug)								
Division/Directorate	Staff	FTE	Month Sick Rate %	12mth Rolling Sick Rate %	Jul £	12mth Rolling £	Ave. Working Days per employee	% Bradford Score Over Trust Target	% Long-term Sick (over 20 days)	Colds/Flu	Dia / Vom	ENT	Musculo-Skeletal	Other	Stress	Unknown	% Annual Leave taken (EO Jul)	12mth Rolling Absence Rate %	Conflict Resolution	Equality & Diversity Training	Fire Training Compliance	Health & Safety	Infection Control	Info Governance Training	Manual Handling	Safeguarding Adults - Level 1	Safeguarding Children - Level 1		
CHARITABLE FUNDS DIVISION	34	19.93	2.78%	3.12%	£ 448	£ 898	5.00	86.7%	2.31%	5.69%	0.00%	3.20%	58.81%	0.00%	0.00%	33.13%	19.11%	94.12%	91.18%	94.12%	91.18%	70.41%	35.44%	70.41%	70.41%	70.41%	70.41%	97.86%	100.00%
Health Visiting & School Nursing	99	76.79	7.50%	8.23%	£ 15,909	£ 161,945	10.5	9.1%	76.7%	8.16%	8.75%	1.54%	18.33%	18.81%	44.41%	0.00%	21.05%	16.28%	96.00%	97.00%	83.00%	93.00%	80.10%	91.00%	96.00%	96.00%	100.00%	100.00%	
Other Public Health Provider	98	80.14	2.49%	5.09%	£ 6,346	£ 164,389	9.4	8.2%	77.2%	8.77%	6.83%	11.45%	16.87%	55.22%	22.95%	17.41%	91.84%	94.90%	85.71%	92.86%	85.22%	97.80%	97.80%	97.80%	97.80%	96.94%	97.86%	97.86%	
Dir - Public Health	197	156.92	4.89%	5.21%	£ 22,255	£ 326,333	10.0	8.6%	76.9%	8.45%	7.85%	1.22%	15.10%	17.90%	49.48%	0.00%	21.99%	16.83%	93.94%	95.96%	84.34%	92.33%	83.50%	90.40%	92.42%	97.47%	98.99%	98.99%	
SD Community Services - Coastal	34	30.05	1.54%	4.51%	£ 919	£ 42,589	9.5	20.6%	65.4%	10.27%	1.33%	0.00%	39.02%	26.24%	24.14%	0.00%	25.09%	12.42%	97.06%	94.12%	76.47%	92.00%	72.25%	88.24%	85.29%	100.00%	100.00%	100.00%	
SD Community Services - Moorland	20	16.17	2.88%	1.02%	£ 872	£ 5,818	2.3	0.0%	0.0%	13.70%	12.33%	0.00%	1.37%	30.14%	23.29%	19.18%	31.03%	14.16%	90.00%	95.00%	95.00%	95.00%	90.00%	100.00%	90.00%	100.00%	100.00%	100.00%	100.00%
SD Community Services - Newton Abbot	33	26.88	14.85%	6.50%	£ 10,369	£ 47,825	11.8	27.3%	56.4%	7.29%	5.07%	0.00%	17.91%	31.38%	37.88%	0.48%	31.57%	15.24%	87.88%	93.94%	84.85%	81.82%	69.70%	93.44%	68.75%	100.00%	100.00%	96.97%	100.00%
SD Community Services - Other	89	71.97	6.11%	5.37%	£ 10,633	£ 107,156	10.4	16.9%	62.9%	10.03%	17.41%	0.60%	16.74%	22.33%	32.49%	0.40%	26.39%	16.01%	94.32%	94.32%	90.91%	85.23%	85.56%	94.32%	87.64%	98.86%	98.86%	98.86%	100.00%
SD Community Services - Totnes and Dartmouth	34	29.16	1.91%	2.98%	£ 1,047	£ 24,205	5.2	8.8%	36.5%	28.82%	13.89%	0.00%	25.69%	31.60%	0.00%	19.84%	13.76%	97.06%	100.00%	97.06%	88.24%	97.22%	97.22%	94.32%	94.12%	100.00%	100.00%	100.00%	
Dir - SD Community Services	210	174.22	5.71%	4.57%	£ 23,839	£ 227,594	8.9	16.2%	58.0%	11.38%	11.58%	0.30%	21.17%	25.97%	28.85%	0.76%	26.27%	14.71%	93.78%	95.22%	89.00%	88.52%	83.26%	94.26%	85.65%	99.52%	99.04%	99.04%	
Operations Support	33	30.34	0.41%	2.81%	£ 348	£ 37,585	4.8	6.1%	53.3%	5.88%	36.08%	7.45%	5.88%	27.45%	17.25%	0.00%	21.96%	13.04%	82.35%	79.41%	91.18%	79.41%	88.57%	88.24%	91.18%	91.18%	76.47%	76.47%	
TCT Community Services - Adult Social Care	38	34.55	4.17%	7.18%	£ 4,333	£ 90,834	12.1	13.2%	79.6%	8.59%	18.52%	0.67%	44.83%	14.36%	13.02%	0.00%	17.64%	16.51%	89.47%	89.47%	78.95%	86.84%	78.05%	89.47%	89.47%	97.44%	92.50%	92.50%	
TCT Community Services - Baywide	46	39.56	4.98%	3.32%	£ 3,967	£ 33,496	6.3	10.9%	63.1%	10.66%	12.15%	1.92%	17.27%	42.00%	12.58%	0.00%	14.88%	95.65%	100.00%	84.78%	97.83%	80.43%	93.48%	86.96%	100.00%	100.00%	100.00%	100.00%	100.00%
TCT Community Services - BEST	19	13.94	10.20%	7.74%	£ 4,332	£ 43,350	11.8	31.6%	56.8%	6.89%	3.58%	1.38%	4.41%	57.58%	26.17%	0.00%	20.44%	19.38%	94.74%	94.74%	84.21%	94.74%	85.00%	94.74%	89.47%	94.74%	94.74%	94.74%	94.74%
TCT Community Services - Brixham Zone	53	40.83	2.95%	6.37%	£ 3,334	£ 104,500	13.2	13.2%	70.1%	7.33%	29.86%	1.24%	31.36%	15.90%	13.34%	0.00%	28.06%	22.83%	86.79%	94.34%	86.79%	94.74%	86.79%	94.74%	86.79%	88.68%	100.00%	100.00%	100.00%
TCT Community Services - Older Peoples Mental Health	13	8.83	0.30%	5.46%	£ 60	£ 15,147	7.1	15.4%	54.0%	20.67%	2.00%	1.33%	10.00%	56.67%	9.33%	0.00%	34.06%	15.35%	84.62%	92.31%	92.31%	92.31%	84.62%	84.62%	92.31%	100.00%	100.00%	100.00%	100.00%
TCT Community Services - Other Social Care	17	13.21	7.05%	7.67%	£ 3,289	£ 47,518	15.2	11.8%	84.5%	6.67%	14.76%	0.00%	4.52%	1.19%	72.86%	0.00%	18.26%	20.20%	93.75%	93.75%	81.25%	87.50%	81.25%	93.75%	75.00%	75.00%	93.75%	93.75%	
TCT Community Services - Paignton	103	87.81	7.33%	5.60%	£ 17,839	£ 170,598	10.5	19.4%	63.5%	13.11%	4.52%	0.29%	10.59%	43.39%	28.11%	0.00%	27.87%	18.80%	91.26%	91.26%	81.55%	87.38%	78.50%	90.29%	86.27%	96.12%	94.06%	94.06%	94.06%
TCT Community Services - Torquay Zone	154	134.67	6.78%	8.72%	£ 26,443	£ 260,881	12.0	16.2%	75.0%	9.91%	2.78%	1.14%	16.13%	47.29%	22.76%	0.00%	22.81%	16.99%	81.29%	83.23%	76.77%	73.55%	75.95%	89.03%	81.94%	94.84%	96.76%	96.76%	96.76%
Dir - Torbay Community Services	476	403.74	5.60%	5.56%	£ 63,944	£ 803,109	10.7	15.6%	70.3%	9.93%	10.46%	1.25%	18.16%	36.58%	23.42%	0.19%	24.87%	17.65%	88.26%	89.10%	81.76%	83.44%	79.96%	90.78%	85.71%	95.60%	94.86%	94.86%	
COMMUNITY SERVICES DIVISION	683	794.89	5.47%	5.29%	£ 110,038	£ 1,397,037	10.1	14.2%	69.2%	9.91%	10.12%	1.04%	18.12%	30.29%	20.99%	0.27%	24.47%	16.79%	90.84%	92.08%	84.05%	86.79%	81.54%	91.64%	87.20%	96.95%	96.83%	96.83%	96.83%
Dir - Chief Executive	6	5.84	1.11%	3.19%	£ 195	£ 16,855	1.2	16.7%	0.0%	33.33%	41.67%	0.00%	16.67%	0.00%	8.33%	0.00%	25.33%	10.98%	100.00%	100.00%	83.33%	83.33%	85.71%	83.33%	83.33%	100.00%	100.00%	100.00%	100.00%
Dir - Education & Development	99	93.41	4.32%	3.66%	£ 10,953	£ 92,846	6.6	6.1%	68.4%	13.82%	7.33%	12.50%	31.30%	32.24%	0.00%	21.60%	11.31%	85.86%	91.92%	77.78%	88.89%	79.00%	79.00%	91.92%	91.92%	92.93%	90.91%	90.91%	
Finance	79	73.72	4.15%	2.54%	£ 5,979	£ 58,629	6.4	6.3%	74.5%	14.11%	7.48%	0.12%	19.88%	41.84%	16.56%	0.00%	23.54%	12.36%	78.48%	88.61%	78.48%	81.01%	82.96%	83.54%	87.34%	86.08%	89.87%	89.87%	
Health Informatics Service	164	141.68	4.09%	4.02%	£ 11,752	£ 141,656	8.7	7.9%	72.2%	13.32%	2.50%	0.43%	12.33%	45.60%	25.82%	0.00%	28.21%	14.11%	90.85%	92.07%	91.46%	85.00%	89.70%	91.46%	93.29%	92.68%	93.29%	93.29%	
Procurement	38	35.53	0.97%	2.48%	£ 1,137	£ 22,861	5.5	13.2%	26.6%	25.74%	5.62%	8.58%	9.17%	42.01%	8.88%	0.00%	31.71%	15.13%	78.32%	84.21%	92.11%	81.58%	86.84%	89.47%	91.41%	81.58%	81.58%		
Dir - Finance, Performance & Information	281	251.94	3.66%	3.35%	£ 18,888	£ 223,146	7.8	8.2%	68.3%	14.71%	3.79%	1.15%	13.79%	44.37%	22.00%	0.00%	27.35%	13.73%	85.41%	90.04%	87.90%	84.37%	85.77%	81.89%	89.47%	91.81%	89.32%	90.75%	
Dir - Medical Director	28	23.48	3.23%	2.89%	£ 2,111	£ 20,807	5.9	7.1%	64.8%	9.28%	13.70%	1.11%	43.33%	5.93%	26.67%	0.00%	36.39%	12.74%	89.29%	92.86%	96.43%	82.14%	96.87%	100.00%	92.86%	92.86%	96.43%		
Dir - Nursing & Quality	110	92.25	3.82%	3.43%	£ 9,815	£ 113,332	6.8	12.6%	65.2%	19.17%	4.16%	3.14%	9.33%	47.75%	15.95%	0.51%	21.29%	13.73%	84.55%	85.45%	88.18%	81.82%	89.38%	87.27%	87.27%	94.55%	92.79%		
Operations	24	19.73	9.50%	4.09%	£ 4,138	£ 19,391	6.5	16.7%	61.0%	6.69%	20.87%	0.00%	30.31%	26.77%	15.35%	0.00%	25.64%	18.64%	91.67%	100.00%	83.33%	100.00%	84.62%	76.19%	91.67%	95.83%	100.00%		
Transport	74	63.57	4.75%	5.09%	£ 5,588	£ 58,640	6.5	6.8%	78.6%	7.47%	4.67%	5.40%	31.29%	25.86%	25.22%	0.00%	27.64%	14.46%	85.14%	86.48%	80.54%	75.93%	90.54%	95.85%	93.24%	82.43%	82.43%		
Dir - Operations	98	85.31	5.38%	4.89%	£ 9,726	£ 78,021	11.0	9.2%	76.3%	7.02%	4.62%	31.15%	26.07%	23.98%	0.00%	27.21%	15.37%	86.73%	89.80%	88.79%	91.53%	89.80%	91.84%	92.86%	93.88%	93.88%	86.80%	86.80%	
Dir - Pharmacy Services	97	84.36	1.38%	3.86%	£ 2,658	£ 90,361	9.2	10.3%	62.3%	9.24%	11.49%	2.41%	6.29%	28.96%	41.61%	0.00%	30.65%	15.79%	81.44%	86.60%	83.51%	88.66%	79.38%	86.60%	89.69%	85.71%	96.91%		
Dir - Strategy	63	59.08	0.55%	1.06%	£ 1,138	£ 28,663	4.0	4.8%	46.7%	13.33%	6.17%	3.70%	35.80%	18.77%	22.22%	0.00%	22.18%	10.82%	80.95%	85.71%	82.54%	87.72%	80.95%	80.95%	88.89%	84.13%	78.10%	78.10%	
Dir - Workforce	71	62.99	2.57%	3.56%	£ 3,592	£ 71,533	6.0	7.0%	66.8%	10.60%	4.64%	4.21%	35.99%	27.29%	13.50%	3.77%	31.57%	15.62%	91.55%	92.96%	85.92%	90.14%	83.33%	85.92%	90.14%	91.55%	91.55%		
CORPORATE SERVICES DIVISION	893	788.65	3.89%	3.45%	£ 59,034	£ 735,595	7.3	8.0%	67.6%	12.71%	0.63%	0.63%	18.37%	29.09%	31.71%	0.55%	26.43%	13.76%	85.46%	89.33%	86.05%	89.33%	83.70%	87.57%	90.74%	90.39%	90.39%		
Estates	33	32.60	0.30%	4.38%	£ 260	£ 41,592	9.9	12.1%	67.4%	18.87%	7.36%	0.57%	13.40%	46.23%	13.58%	0.00%	34.39%	14.18%	100.00%	100.00%	9								

Absence and Mandatory Training - Torbay and South Devon NHS Foundation Trust

Monthly Staff Details (End of August 2016)			Sickness Absence (Jul)		Total Est Sick Cost (Jul)		Sickness Absence (12mth rolling)			Reason % Days Lost YTD (12 mth rolling)							Annual Leave	All Absence	Mandatory Training Compliance (Aug)								
Division/Directorate	Staff	FTE	Month Sick Rate %	12mth Rolling Sick Rate %	Jul £	12mth Rolling £	Ave. Working Days per employee	% Bradford Score Over Trust Target	% Long-term Sick (over 20 days)	Colds/Flu	Dia / Vom	ENT	Musculo-Skeletal	Other	Stress	Unknown	% Annual Leave taken (EO Jul)	12mth Rolling Absence Rate %	Conflict Resolution	Equality & Diversity Training	Fire Training Compliance	Health & Safety	Infection Control	Info Governance Training	Manual Handling	Safeguarding Adults - Level 1	Safeguarding Children - Level 1
Dir - Emergency Services	258	215.03	3.03%	3.78%	£ 11,687	£ 217,579	6.3	10.1%	60.1%	16.96%	6.08%	6.76%	9.78%	45.02%	15.37%	0.04%	29.65%	15.40%	87.23%	92.25%	87.60%	91.86%	87.98%	88.76%	87.60%	94.57%	94.55%
Diabetes and Endocrinology	20	17.36	0.69%	2.01%	£ 350	£ 15,337	3.9	5.0%	60.6%	18.11%	21.26%	0.00%	0.00%	0.00%	60.63%	0.00%	30.86%	11.95%	75.00%	80.00%	80.00%	80.00%	80.00%	80.00%	95.00%	95.00%	95.00%
Gastroenterology	79	70.00	2.41%	3.96%	£ 4,225	£ 75,766	8.3	15.2%	65.6%	5.73%	7.05%	3.01%	10.43%	40.13%	33.65%	0.00%	24.80%	14.70%	75.95%	81.01%	85.96%	78.48%	82.50%	72.15%	82.00%	91.14%	89.87%
Dir - Gastroenterology/Endocrinology - Medicine	99	87.46	2.05%	3.57%	£ 4,575	£ 91,103	7.4	13.1%	65.1%	7.05%	8.56%	2.69%	9.32%	35.85%	36.52%	0.00%	25.60%	14.14%	75.76%	80.81%	81.62%	78.79%	85.69%	73.74%	85.69%	91.92%	90.91%
Admin/Support- Med Div	47	40.44	11.03%	9.99%	£ 6,493	£ 37,805	7.4	17.0%	68.3%	12.12%	4.63%	0.53%	15.51%	40.46%	26.74%	0.00%	18.31%	16.75%	87.23%	91.49%	89.36%	85.11%	90.00%	89.36%	89.36%	91.49%	87.23%
General Medicine	55	47.95	5.97%	7.72%	£ 3,640	£ 53,926	9.8	5.5%	75.2%	5.05%	1.61%	2.07%	41.22%	50.06%	0.00%	29.84%	14.94%	74.65%	76.36%	83.64%	89.09%	82.46%	85.45%	85.45%	92.73%	87.27%	
Medical Division HQ	4	4.05	0.00%	0.39%	£ 1,495	£ 1,495	1.5	0.0%	0.0%	0.00%	0.00%	0.00%	10.00%	0.00%	0.00%	0.00%	23.33%	21.23%	100.00%	100.00%	100.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Dir - General Medicine	106	92.44	7.90%	5.51%	£ 10,133	£ 93,226	8.4	10.4%	72.0%	7.77%	3.40%	1.46%	31.00%	45.98%	10.40%	0.00%	23.88%	16.53%	81.13%	83.96%	86.79%	76.42%	86.61%	87.74%	87.74%	92.45%	87.74%
Cardiology	124	105.27	3.60%	3.94%	£ 7,096	£ 109,132	7.8	12.1%	64.7%	12.85%	6.91%	0.58%	6.84%	40.35%	32.48%	0.00%	28.56%	14.58%	83.06%	87.10%	83.06%	81.45%	81.75%	90.32%	89.52%	93.55%	90.32%
Respiratory	66	56.34	9.66%	4.51%	£ 11,200	£ 84,219	8.6	15.2%	64.4%	13.77%	5.42%	7.92%	12.47%	19.85%	40.56%	0.00%	28.53%	17.00%	84.85%	93.94%	80.30%	90.91%	81.43%	86.36%	84.85%	95.45%	95.52%
Dir - Heart & Lung- Medicine	190	161.61	5.78%	4.15%	£ 18,296	£ 193,351	8.1	13.2%	64.6%	13.19%	6.36%	3.30%	8.93%	32.74%	35.48%	0.00%	28.55%	15.46%	83.68%	89.47%	82.11%	84.74%	81.63%	88.95%	87.89%	94.21%	92.15%
MEDICAL SERVICES DIVISION	1024	875.88	4.57%	4.41%	£ 78,815	£ 1,025,077	8.2	12.4%	65.0%	12.96%	5.62%	2.90%	12.97%	43.76%	21.29%	1.06%	28.95%	15.92%	83.02%	86.65%	82.44%	82.05%	82.06%	87.32%	84.76%	92.20%	89.26%
PMU Finance	5	4.64	0.70%	3.10%	£ 67	£ 4,008	8.1	0.0%	36.4%	28.79%	3.03%	0.00%	0.00%	40.91%	27.27%	0.00%	32.86%	12.26%	100.00%	100.00%	80.00%	100.00%	100.00%	80.00%	80.00%	80.00%	100.00%
PMU Manufacturing	52	50.57	3.64%	2.69%	£ 3,652	£ 26,300	5.0	7.7%	40.2%	15.76%	14.82%	6.12%	15.53%	23.76%	24.00%	0.00%	38.81%	14.36%	98.11%	96.23%	84.91%	77.36%	84.91%	90.57%	94.34%	71.70%	92.45%
PMU Quality Control	44	41.79	2.43%	2.77%	£ 3,000	£ 28,076	5.8	13.6%	48.2%	37.23%	7.06%	0.00%	10.71%	39.42%	5.60%	0.00%	30.47%	14.69%	100.00%	93.18%	88.64%	88.64%	86.36%	93.18%	95.45%	88.64%	95.45%
PMU Sales & Marketing	7	6.39	1.01%	1.96%	£ 319	£ 5,221	3.0	14.3%	0.0%	14.71%	11.76%	0.00%	14.71%	58.82%	0.00%	21.06%	26.12%	71.43%	71.43%	85.71%	97.14%	85.71%	85.71%	85.71%	100.00%	100.00%	100.00%
PMU Senior Team	5	4.70	0.00%	0.55%	£ 2,322	£ 2,322	1.2	0.0%	0.0%	10.00%	10.00%	30.00%	0.00%	50.00%	0.00%	0.00%	19.75%	8.42%	100.00%	100.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	100.00%
PMU Supply Chain	19	15.28	8.55%	3.82%	£ 2,720	£ 12,518	8.4	21.1%	51.7%	5.02%	3.47%	14.67%	8.11%	68.73%	0.00%	0.00%	30.62%	13.00%	100.00%	94.74%	94.74%	42.11%	94.74%	100.00%	100.00%	82.63%	89.47%
PHARMACY DIVISION (Manufacturing)	132	123.37	3.41%	2.75%	£ 9,758	£ 78,448	5.6	11.4%	43.7%	21.41%	8.96%	5.56%	11.29%	40.91%	11.87%	0.00%	33.07%	14.56%	97.74%	93.98%	87.22%	75.19%	87.22%	91.73%	93.98%	77.44%	93.98%
RESEARCH & DEVELOPMENT DIVISION	42	31.77	9.19%	6.89%	£ 9,887	£ 81,992	12.3	23.8%	63.6%	14.23%	2.87%	1.91%	16.63%	57.78%	5.56%	0.00%	29.91%	17.07%	85.71%	90.48%	78.57%	85.71%	84.09%	83.33%	80.95%	95.24%	92.66%
Dir - Breast Care	40	32.88	6.05%	4.97%	£ 4,780	£ 51,966	10.6	12.5%	78.0%	7.59%	1.46%	0.00%	5.84%	69.78%	15.33%	0.00%	26.02%	15.14%	97.50%	97.50%	97.50%	92.50%	95.00%	97.50%	97.50%	100.00%	97.50%
Dir - General Surgery	257	214.26	6.12%	5.55%	£ 30,193	£ 305,336	8.8	14.8%	65.1%	16.80%	8.30%	0.74%	14.78%	46.17%	13.04%	0.16%	28.72%	18.41%	84.94%	86.87%	76.83%	80.69%	76.72%	83.78%	77.22%	88.80%	84.94%
Dir - Head & Neck	102	78.62	2.66%	2.40%	£ 4,903	£ 67,524	4.3	6.9%	62.0%	7.65%	7.22%	5.67%	0.85%	69.26%	9.35%	0.00%	26.78%	11.93%	75.93%	84.31%	79.41%	80.39%	77.14%	79.41%	88.24%	93.14%	95.10%
Dir - Ophthalmology	121	103.65	0.59%	2.19%	£ 1,990	£ 58,001	4.3	5.0%	32.9%	17.46%	19.24%	1.78%	24.23%	29.33%	7.96%	0.00%	31.88%	14.67%	90.83%	95.00%	90.83%	90.00%	89.52%	90.00%	90.83%	93.33%	94.17%
Dir - Surgical Division	82	73.18	4.30%	3.40%	£ 8,278	£ 68,476	6.6	13.4%	59.1%	9.06%	8.94%	4.59%	6.42%	23.05%	47.94%	0.00%	30.33%	19.98%	91.36%	91.36%	81.48%	88.89%	78.57%	82.72%	88.89%	91.36%	96.34%
Dir - Theatres, Anaesthetics and ICU	406	360.09	3.71%	4.34%	£ 35,629	£ 565,278	8.5	8.6%	69.6%	7.50%	5.70%	3.91%	16.15%	55.04%	11.69%	0.02%	29.81%	16.77%	88.73%	90.44%	80.88%	82.35%	79.51%	83.82%	86.76%	94.85%	96.32%
Dir - Trauma and Orthopaedics	158	135.20	2.09%	2.77%	£ 6,416	£ 107,947	5.6	9.5%	46.9%	14.02%	23.69%	3.99%	15.49%	36.09%	6.66%	0.07%	32.20%	13.63%	91.77%	91.77%	82.91%	86.08%	82.91%	87.34%	86.08%	94.30%	94.94%
SURGICAL SERVICES DIVISION	1166	997.87	3.70%	3.98%	£ 92,190	£ 1,224,531	7.3	10.0%	63.2%	11.36%	9.14%	2.98%	14.30%	48.61%	13.65%	0.06%	29.81%	16.29%	87.67%	90.07%	81.76%	83.90%	80.64%	84.93%	85.62%	93.07%	93.33%
Child Health Med, Mgmt and Misc Specialty	58	52.31	1.34%	2.02%	£ 2,275	£ 73,220	4.4	3.5%	57.7%	15.63%	12.26%	2.88%	7.93%	61.30%	0.00%	0.00%	29.07%	9.00%	93.10%	87.93%	74.14%	89.66%	77.42%	75.88%	84.48%	91.38%	92.98%
Paediatric	97	77.51	6.25%	4.37%	£ 11,635	£ 98,225	10.0	16.5%	57.8%	9.65%	9.02%	0.06%	23.75%	35.37%	22.16%	0.00%	35.20%	15.72%	92.78%	92.78%	80.41%	90.72%	81.19%	87.63%	77.32%	90.72%	95.88%
Dir - Child Health	155	129.82	4.22%	3.40%	£ 13,911	£ 171,445	7.9	11.6%	57.8%	10.90%	9.69%	0.65%	20.44%	40.78%	17.53%	0.00%	33.64%	12.94%	92.90%	90.97%	78.06%	90.32%	79.75%	83.23%	80.00%	90.97%	94.81%
Dir - Lab Medicine	115	101.80	2.61%	3.17%	£ 5,674	£ 103,791	6.6	9.6%	45.8%	20.16%	20.49%	3.82%	0.81%	43.82%	10.89%	0.00%	34.32%	13.36%	94.78%	91.30%	92.17%	93.04%	90.52%	86.96%	90.43%	79.13%	86.09%
Gynaecology	40	29.75	7.12%	4.79%	£ 3,724	£ 44,377	9.5	5.0%	67.3%	13.94%	4.05%	1.62%	9.40%	65.80%	5.19%	0.00%	28.78%	16.54%	77.50%	77.50%	97.50%	85.00%	95.12%	100.00%	92.50%	100.00%	97.50%
Midwifery	127	100.02	5.62%	3.82%	£ 18,156	£ 152,414	8.4	9.5%	66.1%	19.94%	10.09%	1.45%	17.33%	40.93%	10.26%	0.00%	33.02%	16.54%	81.10%	88.98%	81.89%	87.40%	90.98%	90.55%	87.40%	96.85%	100.00%
Ob&G Medical and Management	47	42.83	3.58%	3.71%	£ 3,948	£ 59,633	7.3	6.4%	59.9%	11.37%	20.76%	3.25%	10.11%	46.57%	7.94%	0.00%	29.55%	17.07%	85.11%	80.85%	76.60%	85.11%	81.63%	80.85%	80.85%	78.72%	89.36%
Dir - Obs & Gynae	214	172.60	5.37%	3.95%	£ 25,828	£ 256,425	8.3	7.9%	65.2%	17.02%	10.84%	1.83%	14.26%	47.31%	8.74%	0.00%	31.64%	16.66%	81.31%	85.05%	83.64%	82.71%	89.69%	90.19%	86.92%	93.46%	97.20%
Dir - Radiology & Imaging	129	109.21	2.64%	2.55%	£ 8,619	£ 80,047	4.0	6.2%	39.4%	14.90%	12.86%	2.28%	31.25%	30.05%	8.65%	0.00%	30.03%	12.58%	85.27%	89.15%	83.72%	83.72%	86.23%	86.05%	89.15%	93.02%	96.90%
Dir - Sexual Health	39	30.15	0.10%	3.52%	£ 138	£ 47,592	7.5	5.1%	63.4%	19.87%	2.11%	0.63%	4.65%	53.28%	19.45%	0.00%	29.83%	14.71%	85.00%	87.50%	87.50%	83.50%	87.50%	100.00%	95.00%	97.50%	
Dir - Therapies	305	248.53	3.01%	2.98%	£ 25,678	£ 257,654	4.6	9.2%	43.6%	14.65%																	

4.5 Cost Improvement Programme

	2016-17 Position					Memo: 2017-18 Effect of 16-17 Schemes	
	Year to Date - at Month 05			Previous Month YTD		Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Change	Actual £m	Variance £m
Schemes Delivered to Date M1 to M5							
Delivered Schemes : Recurrent	1.87	2.20	-0.33	-0.10	↑		
Delivered Schemes : Non-Recurrent	0.00	2.06	-2.06	-0.70	↑		
Delivered Schemes : Total	1.87	4.26	-2.39	-0.80	↑		

We have Cumulatively delivered £2.39m ahead of target at Month 5 with the majority of schemes delivering recurrently.

The Forecast year end, risk adjusted, position shows a revised shortfall of £3.8m, which is a 2.0m improvement on last month's position.

As part of the review of CIP governance and PMO reporting, we are better able to forecast a more accurate year end position. In addition we have now included the "Forecasted balance to full year effect" of 16/17 recurrent CIP schemes.

Full Year (Month 1 to 12) Forecast (Risk adjusted) Delivery							
Forecast Schemes : Recurrent 16/17 (See note, below)	13.90	7.10	6.80	6.70	↓	7.10	6.80
Forecast Schemes : (Balance to Full Yr effect of 16/17)- See note below	0	-	-	-	-	3.7	-3.70
Forecast Schemes : Non-Recurrent 16/17	0.00	3.00	-3.00	-0.90	↑	0.00	0.00
Total Full Year End forecast Delivery	13.90	10.10				10.80	
Forecast 2016-17 Yr end delivery variance			3.80	5.80	↑		
Forecast delivery variance of 2016-17 schemes in 2017-18							3.10

Note: Further Savings associated with 16-17 recurrent schemes.

Many of our recurrent schemes start part way into the financial year; the Forecast recurrent delivery shown above therefore shows 16-17 benefit. In addition a further £3.7m of recurrent savings, associated with these schemes, will be delivered in 2017-18.

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 performance management	Paul Cooper/ Ann Wagner	M5
5	Establishment of Exec Director CIP Efficiency Group to	Paul Cooper	Complete
Quarterly Service Delivery Unit Performance reviews, monthly SBMT review, Service Delivery Units Board meetings, Bi Weekly Efficiency Delivery Group meeting			

Appendix 4 - CIP Delivery and Risk Adjusted year end Forecast as at Month 5 2016/17

Master Ref	Title	Confidence	Conf RAG	CIP Scheme Target 2016/17	Confidence adjusted Forecast Rec 2016/17	Confidence adjusted Forecast Non-Rec 2016/17	Delivered YTD Rec	Delivered YTD Non-rec
571	Corporate accruals review	90%	Green	£0	£0	£302,360		£335,956
520	Improved auditing of interface between Rosterpro to ESR for Payment errors	90%	Green	£0	£18,000	£0		
690	Income reserves not required	100%	Gray	£0	£1,650,000	£0	£412,500	
468	Lost pager review	0	Gray	£2,000	£0	£0		
513	MR contrast for cardiac is about to be ordered in different volumes. This reduces waste and potential	100%	Green	£3,500	£3,500	£0	£3,500	
560	Church st sale and reduction in utilities	70%	Yellow	£4,000	£2,800	£0	£0	
417	Community Nursing Vehicle Review - Torbay and SD	100%	Green	£5,000	£0	£0		£0
559	Sewing room	90%	Green	£5,000	£4,500	£0	£0	
489	Private Therapy Income	100%	Green	£5,000	£5,000	£0	£5,000	
479	Outpatient Productivity	0%	Red	£6,250	£0	£0	£0	£0
557	External Non clinical Cleaning contract	50%	Red	£6,500	£0	£0	£0	
735	Research Income	0	Gray	£9,000	£0	£0		
497	Increase Ultrasound scan charge Idea to work up further	100%	Green	£10,000	£6,000	£0	£0	
566	Retail outlet level 4	60%	Yellow	£10,000	£6,000	£0	£0	
551	Car Parking Introduction of New Tariff £10 for 8 hrs	70%	Yellow	£10,000	£7,000	£0	£0	
565	Regents house rent review	30%	Red	£15,000	£4,500	£0	£0	
555	Car Parking review of public charges in the community	70%	Yellow	£15,000	£10,500	£0	£0	
737	HQ Synergies - Chief Executive	5%	Red	£17,548	£0	£0		
552	FM non pay general savings	50%	Red	£20,000	£0	£0	£0	
544	Income from Training	0	Gray	£20,000	£0	£0		
553	Estates non pay general savings	100%	Green	£20,000	£20,000	£0	£20,000	
710	Strategy Directorate- MARS leaver	100%	Green	£20,089	£0	£0	£20,089	
695	HR - Yeovil Business Case	90%	Green	£23,333	£21,000	£0	£2,593	
407	Joined Up TeleHealthCare Strategy	50%	Red	£25,000	£12,500	£0		£0
433	Cavanna House - termination of existing lease at end of current term	90%	Green	£25,000	£22,500	£0	£0	
549	Catering review Acute	100%	Green	£25,000	£25,000	£0	£25,000	
550	Hotel Services Community Hospitals	100%	Green	£25,000	£25,000	£0	£25,000	
554	Management pay	100%	Green	£26,000	£26,000	£0	£26,000	
694	CE - Corporate - pension scheme	90%	Green	£27,466	£24,719	£0	£6,867	
693	HR - synergies - part band 8a post	90%	Green	£27,773	£24,996	£0	£11,571	
476	Additional income via Utilisation of new Cardiac Lab	0%	Red	£30,000	£0	£0	£0	£0
469	Mobile Phone review/BYOD	20%	Red	£30,000	£0	£0		
487	Microbiology VAT saving	100%	Green	£30,000	£30,000	£0	£12,500	
493	Medical Electronics Reorganisation	100%	Green	£30,000	£30,000	£0	£30,000	
494	Clinical Psychology Staff Saving	100%	Green	£30,000	£30,000	£0	£30,000	
692	Procurement synergies - B5 post	90%	Green	£30,651	£27,586	£0	£7,662	
413	Efficiencies from Thera Contract (ASC element) A	90%	Green	£36,000	£32,400	£0	£15,000	£0
434	Review of specialist LD vacancy	100%	Green	£37,000	£37,000	£0	£15,000	£0
466	Procurement efficiencies	100%	Green	£40,000	£0	£0		
428	Vacant FAB team posts to be reviewed re, Care Act Funded	90%	Green	£44,000	£39,600	£0	£18,000	£0
739	HQ Synergies - Procurement	0	Gray	£44,200	£0	£0		
439	Slippage - Ashburton MIU	90%	Green	£48,000	£0	£54,000		£29,000
543	eLearning Strategy	0%	Red	£50,000	£0	£0		
495	Reduction in spend on Blood - cell salvage	100%	Green	£50,000	£50,000	£0	£17,052	
423	Robust review process for adult IPPs	90%	Green	£50,000	£90,000	£0	£29,000	£0
498	Reduction in discretionary spend	100%	Green	£57,000	£57,000	£0	£24,000	
444	GPWSI	100%	Green	£58,000	£0	£58,000	£0	£24,000
442	Slippage Bovey Beds to NA	70%	Yellow	£60,000	£0	£49,000		£32,000
556	Car Parking community staff charges	70%	Yellow	£60,000	£42,000	£0	£0	
446	Community funding set based on Run Rate spend last year, not now required - Per Gordon Otle 27	100%	Green	£63,859	£63,859	£0	£26,495	£0

REPORT SUMMARY SHEET

Meeting Date:	5 th October 2016
Title:	Freedom to Speak Up Guardian Network
Lead Director:	Chief Executive
Corporate Objective:	Safe, Quality Care and Best Experience; Valuing our workforce; Well led
Purpose:	Information/Assurance

Summary of Key Issues for Trust Board

Strategic Context:

The Department of Health responded to the Sir Robert Francis report on ‘Freedom to speak up’, the investigation at Morecambe Bay University Hospitals NHS Foundation Trust in their report ‘Learning not Blaming’, which was published in July 2015.

In July 2015, the Secretary of State confirmed the steps that need to be taken to develop a culture of safety, including the appointment of a national guardian and a local guardian in every trust.

The ‘National Freedom to Speak Up: raising concerns (whistleblowing) for the NHS Policy’ came into force from April 2016.

A comparison of the national policy and the Trust’s Raising Concerns at Work policy has been undertaken. Overall the Trust’s policy exceeds the requirements of the national policy, and includes the Freedom to Speak Up Guardian role and responsibilities.

Key Issues/Risks

There are various examples of how other Trusts have appointed to Guardian roles, including shared roles. Whilst we have recruited a network of Guardians within the Trust and have an Executive-level sponsor in the Chief Executive and a designated Non-Executive Director for Whistleblowing, the guidance information indicates that there should be “one clearly identified Freedom to Speak Up Guardian (FTSU) who is highly visible and accessible across the organisation”, with a network in place supporting the FTSU guardian thereby ensuring accessibility throughout the service. Within this Trust, the FTSU Guardians have decided to take a different approach (and are addressing and testing this for six months) by developing as a team and establishing key roles within the Network.

Recommendations:

The Board is asked to note the contents of the report, the themes identified and the proposed Action Plan.

Summary of ED Challenge/Discussion:

The Guardians need to keep the momentum going and maintain a profile within the Trust. A common theme has been the ability to commit time to the role in a voluntary capacity. The themes arising from the concerns being raised and how these are addressed will warrant discussion.

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

Representatives from a wide range of staff, executive and non-executive directors.

Equality and Diversity Implications:

A positive impact.

PUBLIC

1. The Freedom to Speak Up Guardian role

Every NHS Trust is required to have a Freedom To Speak Up Guardian (FTSUG) in place by the end of the 2016/17 financial year. Trusts are expected to have plans in place by September 2016, based on local needs and how confident staff are about raising concerns and speaking up. The title of these roles will be the same across the NHS to ensure clarity and consistency.

These new local roles are being supported through a network by the newly established Office of the National Guardian. FTSU Guardians typically report to the Trust Chief Executive and have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.

Guardians do not get involved in investigations or complaints, but help to facilitate the process where needed, ensuring organisational policies in relation to raising concerns are followed correctly. The National Guardian Office has published guidance for employers on how to establish the role locally; this guidance is currently being updated.

To support this, the Trust has appointed a network of Freedom to Speak Up Guardians, from a broad range of work locations and occupational groups. These guardians act in a genuinely independent and impartial capacity to support staff who raise concerns.

The Guardians are:

- leading the profile for raising concerns within the Trust, demonstrating confidence that concerns will be listened to and acted upon.
- developing a network that offers a first point of contact for any employee who experiences or witnesses something at work that causes them concern.
- actively listening and discussing (and gently challenging where appropriate) the individuals perspective on their situation in a non-judgemental manner.
- providing clear information and outline possible options to the individual, signposting to Trust policies and procedures and supporting the individual in choosing the appropriate course of action for them.
- maintaining confidentiality, as appropriate.
- maintaining appropriate contact with an employee who has raised a concern and to ensure feedback is provided.
- preparing a regular report for the Board on common themes arising from meetings with front line staff in order to ensure the voice of staff is heard at a senior level and decisions are taken, where appropriate.
- feeding back soft intelligence and any concerns that might lead to underlying issues to the Chief Executive, who is the Executive Sponsor for the F2SUGs.
- highlighting to the Chief Executive any issues raised that represent an immediate risk to the safety of patients or service users.

The Guardians have direct access to the Chief Executive and members of the Board and have the authority to go anywhere and speak to anyone. They also have access to the nominated Non-Executive Director for Whistleblowing (Jon Welch) should they experience any barriers to resolving concerns raised through the internal processes.

2. Freedom to Speak Up Guardians Review

The Guardian roles were recruited to in January 2016. These were established voluntary roles with required support from the individuals' line manager.

Initially nine Guardians were recruited. To date two Guardians have now left the organisation and one Guardian has taken maternity leave. The network of six remaining Guardians have now been joined by two newly recruited Diversity and Equality Guardians following a Board decision to establish these posts in response to feedback via the Workforce Race Equality Standard report for 2015 .

The Guardians have met monthly to establish the network, their roles and have worked to develop as a team, identifying key roles and ways of working. The Guardians also share and review cases, identify emerging themes and discuss escalating to Executive Directors/ Chef Executive Sponsor where necessary.

The Freedom to Speak Up Guardian network was presented to the Board in April 2016 by way of an official launch. This was followed up by presentations to All Managers' Meetings, departmental meetings, Induction programmes (ongoing) and the development of an ICON page, signposting to the individual Guardians and their contact details.

Members of the network have also attended National Guardian's Office meetings and workshops for support and guidance.

3. Raising concerns

Concerns are recorded confidentially and forwarded to the most appropriate person(s), with feedback provided to the person who raised the concern as and when possible. Where investigations are required, these should be addressed within specified policy timelines. When actions by the guardians are complete, the case is then closed (by the guardian).

4. Successes

- ✓ Early indications show the raising of concerns process has improved. Guardians have been thanked by staff for their help in situations and concerns have been voiced more openly.
- ✓ Since April 2016, a total of **28** concerns have been recorded with feedback provided to reporters as appropriate.
- ✓ Promotional work including the website, posters and the development of a BUZZ video.
- ✓ Guardian presentations/walkabouts being sought from departments requiring additional support.
- ✓ Guardian Wayne Walker has developed a Blog and has made contact with the National Guardian's office and with other Guardians and prospective Guardians across the country.

5. Analysis of 'themes'

An analysis of Speaking Up/Raising Concerns since April 2015 records 28 formal cases.

The two main themes emerging from the concerns that have been raised are:

- Lack of consistency around policies and procedures and how these are followed and how processes are adhered to. These have included:
 - Health and Safety
 - HR – including recruitment, sickness absence management, grievance procedures
- Lack of consistency around middle management and how our middle managers are 'managing'. In particular, these have included:
 - Conflict management
 - Poor mediation skills
 - Openness and transparency in teams
 - Consistency in line management

6. Proposed Next Steps

There is still work to do to ensure that every member of staff is aware of the support from the Guardian service. Regular Trust-wide communications will continue, along with Guardian presence at appropriate Trust events.

What do we want to achieve?

That Trust's FTSUG role is clearly aligned to the National Guardian Office Job Description and Purpose of the Role, in particular this needs to reflect the need:

'To work alongside trust leadership teams to support the organisation, to become a more open and transparent place to work where all staff are actively encouraged and enabled to speak up safely'

Our Action Plan for the next 6 months includes:

- Agreement to designated time for the role rather than the role being in addition to a current post.
- Continuing monthly meetings with agreed standard agenda items (recognising there may be a need to meet in between meetings).
- Have quarterly meetings with the Chief Executive to update on progress and review concerns raised.
- Developing a confidential Guardian database to record all concerns raised that has a ring-fenced and confidential accessibility to the Guardian network.
- Ensuring that protection to speak out is clearly evident in each Guardian's job description.
- Developing Standard Operating Procedures as a network to ensure consistency of giving advice and following processes.
- Developing an escalation process to ensure consistent approach by all Guardians when escalating to Executives
- Establishing regular events which are an open forum for staff to raise concerns.
- Developing a staff update on quarterly basis to highlight number of issues raised, themes and actions.

- Providing a six-monthly Board update to include themes and proposed actions for addressing change. This would include developing a Staff Survey barometer, measuring the extent to which staff feel able to raise concerns and identifying key areas highlighted as hotspots in Staff Survey, Family and Friends Test reports, incident and complaint trends, CQC report and action plans.
- Developing a Communication Plan to include briefings at Induction and All Managers, payslip message inclusion to explain role and contact details, on-going 'Spotlight' Messages, Social Media and FTSUG 'Blog', mapping of organisation areas to inform future targeting of staff to raise awareness, posters to be displayed in staff areas, All Staff events, focus groups, awareness weeks to be arranged across organisation.
- Developing quarterly meetings arranged for networking with similar groups, PALS, Acceptable Behaviour Champions, Health and Wellbeing, Patient Safety, Equality and Diversity
- Integrate and include in management training programmes in how to respond to concerns raised.

A full review of the guardian service and raising concerns processes will take place in March 2017.

7. Barriers to achieving Action Plan

The voluntary nature of the Guardian role and an agreed time commitment is paramount to the success of the Guardian roles. Six months into their voluntary roles, and from a standing start, the Guardians have already achieved much, supporting a number of staff and developing a comprehensive action plan to make sure the Trust is delivering the intend of the national policy.

The Chief Executive, as our Sponsor, has written to Line managers seeking their commitment to support and provide each Guardian with a half day each week for the next six months to allow the protected time to deliver this action plan, including a more wide-ranging engagement with staff to raise awareness of their role. During this 6 month period, the impact of this protected time will be monitored, both in terms of the demand for the role, the outcomes for staff and the impact on the Departments hosting a Guardian.

The Guardians are of key importance in keeping the momentum of the role and helping to embed the culture this Trust aspires to – that staff are confident to raise concerns, that they are listened to and supported when they do, and that improvement happens as a result.

8. Policy Review

The Trust's 'Raising Concerns at Work policy' incorporates and reflects the National Policy. The Policy is currently under review to include the job description for the Whistleblowing NED role.

REPORT SUMMARY SHEET

Meeting Date:	5 October 2016
Title:	The Pennine Acute Hospital NHS Trust- CQC inspection report
Lead Director:	Chief Operating Officer
Corporate Objective:	Safe, Quality Care and Best Experience
Purpose:	Information
Summary of Key Issues for Trust Board	
<u>Strategic Context:</u>	
To provide the Board of Directors with a summary of the key findings from the inspection of services at Pennine Acute Hospitals NHS Trust and to set out key learning points for the Trust.	
<u>Key Issues/Risks</u>	
There are a number of additional areas for discussion and agreement on further action. I would propose we consider:	
<ul style="list-style-type: none"> • Leadership capacity and capability-how do we ensure that we have enough people with the right skills to lead the new delivery teams in our localities? How do we identify and develop new talent? • Governance structures and performance management arrangements are under developed in some areas with the Executive team taking lead responsibility for managing areas of business for example the Urgent and Emergency Care Improvement and Assurance Group. Is there more to be done to strengthen our internal governance arrangement? • Risk management arrangements are developing supported by the implementation of the new datix system. An operational risk group is being established to ensure more reliable identification, recording and management of risk in service delivery areas. Is there more we should be doing? • Incident reporting- this reports highlights that some staff had a high level of tolerance to risk which impacted on safety and quality. How do we assure ourselves that this is not the case here? How do we ensure that plans are implemented robustly? • Implementing new structures- this report highlights the disruptive impact of organisational change. How do we move to the new structure while keeping a focus on delivery? • Temporary staff - how do we assure ourselves that they meet required practice standards? Can we evidence this? • Despite marked challenges in acute services community services have performed well. What can we learn from this? • How do we use the new planning framework to ensure that organisational priorities are reflected in team and service objectives? 	
<u>Recommendations:</u>	
To note the content of the report and support proposed areas for follow up action.	

Summary of ED Challenge/Discussion:

The report was presented to the Executive Team in September and the key learning points discussed. There was recognition that there were a number of consistent messages in the report that were included in our existing action plans.

The Executive Team has agreed that we will progress work in the areas identified with Jane Viner Chief Nurse and Liz Davenport Chief Operating Officer taking the lead. This will include consideration of the phasing of the proposed changes to the delivery structures due to take place in the New Year and setting up of development programmes for staff taking up roles in these structures.

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

None noted.

Equality and Diversity Implications:

None noted

Report to:	Board of Directors
Date:	5 October 2016
Report From:	Chief Operating Officer
Report Title:	The Pennine Acute Hospital NHS Trust- CQC inspection report

1 Purpose

To provide the Board of Directors with a summary of the key findings from the inspection of services at Pennine Acute Hospitals NHS Trust and to set out key learning points for the Trust.

2 Provenance

The report has been informed by the Care Quality Commission Quality report that sets out the summary findings from the inspection published on 12 August 2016.

3 Introduction

Pennine acute Hospital Trust was inspected by the Care Quality Commission (CQC) between 23 February and 3 March 2016. The overall rating for the services provided by the Trust was '**inadequate**'.

Summary

Safe: Inadequate
 Effective: Requires improvement
 Caring: Good
 Responsive: Requires improvement
 Well led: Requires improvement

The Chief Executive has requested that a review of the summary report is undertaken to ensure that lessons from this Trust are understood and applied.

Pennine Acute Hospitals Trust is an acute and community services provider serving the communities of North Manchester, Bury, Rochdale, Oldham and the North East sector of Greater Manchester.

On completion of the inspection the Trust was considered for special measures resulting in the Salford Royal NHS Foundation Trust being asked to assume leadership of the Trust.

4 Key findings

The report highlights a number of issues which have been presented in summary form below:

- **Vision** - the Trust had a clear vision and set of values for the organisation which were well known to staff but they had not been translated to a set of quality priorities and objectives at service and divisional level.

- **Leadership** - the senior team was relatively new with some members joining in the months prior to the Inspection. The CEO had recently accepted a secondment to another trust and the Chair had come to the end of their tenure. The Chief Executive and Chief Nurse had a high level of visibility in the organisation but it was noted that there was poor leadership and oversight in a number of services. In these service areas service improvement had not been led robustly and effectively. It was perceived that senior leads had tolerated high levels of risk to quality and safety without taking appropriate timely action to address them.
- **Culture** - the staff described a closed culture and a recent focus on finance and performance and not quality. The morale in some services was very poor and in these services there was an acceptance of sub-optimal care.
- **Governance** - the Trust had been putting new arrangements in place to improve governance and performance management. They were in the process of introducing triumvirate leadership teams but these teams had not become established and there was a lack of clarity on roles and responsibilities. There were particular concerns noted in relation to a lack of clarity of management of performance and risks. In many teams there was no clear understanding of risks and where identified they were not understood, escalated or recorded correctly. Performance reporting was not consistent or in the same format across services and data quality was deemed to be poor as there was no evidence of testing. On review of this it was concluded that the compliant position reported by the Trust on RTT and cancer standards was unreliable.
- **Incident reporting and learning from investigations** - there was an inconsistent application of trust reporting procedures and there was not a strong culture of reporting in part due to a failure to report back on findings from incident investigations. There were significant backlogs to investigations and delays in individual investigations being completed within required timescales. The Trust had not provided root cause analysis training for over a year. Complaints management was assessed as poor with limited oversight and monitoring of action plans.
- **Mortality and morbidity reviews** - some examples of good practice and mortality data was within accepted norms. There was poor attendance at mortality and morbidity review meetings which limited options for shared learning in the Trust.
- **Safeguarding** - there was good infrastructure and access to support for safeguarding activities in the Trust. Concerns were raised in relation to the amount of staff working in paediatrics that had not completed level 3 training in line with the agreed trust standard.
- **Staffing** - The Trust used recognised tools to assess staffing needs within the organisation however there were significant shortages in medical, nursing and midwifery establishments resulting in a number of shifts not adequately filled to meet the needs of patients both numbers and skills. There was concern about gaps in paediatric clinical capacity which meant that the 'Facing the future' standard for children's services requiring a consultant review within 24 hours was not being met.

5 Urgent and Emergency care

The report focuses on urgent and emergency care throughout the report with the concerns highlighted as follows:

- Lack of ED consultants - 1 substantive consultant from an establishment of 9 in one unit requiring cross cover from other services.
- Middle grade and junior vacancies resulting in high numbers of locum staff working in the department.
- Limited assurance about the performance of locum doctors with few performance reviews.
- High numbers of patients experiencing unacceptable delays in ambulance handover, triage and initial treatment.
- Performance of 15 minute triage standard was poor in all departments.
- Improvement plans had not been implemented or embedded.
- Recording and appropriate escalation of early warning scores was not routinely completed which meant risk were not readily identified.
- Patients with symptoms of sepsis were not always identified in a timely way.
- Patients waited for an average of 10-13 hours for transfer out of ED.
- Many patients were being cared for in environments that were not appropriate to their needs.
- Although there was focus on discharge planning many people remained in hospital for longer than they needed to be.

6 Well led – key issues

Our recent CQC visit highlighted the importance of delivery against the standards within the well led domain. In this report they highlighted the following areas of concern:

- The new governance structures were not embedded.
- New teams with unfamiliar roles.
- Performance reporting was inconsistent.
- There were in effective strategies for managing risk.
- Poor systems for managing incidents and complaints.
- Poor leadership and oversight of services.
- Limited confidence in data quality and over reliance on paper based systems.

7 Learning

A number of the issues highlighted in this report are familiar to us and reflected in our action plan. There are a number of areas for discussion and action. I would propose we consider:

- Leadership capacity and capability-how do we ensure that we have enough people with the right skills to lead the new delivery teams in our localities? How do we identify and develop new talent?
- Governance structures and performance management arrangements are under developed in some areas with the Executive team taking lead responsibility for managing areas of business for example the Urgent and

Emergency Care Improvement and Assurance Group. Is there more to be done to strengthen our internal governance arrangement?

- Risk management arrangements are developing supported by the implementation of the new datix system. An operational risk group is being established to ensure more reliable identification, recording and management of risk in service delivery areas. Is there more we should be doing?
- Incident reporting- this reports highlights that some staff had a high level of tolerance to risk which impacted on safety and quality. How do we assure ourselves that this is not the case here? How do we ensure that plans are implemented robustly?
- Implementing new structures- this report highlights the disruptive impact of organisational change. How do we move to the new structure while keeping a focus on delivery?
- Temporary staff - how do we assure ourselves that they meet required practice standards? Can we evidence this?
- Despite marked challenges in acute services community services have performed well. What can we learn from this?
- How do we use the new planning framework to ensure that organisational priorities are reflected in team and service objectives?

Recommendation

- To **note** the report and **support** proposed areas for follow up action.

**Report of Quality Assurance Committee Chair
to TSDFT Board of Directors**

Meeting dates:	31 August 2016
Report by + date:	David Allen, 5 September 2016
This report is for:	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust’s strategic objectives: <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/> + Freedom of Information Act exemption [<i>insert exemption if private box used</i>]

Key issue(s) to highlight to the Board:

1. Dementia

The Trust continues (particularly in the acute hospital) to fall well short of the commissioning requirement nationally to assess patients for dementia where they are >75, admitted as emergencies and stay for >72 hours (known as dementia find). Work continues to improve our performance in this area. A task and finish group is to be set up to create an organisational plan to aid compliance with the national standard of identifying at least 90% of cases. A pilot project called “nerve centre” is being piloted on three wards this month, with a view to wider roll out in 2017. The project includes dementia screening with a view to implementing a systematic approach across wards.

The work is supported by Quality Assurance Committee (QAC).

2. Performance report

The Trust is still working through the overlaps between Finance, Audit and QAC committees, on the basis that some overlap is preferable to matters falling between cracks. For executives in particular, similar items and discussions can be replicated across committees which is clearly inefficient. The suggestion is that QAC might focus on the quality and safety aspects of Finance, Performance and Investment Committee’s performance remit but that only the scorecard need come to QAC.

3. STP- impact on Trust and governance structure

The implications of the Sustainability and Transformation Plans (STPs) work on our population is likely to be far-reaching but it is a structure bolted on to the current one, driven by financial exigency. QAC intends to keep a watching brief on STP developments in order to provide some accountability in relation to quality and safety assurance.

4. Cancer targets

The Trust and its acute predecessor have traditionally performed well on cancer targets but the two week urgent referral target for suspected cancer is in danger of being breached largely owing to the significant seasonal upswing in possible skin cancer referrals. Although not discussed at the meeting, Board members may have noticed The Times reporting TSDFT as an outlier in terms of lung cancer patients who die within a month of commencing chemotherapy. As explained in the Trust's weekly update this arose from a misinterpretation of the Trust's data by the Lancet in terms of therapeutic and palliative pathways, which was the source of the press reports. The Lancet has accepted that the Trust is not an outlier.

5. Mortality

The NHS has recently mandated the creation of Mortality Surveillance Groups (MSG) by providers to examine avoidable deaths in hospital. Our group is led by the Medical Director. The Trust is consistently better than the national average in terms of standardised mortality data. The vast majority of the around 1,200 patient deaths in the Trust each year are expected because of acute or chronic illness, old age and/or multiple co-morbidities. However, not all deaths are currently reviewed outside areas such as child health, maternal deaths and intensive care. The MSG will work towards a more systematic way of identifying and learning from avoidable deaths and thus reducing them.

6. Ventilation failure risk in theatres

QAC has asked the Director of Estates and Commercial Development to present to the next meeting on risks to quality and safety arising from backlog maintenance and lack of capital investment. The Carter data shows the Trust is an outlier in terms of backlog maintenance with an ageing estate, much of which requires investment to prevent failure, rather than our being forced to invest as a result of failure. QAC is particularly concerned about operating theatres with ventilation systems at high risk of failure. QAC wishes to alert the Board to this risk as well as understand the plans in place to mitigate/reduce this risk.

7. Emergency department

QAC noted that the Trust is on track to meet the 92% overall 4 hour target by the end of 2016, although variation in performance remains a concern. Discussions are advanced with consultants in relation to revised rotas from 1 October 2016 to match consultant availability better with patient flows. QAC is very grateful to the consultants for their positive engagement with this process.

Emergency Department (ED) performance is regarded as a litmus test by Government and NHS England of the health of the system and is the subject of continued intense scrutiny.

Key Decision(s) Made - None to report.

Recommendation(s) - No specific recommendations for the Board.

Name: David Allen - Committee Chair

Report Summary

Meeting Date:	Wednesday 5 th October
Title:	Chief Nurse Portfolio Report
Lead Director:	Chief Nurse
Corporate Objective:	Safe Quality Care and Best Experience
Purpose:	Information
Summary of Key Issues for Trust Board	
<u>Strategic Context:</u>	
The monthly safe staffing report is a National Quality Board recommendation and informs CQC ratings.	
<u>Key Issues/Risks:</u>	
Safe staffing is reviewed at each Trust control meetings. A new process has been introduced that provides real time staffing data to the control room team. This provides a Trust overview and enables the Matron to utilise staff flexibly to ensure safe staffing.	
The new Quality Improvement Group dashboard facilitates triangulation of data.	
<u>Recommendations:</u>	
Note the content of the report	
<u>Summary of ED Challenge/Discussion:</u>	
The impact of the NHSI agency cap and safe staffing is monitored closely by the Executive Team . Quality measures are reviewed at the Quality Improvement group on the revised quality and safety dashboard that enables triangulation of data. Matrons	
<u>Internal/External Engagement including Public, Patient and Governor Involvement:</u>	
CCG	
<u>Equality and Diversity Implications:</u>	
None	

1.0 Safe Staffing:

Provenance:

The report is informed by the following:

- Minutes and action log Quality Improvement Group (QIG) / Quality Assurance Committee
- Senior Nurse Strategy Meeting

It is the responsibility of the senior nursing and midwifery staff to be responsive to daily operational and organisational challenges by managing staff within their respective clinical areas, maintaining safe, effective, appropriate and efficient care at all times.

Ward Staffing Overview

On a monthly basis the number of planned nursing hours (based upon the agreed baseline safe daily staffing numbers for each ward) and actual nursing hours (the total number of nursing hours used each day) for each inpatient ward area is submitted to the national dataset. In addition to this, in response to Lord Carter's report published in February 2016, the number of patients at midnight for the month is now also submitted. This submission supports the new primary measure of nursing workforce, Care Hours Per Patient Day (CHPPD).

The national median CHPPD, which is the metric to benchmark the organisation within the model hospital dashboard, used aggregated repurposed data for March 2016, and indicated a CHPPD of 6.77 for all care staff, with 4.07 for Registered Nurses and Midwives and 2.68 for Healthcare Assistants. For the month of August 2016 the organisational CHPPD is as follows:-

	TSDFT August 2016	National Median March 2016
Total CHPPD	7.92	6.77
RN/ RM CHPPD	3.73	4.07
HCA / MCA CHPPD	4.19	2.68

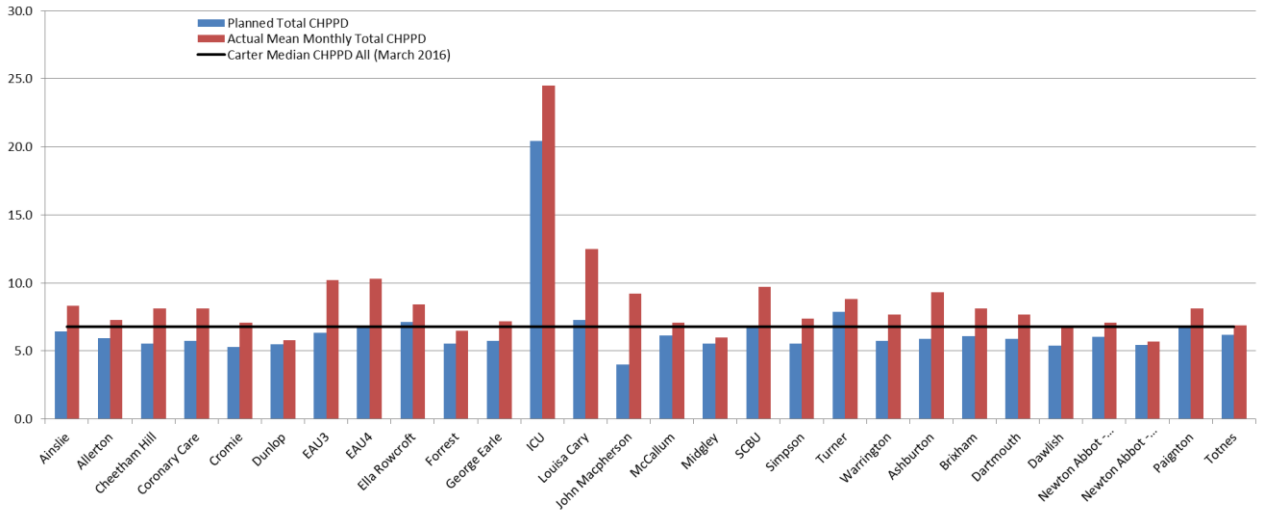
However it is currently unclear what data was included in this to allow accurate benchmarking for the Trust as a whole. Clarification has been requested and we are still awaiting full responses to inform future reports. In addition, national specialty specific data to allow ward based benchmarking is still not yet available.

The analysis for August 2016 is summarised in the charts below and consists of:-

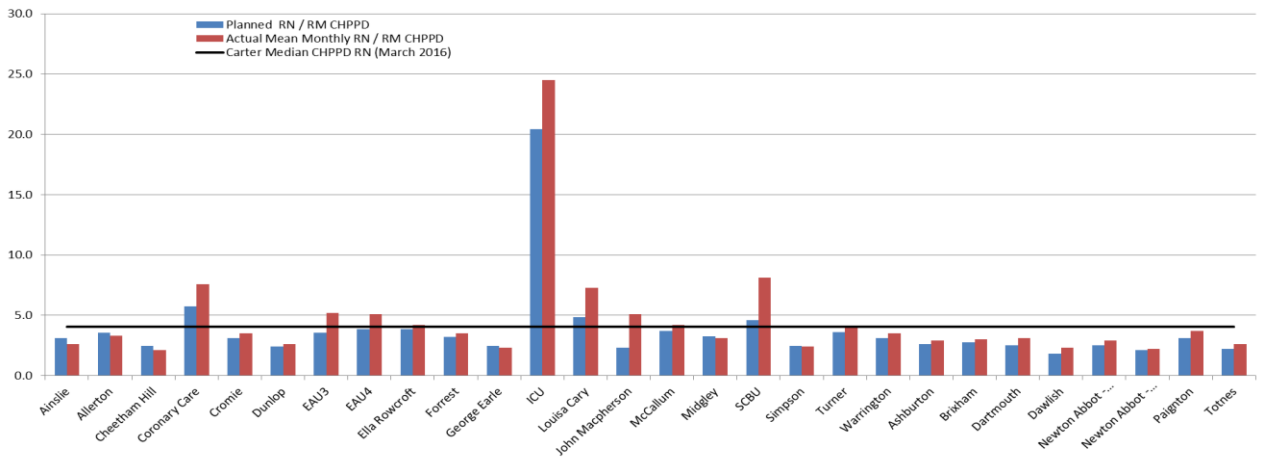
- The total Registered Nurses / Midwives (RN/RM) and Health Care Assistants / Maternity Care Assistants (HCA/MCA) combined CHPPD by ward
- The RN/RM only CHPPD by ward
- The HCA/MCA only CHPPD by ward.

A detailed monthly analysis containing planned and actual CHPPD for each of the acute wards and community hospitals is available as a table in Appendix 1.

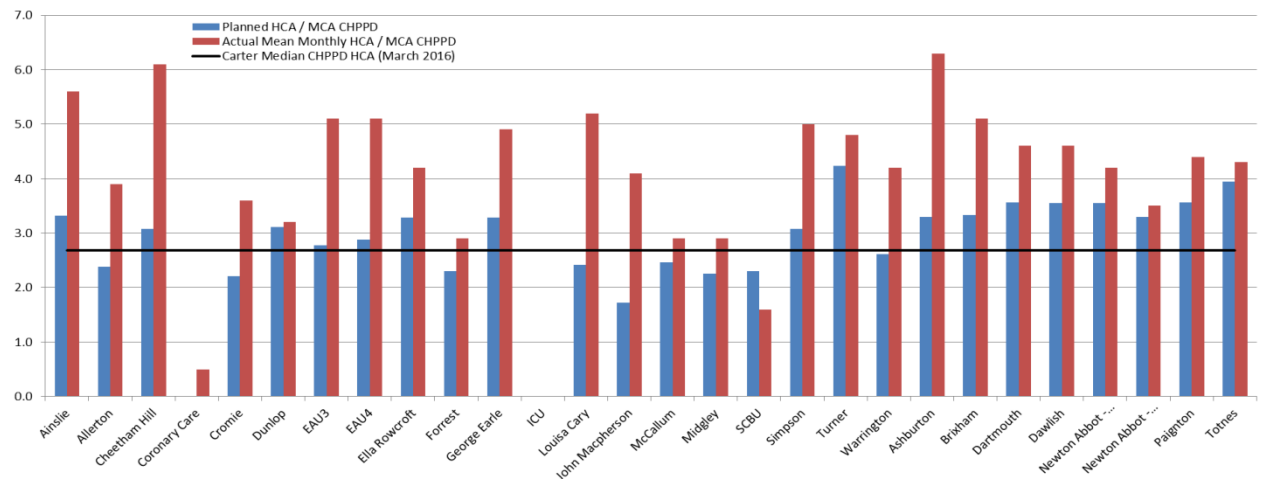
**Planned vs Actual CHPPD - August 2016
RN / RM and HCA / MCA**



**Planned vs Actual CHPPD - August 2016
RN / RM**



**Planned vs Actual CHPPD - August 2016
HCA / MCA**



Organisational Alert Status

An organisational RAG status is published and shared with our partner organisations on a daily basis which provides an indicator of the operational pressures experienced within the system. This is summarised within this report, as it provides a good proxy indicator of the wider organisational pressures and climate the wards are working within, and which may impact on our staffing decisions.

- The alert status for the organisation for the month of August 2016 is summarised in the table below.

SDHFT Alert Status	No Days in Month	% days in Month
Red	8	26%
Amber	9	29%
Green	14	45%

Medical Services Delivery Unit and Emergency Department :

The specific CHPPD flags for medical areas –

Cheetham Hill, George Earle, Midgley, Simson have reduced RN numbers. Recruitment is underway and where appropriate short term contracts for bank and agency are used to increase continuity.

Emergency Department:

The table below details the daily planned, actual and % fill rates for nurse staffing in the Emergency Department. The total fill rate for August 2016 was 105.7% (5.7% above plan) for RN and 102.2% (2.2% above plan) for HCA

		Planned		Total Actual Shifts		RN Shift fill rate	HCA Shift Fill Rate
		Total shifts		RN	HCA		
		RN	HCA	RN	HCA		
Mon	01/08/2016	17	13	14	11	82.4%	84.6%
Tue	02/08/2016	17	13	18	12	105.9%	92.3%
Wed	03/08/2016	17	13	17	14	100.0%	107.7%
Thu	04/08/2016	17	13	18	16	105.9%	123.1%
Fri	05/08/2016	17	13	18	14	105.9%	107.7%
Sat	06/08/2016	17	13	18	14	105.9%	107.7%
Sun	07/08/2016	17	13	20	13	117.6%	100.0%
Mon	08/08/2016	17	13	19	11	111.8%	84.6%
Tue	09/08/2016	17	13	18	13	105.9%	100.0%
Wed	10/08/2016	17	13	19	14	111.8%	107.7%
Thu	11/08/2016	17	13	17	14	100.0%	107.7%
Fri	12/08/2016	17	13	18	12	105.9%	92.3%
Sat	13/08/2016	17	13	18	14	105.9%	107.7%
Sun	14/08/2016	17	13	18	13	105.9%	100.0%
Mon	15/08/2016	17	13	18	13	105.9%	100.0%
Tue	16/08/2016	17	13	17	11	100.0%	84.6%
Wed	17/08/2016	17	13	17	14	100.0%	107.7%
Thu	18/08/2016	17	13	19	13	111.8%	100.0%

Fri	19/08/2016	17	13	19	13	111.8%	100.0%
Sat	20/08/2016	17	13	18	14	105.9%	107.7%
Sun	21/08/2016	17	13	18	13	105.9%	100.0%
Mon	22/08/2016	17	13	18	13	105.9%	100.0%
Tue	23/08/2016	17	13	18	13	105.9%	100.0%
Wed	24/08/2016	17	13	19	12	111.8%	92.3%
Thu	25/08/2016	17	13	19	12	111.8%	92.3%
Fri	26/08/2016	17	13	17	13	100.0%	100.0%
Sat	27/08/2016	17	13	17	14	100.0%	107.7%
Sun	28/08/2016	17	13	19	19	111.8%	146.2%
Mon	29/08/2016	17	13	19	13	111.8%	100.0%
Tue	30/08/2016	17	13	18	14	105.9%	107.7%
Wed	31/08/2016	17	13	17	13	100.0%	100.0%
Total		527	403	557	412	105.7%	102.2%

Surgical Services Delivery Unit

Ainslie and Allerton have had successful recruitment.

Women's, Children's, Therapies and Diagnostics Services Delivery Unit

SCBU– are down on HCA numbers but the team work flexibly across Paediatrics and is closely monitored by the Matron.

Community Hospitals Setting

No specific CHPPD flags for Community areas.

Appendix 1 – Care Hours Per Patient Day for Acute and Community Setting Wards

August 2016 Ward	Planned Total CHPPD	Planned RN / RM CHPPD	Planned HCA / MCA CHPPD	Actual Monthly CHPPD	Mean Total	Actual Monthly RN / RM CHPPD	Actual Mean Monthly HCA / MCA CHPPD
<u>Ainslie</u>	6.4	3.1	3.3	8.3		2.6	5.6
<u>Allerton</u>	5.9	3.6	2.4	7.3		3.3	3.9
<u>Cheetham Hill</u>	5.5	2.5	3.1	8.1		2.1	6.1
<u>Coronary Care</u>	5.8	5.8	0.0	8.1		7.6	0.5
<u>Cromie</u>	5.3	3.1	2.2	7.1		3.5	3.6
<u>Dunlop</u>	5.5	2.4	3.1	5.8		2.6	3.2
<u>EAU3</u>	6.3	3.6	2.8	10.2		5.2	5.1
<u>EAU4</u>	6.7	3.8	2.9	10.3		5.1	5.1
<u>Ella Rowcroft</u>	7.1	3.8	3.3	8.4		4.2	4.2
<u>Forrest</u>	5.5	3.2	2.3	6.5		3.5	2.9
<u>George Earle</u>	5.8	2.5	3.3	7.2		2.3	4.9
<u>ICU</u>	20.4	20.4	0.0	24.5		24.5	0.0
<u>Louisa Cary</u>	7.3	4.8	2.4	12.5		7.3	5.2
<u>John Macpherson</u>	4.0	2.3	1.7	9.2		5.1	4.1
<u>McCallum</u>	6.2	3.7	2.5	7.1		4.2	2.9
<u>Midgley</u>	5.5	3.3	2.3	6.0		3.1	2.9
<u>SCBU</u>	6.9	4.6	2.3	9.7		8.1	1.6
<u>Simpson</u>	5.5	2.5	3.1	7.4		2.4	5.0
<u>Turner</u>	7.9	3.6	4.2	8.8		4.0	4.8
<u>Warrington</u>	5.8	3.1	2.6	7.7		3.5	4.2
<u>Ashburton</u>	5.9	2.6	3.3	9.3		2.9	6.3
<u>Brixham</u>	6.1	2.8	3.3	8.1		3.0	5.1
<u>Dartmouth</u>	5.9	2.5	3.6	7.7		3.1	4.6
<u>Dawlish</u>	5.4	1.8	3.6	6.9		2.3	4.6
<u>Newton Abbot - Teign Ward</u>	6.1	2.5	3.6	7.1		2.9	4.2
<u>Newton Abbot - Templar Ward</u>	5.4	2.1	3.3	5.7		2.2	3.5
<u>Paignton</u>	6.7	3.1	3.6	8.1		3.7	4.4
<u>Totnes</u>	6.2	2.2	3.9	6.9		2.6	4.3

Key Explanatory notes

RN = Registered Nurse / Registered Children's Nurse

RM = Registered

Midwife

HCA = Healthcare Assistant

MCA = Maternity

Care Assistant

Red cells indicate the mean monthly Care Hours per Patient Day (CHPPD) were below that planned and agreed as the budgeted safe staffing level for the ward. Measures to ensure safety are managed on a daily basis by the ward manager and matron

Report Summary

Meeting Date:	Wednesday 5 th October
Title:	Kings Fund Report – Social Care for Older People – Home Truths (2016)
Lead Director:	Chief Nurse
Corporate Objective:	Safe Quality Care and Best Experience
Purpose:	Information

Summary of Key Issues for Trust Board

Strategic Context:

The Kings Fund report examines adult social care for older people, where people are supported to live as independently as possible, protected from harm when vulnerable and helped in times of crisis. Over recent years funding nationally for local authorities has been cut and the impact of this has been that councils are struggling to meet the needs of the increasing number of older people in our communities. Very few Council's now provide care directly with most contracting with independent care providers on a means tested basis to ensure statutory duties are fulfilled. The number of people who are living longer lives with more complex care and support needs adds to the national crisis – less money, more demand provides a bleak outlook. The situation is leading to pressures in the NHS as social care cuts cannot be viewed in isolation or distinct from overstretched primary care, community services and hospitals.

There is a need to understand nationally and locally the relationship between changes in public spending on social care, the quality and quantity of services and the impact on the health and wellbeing of the people who use them.

Link to the report: <http://www.kingsfund.org.uk/publications/social-care-older-people?qclid=CK24-OLQsc8CFVAz0wod3xsB1A>

Key Issues/Risks:

The paper asks 4 questions:

1. How are local authorities dealing with current pressures, the implications of their financial sustainability and ability to meet their statutory requirements?
2. The implications for the social care market, including recruitment and retention issues, the impact of the National Living Wage and the risks of provider failure
3. The impact on the NHS, with a particular focus on primary care, community nursing and acute services. How have changes in the availability of these affected care needs and the ability of the LA to meet them?
4. The implications for older people's experience of social care and the quality of care they receive.

The CCG and Trust work with two councils; Devon County Council and Torbay Council.

Since 2010, NHS money has been transferred to local authorities via the Better Care Fund to support social care. Central government has reduced its funding to local government by 37% in real terms between 2010 and 2016.

The impact of the increased costs of the national living wage and reduction in Better Care Fund contributions has effectively meant a cut in the amount available to support adult social care. This reduction in funding has meant tough choices for the Council amongst which are the possibilities of less residential care and less day care but investment in personal budgets and more support for self-help. The Council working with NHS partners are increasing the amount spent on personal care and support for elderly and vulnerable people in their own homes.

In Torbay, the total amount available for adult social care this year (2016-17) is £39.1 million, which is a reduction of 5.8% on the available spend for 2015-16. A response to the financial constraint has been to redesign the model of social care and over the last 3 years commissioners and providers in Torbay have worked to align services to deliver the new model of care described in the Pioneer bid 2014. The principles of the new care model are to maximising independence and resilience, with investment in services such as Intermediate Care. The methodology and aim is to reduce cost without compromising quality. This can be achieved by engaging those with sector expertise such as My Support Broker. We are also supporting the training and development of the local workforce, and continue to prioritise supporting unpaid carers – which we have a strong track record in.

However, the risk of compromised quality should not be underestimated:

- Providers are financially challenged and there is a risk that this could impact on quality of care due to poor staff retention and cuts on training or lower staffing numbers.
- The national living wage will increase costs and affect provider sustainability. The Associate Director of Adult Social Services believes that provider failure and independent sector fragility is a significant risk.
- Cuts in staffing, wages and training translate rapidly into poorer quality of care experiences. Whole home processes are increasingly focussing on these issues.

The Association of Directors of Adult Social Services have supported the Kings Fund and stated in their response:

“We’re now at a tipping point where social care is in jeopardy, and unless the Government addresses the chronic underfunding of the sector, there will be worrying consequences for the NHS and, most importantly, older and disabled people, their families and carers. Social care providers are under unprecedented pressure and the NHS will have to pick up the pieces when they fail. (Thursday 15th September Press statement”.

The Adult Principal Social Worker Network have released a statement welcoming the report, expressing concern that the Social Work profession are witnessing the pressure on social care providers. (Statement September 2016).

“Adult Social Workers in particular, are the ones who are left to front the disparity between the well intentioned expectations of the Care Act 2014 and the reality on the ground of the services that can be accessed by people given the rise in demand and reduction in the services available”.

Social Work continues to assess within the legal framework – which leads them to experience the impact of low quality, sometimes scarce, care. This was reported as a key issue at a recent listening event with Torbay Social Workers.

Recommendations:

The Board note the Kings Fund Report and implications for the local population.

Summary of ED Challenge/Discussion:

Executives discussed the importance of sharing this report as it provides an accurate overview of the national position and reflects the local position. Executive who are not familiar with social care services found that it provided useful context for some of the issues we face locally.

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

CCG

Equality and Diversity Implications:

The kings Fund paper is relevant to vulnerable older adults and the allocation of resources to meet their care needs.

REPORT SUMMARY SHEET

Meeting Date:	5 October 2016
Title:	Chief Operating Officer's Report
Lead Director:	Liz Davenport
Corporate Objective:	Safe care/best care
Purpose:	Information

Summary of Key Issues for Trust Board

Strategic Context:

To provide the Board of Directors with an update on key operational issues.

Key Issues/Risks

- Proposed changes to the implementation of the operational delivery structure
- Baytree house closure programme has been concluded but work to redeploy staff remains in progress

Recommendations:

To **note** the content of the report

Summary of ED Challenge/Discussion:

The Care model changes have been discussed at the Executive Team and agreement reached on priorities and focus. The focus includes discussion on how care model changes will improve system resilience over the winter and the Executive Team have sought assurance that these plans remain on track.

The Executive Team have considered and approved the recommendation for a phased approach to implementation of the operational delivery model. Consideration was given to the experience of other organisations including the Pennine Acute NHS Foundation Trust. It was noted that this will result in the extension of some interim management arrangements. The Team also considered the need to provide a structured development programme in support of these changes.

The Executive Team have asked the Chief Operating Officer for regular updates on the remaining Baytree House staff who have yet to secure alternative roles in the Trust.

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

The Care model changes will be subject to public consultation

Equality and Diversity Implications:

An Equality Impact assessment has been completed on the care model changes and a process is in place to complete this assessment as part of the change management process for significant service change.

Report to:	Board of Directors
Date:	5 October 2016
Report From:	Chief Operating Officer
Report Title:	Report of Chief Operating Officer

1 Purpose

To provide the Board of Directors with an update against key operational issues.

2 Provenance

The report is informed by the following:

- Minutes and action log from the Care Model Operational Group
- Minutes and action log from Senior Business Management Team
- Minutes of the Executive Team
- Briefing note from the Assistant Director for Operational Change, Steve Honeywill
- Briefing notes provided by the Transformation Team and Community Service Delivery unit.

3 Care Model Delivery

In this month's report it is intended to focus on some of the developments that are coming on line in the autumn supported by the investments made in the care model to date.

Early Implementers

Torbay Health and Wellbeing Team

The new delivery model for health and social care is being successfully implemented in Torquay, with work also being progressed in Paignton and Brixham. The Paignton and Brixham Health and Wellbeing Team is due to co-locate to new "hub" premises at King's Ash towards the end of October. A "spoke" will continue to operate from Brixham, with continued nursing and therapies presence. Progress has been made in integrated working with primary care; the Torquay Health and Wellbeing Team having had consistent GP input since January 2016.

The model sees further integration of health and social care teams, with a single point of telephone contact for the whole of Torbay going live on 8th August 2016. This has in turn released capacity for the "front end" multi-disciplinary team to provide rapid triage, referral and short-term intervention for individuals whose needs can be met relatively straightforwardly.

Around **70%** of the workload is now dealt with at the "front end", often without the need for face to face intervention. As a consequence, capacity is released from complex care teams in order to focus their skills on providing longer-term care for those in greatest need. The new model has seen a 63% reduction in the OT waiting list over a 7-month period, and reduced caseload size and wait times for social care.

Over 100 staff in Torquay have received training in the Strengths Based Approach to practice, as part of a rolling programme, with 6 champions identified to assist in embedding the new way of working into operations. Lyn Ware is working with Health and Social Care Co-ordinators to incorporate guided conversations around lifestyles screening and prevention into their practice.

EMIS web is now live in all 8 GP practices in Torquay, to enable information sharing between practices and with Health and Social Care Co-ordinators in the locality.

Coastal

On 4th January 2016 the two Minor Injury Units in Coastal were successfully merged to provide a single facility at Dawlish Hospital, operating 24 hours a day, 7 days a week. X-ray services have also relocated to Dawlish, with 5 sessions a week offered; followed by the relocation of Devon Docs out-of-hours service in June. Data from the first 5 months of 2016 indicates that the projected activity of 7,000 attendances per annum is on track. Teignmouth hospital in-patient beds were relocated to Newton Abbot in June 2016 and a major investment programme is underway to create a base for the coastal Health and Wellbeing Team and additional clinic rooms, including the upgrade of the former MIU area.

Funding for the development of the coastal Health and Wellbeing Team has been allocated and recruitment of a number of posts has already been successful, including several for enhanced Intermediate Care services. Medical support to the Health and Wellbeing Team is now in place, with a GP being a core member of the daily multi-disciplinary team discussions. A programme of training for staff in the Strengths Based Approach has been launched in September 2016.

A video is being made to celebrate the creation of the Coastal Health and Wellbeing Team, with completion expected in October 2016. This will be a helpful tool in explaining how things look and feel different in the locality as a result of the new model being implemented, and will share positive feedback from the staff involved. The video will include input from primary care and the voluntary sector, to illustrate the multi-agency nature of the team.

Enhanced Intermediate Care development

The Community Service Delivery Unit has made good progress in implementing the enhanced intermediate care service.

In summary:

- **Recruitment**- 90% of posts have been appointed with the few remaining posts actively being recruited to at present including a rotation post with the frailty team. All new staff have their inductions planned.
- **Medical support** - interim arrangements are in place for Torquay, Paignton and Brixham and Coastal with plans in place to finalise arrangements in Newton Abbot and Moor to Sea within the next 6 weeks. The permanent contract will be out to procurement shortly with the new contract to be in place from 1 April 2017.
- **Implementation plans** - operational planning meetings are being held with locality staff with meetings having already taken place in Coastal, Moor to Sea and Newton Abbot.

- **Intermediate care beds** -Torbay care home procurement is complete and increased block contracts are in place. The care home procurement in South Devon is due to start with initial engagement forums planned for Newton Abbot and Moor to Sea in October. The Coastal forum was held in September.
- **Equipment** - Rapid equipment delivery service for South Devon has been procured and will start on 1 October mirroring the existing Torbay service. These services will be available 7 days a week and including evenings.
- **Weekend working** – In South Devon a Saturday service will start from 1 October. The Team will be based at Newton Abbot Hospital but will be a pan-South Devon service. Working hours will gradually extend over the next few months with Sunday and Bank holiday working in South Devon in place from March 2017. The Torbay weekend service is already in place, and will be increased by the addition of support staff with the move to the Kings Ash team base at the end October. A consultation process is underway with all existing Torbay and South Devon staff who contribute to delivery of the intermediate care service, with a view to engaging them in working 7 days a week. This is being led by the localities and supported by the HR Team.
- **Discharge to assess** – one of the objectives of the intermediate care service will be to support earlier discharge home for ongoing assessment of needs. This is being piloted for the Torbay area from Wards that have implemented the 'SAFER' bundle. An evaluation of learning from the pilot is being undertaken which will inform roll out of Discharge to Assess in South Devon before Christmas.
- **SWAST direct referral**- The A&E Delivery Board has supported a programme of work aimed at supporting real time referral of people seen by the Ambulance Service to the Intermediate Care Team. This work will focus initially on people who have had a fall at home. The initial planning meeting has been arranged for October and aims to reduce the number of people who are conveyed to hospital by ensuring that they have timely access to assessment and support at home.

The Team have provided a patient story which illustrates the role of the intermediate care team and how they can support people to remain in their own home.

Mrs G is an 85 year old lady who fell while attempting to draw her bedroom curtains. Her GP visited and found that she had fractured her ribs and hurt her shoulder. It was agreed that hospital admission was not necessary and pain relief was prescribed.

However it soon became apparent that her husband was struggling to help his wife and so the GP referred Mrs G to the Intermediate Care Team and a Nurse and Physiotherapist visited that day. They found that she was able to safely mobilise around her home and her observations were normal. However she continued to be in pain and was having difficulty in managing her self-care needs. The Team was able to respond by arranging for the rapid response team to visit Mrs G at home twice a day and the physiotherapist liaised with the GP about pain relief and a further medical examination was completed by Devon Docs. Arrangements were also made for equipment to be provided to support Mrs G remaining independent including a kitchen trolley, toilet frame and a bed lever.

In this example timely access to support and good multi- disciplinary working prevented a hospital admission and the risk that long term care would be required.

Health and wellbeing coordination

The Health and Wellbeing Co-ordinator role is now in place in all five localities, having started on the 11th July 2016.

The role of co-ordinators is to help people, aged 50+ to identify and communicate their aspirations for making the most of life, through a 'guided' conversation. This is to ensure the person's wishes are at the centre of planning for care - whether this is to develop friendships and reduce isolation, solve practical problems that matter to them, manage their long-term medical conditions better or improve/plan their own health or care.

Evidence shows that this approach can improve a person's wellbeing and their experience of care, whilst reducing unnecessary emergency attendance, social care referrals and better managing GP time.

There are 6 whole time equivalent co-ordinators in place in South Devon, 5WTE in Torbay (1 recruitment pending). South Devon Wellbeing Partnership has trained 20 people so they have flexibility in deployment across the patch to manage volume.

The end of Aug 2016 out turn shows 49 referrals have been made in Torbay (46 wellbeing co-ordination, 3 signposted) and 61 in South Devon (23 wellbeing co-ordination, 38 signposted). The difference in the level of signposting to other voluntary sector services could be attributed to the maturity of the voluntary sector network in South Devon.

Delivery structures

The group that has been leading the work have presented their latest recommendations to the Clinical Management Group. At this stage of the process there is consistent support for the proposal that the structure is locality facing with the leadership Teams having responsibility for the health and social care in the locality and for a group of specialist services. The ongoing work relates to determining the groupings of the specialist services.

The Executive Team has considered and supported a recommendation from the Chief Operating Officer that a phased approach to implementation is made commencing in the autumn, with a view to having the leadership teams in place that will initially have responsibility for implementation of the care model with integration of specialist services occurring as Phase 2.

This recommendation has in part been shaped by the experience of other organisations which have undergone significant changes to their delivery structure and an assessment of the potential risk to management of routine operations through a period of change. It also allows for the implementation of a structured development programme for staff taking up posts in the new delivery structure.

4 **Baytree House- update**

The Board of Directors at its meeting on 25 May 2016 supported a proposal to close Baytree House with effect from 30 June 2016. The unit provided short breaks for 39 people and their families.

In making the decision the Board noted that a number of the residents were in the process of transition to new service providers and 3 individuals had yet to finalise plans for respite, although the planning process was underway, and they asked for an update on progress to be made available in September. Assurance was also sought on the plans to ensure that staff were supported in finding alternative employment in the Trust in line with Trust Human Resources policy.

I am pleased to confirm that the team have confirmed that the unit was closed in line with plan at the beginning of July and notice has been served on the lease and the building will be handed back to Torbay Council in due course. All the service users who attended Baytree have been founded alternative short breaks across four different providers, one of which is Siesta, a new facility in Torquay which has received positive feedback from families using the service. This feedback has also been communicated to Health Watch Torbay which plans to do a follow up review with families in the New Year.

Staff at Baytree are still subject to a redeployment process with approximately six staff out of eighteen awaiting roles to be secured. The team, with the support of the HR Team, continue to work with these individuals to secure an appropriate outcome. The team has reflected on learning from the process and in particular the process of identifying alternative providers, and have recognised that work will be required on an ongoing basis to develop and support this market to meet new and emerging needs for short breaks ensuring choice and service resilience. This work will form part of wider programme of work being undertaken with the Council to maintain and build community capacity.

The closure formed part of the work programme in response to the Learning Disability Service strategy and included a planned saving of £219K of which £79K will be delivered in 2016/17.

I would like to express my thanks to Sonja Manton and Steve Honeywill for their leadership and successful delivery of this service change.

5 **St Kilda – update**

The Board of Directors at its meeting on 25 May 2016 considered and approved a recommendation that St Kilda was closed and service transferred in line with planned care model changes. This recommendation was made to the Director of Adult Social Care, Torbay Council who in turn confirmed the decision to close the unit.

The Trust Management team led by Steve Honeywill has been working with Geoff Walker, Chief Executive of Sandwell, provider of services at St Kilda, to implement an agreed transition plan with the aim of closing services at St Kilda by 30 September 2016.

I am pleased to report that:

- All long stay residents were successfully found a new home in the early summer and they were moved with the support of the community teams.
- Intermediate care capacity was identified in the independent sector allowing bed based Intermediate Care service to cease in August
- The Day Care service transferred to Brixham Hospital with the transfer due to be completed on 30 September 2016. This was planned on a "lift shift" basis with the staff who are subject to TUPE. This is the first phase of the development programme for day care services with work under way with the Voluntary Sector to develop the new day service plans, and model for the Brixham Hospital site in partnership with the League of Friends and Brixham Does Care.
- At the outset it was a priority to retain the skills and experience of the workforce, at the time of writing approximately 30 staff in all have been successfully redeployed to posts across the organisation.
- The Meals on Wheels service is now provided by the Independent sector after a trial of the new provider with current users of the service. The kitchen at St Kilda will therefore close by 30 September 2016.

Given that the above the building will be closed in early October, notice has been serviced on the lease with Torbay Council to return the facility to them in due course.

There will be a saving of £200k in 2017/18 resulting from this change programme.

I would again like to extend my personal thanks to Steve Honeywill who has provided expert leadership to the delivery of a complex programme of work from the outset and to Geoff Walker who has worked closely with the Trust to ensure that our shared goals were met.

6 Recommendation

To consider progress outlined within this report.

REPORT SUMMARY SHEET

Meeting Date:	5 October 2016
Title:	Workforce and Organisational Development Board Report
Lead Director:	Director of Workforce and Organisational Development
Corporate Objectives:	<ul style="list-style-type: none"> • 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	
<u>Strategic Context:</u>	
<ul style="list-style-type: none"> • 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. • To provide the Board with assurance on workforce and organisational development issues. 	
<u>Key Issues/Risks:</u>	
<u>Issues</u>	
<ul style="list-style-type: none"> • Performance against the key workforce metrics for 2016/2017 are included in section 2 of this report. • A Workforce Strategy for Adult Social Work has been approved by the Workforce and OD group and a summary of its aims and recommendations are included in paragraph 3.2. • Action plans to deliver the new apprenticeship reforms and apprenticeship levy and level 5 diploma for Assistant Practitioners in Healthcare were agreed by the Workforce and OD Group and support the Trusts “Growing our Own” aims (paragraphs 3.4, 9.2.1& 9.2.2). • Plans for reducing the vacancy gap including making best use of the shift to student loans for registered staff are being developed into a proposal to manage supply and demand over the next five years and beyond (paragraph 3.3) • Roster Management Guidelines For Nursing Staff in Ward / Bed Based Areas were agreed by the Workforce and OD Group to support reductions in agency and bank usage and e-rostering (paragraphs 4.6 & 6.1) • Reductions in agency usage and expenditure in August have been achieved following the introduction of a number of systems and initiatives (paragraphs 4.6 & 4.7.1) • The Workforce and OD Group have agreed to the implementation of the ESR expenses system operated by Allocate Software (paragraph 7.1) • The Workforce and OD Group has agreed a way forward to move to electronic payslips with staff using ESR Employees self-service (paragraph 7.2) 	
<u>Risks</u>	
<ul style="list-style-type: none"> • A range of incentives are being implemented to attract bank workers to help mitigate agency usage which are starting to have a positive effect. This Trust continues to report weekly to monitor on the number of shifts that are not compliant with the NHS Improvement framework and price cap requirements (paragraphs 4.6 & 4.7.1). 	

- 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 both in the short and longer term.
- Medical recruitment remains a challenge in key areas as reported in Section 4.7.2.
- Following the rejection of the proposed new contract by Junior Doctors and the Secretary of State's decision to introduce it in any case industrial action is planned by Junior Doctors for days in the next 3 months (paragraph 4.7.3). Plans to mitigate this action will be operated as previously.
- Delivery of a number of recommendations in the Workforce Strategy for Adult Social Work are reliant on additional resources and funding (paragraph 3.2).
- The deteriorating position in respect of sickness absence will have an impact on productivity, efficiency and financial performance (paragraphs 2.3 & 4.1).
- Failure to deliver against targets in the apprenticeship reforms will result in at least some of the apprenticeship levy of £1.3M being withheld (paragraphs 3.4 & 9.2.2).
- Not achieving improvements to targets in accordance with CQC report.
- Failure to achieve workforce changes in accordance with CIP plans.

Recommendations:

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

Summary of ED Challenge/Discussion

Since the last report, the Executive Team have:

- ♦ Considered and tested the adequacy of plans to cover periods of strike action.
- ♦ Considered and approved in principle a business case in support of further overseas recruitment.
- ♦ Undertaken 'deep dives' gaining assurance on the delivery of CIP plans to reduce agency expenditure.

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
5th October 2016

1. 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 Group.
- To provide the Board with assurance on workforce and OD issues.

1.2 Report Content

- 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.

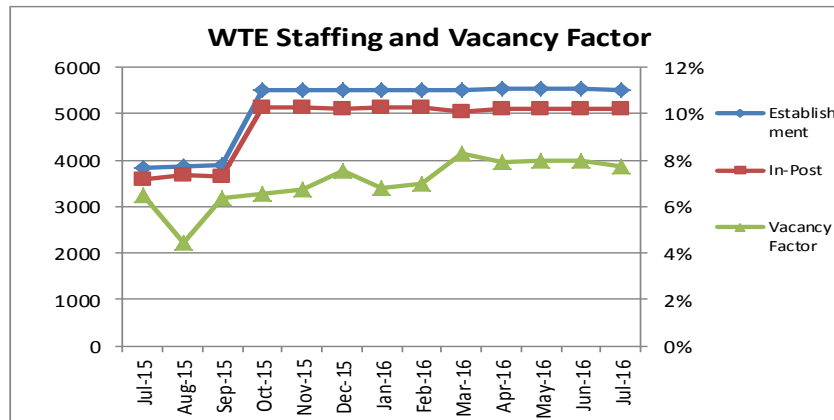
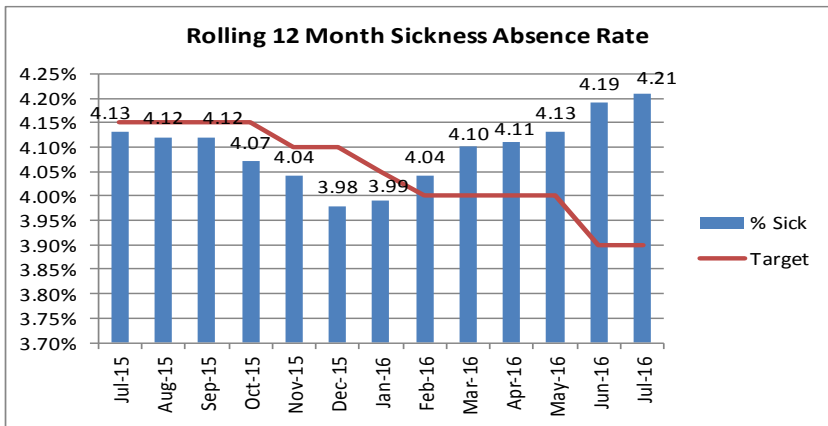
2. Progress on Key Performance Indicators

2.1 The Workforce and OD metrics included in this paper are as at the end of August 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.

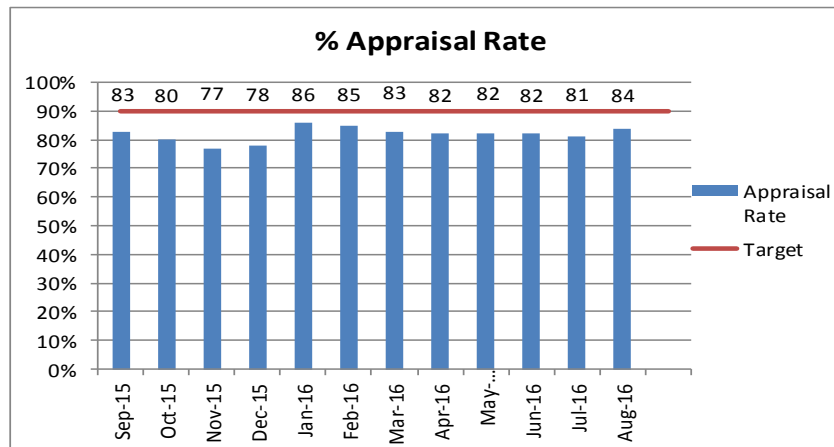
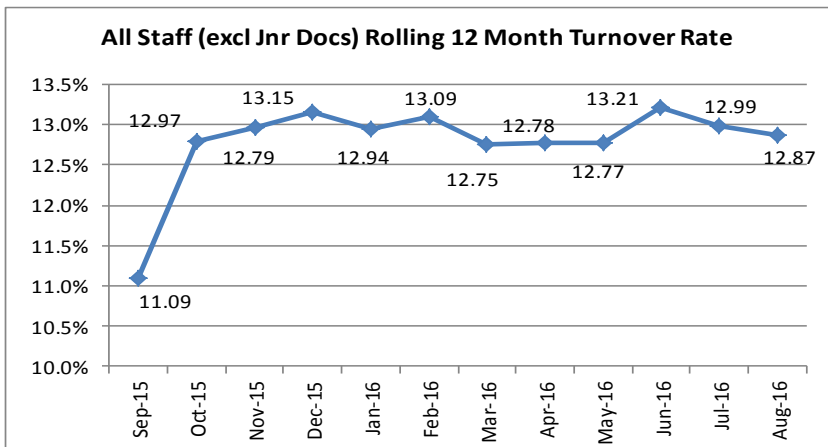
2.2 The above reports are RAG rated based on targets and thresholds agreed by the Workforce and OD Group for 2016/2017. The targets for August 2016 are included in the Workforce and OD Scorecard (appendix A).

2.3 The following provides a graphical presentation of a number of the key targets and the overall trend and a brief commentary for each.

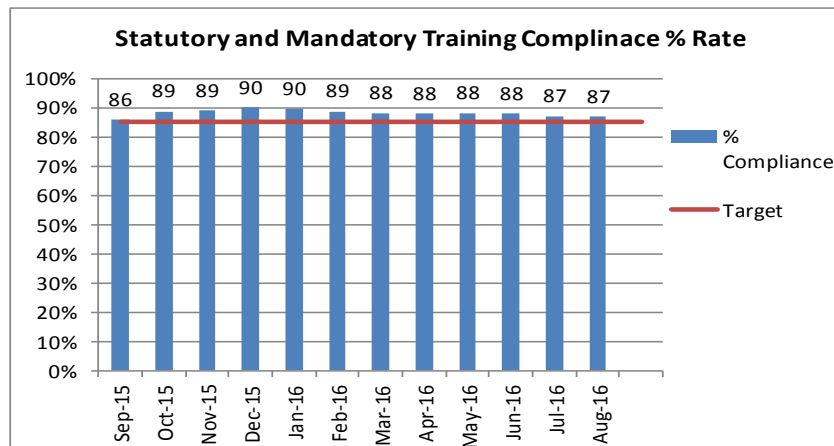
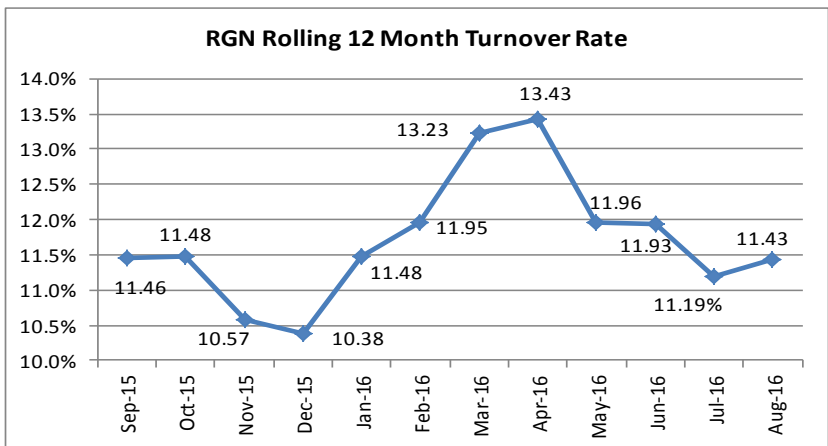


1. Sickness Absence
The rolling sickness absence rate of 4.21% has increased following previous good progress towards the target which for July was 3.90%.

2. Turnover
Turnover rate has remained relatively constant since the formation of TSDFT in October 2015 and is within the target range of 10% to 14%. Turnover rates for RGN's have actually declined recently but recruitment remains a significant challenge.



3. Staffing Levels
The level of establishment and staff in post has remained relatively level since the formation of TSDFT. The vacancy factor of just below 7.71% is above our target of 5% and emphasises the recruitment challenge. Use of the temporary workforce reduces the gap to 0.18% although this is not consistent for each staff group.



4. Appraisal
The appraisal rate of 84% in August 2016 remains below the target of 90%. Managers and staff are regularly reminded of the importance of an annual appraisal and an email has recently been sent to each member of staff not shown as having a completed appraisal.

5. Statutory and Mandatory Training
The Trust has a target of 85% as an average of 9 key modules. This current rate is above target but some individual modules remain below their target.

2.4 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 for the last three quarters ending June 2016. Investigations included in the table relate to issues that are being formally investigated that may subsequently lead to a formal process with an outcome of a formal warning.

Cases are only counted once and in the quarter the process commenced, however 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
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 long and short term individual sickness management cases are being progressed.

3. Workforce Planning

3.1 Staff Numbers

The plans for the workforce have been updated to take account of developments in respect of the care model and CIP. These plans include proposed changes that are currently out to public consultation that could be varied following that consultation. A summary of the changes, based on current proposals in respect of staff numbers by staff group, over the next 5 years are included in the table below.

As described in 2.3 above the overall reduction in staff numbers in 2016/2017 has not been recurrently achieved to date. However care model changes and CIP plans are being progressed.

	15/16	16/17	17/18	18/19	19/20	20/21
Staff Group						
Registered Nursing, Midwifery and Health Visiting Staff	1,289.08	1,282.83	1,240.06	1,224.07	1,208.58	1,203.58
Hospital Based	995.05	988.80	945.88	929.88	914.39	909.39
Community Based	273.98	273.98	273.98	273.98	273.98	273.98
Other	20.05	20.05	20.20	20.21	20.21	20.21
Scientific, Therapeutic and Technical Staff	743.29	740.34	759.28	743.20	727.71	719.71
Allied Health Professionals	427.60	424.65	443.59	427.51	419.02	417.02
Other Scientific, Therapeutic and Technical Staff	315.69	315.69	315.69	315.69	308.69	302.69
Ambulance Staff	4.22	4.00	4.11	4.11	4.11	4.11
Healthcare Scientists	201.28	201.28	204.30	204.34	204.34	204.34
Support to Clinical Staff	1,647.62	1,645.63	1,597.00	1,581.77	1,567.27	1,561.27
NHS Infrastructure Support	1,180.68	1,129.99	1,097.64	1,065.92	1,036.15	1,006.87
General Payments	7.15	7.15	7.25	7.25	7.25	7.25
Medical and Dental Staff	442.11	442.06	448.82	448.92	448.92	448.92
Total	5,515.43	5,453.28	5,358.46	5,279.58	5,204.33	5,156.05

3.2 Workforce Strategy for Adult Social Work

A Workforce Strategy for Adult Social Work was approved by the Workforce and OD Group on the understanding that any significant changes would be made subject to an agreed business case.

3.2.1 Executive Summary

Adult Social Work is facing unprecedented changes. The profession is dealing with increased complexity due to legislation changes, alongside increased pressure to deliver efficiencies. This, and assertive recruitment from neighbouring authorities, has led to hereto unknown level of vacancies in the qualified Social Work Workforce.

This strategy seeks to modernise, strengthen and support Social Work, which will form a central part of the future Care Model in Torbay.

3.2.2 Recommendations

The recommendations in this strategy focus on strengthening recruitment, focussing on newly qualified workers and using enhanced media/advertising.

The strategy proposed supporting the newly qualified workforce with an academy provided jointly with Torbay Council's Children's Social Services; and making the newly qualified roles more attractive to candidates by offering an automatic transition to Band 6 upon successful completion of the Assessed and Supported Year in Employment.

The strategy also looks to strengthen the Social Work Workforce, by creating a Principal Social Worker to align Torbay and South Devon to neighbouring authorities. In addition, specialist roles are recommended. These measures will equip the workforce for a more complex workload and offer a career pathway which is not based on management.

In addition, the strategy proposes to address the loss of experienced Social Workers to neighbouring authorities by introducing flexibility within Band 6 to match salaries offered in other peninsula authorities.

3.3 Registered Staff Vacancy Gap

The Workforce and OD Group discussed the proposed route for reducing the vacancy gap for Registered Staff. The intention is to reduce the vacancy gap to below 5% for all staff groups. Supply lines have been identified to achieve this reduction. The key debate is whether the Trust will be able to secure sufficient numbers of newly qualified staff following the move to a student loan system or to continue to seek overseas recruits. Systems and processes in respect of how the new arrangements will work including placement funding are still being developed and once this is clear an updated proposal to match demand and supply of the workforce will be developed.

3.4 Apprenticeships

Action plans to deliver the new reforms and apprenticeship levy and level 5 diploma for Assistant Practitioners in Healthcare were agreed by the Group and are further detailed in the Education and Development section of this report. These plans link to the “Growing Our Own” aim.

4. Human Resources

4.1 Managing Sickness Absence

The data for sickness absence at the end of July 2016 indicates a rolling 12 month figure of 4.21%. This rate continues to be above the Trust target which was 3.90% at the end of July. Long term sickness makes up 66.4% of total sickness absence.

Based on the number of days lost through absence, 'stress, anxiety and depression' remains the top declared category of sickness absence standing at 21.13% although there are significant local variations. The second highest category of absence is MSK at 16.01%. The category of absence that causes the most number of episodes to be taken continues to be 'Colds and Flu'.

Activity to reduce the sickness absence rate includes:

- Working with Social Workers, a group of staff with consistently higher levels of sickness absence currently around 6.2% and with 'stress, anxiety and depression' showing at 36.4%. However, a recent 'health check' survey carried out by their professional manager did not show up stress as a major issue. A workshop to follow on from the survey is currently being planned and more targeted work around managing sickness absence will be carried out.
- Reviewing the current Sickness Absence Policy to ensure it is as effective as it can be and also to support an improvement area of the 2015 Staff Survey.
- The HR department is providing close support and advice to managers via 'surgery' sessions in hospitals and departments, individual and team training as required and individual support.

4.2 Staff Friends and Family Test (Staff FFT)

4.2.1 Local Update

The Staff FFT is completed by all Trusts. A programme of activity is diarised each year to ensure all staff have the opportunity to complete the survey. The results for areas of the Trust surveyed in the first quarter of 2016/2017 are detailed below. As in the previous two years, findings will be fed back to the relevant senior management teams to ensure any comments/themes etc. are acted upon and shared.

	% of staff extremely likely or likely to recommend TSDFT to friends and family if they needed care/treatment	% of staff extremely likely or likely to recommend TSDFT to friends and family as a place to work
Community Hospitals	79%	68%
Community Services	80%	64%
Public Health	96%	63%
Pharmacy Manufacturing Unit	85%	95%
Medical Services- Acute	86%	61%

4.2.2 National Update

The Trusts findings for quarter 1 of 2016/2017 are compared with other Trusts. The comparisons below are based on the average for Trusts nationally and in the South West.

	% of staff extremely likely or likely to recommend TSDFT to friends and family if they needed care/treatment	% of staff extremely likely or likely to recommend TSDFT to friends and family as a place to work
Nationally – Acute	82%	66%
NHS South West	82%	64%
Torbay and South Devon NHS Foundation Trust	85%	67%

4.3 Staff Survey 2016

The Trust is using Quality Health to undertake the Staff Survey. The Trust has asked all staff to complete the survey. As proposed by the NHS Staff Survey Team the Trust is using an 85% electronic and 15% paper based approach. Nationally this has been promoted for improving responses. The survey commenced at the end of September and regular reminders to staff to complete the survey are being issued.

The action plan developed to address the findings from 2015 Staff Survey is largely complete and the outcomes will be compared with the 2016 survey results when they are published in early 2017.

4.4 National NHS Staff Health and Wellbeing CQUIN 2016/17

As previously reported 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.

Action plans to achieve the CQUIN requirements have been developed and were submitted as part of the quarter 1 submission. All three elements of the CQUIN were rated as achieved by commissioners.

Progress against the action plans will continue to be monitored and formally reported to commissioners on a quarterly basis.

4.5 Recruitment

4.5.1 Recruitment and Recruitment Processes Working Group

This 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.
- Programmes of Recruitment open days, detailed below.
- Overseas recruitment is reported separately below.

4.5.2 Recruitment Open Days

A number of Recruitment Open Days have been held and have proved to be very successful. A Return to Nursing open day was held in early July and as a result 6 offers were made and accepted. At the beginning of August an event was held for Social Workers with 5 offers of employment were made. At the end of August a Nurse Open Day was held and 8 offers of employment were made. Future events are being planned for theatres and student nurses.

4.5.3 International Recruitment

The Trust continues to liaise with the recruitment agencies in the Philippines on a weekly basis to keep track of the progress of the 100 nurse candidates that have been offered employment. To date thirteen have passed the IELTS exam and are

progressing their NMC application. Two have passed the NMC CBT exam and are progressing their visa applications. Within the Trust we are also developing a training programme for the candidates to support them in passing the OSCE exam.

The Trust is also exploring the potential of recruiting Diagnostic Radiographers and Social Workers from overseas.

4.5.4 Trust Internet Pages

The Trusts 'Working for Us' recruitment internet pages are being reviewed and the aim is to complete this review by the end of September 2016.

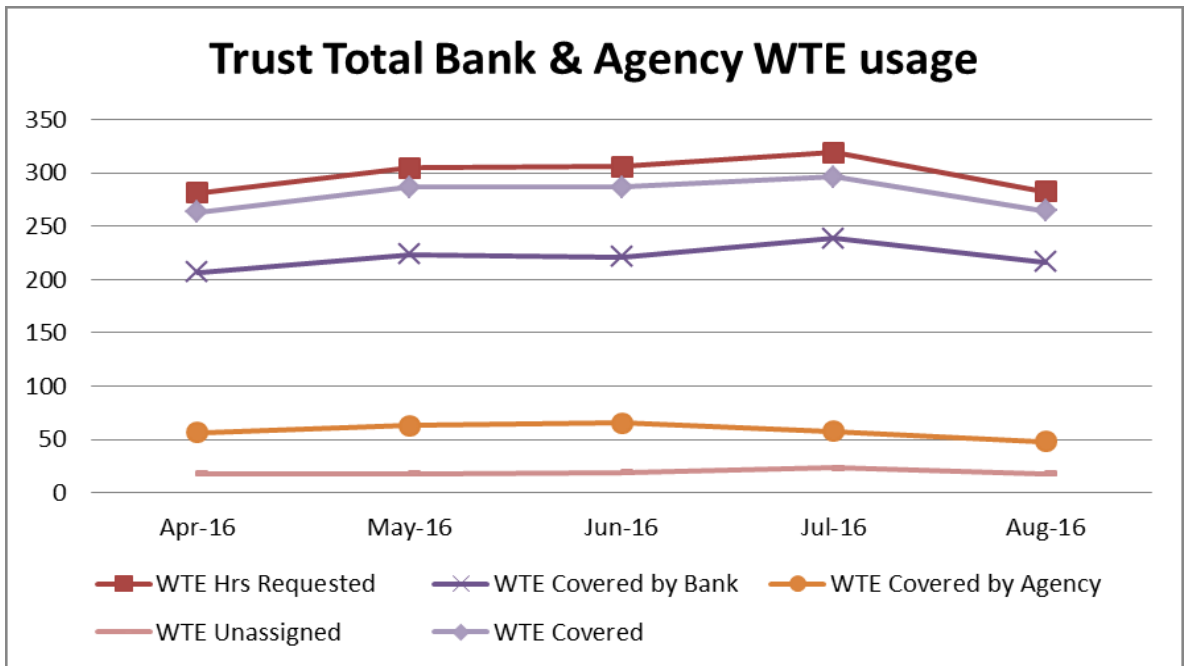
4.6 Temporary Staffing Bank and Agency Activity

A range of activities designed to reduce the vacancy gap, decrease reliance on bank and crucially to reduce agency spend have been implemented. These initiatives include incentives to encourage staff to cover shifts or work bank shifts rather than use agency, particularly the more expensive agencies that are not compliant with the NHS Improvement Framework. Recent actions have included:

- The agreement of Roster Management Guidelines For Nursing Staff in Ward / Bed Based Areas including the authorisation process for nursing shifts and an updated flowchart. These guidelines and the flowchart have been agreed by the Workforce and OD Group.
- The Agency and Temporary Staffing Working Group has also drafted a proposal to allow nursing staff to 'sell back' up to one week's annual leave.
- A diagnostic tool from the NHS Improvement Agency has been utilised to identify any potential support they can provide the Trust to reduce agency spend.
- A CIP scheme has been developed to reduce AHP and Non-clinical Agency by £350K. Actions include using the same electronic system for AHP as is used for Medical Staff.

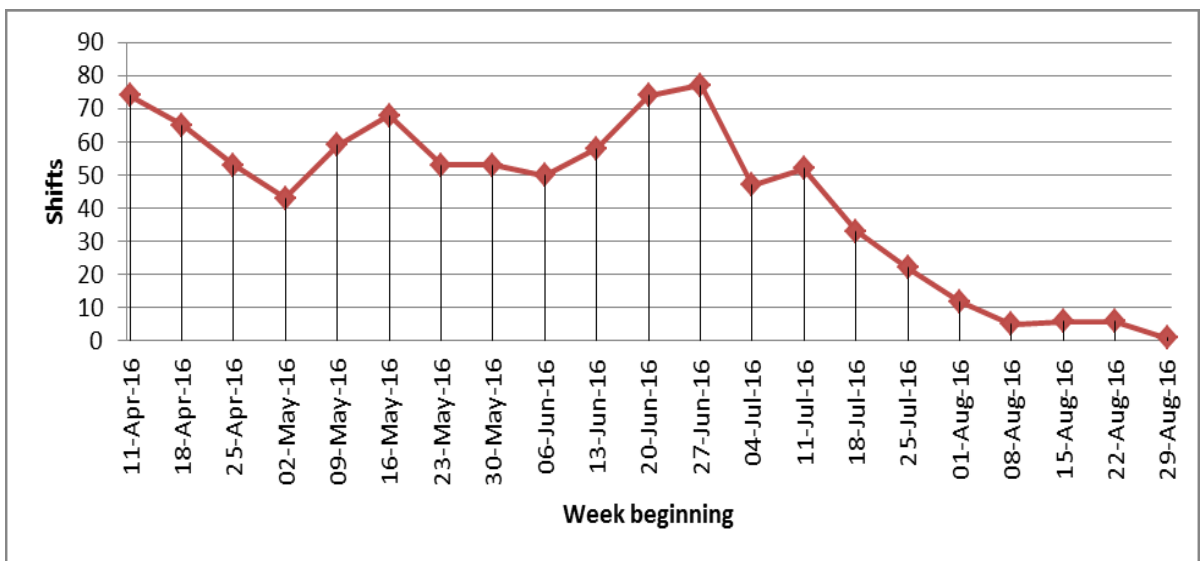
These activities are beginning to have an impact and in particular to reduce the number of shifts going to the expensive agencies that are not compliant with the NHS Improvement Framework.

The table below shows bank and agency usage by WTE for the whole Trust for the most recent months and shows the reductions achieved in August for requested shifts and bank and agency usage. In August 2016 the Temporary Staffing Team was able to fill 94% of the shift requests through a combination of bank and agency. This equates to 265 WTE.



TRUST TOTAL	Apr-16	May-16	Jun-16	Jul-16	Aug-16
WTE Requested	281	305	306	319	283
WTE Covered by Bank	207	223	221	238	217
WTE Covered by Agency	56	63	66	58	48
WTE Unassigned	18	18	19	23	18
WTE Covered	263	287	287	296	265

The initial aim of the Agency and Temporary Staffing Working Group has been to eliminate the use of Thornbury, which is the most expensive nursing agency used by the Trust. The table below demonstrates the significant reduction in Thornbury use:



The Trust continues to report to NHS Improvement on a weekly basis in respect of the number of agency shifts that are not compliant with their framework, price cap and maximum wage cap requirements.

Nursing shifts remain the biggest component of the report (averaging 150 shifts per week), followed by medical shifts previously averaging 50 per week, although this has dropped in recent weeks to an average of 25 shifts per week. .

4.7 Medical HR

4.7.1 Medical Agency

The Trust is now live with the new electronic system called TempRE to manage and reduce our medical temporary staffing expenditure. The system has an electronic timesheet approval process with improved authorisation, accuracy and sign off. The benefits of this system will enable the Trust to have control at every stage of an agency placement from vacancy release to payment. It will also allow for fast, timely information on our medical agency bookings and cost plus NHS wide benchmarking of pay and commission rates.

The system allows us to target those candidates/agencies which are able to supply doctors via Direct Engagement (DE) which allows the Trust to make a VAT saving. Last year our DE bookings were around 23% with a total saving of £71,663. This year these bookings have increased to 40% with a total saving £38,487 to the end of June.

Medical Agency Spend- April 16- Aug 16

	Consultant (£)	SAS/Junior (£)	Grand Total (£)
Trust Total	762,555	259,979	1,022,534

Comparative Monthly Medical Agency Spend:

Month	2014/15	2015/16	2016/17
April	108,059	209,148	195,501
May	122,084	149,423	175,334
June	166,781	226,428	243,300
July	160,929	228,116	246,546
August	152,713	241,809	161,853
September	281,530	273,978	
October	327,659	180,382	
November	330,862	124,940	
December	302,564	123,493	
January	216,263	170,802	
February	250,634	139,765	
March	150,500	198,863	
Total	2,570,576	2,267,147	1,022,534

4.7.2 Medical Recruitment

The Trust has recently appointed to a new post of SAS Breast Care Physician and replacement SAS posts in Oncology and Orthodontics. The Trust has also been successful in recruiting a replacement Consultant for Gastroenterology.

The Trust has recently had success in advertising posts via social media (Facebook and Twitter) and is about to trial this form of advertising alongside our standard advertising routes for Emergency Medicine in an effort to market to a wider field of doctors.

Current Medical Vacancies (as of 23 Aug 2016) are detailed in the table below.

Grade	Specialty	Status
Consultant (new post)	Histopathology	Vacant since Apr 2015 and advertised on 5 occasions, including now
Consultant (replacement x2)	Stroke	Vacant since Apr 2015 and advertised on 4 occasions but now reviewing options
Consultant (New Post)	Dermatology	Vacant since Jul 2015 and advertised on 4 occasions, including now
Consultant (replacement x2)	Neurology	Vacant since Nov 2015 and advertised on 3 occasions, including now
Consultant (replacement x2)	Healthcare of Older People	Vacant since Jan 2015 and advertised on 6 occasions with 1 successful appointment in May 2016 leaving 2 vacant posts Now reviewing options
Consultant (Replacement x2)	Radiology	Vacant since Feb 2015 Advertised on 5 occasions
Consultant (New Post)	Anaesthetics- Pain Management	Advertised on 2 occasions with no success the Dept have re-configured internally to cover the role
Consultant x2	Emergency Medicine	The Trust requires 10 consultants within the department. Success in recruiting 2 consultants and with further changes another 2 candidates are required to meet this target.

4.7.3 Junior Doctor 2016 Contract

On 5 July the BMA announced that their members had rejected the proposed new contract for junior doctors. Of a turnout of 68 per cent in their referendum, 58 per cent of its members voted against the offer agreed at ACAS compared to 42 per cent voting to accept.

Following the decision at referendum to reject the contract, on the 6 July the Secretary of State announced that the new terms would be introduced in England

from August 2016, with the first doctors transitioning to the new terms in October 2016. The plan is for all junior doctors to be on the new terms by October 2017.

The Trust has appointed to the role of Guardian of Safe Working and continues to prepare for the first transition of doctors onto the new contract. All rotas with the exception of the Emergency Department are compliant with the new Terms and Conditions which will allow for ease of transition.

Following the Secretary of State decision to introduce the new contract the BMA Council supported a recommendation for industrial action from the 12th to 16th September 2016, this was subsequently called off by the BMA but future action is planned for the following dates:

- 5, 6, 7 October (weekend covered) and then 10, 11 October
- 14 to 18 November
- 5 to 9 December

This industrial action will involve full withdrawal of labour between 08:00 and 17:00 on the days in question (that is, emergency cover will not be provided). The Trust is planning to manage the action and mitigate clinical risk.

5. Occupational Health

'Optima Health' have now taken over the contract to run our Occupational Health Service and early indications are that the implementation has been smooth.

An Employee Assistance Programme [EAP] for all staff to access 24/7, provided by 'Workplace Wellness' is also now in place and so far there has been some positive feedback on the quality and timing of service provided.

Contract meetings are set up to run monthly initially and as the service is embedded into the organisation the strategic meetings will be held quarterly. As part of the contract, KPIs will form a huge part of monitoring its delivery, alongside some qualitative findings.

6.0 Workforce and OD Systems

6.1 E-rostering

As previously reported the programme of work to implement the chosen option in respect of e-rostering is now in progress. The implementation of the Roster Management Guidelines For Nursing Staff in Ward / Bed Based Areas which were agreed by the Workforce and OD Committee will provide the basis for producing rosters and are crucial to the success of e-rostering.

To further support the nursing ward managers in implementing the roster management guidelines OD are designing a bespoke programme of development. This will include providing guidance and skills development in managing performance, supervision and communications and having difficult conversations.

6.2 Learning Management System (LMS)/Nurse Revalidation

The implementation of the new LMS and Nurse Revalidation system has been delayed. Unforeseen work to the Active Directory (AD) needs to take place, this manages new starters, leavers and movers within the Trust and informs connected systems. It is anticipated 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.

7.0 Pay, Pensions and Expenses

7.1 Staff Expenses System

The Workforce and OD Committee have agreed to the implementation of the ESR expenses system operated by Allocate Software. This system is free to the Trust and will replace the existing Software Europe system for which the Trust has a contract until September 2018 at a cost of C£8K per annum. The plan is to move staff in the community onto the system first as they are currently using paper claims and then move the acute staff from Software Europe to the ESR expenses system.

7.2 Electronic Payslips

The Workforce and OD Group has agreed the following way forward to implement electronic payslips and ESR Employee self-service. Maximising the use of ESR Employee self-service is part of the ESR strategy.

- Continue to promote employee self-service and encourage staff to opt into using electronic payslips.
- Move to a position where staff have to opt into receiving a paper pay slip based on their lack of access to a Trust computer to be able to view ESR Employees self-service. Clearly this would not be accepted for those groups that are known to have regular access to a Trust computer.
- Discuss this proposal with JCNC to gain their support.

8.0 Organisational Development (OD)

8.1 Equality and Diversity – Workforce Race Equality Standard (WRES)

In response to the action plan presented in July 2016 Workforce and OD report actions have been undertaken and include:

- Reviewing the introduction to line management programme to include the importance of leading and managing in an inclusive way.
- Reviewing the content of all internal leadership programmes to reflect ethical, authentic and clear leadership styles and theories and discussing what it means to lead and manage in that way.
- To further demonstrate the application of an inclusive leadership style our internal 360 questionnaire has been adapted to include “what more could I do to include others in my decision making and management practice?”

For further development during September:

- The existing Resilience course will be adapted to include a focus on personal resilience and the impact that negative perceptions (of self and others) can have.
- Develop a Talent Management Strategy and plan for career progression of all staff to include a focus on BME career progression.
- Review and development of existing appraisal policy and documentation to align with the Talent Management Policy
- Development of charters for both managers and staff to include recognising and actively appreciating each person's unique perspectives and experience ensuring "inclusive" behaviour is being demonstrated by all.

8.2 Go Live of Health and Wellbeing Teams in Torquay and Coastal Localities

The OD stream of work that underpins the "go live" has consisted of specific interventions for each locality.

Coastal Locality

- Strengths Based Approaches (SBA) training is being delivered for nursing, therapies, administration and social care staff
- Facilitated sessions focussing on intermediate care (IC) and modelling how an enhanced IC service may be used and what implications there are for other members of the team.
- Facilitated local MDT management team meeting to consider of impact of increased SBA working and possible impact upon team processes.
- Facilitated programme of induction sessions for the new members of staff within the Enhanced Intermediate Care Team

Torquay Locality

- SBA training has been delivered by the Social Work Lead Trainer to the multi-disciplinary team
- Use of culture tool and subsequent interventions to strengthen Social Care team processes and management.
- Providing coaching support for managers within the locality
- Facilitation/support with staff open days aimed at helping everyone to gain a full understanding of what the intended changes are and how SBA will impact on their work.

To support learning from the SBA training there is a feedback mechanism for any emerging themes so that issues can be escalated where appropriate and wider learning is shared.

8.3 Taking the strengths-based philosophy further

A strengths-based philosophy moves us even further towards “What matters to me” and away from “what’s the matter with you”.

To see true strengths-based working in action it goes further than the training described in the 2 localities above and needs to become the fabric of “the way we do things round here”. A plan of work detailing what the core elements are and action required to move the organisation towards this way of working will be produced in September.

9.0 Education and Development

9.1 Equality and Diversity

9.1.1 Equality and Diversity Guardian

Following a robust recruitment process two Equality and Diversity Guardians have been appointed to work among our network of Freedom to Speak Up Guardians. The Guardians will be of key importance in helping to embed the culture this Trust aspires to – that the diverse needs of our staff and service users are understood, respected and responded to, that they are listened to and supported when they raise concerns, and that improvement happens as a result.

9.1.2 Equality Business Forum

The Trust held the first Equality Business Forum in August with representation from the Chairs of each of the three employee network groups (BME, DAAG, and LGBT). The purpose of the Equality Business Forum is to, on behalf of the Trust Board of Directors, monitor, develop, extend and improve the Trust’s work on the workforce equalities and inclusion agenda.

The Forum will be specifically responsible for overseeing the implementation and development of the Trust’s workforce equalities agenda, holding the organisation to account. This workforce focus will allow the Forum to focus on the business of the organisation, providing the Trust Board with robust assurance on the delivery of the agenda.

The second Equality Business Forum will be a scoping meeting to agree Terms of Reference and develop a working action plan.

9.1.3 Way Finder

A briefing paper on the Way Finder project was taken to the Quality Improvement Group in July. Following the success of the pilot, the Group supported the project to continue on a permanent basis. Throughout August the Employability team have been holding open days and recruiting new Way Finders for an official launch in September. The team have met with the Voluntary Services Department to develop a partnership which will enable volunteers to undertake Way Finder duties.

9.1.4 Future Plans

Following the success of the Trusts first clinical placement (Project Search student), we are looking to develop a ward-based role of Patient Support Assistant. The Ex Project Search student who undertook a role on Cromie Ward has now been successfully employed on a Traineeship and is in the process of completing the Care Certificate.

The aim of the Patient Support Assistant is to reduce pressure on clinical staff by supporting successful individuals to undertake routine tasks. Discussions are on-going in relation to the development of this role.

9.2 Vocational Training

9.2.1 Apprenticeships

A New cohort of 30 Health and Social Care Apprenticeships are being delivered in October.

It has been agreed to use the higher level 5 apprenticeship unit route for existing band 3's as part of the Trust career pathway and an action plan has been developed and agreed by the Workforce and OD Group to deliver it.

The Vocational Team is creating a partnership with Devon County Council to roll out the new certificate in clinical skills for bands 2 and 3 at intermediate and advanced level.

A meeting has been held with Dartmouth Caring to discuss how we can support learning and education with them. The overall aim is to build a learning community that supports the development of the workforce, creating flexibility to respond to the varied needs of people but also a strategy for attracting new people into the health and care sector.

9.2.2 Paying the apprenticeship levy

In April 2017 the apprenticeship levy requires all employers operating in the UK, with a pay bill over £3 million each year, to make an investment in apprenticeships. The levy will be charged at a rate of 0.5% of the Trust annual pay bill. For the Trust this is a levy of approximately £1.3 million. The Trust Board is recommended to assure that our commitment to apprenticeships becomes an integral part of a wider workforce development package. Between now and the implementation of the levy the Trust will work with training providers on the practicalities of how and when funds will flow through the system to best support employers' training needs and apprenticeships of different lengths.

An action plan has been developed to ensure plans are in place to make best use of an increase the utilisation of apprentices in order to get the maximum benefit from the levy.

9.2.3 Current Delivery and Statistics

A minimum of 135 new apprentices have joined the Trust since 2014. In addition, a further 277 apprentices are either on programme or have completed various apprenticeship programmes. Over the next 18 months, our target is to achieve a further 135 apprenticeships, this target is for both new and existing staff. The target in accordance with the new reforms has been set at 2.3% of the workforce working as apprentices. Based on our current level of apprentices and our 18 month target the Trust would achieve 8% overall – just over 2% for new recruits and around 6% for our existing workforce.

9.3 Mandatory Training

The average compliance rate for the nine reportable modules has remained above target at 87%. However compliance rates for three of the modules are below target (see appendix A). Low compliant areas continue to be contacted and support offered to increase their compliance rates. For example:

- Hotel Services – Monthly bespoke dates have been booked until the end of the year, focusing on low compliant topics.
- The team have completed a large number of sessions at the PMU during their quieter periods.
- Rainbow Day Nursery requires face to face infection control training so the team will be visiting after nursery hours to update their training.

9.4 Medical Education

9.4.1 Undergraduate Programmes (Year 1-5)

The new Medical School programmes continue to be developed, with Torbay actively involved in the curriculum development of Year 5, particularly for Plymouth University Peninsula School of Medicine (PUPSMD). A joint medical school meeting to discuss Torbay's recommendations for the success of the programme at Torbay is taking place on 16th November.

The number of intercalating students returning to programme in Year 5 is now 43 for the 2017/18 programme at Torbay. An agreement is yet to be made to whether these numbers need to be topped up by PUPSMD (new school) students.

The undergraduate team are currently looking for Therapeutics and Small Group Facilitator roles to join the team to deliver the formal teaching programme. These roles are currently being advertised with the medical school for the programme starting October 2016. We have some vacancies this year due to clinicians stepping down from teaching roles.

Mr Raju Ramesh has agreed to extend his role as Director of Undergraduate Medical Education for the full tenure of 3 years up to September 2018.

9.4.2 Postgraduate Programmes Quality Update

Health Education England across the South West (HEESW) previously the local Deanery visited the Trust for the interim Contract Visit on the 10th August. The purpose of this meeting is to feedback to the Trust its performance in quality measure such as the national GMC Survey and Quality panels, which contribute the Trust Quality register submitted to the GMC.

The overall summary was that Torbay is engaged in education, has a strong culture of education and is responsive when areas are flagged for development. Good feedback was shared from the GMC regional visit this year, involving Torbay, some other Trusts and the medical schools. In the GMC survey in the category of overall satisfaction (the best marker of general performance) the Peninsula scored 2nd of all national deaneries and Torbay was again the top performing Trust within the Peninsula. Torbay was involved in quality panels reflecting 86 different posts. 28/86 of posts received an overall rating of 'excellent' and 4/86 posts were rated as 'inadequate'.

The next step is for medical education to provide departments with specialty specific reports highlighting areas of good practice and areas requiring improvement. Education leads in departments will be required to provide medical education with action plans and evidence by the end of September for HEESW to update the Quality register submitted to the GMC in October.

Doctors Induction in July (for F1's) and August (all other grades) ran successfully. There were the usual pressures of fitting all the requirements in to the programmes and running over time. This year Induction for the F2s and higher grades ran on one day (Wednesday) other than one IT session which was held on the Thursday morning, this is in part due to the completion of the E-Induction programme before starting at the Trust.

Dr Helen waters will be finishing as Director of Medical education at the end of the year and we are currently advertising for expressions of interest for this post.

9.4.3 Physician Associate Programme

Service leads are currently putting together bids with the support of medical education for the 5 posts required by the first cohort of trainee Physician Associates, currently training at Torbay. These students will be ready to work following successful completion of the national exam in January 2017. The Executive Team are considering future sponsorship numbers for the students due to start the programme in January 2017, who will qualify January 2019.

The Trust successfully appointed to the joint Physician Associate with Plymouth University last month. The post holder will spend 50% of their time delivering and developing the Physician Associate Programme and spend the rest of their time working within the Medicine Directorate.

Dr Alan Desmond has agreed to continue in his role as Torbay Programme Lead until the end of 2017.

9.5 Professional & Clinical Education

9.5.1 Objective Structured Clinical Examination Centre for the NMC

The team are still in the tender process to become a second national Objective Structured Clinical Examination Centre for the NMC.

9.5.2 Foundation Degree in Healthcare

The Lead for Non-Medical Professional Education has negotiated with South Devon College, the internal student's fees for the Foundation Degree in Healthcare, the education programme for our band 4 Assistant Practitioners. The cost for the Trust would otherwise be £273,600 for the new second year cohort of 13 students and the September 2016 first year students that are 25 in number.

As the Foundation Degree in Healthcare has been mapped to the Higher Apprenticeship the Trusts internal candidates achieve a dual Award, therefore next year our students will form part of the Apprenticeship Levy.

Eleven of the Trusts substantive Assistant Practitioners have been selected by their managers to be sponsored to undertake their Adult Nursing Degree, all eleven staff will use their academic and clinical knowledge to take up to 18 months off the adult student nursing programme. This allows real progression for HCAs to become Staff Nurses of the future. This concept is one of the potential ways we intend to develop and support our own staff post September 2017 when the funding for students changes and to support reducing the vacancy gap.

9.5.3 Nursing Associates

Nursing Associates are a new national role coordinated by Health Education England (HEE). The Trust has submitted a pilot bid with other organisations across, Devon via the STP to deliver the new education and training programme that will be set nationally by HEE. The role is comparable with the Band 4 Assistant Practitioner role, although Nursing Associates are likely to only be allowed to undertake nursing roles. This is unlike the Foundation Degree in Healthcare programme for the Trusts Band 4 Assistant Practitioners, that crosses clinical boundaries and enables flexible job roles (e.g. Nursing and Occupational Therapy; Physiotherapy and Occupational Therapy, or as in Dawlish base line skills in nursing Occupational Therapy and Physiotherapy).

The education provider for the Trust will be South Devon College and the modules will be ratified by Plymouth University. As with the Trusts Foundation Degree in Healthcare this new programme must be set academically and clinically to allow for at least the ability to take one year off student nursing.

10.0 Staff Welfare and Wellbeing @ Work

10.1 Staff Welfare and Well-being@Work areas

The Staff Well-Being@Work Forum is now established and is providing direction and oversight for the health and wellbeing activities at the Trust including:

- Recognising and appreciating staff
- Creating a safe, happier and healthier working environment
- Encouraging and supporting employees to develop and maintain a healthy lifestyle
- Improving mental and emotional wellbeing in the workplace
- Staff disability awareness

The following provides an update of specific activities planned to achieve the above.

10.2 Staff Recognition and Appreciation

- **Seminars** – A series of seminars to support Well-being@Work Awareness Week will take place on 24th, 25th and 26th January 2016 and will be held at various locations around the Trust.
- **Staff Heroes Awards** – to be launched in September 2016. These will enable patients and service users to nominate staff and their teams in recognition of excellence in care provision.
- **Blue Shield Awards** – the process for asking for nominations for the Blue Shield Awards will commence in October 2016. The Awards Ceremony will take place on Tuesday 21st March 2017 at the English Riviera Centre.

The Awards are cited on Trust values and include Awards for:

- Individuals and Teams
 - Partnership
 - Innovation and Research
 - Volunteers
 - The Chairman's Award and Em Jefferies Award for Lifetime Achievement
- **'Thank you' Postcards** – are about to be implemented.
 - **Retirement and Long Service Awards** – the first of our 6-monthly Long Service Award 'cream teas' will take place in November 2017 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.

10.3 Well-being@Work Champions

Existing Well-being@Work Champions are being identified and will be trained and supported to extend their roles to include:

- **Mental Health First Aid** – To increase support for people working in the Trust with mental health conditions.
- **Lighten-up Programme** – Is to be launched in January 2017 for staff wishing to make changes in their lifestyles and who would like support to do so.

10.4 Physical Health and Wellbeing in the Workplace

Working alongside the Lifestyles team, the Well-being@Work Forum will look at developing workplace lifestyle interventions and develop campaigns to support people working in the Trust to:

- Quit smoking
- Become more active
- Make healthier eating choices
- Reduce alcohol consumption
- MSK and back pain

Aug-16

Indicator and (Target)	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Bank/Agency Spend Total	£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	£6,838,622	£8,273,400
Bank Monthly	£373,237	£522,045	£644,746	£544,710	£577,004	£554,756	£633,754	£835,496	£661,185	£611,744	£681,690	£673,890
Agency Monthly	£673,990	£765,391	£555,446	£596,361	£857,850	£767,356	£918,589	£910,971	£1,042,510	£1,111,792	£983,234	£760,888
Staff Headcount Number	4276	6089	6078	6057	6071	6069	6059	6077	6070	6056	6046	6069
Staff Establishment WTE	3887.31	5506.99	5527.21	5524.46	5503.96	5511.78	5513.05	5557.25	5557.25	5557.25	5523.72	
Staff in Post WTE	3638.56	5144.64	5153.82	5108.62	5128.76	5125.18	5057.48	5117.05	5113.31	5114.16	5097.68	
Cumulative Vacancies WTE	248.75	362.35	373.39	415.84	375.20	386.60	455.57	440.20	443.94	443.09	426.04	
Vacancy Factor (excl temp workforce and add hours) (5% or below)	6.40%	6.58%	6.76%	7.53%	6.82%	7.01%	8.26%	7.92%	7.99%	7.97%	7.71%	
Bank Usage (WTE)	166.33	185.09	223.51	243.61	240.63	239.78	266.85	296.85	297.19	220.12	270.87	
Agency Usage (WTE)	92.58	53.87	98.78	124.20	107.26	115.45	144.27	132.66	119.55	141.95	137.71	
Additional Hours/Reduced Hours (-) (WTE)	-28.72	3.82	42.85	2.37	-33.43	-31.07	1.83	21.09	-5.84	-35.07	7.33	
Vacancy Factor (inc temp workforce and add hours) (5% or below)	0.48%	2.17%	0.15%	0.83%	1.10%	1.13%	0.77%	-0.19%	0.59%	2.09%	0.18%	
Starters	48.3	70.0	59.9	23.9	53.4	62.5	39.4	48.1	44.9	42.6	34.4	115.54*
Leavers	41.8	54.5	68.1	45.9	62.3	46.5	53.3	38.3	50.7	54.7	45.7	123.45*
Staff Turnover Rate % (Between 10% - 14%)	11.09%	12.79%	12.97%	13.15%	12.94%	13.09%	12.75%	12.78%	12.77%	13.21%	12.99%	12.99%
Sickness Absence Rate % (4.00% or less)	4.12%	4.07%	4.04%	3.98%	3.99%	4.04%	4.10%	4.11%	4.13%	4.19%	4.23%	
Bradford Score % over 250 Points	12.20%	11.62%	11.69%	10.76%	9.18%	10.68%	10.63%	10.86%	10.90%	11.07%	11.25%	
Sickness Cost	£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	£6,394,148	£6,431,222	
Skill Mix (Registered-Band 5 & above/Non-registered-Band 4 & below)	54/46	55/45	55/45	55/45	55/45	55/45	55/45	55/45	55/45	54/46	54/46	55/45
Staff appraised in last year (90% or above)	83%	80%	77%	78%	86%	85%	83%	82%	82%	82%	81%	84%
Age Profile - % of staff over 55 years of age	21.0%	22.0%	22.0%	22.0%	22.0%	23.0%	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%

* Starters and leavers in August include Junior Doctors change over

Training and Development - Percentage of staff compliant

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

													Appendix B	
OUTTURN	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Vacancy Factor % (excl temp workforce and add hours) - All ICO Staff	6.48%	4.46%	6.40%	6.58%	6.76%	7.53%	6.82%	7.01%	8.26%	7.92%	7.99%	7.97%	7.71%	
Community BU Total										10.28%	10.32%	10.03%	9.64%	
Medicine BU Total										13.39%	13.60%	13.47%	12.14%	
Surgery BU Total										9.86%	9.89%	10.43%	10.37%	
WCD BU Total										2.30%	2.02%	2.04%	1.78%	
Vacancy Factor % (inc temp workforce and add hours) - All ICO Staff	0.78%	0.03%	0.48%	2.17%	0.15%	0.83%	1.10%	1.13%	0.77%	-0.20%	0.59%	2.09%	0.18%	
Community BU Total										3.09%	1.25%	4.78%	4.99%	
Medicine BU Total										-3.76%	-2.83%	-0.71%	-4.41%	
Surgery BU Total										5.87%	6.17%	9.01%	6.17%	
WCD BU Total										1.47%	0.39%	0.51%	-1.07%	
Sickness Absence - All ICO Staff	4.16%	4.15%	4.12%	4.07%	4.04%	3.98%	3.99%	4.04%	4.10%	4.11%	4.13%	4.19%	4.23%	
Community BU Total	4.54%	4.50%	4.53%	4.38%	4.43%	4.27%	4.44%	4.29%	4.39%	4.32%	4.46%	4.62%	4.73%	
Medicine BU Total	3.75%	3.80%	3.85%	3.84%	3.83%	3.87%	3.94%	4.00%	4.06%	4.16%	4.16%	4.29%	4.41%	
Surgery BU Total	4.47%	4.40%	4.36%	4.26%	4.19%	4.08%	4.10%	4.15%	4.15%	4.12%	4.07%	4.04%	3.98%	
WCD BU Total	3.53%	3.46%	3.41%	3.27%	3.26%	3.19%	3.19%	3.24%	3.29%	3.18%	3.19%	3.17%	3.19%	
Staff Appraisals - All ICO Staff	86%	86%	84%	80%	77%	78%	86%	85%	83%	82%	82%	82%	81%	84%
Community BU Total	89%	86%	86%	83%	80%	85%	90%	90%	89%	88%	87%	86%	85%	88%
Medicine BU Total	87%	86%	86%	81%	80%	76%	83%	81%	77%	76%	78%	78%	80%	84%
Surgery BU Total	86%	90%	89%	88%	85%	86%	90%	89%	87%	87%	87%	85%	84%	86%
WCD BU Total	85%	85%	79%	81%	80%	87%	92%	89%	86%	87%	87%	88%	86%	88%
Mandatory Training - % Completion of 9 competencies - All ICO Staff	88%	88%	87%	89%	89%	90%	90%	89%	88%	88%	88%	88%	87%	87%
Community BU Total	92%	92%	91%	92%	92%	93%	92%	91%	89%	89%	91%	91%	92%	92%
Medicine BU Total	83%	86%	85%	85%	85%	85%	85%	86%	85%	84%	85%	86%	83%	85%
Surgery BU Total	86%	87%	86%	87%	87%	88%	88%	89%	88%	88%	88%	89%	87%	87%
WCD BU Total	90%	90%	89%	89%	89%	89%	89%	89%	89%	88%	89%	89%	89%	89%

Appendix C					
Division/Directorate	Sickness	Appraisals	Training (Average)	Staff	FTE
	Jul-16	Aug-16	Aug-16	Aug-16	Aug-16
CHARITABLE FUNDS DIVISION	2.78%	89%	82%	34	19.93
Health Visiting & School Nursing	7.34%	98%	93%	99	76.78
Other Public Health Provider	2.49%	96%	92%	98	80.14
Dir - Public Health	4.89%	97%	92%	197	156.92
SD Community Services - Coastal	1.54%	81%	90%	34	30.05
SD Community Services - Moorland	2.88%	94%	95%	20	16.17
SD Community Services - Newton Abbot	14.85%	96%	86%	33	26.88
SD Community Services - Other	6.11%	84%	92%	89	71.97
SD Community Services - Totnes and Dartmouth	1.91%	93%	97%	34	29.16
Dir - SD Community Services	5.71%	88%	92%	210	174.22
Operations Support	0.41%	77%	85%	33	30.34
TCT Community Services - Adult Social Care	4.17%	76%	88%	38	34.55
TCT Community Services - Baywide	4.98%	80%	93%	46	39.56
TCT Community Services - BEST	10.20%	65%	92%	19	13.94
TCT Community Services - Brixham Zone	2.95%	84%	93%	53	40.83
TCT Community Services - Older Peoples Mental Health	0.30%	91%	91%	13	8.83
TCT Community Services - Other Social Care	7.05%	86%	86%	17	13.21
TCT Community Services - Paignton	7.33%	84%	89%	103	87.81
TCT Community Services - Torquay Zone	6.78%	76%	84%	154	134.67
Dir - Torbay Community Services	5.60%	79%	88%	476	403.74
COMMUNITY SERVICES DIVISION	5.47%	85%	90%	883	734.89
Dir - Chief Executive	1.11%	100%	91%	6	5.84
Dir - Education & Development	4.32%	91%	86%	99	93.41
Finance	4.16%	56%	82%	79	73.72
Health Informatics Service	4.09%	81%	92%	164	141.68
Procurement	0.97%	24%	85%	38	36.53
Dir - Finance, Performance & Information	3.66%	65%	88%	281	251.94
Dir - Medical Director	3.23%	89%	93%	28	23.48
Dir - Nursing & Quality	3.82%	85%	88%	110	92.25
Operations	9.58%	81%	92%	24	19.73
Transport	4.75%	80%	88%	74	65.57
Dir - Operations	5.82%	80%	89%	98	85.31
Dir - Pharmacy Services	1.38%	79%	86%	97	84.36
Dir - Strategy	0.55%	67%	84%	63	59.08
Dir - Workforce	2.57%	88%	89%	71	62.99
CORPORATE SERVICES DIVISION	3.39%	76%	88%	853	758.65
Estates	0.30%	91%	98%	33	32.60
Facilities Management	1.70%	92%	99%	28	26.28
Dir - Estates & Facilities	0.93%	92%	99%	61	58.88
Hotel Services - Catering	3.91%	80%	78%	55	38.70
Hotel Services - Domestic	7.29%	88%	78%	346	246.83
Hotel Services - Other	6.68%	92%	74%	67	61.61
Dir - Hotel Services	6.80%	88%	78%	468	347.15
ESTATES & FACILITIES MANAGEMENT DIVISION	5.95%	88%	80%	529	406.03
Dir - Hospital Services - Brixham	7.80%	87%	96%	28	25.02
Hospital Services - Dawlish Hospital	0.60%	95%	92%	25	21.26
Hospital Services - Teignmouth Hospital	11.27%	94%	95%	21	17.83
Dir - Hospital Services - Coastal	5.77%	95%	94%	46	39.09
Dir - Hospital Services - Dartmouth	4.26%	95%	99%	26	20.11
Dir - Hospital Services - MIU Services	9.49%	86%	96%	30	24.87
Hospital Services - Ashburton Hospital	10.27%	93%	88%	17	13.41
Hospital Services - Bovey Tracey Hospital	7.86%	100%	72%	13	10.44
Dir - Hospital Services - Moorland	9.00%	95%	81%	30	23.85
Dir - Hospital Services - Newton Abbot	4.72%	88%	93%	86	71.06
Dir - Hospital Services - Other	0.00%	100%	100%	3	3.00
Dir - Hospital Services - Paignton	2.67%	94%	96%	38	30.42
Dir - Hospital Services - Totnes	3.57%	84%	95%	33	26.33
HOSPITAL SERVICES DIVISION	5.55%	90%	94%	320	263.75

Ind Sec Adult Social Care - Torbay	2.01%	60%	87%	10	9.52
Ind Sec In House Services LD - Torbay	4.29%	79%	88%	38	30.00
545 Dir - Independent Sector Adult Social Care - Torbay	3.76%	74%	88%	48	39.51
546 Dir - Independent Sector Health	1.13%	65%	88%	35	31.27
INDEPENDENT SECTOR DIVISION	2.62%	70%	88%	83	70.79
INTERNAL AUDIT	6.10%	80%	86%	15	14.17
Cancer Services - Medicine	0.00%	78%	90%	9	8.80
Clinical Oncology	6.96%	76%	83%	56	48.80
Haematology	0.00%	100%	100%	4	4.00
Medical Oncology	0.00%	100%	89%	5	4.15
Non Surgical Cancer Services Admin	2.79%	95%	94%	43	33.91
Palliative Care	0.00%	100%	93%	5	4.50
Ricky Grant Unit and Turner Ward	4.21%	82%	76%	76	63.28
Dir - Cancer Services - Medicine	4.15%	83%	84%	198	167.44
Care of the Elderly - Medicine	6.24%	93%	79%	99	88.19
Stroke	5.05%	100%	91%	39	36.32
Dir - Care of the Elderly - Medicine	5.89%	95%	82%	138	124.51
Dermatology	1.75%	22%	84%	15	11.44
Neurology	0.00%	100%	93%	3	3.00
Rheumatology	5.82%	100%	88%	17	12.95
Dir - Derm, Rheum, Neurology, Thoracic- Medicine	3.33%	65%	87%	35	27.39
Dir - Emergency Services	3.03%	90%	90%	258	215.03
Diabetes and Endocrinology	0.69%	86%	84%	20	17.36
Gastroenterology	2.41%	52%	74%	79	70.09
Dir - Gastroenterology/Endocrinology- Medicine	2.05%	56%	76%	99	87.46
Admin/Support- Med Div	11.03%	97%	89%	47	40.44
General Medicine	5.87%	76%	82%	55	47.95
Medical Division HQ	0.00%	100%	97%	4	4.05
Dir - General Medicine	7.90%	88%	86%	106	92.44
Cardiology	3.60%	81%	87%	124	105.27
Respiratory	9.66%	86%	88%	66	56.34
Dir - Heart & Lung- Medicine	5.78%	82%	87%	190	161.61
MEDICAL SERVICES DIVISION	4.57%	84%	85%	1024	875.88
PMU Finance	0.70%	40%	91%	5	4.64
PMU Manufacturing	3.64%	8%	88%	52	50.57
PMU Quality Control	2.43%	79%	92%	44	41.79
PMU Sales & Marketing	1.01%	75%	83%	7	6.39
PMU Senior Team	0.00%	100%	87%	5	4.70
PMU Supply Chain	8.25%	75%	85%	19	15.28
PHARMACY DIVISION (Manufacturing)	3.41%	52%	89%	132	123.37
RESEARCH & DEVELOPMENT DIVISION	9.19%	91%	86%	42	33.77
Dir - Breast Care	6.05%	84%	97%	40	32.88
Dir - General Surgery	6.12%	79%	82%	257	214.26
Dir - Head & Neck	2.66%	91%	83%	102	78.62
Dir - Ophthalmology	0.59%	96%	92%	121	103.65
Dir - Surgical Division	4.20%	85%	88%	82	73.18
Dir - Theatres, Anaesthetics and ICU	3.71%	86%	87%	406	360.09
Dir - Trauma and Orthopaedics	2.09%	89%	89%	158	135.20
SURGICAL SERVICES DIVISION	3.70%	86%	87%	1166	997.87
Child Health Med, Mgmt and Misc Specialty	1.34%	93%	85%	58	52.31
Paediatric	6.25%	92%	88%	97	77.51
Dir - Child Health	4.22%	92%	87%	155	129.82
Dir - Lab Medicine	2.61%	90%	89%	115	101.80
Gynaecology	7.12%	92%	89%	40	29.75
Midwifery	5.62%	83%	89%	127	100.02
O&G Medical and Management	3.58%	95%	82%	47	42.83
Dir - Obs & Gynae	5.37%	87%	88%	214	172.60
Dir - Radiology & Imaging	2.64%	86%	88%	129	109.21
Dir - Sexual Health	0.10%	68%	90%	39	30.15
Dir - Therapies	3.01%	90%	90%	305	248.53
Medical Electronics	1.37%	100%	91%	16	15.73
Women's, Children's & Diagnostics	0.27%	80%	90%	15	12.65
Dir - Women's, Children's and Diagnostics	0.88%	92%	90%	31	28.39
WOMEN'S, CHILDREN'S & DIAG' DIVISION	3.42%	88%	89%	988	820.49
ICO Grand Total	4.31%	84%	87%	6069	5119.58

REPORT SUMMARY SHEET

Meeting Date:	T5 th October 2016
Title:	Estates and Facilities Management and Health and Safety: Issues and exception report
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	
<u>Strategic Context</u>	
<p>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.</p>	
<u>Key Issues/Risks</u>	
<p>Changes have been introduced to reduce the level of some cleaning services which has been necessary due to the increasing budgetary overspend in domestic services. Assurance has been provided that all cleaning services throughout the Trust will continue to be in line with National Cleaning Standards and Trust Infection Control Policies.</p> <p>The Infection control team have identified the following risks relating to the change in practice:</p> <ul style="list-style-type: none"> • A possible deviation from the Green rating for Torbay hospital bed closures (apart from Seasonal influenza) which may indicate breaches in patient safety and will score 9, on the trust's risk matrix • A possible amber risk to patient safety by cross-infection as a result of a reduction in cleaning hours possibly leading to an increase in bay & ward closures. <p>There is a significant financial risk to the organisation if action is not taken to control expenditure in this area.</p>	
<u>Mitigation of Risk</u>	
<ul style="list-style-type: none"> • Monitoring and reporting of cleaning standards against the national performance criteria shown on the KPI report, reported monthly to the CI&EG, IP&CC and bi-monthly to the Trust Board • Enhanced Cleaning will continue to be available up to budget, once exceeded this will require Executive approval. • New and close monitoring of alert organism cross infection will be undertaken and formally reported regularly to the IP&C Committee. 	

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- Enhanced cleaning will continue to be co-ordinated and agreed via the 10.00am operation bed meeting.
- In the event that any of the key indicators turn amber an investigation will be undertaken to identify the root cause. If the root cause is directly related to cleaning standards, consideration will be given to consideration in discussion with Infection Control will be given to:
 - Re-introducing enhanced cleaning in a specific area.
 - Ensuring that the Cleaning Schedules match the functionality and layout, for clinical areas.
 - Reviewing the existing Cleaning Services Policy, to be ratified by the IP&C Committee.

The reduced Capital programme for 2016/17 has been prioritised according to risk and there is confidence that the critical risks have been addressed through the programme. Concern has been expressed by the Capital infrastructure and Environment Group about the amount of capital investment available to address the Trust's significant backlog maintenance and the affordability and need to secure borrowing to provide the investment needed.

There is a risk of failure of critical plant that has been reflected in increasing the frequency of the risk on the corporate register to likely.

Recommendations

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

Summary of ED Challenge/Discussion

The Executive Team considered the proposal from the Director of Estates and Commercial Development to redefine the level of cleaning services. The Team considered the opinion of the Infection Control Team and comparative data available through the 'ERIC' system. Assurance was sought by the Chief Nurse that national cleaning standards would be maintained. The Executive Team will review standards, incident and risk data in coming months to assess whether implementation results in any unexpected deterioration.

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:	September 2016
Report From:	Director of Estates & Commercial Development
Report Title:	Estates and Facilities Management and Health and Safety: Issues and exception report

1. EFM Performance report for August 2016

Table 1 below identifies performance against KIP's for July and August and changes between months for EFM. Any area of concern for the attention of the Board, with appropriate explanation and action to a resolution, is shown in Table 2.

Table 1 August 2016 Scorecard Indicator
















		Green 	Amber 	Red 	July 2016 Position	Aug 2016 Position
Setting	Improving Indicators					
Trust	4.4: Non-patient incidents resulting in moderate harm					
	Deteriorating Indicators					
Community	1.2b: PPM (Estates) % success against plan					
Trust	5.2: Number of fire alarm activations					
Community	5.8: No of Fire Audits undertaken					
	Red Rated Indicators with no change					
Acute	1.1b: % PPM (Estates) % success against plan					
Trust	3.1: Total Tonnage per month all waste streams					

	Table 2: Areas with Specific Cause for Concern	Timeline
Acute	1.1b PPM (Estates) % success against plan	
	As the completion of the PPMs has been a concern for some months the Head of Estates Operations will be carrying out a review of PPM responsibilities to try and improve the issue. It may take 3 months to show improvements.	Quarter 3 2016- 17
Trust	3.1 Total Tonnage per month all waste streams	
	During August a number of sites/departments have relocated or had clear outs which has increased this figure, including: 1. Broomhill Way – out of date stock recycled 2. Level 1 Bunker 3. Hollacombe CRC 4. Dawlish Hospital 5. Bay Tree House – closed 6. Medical Records 7. Totnes Hospital	Quarter 3 2016- 17
Community	5.8 No of Fire Audits undertaken	
	The number of audits carried out this month is below the expected target figure; this is because a full review of Fire Safety Risk Assessments and audits has been undertaken this month, we	Quarter 3

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	<p>have graded all Fire Safety Risk Assessments into “High, Medium and Low” categories and this brings in to line how regular audits will be carried out at these sites to provide on-going assurance and compliance to the Board. High risk sites will have quarterly audits and the Fire Safety Risk Assessment will be reviewed every 6 months, Medium risk sites will have the Fire Safety Risk Assessments annually with audits being every 6 months and finally Low risk sites will have the Fire Safety Risk Assessment reviewed when required and audited every 6 months. The SSEP team have received Fire Safety cross training including completing Fire Safety Risk Assessments and audits, this training will also be cascaded to security .</p> <p>With this redesign of risk and audit and with the additional resource we should no longer see any more reds or ambers in the future.</p>	2016- 17
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2. Health and Safety performance exception

There are no areas of health and safety concern for August 2016

3. Notable issues from the Capital Infrastructure and Environment Group.

3.1 Cleaning Standards

The Trust has historically taken a proactive and preventative approach to the management of infection control through enhanced cleaning regimes in specific areas across the Trust as advised by infection control. The hours of cleaning and subsequent cost exceeds the National standard by some margin, but benefits the Trust with reduced infections and ward closures.

For 2016, the cost of the increased hours of enhanced cleaning (£1000 per week per ward based on an additional 12 hours cleaning 7 days per week) is exceeding the budget available to month 5 by £217,000. The Group considered a paper from the Hotel services team recommending changes to cleaning services to bring the budget back into its affordability envelope. For example: since July 2016 the cleaning of side rooms has been reduced from twice daily to the national standard of once daily (except for patients in side rooms with C. difficile, Augmented Care and on Allerton & Cromie wards who retain an enhanced cleaning service above National standards) and cleaning under beds and high dusting has been reduced to the national standard of weekly.

Assurance was received that the cleaning services provided throughout the Trust will continue be in line with National Cleaning Standards and Trust Infection Control Policies and that the robust C4C cleaning audits undertaken in partnership with the Matrons and reported monthly via the performance report will continue. The paper has been subsequently reviewed by the Infection Control Committee with a request to consider whether additional control mechanisms and outcome measures are needed to ensure standards and patient safety is maintained.

Risks

There is clearly a significant financial risk to the organisation if action is not taken to control expenditure in this area.

The Infection control team have identified the following risks relating to the change in practice:

- A possible deviation from the Green rating for Torbay hospital bed closures (apart from Seasonal influenza) which may indicate breaches in patient safety and will score 9, on the trust’s risk matrix

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- A possible risk to patient safety by cross-infection as a result of a reduction in cleaning hours possibly leading to an increase in bay & ward closures.
- The Hetherington block medical beds are crowded and do not conform to the national standard of 3.6 metres between bed centres and a lack of side rooms means that patients with Alert Organisms (MRSA, ESBL, VRE, C. difficile carriers, Seasonal influenza) are within the main bay and not isolated. Louisa Carey paediatric ward has an emergency department in addition to mainly side rooms with infected patients. These could become Amber Patient Safety risks

Mitigation of Risk

- The EFM team in partnership with the matrons and Infection control will continue to monitor cleaning standards against the national performance criteria shown on the KPI report.
- Enhanced Cleaning will be undertaken immediately upon request by the Infection Control Team within the £80,000 per annum financial allocation. Once the enhanced cleaning budget has been spent, authorisation will be sought from the Executive Director on Call.
- Request for enhanced cleaning will continue to be co-ordinated and agreed via the 10.00am operation bed meeting.
- New and close monitoring of alert organism cross infection will be undertaken and formally reported regularly to the IP&C Committee.
- The IP&C will continue to review cleaning performance, bed closure performance and in the event that any of the key indicators turn amber an investigation will be undertaken to identify the root cause. If the root cause is directly related to cleaning standards, consideration in discussion with Infection Control will be given to
 - Re-introducing enhanced cleaning in a specific area.
 - Ensuring that the Cleaning Schedules match the functionality and layout, for clinical areas.
 - Reviewing the existing Cleaning Services Policy, to be ratified by the IP&C Committee.

Current Status of risk.

Key performance indicators of cleanliness against the national standards are rated green for August 2016.

3.2 Capital Programme

The draft 16/17 Capital Programme was presented and the group was assured on the prioritisation process. The group was confident that the critical risks had been addressed through the programme. Concern was expressed about the amount of capital investment available to address the Trust's significant backlog maintenance and the affordability and need to secure borrowing to provide the investment needed.

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EFM Key performance Indicators Month 5 – August 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	1092	1213									1117				
1.1b	PPM (Estates) % success against plan	95%	74%	87%	79%	74%	77%								95%	78%	R<85%	A85-94%	G>95%	
1.1c	Planned Maintenance request access denied.	0	0	0	0	0	0								0	0	R≤5	A3-4	G≤2	
1.1d	% of Reactive work resolved within target	Emergency – P1	Total Requests	Variable	118	137	113	122	128							124				
1.1e		Emergency – P1	<2 Hour	95%	98%	100%	98%	100%	95%						95%	98%	R<90%	A90-94%	G≥95%	
1.1f		Urgent – P2	Total Requests	Variable	269	263	272	253	249							261				
1.1g		Urgent – P2	<1- 4 Days	90%	83%	84%	85%	89%	87%						90%	86%	R<85%	A85-89%	G≥90%	
1.1h		Routine – P3 + P4	Total Requests	Variable	298	315	281	292	291							295				
1.1i		Routine – P3 + P4	<7- 30 Days	85%	88%	90%	94%	90%	91%						85%	90%	R<80%	A80-84%	G≥85%	
Estates (Community Setting)																				
1.2a	Number of PPM items planned per month	Variable	244	269	232	269	243									251				
1.2b	PPM (Estates) % success against plan	95%	93%	91%	95%	97%	91%								95%	93%	R<85%	A85-94%	G>95%	
1.2c	Planned Maintenance request access denied.	0	0	0	0	0	0								0	0	R≤5	A3-4	G≤2	
1.2d	% of Reactive work resolved within target	Emergency – P1	Total Requests	Variable	11	17	5	17	16							13				
1.2e		Emergency – P1	<2 Hour	95%	100%	100%	100%	100%	100%						95%	100%	R≤89%	A90-94%	G≥95%	
1.2f		Urgent – P2	Total Requests	Variable	47	56	42	69	36							50				
1.2g		Urgent – P2	<1- 4 Days	90%	81%	91%	90%	93%	94%						90%	90%	R<85%	A85-89%	G≥90%	
1.2h		Routine – P3 + P4	Total Requests	Variable	122	109	56	171	64							104				
1.2i		Routine – P3 + P4	<7- 30 Days	85%	93%	93%	96%	98%	94%						85%	95%	R<80%	A80-84%	G≥85%	
Estates (All Trust)																				
1.3	Number of Estates Internal Critical Failures	0	0	0	0	0	0								0	0	R1	-	G0	
Facilities (Acute Setting)																				
2.1	Compliance Very High Risk Cleaning Audit	98%	100%	99%	99%	99%	99%								98%	99%	R<95%	A95-97%	G≥98%	
2.2	Compliance High Risk Cleaning Audit	95%	97%	97%	98%	98%	97%								95%	97%	R<89%	A90-94%	G≥95%	
2.3	Compliance Significant Risk Cleaning Audit	85%	99%	99%	99%	99%	98%								85%	99%	R<80%	A80-84%	G≥85%	
2.4	Compliance Low Risk Cleaning Audit	75%	99%	96%	96%	96%	100%								75%	97%	R<70%	A70-74%	G≥75%	
Facilities (Community Setting)																				
2.5	Compliance Very High Risk Cleaning Audit	98%	100%	100%	100%	100%	100%								98%	100%	R<95%	A95-97%	G≥98%	
2.6	Compliance High Risk Cleaning Audit	95%	99%	99%	99%	99%	99%								95%	99%	R≤89%	A90-94%	G≥95%	
2.7	Compliance Significant Risk Cleaning Audit	85%	99%	100%	97%	99%	99%								85%	99%	R<80%	A80-84%	G≥85%	
2.8	Compliance Low Risk Cleaning Audit	75%	100%	100%	91%	99%	95%								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							0	0	R1	-	G0	
Waste (All Trust)																			
3.1	Total Tonnage per month all waste streams	176	176	184	191	193	193							176	187	R≥185	A177-185	G≤176	
3.2	% of Total tonnage Recycled Waste	38%	35%	40%	38%	35%	35%							38%	37%	R≤27%	A28-37%	G≥38%	
3.3	% of Total tonnage Landfill Waste	34%	32%	28%	36%	1%	0							34%	34%	FROM	JULY 16	See 3.7	
3.4	% of Total tonnage of Clinical Non-Burn waste	12%	20%	20%	19%	19%	18%							12%	19%	R≥25%	A19-24%	G≤18%	
3.5	% of Total tonnage of Clinical Burn waste	11%	6%	5%	5%	5%	5%							11%	5%	R≥16%	A12-15%	G≤11%	
3.6	% of Total tonnage of Clinical Offensive waste	10%	6%	6%	6%	7%	6%							10%	6%	R≤2%	A3-5%	G≥6%	R>10%
3.7	Waste to Energy (redirected from landfill 1100s and Compactor.	25%	FROM	JULY	2016	34%	37%							25%	36%	R≤15	A15-24	G≥25	
3.8	% of Compliant Waste Audits	100%	100%	100%	100%	100%	100%							100%	100%	R<80%	A80-84%	G≥85%	
3.9	% Compliance of Statutory Waste Audits	100%	100%	100%	100%	100%	100%							100%	100%	R≤89%	A90-94%	G≥95%	
Waste (Acute Setting)																			
3.10	Number of Waste Audits undertaken per month	10	10	10	10	10	10							10	10	R≤5	A6 - 7	G≥8	
Waste (Community Setting)																			
3.11	Number of Waste Audits undertaken per month	6	7	6	7	7	7							6	7	R≤4	A5	G≥6	
Health & Safety (All Trust)																			
4.1	Number of RIDDOR Incidents	3	10	3	3	2	1							3	4	R≤6	A4-5	G≤3	
4.2	Number of days lost (due to incidents in month)	Variable	135	5	101	51	1								59				
4.3	Non-patient incidents resulting in minor harm	35	39	38	24	28	30							35	39	R>39	A36-39	G<36	
4.4	Non-patient incidents resulting in moderate harm	4	4	7	8	9	2							4	6	R>7	A5-7	G≤4	
4.5	% of near misses against total	25%	34%	27%	36%	36%	27%							25%	32%	R<15	A15-19	G≥25	
4.6	% of Staff receiving H & S training in month	85%	86%	86%	86%	85%	85%							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%	83%	84%							85%	83%	R<80%	A80-84%	G≥85%	
5.2	Number of fire alarm activations	9	7	15	9	7	10							9	10	R≥14	A10-13	G≤9	
5.3	Fire alarm activations attended by the Fire Service	2	1	3	3	1	2							2	2	R≥5	A3-4	G≤2	
5.4	No. of Fires	0	0	0	0	0	0							0	0	R1	-	G0	
Fire (Acute Setting)																			
5.5	No of Fire Audits undertaken	6	3	4	7	9	9							6	6	R<3	A5-3	G≤6	
5.6	% of Compliant Fire Audits	85%	66%	100%	100%	100%	88%							85%	84%	R<80%	A80-84%	G≥85%	
5.7	% Fire Safety Risk Assessments (RO) in date	95%	95%	100%	100%	100%	100%							95%	99%	R≤89%	A90-94%	G≥95%	
Fire (Community Setting)																			

5.8	No of Fire Audits undertaken	8	12	9	7	7	3								8	8	R≤5	A7-6	G≥8	
5.9	% of Compliant Fire Audits	85%	100%	100%	100%	100%	100%								85%	100%	R<80%	A80-84%	G≥85%	
5.10	% Fire Safety Risk Assessments (RO) in date	95%	100%	100%	100%	100%	100%								95%	100%	R≤89%	A90-94%	G≥95%	