Torbay and South Devon NHS Foundation Trust
Council of Governors

Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital.

19 July 2017 15:00 - 19 July 2017 17:00

AGENDA

#	Description	Owner	Time
1	Chairman's welcome and apologies: M McAlinden (Deputy CX to attend), A Hall, P Lilley, A Proctor, A Wagner For information	Chairman	
2	Declaration of interests To receive	Chairman	
3	Minutes of the last meeting held on 26 April 2016 (enc) To approve 03 - 2017.04.26_DRAFT_CoG_minutes.pdf 5	Chairman	5
4	Chairman's report (verbal) To receive	Chairman	5
5	Appointment of the Lead Governor (verbal) - to include compliance with the Constitution if post not filled To receive	Chairman	5
6	Chief Executive's report (enc) (to include update on Domiciliary Care Packages/Mears and Referral to Treatment by specialty) To receive 06 - 2017.07.19_CX_Report.pdf 11	DCX	20
7	Food and Drink Strategy (verbal) To receive	DECD	10
8	Estates Strategy incl capital investment (verbal) To receive	DECD	15
9	Lead Governor's report including constituency reports (enc) To receive 09 - 2017.07.19_Lead_Governors_Report.pdf 79	Lead Governor	5
10	Governor strategy (verbal) To receive	W Marshfield	10

#	Description	Owner	Time
11	Quality and Compliance Committee Report (enc) To receive 11 - 2017.07.19_QCC_Report.pdf 87 11.1 - 2017.06.30_DRAFT_QCC_Notes.pdf 89	W Marshfield	5
12	Membership Group report (verbal) To receive	L Hookings	5
13	Secretary's report (enc) To approve 13 - 2017.07.19_Secretarys_Report.pdf 95	CoSec	5
14	Urgent motions or questions To receive and action	Chairman	
15	Motions or questions on notice To receive and action	Chairman	
16	Details of next meeting: 22 September 2017 CLOSED SESSION – please leave the meeting at this point if you are not a governor / board member	For information	
17	Private minutes of the last meeting held on the 26 April 2017 (enc) To approve 17 - 2017.04.26_DRAFT_Private_CoG minutes.pdf 101	Chairman	1
18	Board matters (verbal) -opportunity for the board to advise governors on any new issues; sensitive and/or confidential To receive	Chairman / DCX	5
19	Reappointment of external auditor (enc) To receive and approve 19 - 2010.07.19_PRIVATE_Reappointment_of_Aud... 103	S Taylor	10
20	Remuneration Committee report (enc) To receive and approve 20 - 2017.07.19_PRIVATE_RemCttee_Report.pdf 107	Lead Governor	10

INDEX

Torbay and South Devon NHS
NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS MEETING

HELD IN THE ANNA DART LECTURE THEATRE, HORIZON CENTRE,

TORBAY HOSPITAL

26 APRIL 2017

Governors

		*	Richard Ibbotson (Chair)		
*	Lesley Archer		Nicola Barker	*	Derek Blackford
*	Bob Bryant	*	Peter Coates	*	Craig Davidson
*	Carol Day	*	Cathy French	*	Diane Gater
*	Annie Hall	*	Lynne Hookings	*	April Hopkins
*	Barbara Inger	*	Mary Lewis		Paul Lilley
*	Wendy Marshfield	*	Catherine Micklethwaite		Julien Parrott
*	David Parsons	*	Andy Proctor		Rosemary Rowe
*	Sylvia Russell	*	Simon Slade	*	John Smith
*	Peter Welch	*	Sue Whitehead		Simon Wright

Directors

*	Mairead McAlinden	Chief Executive
*	Paul Cooper	Director of Finance
	Lesley Darke	Director of Estates and Commercial Development
*	Liz Davenport	Chief Operating Officer
*	Rob Dyer	Medical Director
	Judy Saunders	Director of Workforce and Organisational Development
*	Jane Viner	Chief Nurse
*	Ann Wagner	Director of Strategy & Improvement
*	David Allen	Non-Executive Director
	Jacqui Lyttle	Non-Executive Director
	Jacqui Marshall	Non-Executive Director
	Robin Sutton	Non-Executive Director
*	Sally Taylor	Non-Executive Director
	Jon Welch	Non-Executive Director

(* denotes member present)

In Attendance:	Richard Scott	Company/Corporate Secretary
	Monica Trist	Corporate Governance Manager and Note taker

Action

1. **Welcome and Apologies**

Apologies were received from: Nicola Barker, Lesley Darke, Paul Lilley, Jacqui Lyttle, Jacqui Marshall, Rosemary Rowe, Judy Saunders, Robin Sutton, Jon Welch, Simon Wright.

2. **Declaration of Interests**

There were no declarations of interests.

3. **Minutes of the Meeting held on the 14 December 2016**

The minutes were approved as an accurate record of the meeting.

Sylvia Russell's attendance had now been noted.

4. **Chairman's Report**

The Chairman welcomed members to the meeting and introduced the following new governors attending their first Council of Governors (CoG) meeting: Bob Bryant, Peter Coates and Sue Whitehead (Paul Lilley had sent his apologies). The Chairman also congratulated Wendy Marshfield on her re-appointment and was pleased to welcome Derek Blackford as newly-appointed Clinical Commissioning Group (CCG) governor.

The chairman confirmed that a short update on the Food And Drink Strategy had been issued by email to governors that morning and members were asked to respond to the Company Secretary regarding a future presentation at July CoG. He also confirmed that the executive directors had been made aware of various issues recently raised by governors.

Governors were provided with an update on various local and national issues:- Emma Rooth had been appointed as Managing Director for Torbay Pharmaceuticals and had commenced employment on 23 April; Steve Smith, former interim Medical Director, was retiring from the Trust after 20 years' service; the first Boards in Common would be held with the CCG on 27 April; Blue Shield Awards were due to be presented following the 3 May Board meeting and governors were welcome to attend the presentations being held in Torbay Research and Education Centre (TREC); the Chairman was pleased to report a good Emergency Department (ED) performance by Torbay and South Devon NHS Foundation Trust (TSDFT), which compared well with the national position.

Turning to the financial position, the Chairman confirmed that the scale of savings required for the NHS at national level was unprecedented and was bound to have a local impact. The Chief Executive (CE) and Executive Team would have to make difficult decisions whilst at the same time trying to ensure that implementation of the new Care Model was not compromised.

5. **Appointment of the Lead Governor**

The Chairman outlined the process undertaken to date, and proposed timeline. Various issues identified as part of the work undertaken by governors to produce a governors' strategy had been taken into account in determining this course of action.

CoG agreed the following recommendations:-

i) To approve the process and timeline as set out in the report for the election of a new Lead Governor from 19 July 2017; and
ii) For Cathy French to continue as Lead Governor until 19 July 2017.

6. **Chief Executive's Report**

The CE reported on the Trust's financial position and explained the need for the Trust to achieve its Control Total. With the CCG, a joint response was being prepared to send to NHS England (NHSE), outlining how the Control Total would be met. The Chairman added that in the future there would be regular joint meetings between the Trust, the CCG and the two regulators NHS Improvement (NHSI) and NHSE.

The CE informed the meeting that details of current performance were included in the Month 11 Performance Report which had been presented at the April Board. She asked that governors address any questions or issues arising from the staff survey or other aspects of the Workforce and Organisational Development Board report to the Company Secretary. The Chairman advised that the assurance had been received by the Board from the Executive Team that the Trust was on target to achieve the projected Month 12 position.

Responding to a question from governor Craig Davidson, the CE advised that plans were currently being developed for the rollout of 7-day services. Chief Operating Officer (COO) was the Executive Lead and outlined the priority standards which the Trust would be required to meet by 2020. Clinical teams would meet these requirements, through more efficient ways of working, rather than increased resources. Detailed discussions were ongoing, considering issues such as weekend working and changes to working patterns for front-line and support staff, with emergency and urgent care being given priority.

Mary Lewis asked if the Trust was still contracting with a local private hospital which had received a poor CQC inspection report and was advised that the Trust was working with Mount Stuart on a detailed action plan following the CQC inspection.

Chief Nurse (CN) informed the meeting of improved ED performance of 94.2 per cent and therefore in the top 40 per cent of NHS hospitals nationally.

The CE confirmed the various challenges facing the Trust, including recent announcement by Simon Stephens of the penalties likely to be incurred by Trusts who do not reach their Control Total. The required systems savings for wider Devon in 2017-18 were in the region on £40m – an unprecedented level of savings, and this issue was due to be discussed at the forthcoming Boards in Common with the CCG.

The CE informed the meeting that Ms Davenport had been appointed as Deputy CE for a two-year period from 31 March 2017, as a rotational development opportunity and she wished to record her thanks to Mr Cooper who had carried out the role of Deputy CE previously. An all staff message was due to be issued shortly which would include details of changes to Executive director portfolios. The Chairman added his thanks to Mr Cooper for the work he had undertaken as Deputy CE.

CN left the meeting at this stage.

7. **Lead Governor's Report**

Cathy French (CF) advised that a very interesting Governor Only meeting had been held before today's CoG in which governors had asked that at each CoG a report is provided on progress towards Trust objectives. Governors were looking for greater patient input, which would also help to inform the Acute Services Review. CF referred to the constituency reports which were presented as part of the Lead Governor's report.

CF thanked governors involved in the production of the draft governors' strategy and looked forward to the next version.

CF herself had been a governor for eight years and Lead Governor for two years.

Governors were now looking to develop a page on the internet and were considering how to be more closely involved with the CCG, which does not have governors – this role to be discussed at the Boards in Common.

The Company Secretary thanked governors for their input and confirmed that work was ongoing to publicise and promote the role of governor. It was agreed to discuss the members' survey outside the meeting.

Members accepted the Lead Governor's report.

8. **Governor strategy**

Wendy Marshfield (WM) thanked the governors who had contributed to the first draft strategy through the task and finish group. The document was circulated by the Foundation Trust Office on 24 April, with governors requested to provide any feedback by 10 May.

WM welcomed any comments on the strategy from executive directors and non-executive directors (NEDs). Company Secretary confirmed he would be happy to co-ordinate.

DoF, CE, DSI, COO and MD left the meeting at this stage.

9. **Secretary's report**

Company Secretary presented his report and the Chairman spoke about governor attendance, confirming that J Parrott was a regular attendee at Trust Board. J Parrott attended in his role as Torbay Councillor and members discussed this position in some detail, reflecting that several other local authorities are now included in the area served by the Trust.

Chairman would ask Company Secretary to approach Simon Slade about his attendance and consider whether to approach Torbay Council for a different member to attend CoG. CS

The CoG noted the content of the Secretary's report.

10. **Review of Constitution**

Company Secretary confirmed that the changes had been approved by the Trust Board at their April meeting which included the following two proposed changes to the Constitution:-

i) Reduction in minimum age for membership of the Trust form 16 years to 14 years; and
ii) Change of name of the Mutual Development Group, a standing Group of the CoG, to 'Membership Group'.

The CoG agreed to amend the Constitution in accordance with the changes as described above, and noted the content of the report.

11. **Quality and Compliance Committee Report**

Wendy Marshfield presented her verbal report as Chair of Quality and Compliance Committee and provided further detail around the items discussed at the meeting held on 29 March 2017 – the notes of this meeting were provided to the CoG.

CoG noted the information provided and approved the recommendation to support the current work of the Quality and Compliance Committee.

12. **Membership Development report**

Lynne Hookings provided a verbal report on the work of the Mutual Development Group and provided further information on the notes of the meeting held on 14 March 2017. She thanked members for supporting the changes to the constitution as described at minute 10 above.

CoG noted the information provided and approved the recommendation to support the current work of the Membership Development Group.

13. **Rotation of committees / group membership**

Company Secretary provided a report on the rotation of committee and group membership.

Governors had been asked to submit nominations and votes to the Foundation Trust Office by 26 April, some seats had been allocated unopposed. Company Secretary provided a verbal update to the meeting of the current position and advised members he would work through the results of the voting process and allocate governors to contested seats, informing them of the outcome of the process by email.

Members noted the information provided.

14. **Review the size, composition and the effectiveness of the CoG**

Chairman commented on the progress made by the CoG over the past few years, which he had observed from his privileged position as Trust Chair. Governors regularly provided constructive challenge to the Board across a range of issues.

15. **Urgent motions or questions**

None were received.

16. **Motions or questions on notice**

None were received.

Chairman asked David Allen and Sally Taylor if there were any issues they wished to raise: Sally Taylor commented that a detailed report on Cyber Security was still awaited.

David Allen mentioned the very positive comments made by Lord Carter during his recent visit to the Trust: he was very positive about the Care Model and Torbay Pharmaceuticals contribution to the Trust, but cautioned the need for realism in committing to a £40m in-year financial challenge.

17. **Details of next meeting**:

19 July 2017, 3pm - 5pm, Anna Dart Lecture Theatre, Horizon Centre.

Cathy French confirmed that this would be preceded by a governor-only meeting at 2 pm.

NEDs and Andy Proctor left the meeting at this stage.

Torbay and South Devon NHS
NHS Foundation Trust

Council of Governors

Wednesday 19 July 2017

Agenda Item:	6
Report Title:	Chief Executive's Report
Report By:	Company Secretary
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

1.1 Topical areas of interest from the Chief Executive and Executive Team covering issues arising since the last Council of Governors meeting on 26 April 2017.

1.2 Please note that the next Finance, Performance and Investment Committee is not due to take place until the 25 July 2017 therefore at the time of writing, this paper highlights the latest Trust position.

1.3 The report as at attachment two shows May's performance figures; all figures that were available as at 11 July 2017. If an up-to-date dashboard is available, this will be presented on the day of the meeting.

1.4 The information as at attachments one and two was presented at the public Board of Directors in July hence this is an opportunity for governors to ask questions rather than be advised of the report's content.

1.5 The Deputy Chief Executive\Chief Operating Officer will be giving an update on the day covering domiciliary care packages / Mears and referral to treatment by specialty as previously requested by governors.

2. Decisions Needed to be Taken

2.1 As the attached papers have been circulated as part of July's public board reports, **this is an opportunity for governors to ask questions rather than receive information from board members**. Board members may be asked by the chairman to provide any new/appropriate information before seeking questions from the governors/audience. Please note that governor questions put forward in advance of the meeting may be taken first.

3. Attached to this Report

Attachments as presented at July's public Board of Directors.

Attachment one - Chief Executive's report.
Attachment two - Integrated Finance, Performance, Quality and Workforce report.

MAIN REPORT

Report to	Trust Board
Date	5 July 2017
Lead Director	Mairead McAlinden, Chief Executive
Report Title	**Chief Executive Business Update**

1 Trust Key Issues and Developments Update

Safe Care, Best Experience

Fire safety
The tragedy of Grenfell Tower has brought home to us all the critical importance of fire safety. The safety of patients and clients, staff and visitors to our facilities is always our top priority. This Trust takes the risk of fire very seriously and we have a wide range of risk mitigation strategies in place. However we can never be complacent and the devastating loss of life means that we are actively reviewing our fire risk assessments in the light of the emerging learning from Grenfell. I want to update the Board on our fire safety plans and actions we have recently taken to strengthen our fire risk management.

Across the Trust there is a wide range of measures to help us both prevent and contain fires, and well-rehearsed plans to respond should a fire incident occur. This includes environmental risk mitigation - fire escapes, fire-fighting equipment, fire hydrants, fire doors and evacuation plans which allow for compartmentalisation. and we regularly carry out fire risk assessments across our whole estate. Every member of staff has a responsibility to know how to reduce the risk of fire and how to respond in the event of a fire - fire safety is a key element of the regular mandatory training that all staff have to complete, as well as routinely testing our fire and emergency incident policies and procedures.

In response to the emerging learning from the tragedy at Grenfell, we have recently reviewed all our buildings and compiled a list of all areas that have any type of cladding, and sent a full report to our regulator, NHS Improvement.

Over the weekend of 24/25 June, in response to a directive from NHS Improvement to all NHS providers with inpatient facilities, we strengthened our fire warden arrangements and, in partnership with the Devon and Cornwall Fire Service, carried out a detailed site visit and inspection of those areas which we considered at highest risk of fire. This inspection looked at all areas of fire risk, not just building materials and cladding. This visit provided the fire service with the degree of assurance they required about our fire risk management and the safety of our sites, and I am deeply grateful to Lesley Darke, Liz Davenport and their staff who worked so hard over the weekend to respond to this requirement. Because of the high level of preparedness we already had in place, we were able to respond comprehensively and provide the information and assurance required.

We await instruction from NHS Improvement on any further action this Trust is required to take. Lesley Darke, Director of Estates and Commercial Development, will keep the Board informed through regular updates.

Acute Bed Reduction Programme
There has been a major focus throughout June on continuing to ensure SAFER discharge of patients, with embedded proactive discharge planning to ensure that everything is in place to safely discharge patients wherever possible before noon - 'plan today, discharge tomorrow'. This is an extremely important factor in achieving bed optimisation and good flow of patients through our hospital with 'no delays'. Executives and other senior managers have been visiting inpatient wards to discuss the importance of SAFER and to hear about success and challenges from the ward teams. We are collating the feedback into an action plan to further drive more efficient flow and safe, timely discharge.

Trust performance for June against the 4 hour urgent care target is 92% for ED/MIU which compares well against national performance and safety metrics provide assurance that the impact of bed reductions in Community Hospitals and Torbay Hospital are being well managed. Therefore Phase 3 of the acute bed reduction plan (a reduction of 22 beds through closure of Warrington Ward) will proceed incrementally during July, with each stage carefully monitored for impact and safety of care. The COO Board report contains further assurance on the ongoing successful implementation of this and other care model changes and a Stakeholder Newsletter is being finalised for wider communication of the progression of successful change across our health and care services. I want to recognise and commend the hard work and commitment of the Executives and staff across the Trust for the effective management of this challenging programme of change that is driving real benefits for our population.

National Elective Care Transformation Programme for 2017/19
On 7th June 2017, in anticipation of NHS E publishing a national operational delivery document for urgent care as one of the key Next Steps Five Forward View national priorities, Lisa Manson (NHS I) and Mark Cooke (NHS E) wrote to all CCG Accountable Officers, STP Leads and NHS Provider CEOs across the South West to highlight the key priorities of the Elective Care Programme for 2017/19. The letter confirms that the Regional Elective Care Board has agreed to merge the 10 priorities identified in the national Elective Care Transformation Programme 2017/19 and bring together into 4 work streams - high referring practices; diversion of referrals; specialty-based pathways and cancer 62 day recovery. To support delivery of this transformation, the South Region have been allocated £1.794M, FY 17/18 in additional funding for the Elective Care Programme and £2.9M for delivery of the 62 Day Cancer recovery plan.

Although Devon STP (CCGs and Trusts) are now under the Capped Expenditure Programme (CEP), there remains a very clear commitment from both national and regional management that Referral to Treatment (RTT) performance will continue to meet agreed operational plans. As a result, the regulators will shortly be publishing a Best Practice Guide to prevent 52 week breaches. This guide will set the conditions whereby 52 week RTT breaches are eradicated by both providers and commissioners intervening on individual patients waiting more than 46 weeks and providing a 'to admit date' to the patient, prior to breaching the 52 week standard.

Dementia Care – striving for excellence
The Torbay Dementia Leadership Group recently carried out a review of Cheetham Hill ward. The group reported they found the visit both rewarding and very interesting, several commented "I wouldn't mind being a patient here".

The group liked the new Main Reception which they referred to as "light, wide and presents a large yet tranquil atmosphere" The contribution from the 'Wayfinders' was described as a lifesaver. They gave excellent feedback for the Ward environment; they particularly liked the Noticeboard at the entrance to the Ward containing information, poems and anecdotes about dementia and the improvement board showing how feedback was responded to.

The atmosphere of empathy and support for people with dementia was commented on by the group, this was endorsed by the atmosphere of the dayroom, which they felt was bright and cheerful with lots of reminiscence material and was felt to be a good place to spend time with other patients, friends or relatives.

Well Led

2017/18 Month 2 financial and performance position headlines
The Month 2 integrated performance report included in the Board pack demonstrates good progress against the Trust's financial improvement plan with the overall financial position slightly ahead of plan, while also delivering an improved performance against National Operating Standards:

- **Delivery of National Operational Standards:** against the Trust's agreed Operational Plan improvement trajectories two of the three performance standards were met – 4 hour ED treatment time 90.09% against 90% trajectory; 18 week Referral to Treatment (RTT) 87.61% against 87.5% trajectory. Cancer 62 day performance 84.4% dipped below the target standard of 85%, however the cumulative position for Q1 remains on track. Achievement of the national RTT standard and reducing long waits (over 52 weeks) remains a challenge.
- **Overall financial position:** The financial position at month 2 is a deficit of £2.9m against a planned deficit of £3.3m - an overachievement against plan by £438k.
- **Pay expenditure:** total pay costs are underspent against plan in Month 2 by £1.04m – this is made up from an overspend of £20k in substantive pay costs offset by an underspend in agency costs of £1.06m. We are now below the NHSI Agency Cap and our reduced headcount has exceeded the workforce plan by 25.11 posts.
- **Savings Delivery:** Against our year to date savings profile, the Trust delivered £4.73m against a £3.58m target – an over delivery of £1.14m. Of this £2.3m was associated with non-recurrent savings.
- **System Savings Plan**: Against the £40.7m cost reduction target and additional income generation target of £1.3m to achieve a Trust Control Total of £4.7m surplus, at the end of Month 2 the Trust has identified savings potential of £29.8m.

While this is an improvement on last month (and significantly better than in previous years) the achievement of our savings plan for 2017/18 forecast remains at risk by a minimum of £12.2m. Slippage in delivery will put our £5.6m System Transformation Funding at risk, affecting the Trust's liquidity which in turn impacts on our ability to secure loan funding for our capital investment plans. The development of plans to address this risk forecast is ongoing and will be monitored through the relevant Board Committees, including the newly formed Financial Improvement Scrutiny Committee, with risks escalated for Board discussion and decision. The integrated finance and performance report provides further detail of delivery including at Service Delivery Unit level.

Raised security level
Following the recent terrorist attacks in Manchester and London, the Joint Terrorism Analysis Centre (JTAC) raised the national security level to critical. In response, NHS organisations have taken action to review our plans for responding to an incident, which is something we do on a regular basis anyway. We have also asked staff to remain alert and to wear their security ID at all times and, as normal, to challenge anyone who is not wearing ID in non-public areas. Managers have been asked to ensure their business continuity plans are up to date.

Cyber security
Following May's global cyber security attack which particularly impacted on parts of the NHS, another international cyber security incident occurred on Tuesday 27th June. This was another Ransomware exploit and is called PetyaWrap. Many of the Trust's existing technical countermeasures are effective against PetyaWrap and as such there has been no direct impact to the Trust. The occurrence of a second major cyber security incident within a few weeks of the last does highlight the evolving threat to the organisation and appropriate actions will be taken to assess and mitigate this risk. The Trust's Cyber Security Assurance Framework is being updated and will be presented to the next Trust Board for review.

Regulator reports
The Trust will shortly be receiving three important final reports following a series of reviews as follows:

- Care Quality Commission report following unannounced inspection of ED and Medicine in May
- Human Tissue Authority report following inspection of Mortuary in May
- NHS E report following informal investigation into use of financial resources in April

Sale of 15-16 Church Street
The Trust has received an offer at market value for 15 -16 Church Street which the executive are recommending to Trust Board for acceptance. In line with our plans this receipt will go towards funding the development of the Riverview health and well-being centre in Dartmouth which is planned to start in September 17. Further details are included in the report of the Director of estates and Commercial Development.

Valuing our Workforce Paid and Unpaid

Staff engagement
I have been holding a programme of informal listening session with staff across the Trust, meeting with staff in all our localities to listen to what is going well and what they are concerned about and their ideas for improvement, answer their questions and generally ask about what matters to them. I am also offering one to one meetings at the end of each session which a number of staff have taken up, and our Freedom to Speak Up Guardians are supporting this process, offering to engage with staff who have concerns.

The feedback from these sessions is also informing the refresh of our staff engagement and communications strategy being led by our Director of Workforce and OD, Judy Saunders, and HR colleagues are supporting the sessions and capturing this feedback. Adding to this staff engagement initiative, the *"What Matters To You"* Day took place on Tuesday 6th June 2017. The day was promoted by the use of computer screensavers and an executive blog written by Judy Saunders, encouraging as many people as possible to have a *'What matters to you?'* conversation with the people they work with, support or care for. Members of the OD/HR Team based themselves in Bayview Restaurant throughout the day on 6th June 2017 to capture the feedback which also provides an important source of information about what matters to staff and what we need to consider and action as a Trust to improve our care. Teams across the Trust are holding discussions and feeding in to this initiative.

Sepsis campaign on social media
Earlier this month staff in our Emergency Department supported by our communications team ran a week-long public awareness campaign 'sock it to sepsis', using social media. One of the mini videos produced details the signs and symptoms of sepsis and reached more than 250,000 people on Facebook alone with well over 2,000 shares – including widely across the south west as well as in London, Leeds, Birmingham, Scotland, Dublin and further. We received lots of supportive feedback from patients and families of people who have first-hand experience of sepsis about the week's campaign and the importance of raising awareness of this life threatening condition.

British Pain Society award for hospital team
Congratulations to the pain team at Torbay Hospital on winning the British Pain Society *'People's Choice Award'*, in recognition of their 2017 ASM Poster Abstract being voted as the People's Choice Poster at this year's annual scientific meeting. The poster was titled: 'Reconnect2life: a web-based resource for patients, general practice and community healthcare agencies'.

Heart Failure Team Award
The Trust's Heart Failure Service has been awarded 'highly commended' at a prestigious national event hosted by the British Medical Journal (BMJ). The Trust's Integrated Heart Failure Service had been shortlisted for the 'Cardiology Team of the Year 2017' award. The award 'honours a team that is leading the way to improve standards in care in cardiology'. The team came a close second with a 'highly commended' award. The Heart Failure Service was nominated for the award because of how they work across both the hospital and the community to develop and enhance the care provided for heart failure patients in our area. Heart failure is now a common condition, particularly in older people, and can result in poor quality of life and frequent admission to hospital.

New Fellow of the National Institute for Health and Care Excellence
Trust Associate Director for Social Care, Joanna (Jo) Williams, is one of just nine senior healthcare leaders in the country this year to be named a Fellow of the National Institute for Health and Care Excellence (NICE). NICE Fellows are senior health and social care leaders who are ambassadors for the Institute at regional and national levels and among their professional groups and peers. This fellowship is

for a three year period. NICE Fellows build networks of influential professionals who support NICE in the implementation of its guidance. We congratulate Jo on this prestigious recognition.

2 Local Health and Care Economy Update

Improved Wellbeing through Partnership

Plans for new Brixham day care and community centre
We are reaching the conclusion of our partnership development of a new Day Caring Centre in Brixham, developed by a local stakeholder group led by the Trust and Brixham Hospital League of Friends. It involves the redevelopment of a building on the Brixham Hospital site owned by the Trust, and aims to provide a location for an innovative replacement to the Day Care service previously provided at St Kilda's and currently temporarily provided from accommodation in Brixham Hospital, together with a wider offer of a range of community support services which in future will be provided by the local voluntary sector. The Brixham Hospital League of Friends and Brixham Does Care, in partnership with the Trust, have submitted a planning application to redevelop the facility into a new day care and community centre on the Brixham Hospital site. The new facility will provide access to a variety of health and care services, as well as wellbeing, social and mental wellness support. The centre will be built and run by the voluntary sector, with support from the Trust. Public engagement and information events will be held in Brixham during the two-month planning application period, so the public will able to provide feedback. This is an excellent example of local partnership working and the development of voluntary sector delivery partners for our model of care for Brixham.

Rowcroft Hospice: partnership working to improve End of Life Care (EoLC)
Earlier this month the Chairman and I met with the new Chief Executive of Rowcroft Hospice Mark Hawkins and his Chair Dr Cathryn Edwards, and we had a very useful discussion about closer alignment between our two organisations as we implement the Joint EoLC Strategy. There were a number of areas that we agreed to explore further that complement our respective strategies including our locality Health and Well Being Hubs; education and training; technology as an enabler to better support people at home and in the Hospice and links to nursing homes. Jane Viner, as Executive Lead for EoLC, will keep the Board informed on developments.

Supporting Healthy Lifestyles in partnership with our Volunteers
During the summer, we will launch a new improving health initiative within the hospital. Specially trained volunteers will be asking patients about healthy lifestyle factors such as smoking, diet, exercise and alcohol intake. This is part of our strategy around public health and prevention, and is designed to be delivered universally across the hospital site. To begin with, the volunteers will be based in areas where we already have an existing, self-directed screening programme running (Pre-Assessment Clinic and endoscopy). The scheme will then be extended to EAU 3 and 4 and the A&E department. The final implementation phase will include wards and departments not currently undertaking any lifestyles screening at all. I had the pleasure of meeting the volunteer working on EAU3 and hearing of the positive impact this initiative is making.

South Devon College excellence recognised
South Devon College has received the prestigious Investors in People (IIP) Platinum accreditation, the highest level awarded by the people management standard. South Devon College is the only College in England to have achieved Platinum status and this prominent distinction confirms the College's status as not just a leading Further Education College, but also as a top employer in the country, as it joins the top 7% of accredited organisations across the UK. The Board will want to acknowledge and recognise this outstanding achievement for one of our key education and development partners.

Devon STP Update

Acute Services Review (ASR)
The clinical recommendations of the Devon-wide review of acute services, published on 20 June, recognise the importance of continuing to provide emergency services, stroke, maternity and paediatric services at Torbay Hospital. Local doctors, nurses and consultants have been reviewing a range of

services in hospitals in Exeter, Plymouth, Torquay and Barnstaple since late 2016. The review was undertaken because doctors said key acute hospital services were likely to become unsustainable in future, due to difficulty recruiting key clinical staff, large increases in demand for services – and difficulty meeting national service standards.

Services such as stroke, maternity, paediatrics and neonatal care and urgent and emergency care were included in the first stage of the review. Other services will be reviewed in a later second stage.

Hundreds of clinicians, nurses, managers and patient representatives contributed to the review through workshops, events and feedback. Their recommendations included the need to retain A&E, emergency stroke services and maternity services at all four acute hospitals in Devon:

- Retaining 24/7 A&E departments in Barnstaple, Exeter, Plymouth and Torbay
- Continuing to provide first-line emergency response for people experiencing symptoms of a stroke at all four hospitals. This will include rapid stroke assessment, diagnostics and thrombolysis. These services will be supported by 'Acute Stroke Units' (ASUs) at all four sites, and will ensure rapid intervention and aftercare for those with a stroke.
- Working towards clinical best practice to improve outcomes for stroke patients by developing two specialist 'Hyper acute Stroke Units' (HASUs) in Exeter and Plymouth where patients will receive 3 or more days of intensive treatment for their stroke immediately following emergency treatment, following which they will return home or to their local ASU.
- Retaining consultant-led maternity services at all four main hospital sites is proposed. These specialist units have access to 24/7 clinical care and the specialist services to provide more intensive care when that is needed.
- Delivering choice for home or midwifery-led births will continue to be provided in line with the national strategy 'Better Births'. Therefore, clinicians have recommended that we adopt the strong evidence base for midwifery-led units co-located with consultant-led units.
- Maternity, neonatal and paediatric inpatient services will be retained at all four main hospital sites

The service reviews have been a challenging process, but they have produced clear recommendations for us to work towards, with a very clear mandate about what we need to do differently in terms of workforce solutions and collaboration between hospital teams to plan for the future. The recommendations challenge us to deliver the workforce solutions needed to deliver this future for Torbay Hospital, and to deliver new service models in partnership with other hospitals. I am confident that we have the ability to find these solutions and, where needed, to work constructively with other hospitals to deliver mutual benefit for our population and our hard working clinical teams. We have a shared commitment to make sure the population of Devon continues to receive the high-quality services they need, and these recommendations set out the best way to do this in the coming months and years. I would like to recognise the important input of the Trust clinicians and managers in these reviews and to thank them for their service, and to also recognise the leadership of our Medical Director, Rob Dyer, who led and number of the reviews and who worked constructively to build consensus with his colleague Medical Directors across Devon to achieve clinical consensus on these proposals.

Throughout June Directors have spent time with front line staff in the services included in the Phase 1 review to brief them on the recommendations and engage them on working through the next important stage of developing resilient solutions, and I have personally briefed our local political leaders on the implications of the proposals for local services.

Successful integrated health and social care ambassador application

The Devon STP's application to take part in Skills for Care's Integrated Health and Social Care Ambassadors pilot has been successful. Thirteen health and social care partners (including RD&E, NDHT, TSDHT, Mears and Devon Cares) have expressed an interest in being involved. This will be co-ordinated through the STP Resourcing Group. The new *"Proud to Care"* Ambassadors will include health staff, social workers, OTs etc. to promote careers in social care and health. We anticipate that this scheme will also have a positive impact on retention, as it is very much about valuing front-line staff, sharing their career stories and encouraging career progression within care and health. The STP's goal is for at least one *Proud to Care* Ambassador to attend every school, college, university, job centre and

apprenticeship event across Devon to promote careers in care and health. The pilot will take place from July until Nov 2017, with evaluation funded by Skills for Care.

SWAST rota changes
From this month, South Western Ambulance Service NHS Foundation Trust (SWAST) increases its resources to the East and West Divisions to better meet demand across the region. The change to resources is intended to ensure the ambulance service has the right resources in the right places at the right time to meet demand. The South Devon and Torbay area will see an increase in double crewed ambulances on the road, with a reduction in rapid response vehicles, to enable an improved patient experience during peak times for 17,575 people in South Devon. The increase in ambulance hours also means ambulance resources stay local more often which will benefit patients. This increase in ambulance hours has come from an investment of £3.6 million by the Ambulance Trust.

Leadership Changes

There have been a number of announcements this month that will be of interest to the Board:

- **Devon STP Chief Executive to retire:** Angela Pedder has announced her plans to retire, having worked for the NHS for nearly 42 years. She has spent the last 18 months as the lead for the Devon STP, and prior to that served for nearly 20 years as the Chief Executive for the Royal Devon and Exeter NHS Foundation Trust, one of the first ever FTs to be established nationally. The STP and NHSE are currently developing arrangements for her successor.
- **CCG Chief Officer to step down:** Janet Fitzgerald is to step down from her interim role as Chief Officer at NHS Northern, Eastern and Western Devon Clinical Commissioning Group. She has been in this interim role since December 2016, following Rebecca Harriott's secondment to the South West Academic Health Science Network. The CCG is currently making arrangements for her successor.
- **Former CCG lead to run new health research centre:** Sam Barrell has announced she is leaving her role as Chief Executive of Taunton and Somerset Foundation Trust to become chief operating officer of the Francis Crick Institute, a new biomedical research centre focused on translating research into healthcare prevention, diagnosis and treatment. Dr Barrell is a former GP and before moving to Taunton was the chief clinical officer of South Devon and Torbay Clinical Commissioning Group. No decision has yet been made about a replacement chief executive.

Election outcome

Local MP appointments
Following last month's general election, all four local Conservative MPs have been re-elected to serve our population: Ann-Marie Morris (Newton Abbot), Sarah Wollaston (Totnes), Kevin Foster (Torbay) and Mel Stride (Devon Central). Ben Bradshaw held Exeter for Labour and Plymouth Sutton and Devonport was a Labour gain from the Conservatives where Luke Pollard is now the MP. The rest of Devon elected Conservative candidates. All of Cornwall remains Conservative. Now that the outcome of the election has been confirmed, myself and Nick Roberts will be meeting all four MPs to bring them up to date on local developments. I will brief the Board on the outcome of these meetings.

Police investigation

Atlas Care Homes
A police investigation into abuse of adults with learning disabilities at care homes run by Atlas across the country has now concluded. The case goes back more than five years, and there were a number of convictions. The last two cases were dropped in July. The Trust had placed residents in one of the homes in our area, Teignmead, which has since closed. Our thoughts are with all those people who suffered abuse, and their families, in this case which has shocked us all. We have co-operated fully with the police investigation and contributed to the Serious Case Review carried out by Devon County Council. We have also acted upon recommendations from that review and updated the Devon Safeguarding Adult Board on actions we have taken as a result of its learning.

3 Leadership Team: June Internal and External Engagement

We have repeatedly heard from staff how important the visibility of the Executive Team is to them and in this month's update I wanted to assure the Board that all Executives spend considerable time engaging with staff and with local stakeholders. The following is an illustration of the commitment to Executive staff engagement and stakeholder activity since the last Board meeting.

Internal	External
Chief Executive	
• Medical Staff Committee • Junior doctors (F1) Service Improvement Projects • Researchers in residence • Clinical Management Group • Freedom to Speak Up Guardians • ED Clinical Team • Community All Managers meeting • CX Staff Engagement Sessions – Union House, Torbay Hospital x 2, Dawlish Hospital, Totnes Hospital • Volunteers Tea Party – Torbay and Newton Abbot • SAFER ward visits, Heatherington Block, Ainslie and Ella Rowcroft • Staff from Hotel Services • Lifestyle Volunteer • Carers Lead • Staff Induction • Staff Side • Local Negotiating Committee • Chairs' Forum • Physiotherapy Booking Team • Director of Infection, Prevention and Control	• STP Chief Executives' Meeting • Chief Clinical Officer, CCG • Chief Officer, Adult Health and Care, Devon County Council • Acute Services Review – MP and Council Briefings • System Delivery Board • Joint Executive Group • STP Programme Delivery Executive Group • Director of Adult Services, Torbay Council • Speakers at Toads SMC Lunch • Councillor Sara Randall-Johnson, DCC • Chief Executive, RD&E • Southern Primary Care Collaborative • Chair and Chief Executive, Rowcroft • Assistant Director Policy, NHS Confederation • Quarterly meeting with Chair and Chief Executive, CCG • Lead Chief Executive, Devon STP • Kevin Foster MP • Sarah Wollaston MP • Dartmouth Stakeholders • Joint Director of Strategy, DCC
Deputy Chief Executive and Chief Operating Officer	
• Medical Staff Committee • Acute Service Review staff briefings • Researchers in residence • Paignton Hospital – visit Team ahead of Midvale move • Community All Managers Forum - Newton Abbot • LOF Chairs Forum – Newton Abbot • Visit mega Clinic Team – Ophthalmology • ASR briefing neurology and Stroke team • Volunteers Tea party – Newton Abbot	• System Delivery Board • Joint Executive Group • Two Four Production Company • Rowcroft Hospice • Health watch • Plymouth Uni – Research lead • STP Integrated Care Peer review- eastern Locality • Call with Sarah Wollaston MP/ Pierre Landell-Mills and Craig Davidson – Dartmouth Services • Update Sarah Wollaston MP on Training and education Development • Dartmouth Caring – Dee Nutt and Nick Heinmarsh

Internal	External
Medical Director	
• Medical Staff Committee • Junior doctors (F1) Service Improvement Projects– Final Presentation • Acute Service Review staff briefings • SAFER support visits to Allerton and Forrest Wards • Safety walk round Cromie Ward • Led Health Scientists Forum	• Joint Executive Group • STP Clinical Cabinet • Visit to Newton Abbot Hospital and Coastal Health and Well-being team with Exeter Medical School team • First meeting of Collaborative Board with Plymouth University • Southern Primary Care Collaborative
Director of Nursing	
• Acute Service Review staff briefings • Matrons meetings • Staff engagement events Newton Abbot and Union House • Senior Strategy Group	• System Delivery Board • Joint Executive Group • STP Clinical Cabinet • NHSI enhanced care • NHSI rostering • Chief Nurse Southern Trust visit • SW DoN meeting • Strategic Board Exeter University • DSS Governing Board • Ashburton Community Nurse Clinical Shadow shift • NICE Fellows consultation
Director of Finance	
• Medical Staff Committee • Safer Ward Visits – Cromie and Allerton Wards. • Staff Engagement Event Torbay	• Joint Executive Group • Risk Share Oversight Group • STP Finance Working Group • South West Directors of Finance Group • Chaired HFMA South West Technical Development Conference. • Devon Studio School Governing Body • NHS E/ NHS I Regional Leads • CCG CFO and Director of Commissioning
Director of Strategy & Improvement	
• Improvement Network • NHS one (Visimeet Trial) & Patient Knows Best • Junior doctors (F1) Service Improvement Projects– • Patient Safety Walk rounds – Eye Clinic; Medical Electronics Dept; • Outpatient Redesign (Executive Support) • SAFER ward visits – Turner, Warrington and Cheetham Hill • Medical Staff Committee • Acute Service Review staff briefings • Researchers in residence	• Transforming Care & Patient Experience Project Board • System Delivery Board • Chelston Hall Surgery • Barton Rd Surgery Health Visitor Team visits • Joint Executive Group • CCG Joint Director of Strategy • CCG Joint Director Corporate Affairs • CCG Director of Commissioning • CCG Chief Clinical Officer and Director of Finance • Torbay Council DASS • Two Four Production Company • Operation Vulcan major incident test • RDE • NHS E/ NHS I Regional Leads

Internal	External
Director of Workforce and Organisational Development	
• Torbay Pharmaceuticals – new Director • CX Staff Engagement session - Dawlish • Staff Side Meeting • Project Search Graduation Ceremony • Junior doctors (F1) Service Improvement Projects– • Local Negotiating Committee • Teignmouth Hospital • Acute Service Review staff briefings	• Dr John Burnham – GP • Corporate Support Services Steering Group • Meeting with Regional RCN Rep – Helen Hancox • Joint Executive Group • STP HR Sub Group • STP workforce Corporate Services Review • STP Workforce Strategy Group
Director of Estates	
• Acute Service Review staff briefings • Brixham League meeting on Day Centre Development • Matrons Meeting • Safety ward visits: Ainslie, ICU, ED, Forrest, George Earle, Simpson • Freedom to Speak up guardian • Director of Infection Prevention and Control • EFM team Brief	• Joint Executive Group • STP EFM savings sub group (chair) RD&E, NDDH, Livewell, PHT • STP Estates Group • Regional ERIC Workshop x2 • Joint CCG estate development • Strategic Estates Advisor DoH • Strategic Estates Policy Advisor DoH • Director of Estates NHSI • Local Health Resilience Partnership • Strategic Estates Group Torbay Council • Strategic Partnership Interserve • Devon and Somerset Fire and Rescue Services • MP and Dartmouth Stakeholders • Various legal representatives

4 National Developments and Publications

Details of the main national developments and publications since the end of May Board meeting have been circulated to the Board each week through the weekly developments update briefing. There have been a number of items of particular note from June that I wish to draw to the attention of the Board this month as follows:

Government

- **Ministerial team announced following election:** Following the general election, Jeremy Hunt was reconfirmed as health secretary, the post which he has held since 2012. The Department of Health confirmed that Thurrock MP Jackie Doyle-Price and Winchester MP Steve Brine will serve as junior ministers. Ludlow MP Philip Dunne was reappointed as minister of state for health. Ms Doyle-Price and Mr Brine replace David Mowat and Nicola Blackwood, who both lost their seats. Mr Brine has previously served as parliamentary private secretary for Mr Hunt and was appointed assistant government whip in Theresa May's reshuffle last July. Lord O'Shaughnessy also remains as a junior health minister. Responsibilities for the new ministers have yet to be announced.
- **Message from Jeremy Hunt:** Following his re-appointment as Health Secretary, Jeremy Hunt sent a message to all NHS staff. He praised staff for their response to the global cyber-attack and the recent terrorist attacks and reminded staff of some recent NHS achievements. He also set out his agenda for the future, with a continued focus on equity and excellence. He pledged to continue work on patient safety, the transformation of mental health, new models of care and putting as much energy into prevention as into cure. He acknowledged the financial challenges we

face, and said his mission is *"to support the NHS to become the safest, highest quality health system in the world"*.

- **NHS given low priority in Queen's Speech.** While the speech featured mental health legislation reform, a draft patient safety bill and consultation on social care, it was silent on wider issues such as ending pay restraint.

NHS England Announcements

Accountable Care Systems: Simon Stevens announced nine areas in England are to become 'accountable care systems', bringing together local NHS organisations, often in partnership with social care services and the voluntary sector. For patients the intention is to provide better joined up services in place of what has often been a fragmented system. The nine areas, including Dorset in the South West, will lead the way in taking more control over funding available to support transformation programmes – with the combined indicative potential to control around £450m of funding over the next four years – matched by accountability for improving the health and wellbeing of the populations they cover.

Regulator developments

CQC seeks views on next phase of regulation: The Care Quality Commission (CQC) is consulting on a further set of proposals which will help shape the next phase of regulation for health and social care across the country, with a closing date of 8 August. The proposals include:

- Changes to the regulation of primary medical services and adult social care services, including the frequency and intensity of its inspections and how CQC monitors providers and gathers its intelligence.
- Improvements to the structure of registration and CQC's definition of 'registered providers'.
- How CQC will monitor, inspect and rate new models of care and large or complex providers.
- Updated approach to the 'fit and proper persons' requirement.
- Right Support for learning disability services.

The CQC expects to formally respond to the feedback from the consultation later in the year.

New CQC chief inspector of hospitals announced

Professor Ted Baker, CQC's deputy chief inspector for acute hospitals since 2014, will take over from Sir Mike Richards when he retires at the end of July.

Media reports of note

- **Move to risk share/block contract financing:** According to research carried out by HSJ, one in four acute providers has moved away from the Payment by Results commissioning system and is now mostly contracted through some form of block payment or risk share by their main commissioner. All four Devon acute trusts are in this category – with Torbay, Exeter and North Devon 100% funded by new arrangements and Plymouth 73%. There were three trusts that bucked the national trend by shifting from a block contract back to the PbR tariff: The Dudley Group Foundation Trust; Mid Essex Hospital Services Trust; and Basildon and Thurrock University Hospitals FT.
- **Three quarters of baby deaths and disability are avoidable:** The Times reports that three quarters of babies who die or are brain damaged during birth could have been saved with better care, a study has concluded. The investigation by the Royal College of Obstetricians and Gynaecologists examined 1,136 births which ended in neonatal death, severe brain injury or stillbirth after a pregnancy came to term. In 76% of cases, the baby might have been saved had different action been taken. The report warns that hundreds die each year because mistakes are repeated and hospitals must improve heart-rate monitoring and staff communication. Almost one in 200 babies is born dead, while the NHS pays hundreds of millions of pounds a year in compensation for lifelong brain damage inflicted during birth. A series of reviews has attributed high stillbirth rates to complacency and failure to investigate and learn from mistakes.

- **Public dissatisfaction with NHS at record high:** More people are unhappy with the NHS than satisfied for the first time, and more than 60% say they think the health service is going in the wrong direction. The latest poll by the British Medical Association shows 43% of respondents are dissatisfied with the NHS, and 33% are satisfied - a doubling of dissatisfaction in two years. The poll also shows that 82% are worried about the future of the NHS, with the leading concerns being lack of funding (50%), the possibility that the NHS may cease to be free at the point of use (41%), and that waiting times will increase (35%). An additional survey of doctors found 71% believe accessing care has become more difficult for patients over the last 12 months. Among hospital doctors, 65% have vacancies in their department while 48% of GPs say there are unfilled posts at their practice.
- **Third of trusts running community hospitals miss safe staffing levels:** Nursing Times reports that nearly a third of NHS trusts running community hospitals have not met their targets for nurse staffing levels on wards for the past two years. The analysis of NHS Improvement data, carried out by the HSJ, found that 22 out of 69 NHS trusts have at least one community hospital ward that did not meet their own planned level of registered nurses during the day throughout the 24 months from April 2015 to March 2017. It is the first time safe staffing data, published 6 June, has been made public for community wards
- **Health bodies urge PM to scrap cap on NHS pay:** The Guardian highlights an open letter from health trade unions representing 1.3 million health service staff who have written to Theresa May to label the NHS pay cap as unfair, unpopular and dangerous to patient safety. The letter has been issued in a bid to see the cap, which has limited NHS staff to 1% pay rises or less since 2010, scrapped.

5 Media Update

Media references to the Trust in June included:

- Newton Abbot Hospital League of Friends raise £5k for hospital gym equipment ***Torbay Herald Express***
- Dartmouth Patient Participation Group annual meeting ***Dartmouth Chronicle***
- CCG roadshow in Newton Abbot ***Torbay Herald Express***
- Midvale Clinic moves to Paignton hospital site ***Torbay Herald Express***
- Devon mums would travel for up to one hour in labour if community hospitals lose maternity units ***Herald Express***
- The organisers have announced they are bringing back the Rainbow Ball for the first time since 2011 to pay tribute to David Sinclair who many will remember as a Consultant Anaesthetist at Torbay Hospital and interim Medical Director. The event will be raising money for The Elton John AIDS Foundation. ***Herald Express***
- NHS England figures show there were 132 urgent operations cancelled at Torbay Hospital (May 16 – April 17), a decrease from the year before. ***Herald Express***
- Numbers of people coming to hospital with sun related conditions
- Stakeholder engagement around Dartmouth care model ***Dartmouth Chronicle***
- Loss of SWAST rapid response in Dartmouth ***Dartmouth Chronicle***

REPORT SUMMARY SHEET

Meeting Date	5th July 2017		
Report Title	Month 2 Integrated Finance, Performance, Quality and Workforce Report		
Lead Directors	Director of Strategy and Improvement Director of Finance		
Corporate Objective	• Safe, quality care, and best experience • Valuing our workforce • Well led		
Corporate Risk/ Theme	• Available capital resources are insufficient to fund high risk/high priority infrastructure/equipment requirements/IT Infrastructure and IT systems • Failure to achieve key performance standards • Inability to recruit/retain staff in sufficient number/quality to maintain service provision • Lack of available Care Home/Domiciliary Care capacity of the right specification/ quality • Failure to achieve financial plan • Delayed delivery of integrated care organisation (ICO) care model • Capacity in neurology leading to lack of new patient appointments, leading to long delay to initial assessment, threat of Referral to Treatment breach.		
Purpose	Information	Assurance	Decision
		✓	
Summary of Key Issues for Finance, Performance and Investment Committee and Trust Board of Directors			
Strategic Context	**2017/18 Operational and Financial Plan, Control Total and Sustainability and Transformation Fund:** For 2017/18 the Trust submitted an operational and financial plan to NHS Improvement confirming our intention to achieve the required £4.7m Control Total and deliver required service performance standards, to secure our designated share of the national Sustainability and Transformation Fund (STF). **Sustainability and Transformation Fund Allocation Arrangements:** The arrangements for allocating the STF for Q1 2017/18 have been released by NHS England – 70% allocation relates to delivery of the financial plan to deliver the agreed control total; 30% relates to performance delivery. Given the national importance of improving NHS urgent and emergency care performance, NHS England has decided that the 30% performance element will focus on A&E rather than requiring providers to deliver on multiple objectives as was the case in 2016/17. The method of apportioning the 30% in Quarter 1 will be: - 15% apportioned based on A&E 4 hour performance - Trusts will need to achieve performance of 90% in quarter 1, that is, either above 90% or above their performance in Q4 2016/17 (whichever is higher).		

	- 15% apportioned based on front door streaming to GPs – for the Trust – which is in a group of providers working towards implementing co-located streaming - we need to indicate by when this will be achieved and our plans for doing so by October 2017. **Regulatory Context - NHS Improvement Single Oversight Framework:** The framework is used by NHS Improvement (NHS I) to identify NHS providers' potential support needs across the five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability. Providers have been segmented into one of four categories ranging from Segment One - maximum autonomy with no support needs identified - to Segment Four for providers in special measures. The Trust has been assessed overall as being in Segment Two which attracts an offer of targeted support in response to concerns in relation to finance and use of resources, and have secured the services of Mark Hackett to provide this targeted support to the delivery of our 17/18 savings plan. An updated version of the framework to support 2017/18 delivery is expected to be published by NHS I shortly.
Key Issues/Risks	**2017/18 Month 2 headlines** **Finance:** • **Overall financial position:** The financial position at month 2 is a deficit of £2.906m against a planned deficit of £3.344m – an improvement against plan by £438k. • **Pay expenditure:** total pay costs are underspent against plan in Month 2 by £1.042m – this is made up from an overspend of £20k in substantive pay costs offset by an underspend in agency costs of £1.062m. • **Savings Delivery:** Against our year to date savings profile, the Trust delivered £4.725m against a £3.585m target – an over delivery of £1.140m. Of this delivery £2.3m was associated with non-recurrent savings. Of the non-recurrent element, £1.2m relates to system savings delivered against budgets held by South Devon and Torbay CCG and passed through to the Trust, principally in respect of medicines optimisation and elective care. These are recurrent schemes and it is anticipated that, once confirmation is received, principally from the Prescription Pricing Authority values will be reclassified as recurrent in due course, bringing overall recurring delivery in line with plan. • **System Savings Plan**: Against the £40.7m cost reduction target, and income generation target of £1.3m plan to achieve a Trust Control Total of £4.7m surplus, at the end of Month 2 the Trust has identified savings potential of £29.8m so the 2017/18 forecast outturn remains at risk by a minimum of £12.2m. That said, it is important to recognise that this scale of plan being developed for the Month 2 report represents a significant improvement on the achievements of previous years. Slippage in delivery will however put the control total and £5.7m STF funding at risk, affecting liquidity and, in turn capital investment plans. • **Use of Resources Risk Rating:** NHS Improvement no longer publish a planned risk rating for Trusts, due to changes they have made to the risk rating calculation. However, at Month 2, the Trust had an actual use of resources risk rating of 3

	(subject to confirmation by NHS Improvement). The Agency risk rating of 1 is a material improvement on the planned rating of 4. **Performance:** • **Month 2 Delivery of National Operational Standards:** against the Trust's agreed Operational Plan improvement trajectories two of the three performance standards were met – 4 hour ED treatment time 90.09% against 90% trajectory; - 18 week Referral to Treatment (RTT) 87.61% against 87.5% trajectory. Cancer 62 day performance 84.4% dipped below the target standard of 85%, however the cumulative position for Q1 remains on track. • Achievement of the national RTT standard and reducing long waits (over 52 weeks) remains a challenge. • **Month 2 Local Performance Indicators:** In addition to the national operational delivery indicators there are a further 22 indicators agreed locally with the CCG, of which 7 were RAG rated RED in May (compared to 10 in April) **Quality and Safety** • **Month 2 Local Quality Framework Indicators:** There are 19 Local Quality Framework indicators in total of which 5 were RAG rated RED for May (compared to 4 for April) **Community and Social care** • There are 15 Community and Social Care indicators in total of which 2 were RAG rated RED in May 2017 (2 in April 2017): **Workforce indicators** • Four indicators on the current dashboard of which two RAG rated AMBER • Of note is the reduction in head count which is ahead of the workforce plan
Recommendations	The Board is asked to : • **consider** the assurances provided in the report; • **challenge** the performance achieved; and • **agree** the further actions necessary to ensure delivery**.**
Summary of ED Challenge/Discussion	***Executive Directors****:* Directors reviewed the Month 2 and year end forecast financial position at the refocused Efficiency Delivery Group on 16 June. Directors assessed risks to delivery and agreed to resource additional capacity to support delivery of key SSP work streams. Further review was undertaken at the Joint Executive with the CCG and Torbay Council Adult Social Care Director on 20 June. This included a deep dive into the Elective Care programme sponsored by the CCG Director of Commissioning, which highlighted successes in reducing levels of referral, with Directors identifying additional work to be undertaken to determine how the financial benefit of this can be secured. In addition, the Finance, Performance and Investment Committee undertook a deep dive into the Workforce programme, noting the reconciliation of the workforce reduction plans with the wider savings programme. The overall the financial plan has been delivered at Month 2. However, as the cost reduction plan profile increases over the year, Directors remain concerned that current plans – whilst more developed and granular than in previous years - will not be sufficient to deliver the full £40.7m cost savings and £1.3m income targets. A gap of £12.2m is forecast on the basis of current plans. Directors are working on schemes to close the gap and completing RSA negotiations with the CCG and Torbay Councils that could help

	mitigate the risk. Directors are also considering how to address the remaining unfunded cost pressures that require cost reductions in excess of the System Savings Plan. ***SDU Quality & Performance Review Meetings**:* Executive Directors held the Service Delivery Units' Quality and Performance Review meetings on 22nd June 2017. These meetings form a key step in the Trust's strengthened accountability and oversight framework and provide the opportunity for further scrutiny of delivery, escalation of new/emerging risks and identification of good practice. In addition SDUs continue to attend fortnightly check and challenge meetings with Mark Hackett and the Director of Finance to maintain momentum and ensure the groups have the capacity and capability to deliver. **Finance, Performance and Investment Committee (FPIC):** The Committee reviewed the integrated report and detailed data book at its meeting held on 27 June. Verbal updates from the SDU performance reviews and check and challenge meetings were given to provide additional assurance. The Committee also held deep dives into the Workforce and Elective Care programmes and focussed on risks to delivery and whether further actions identified would be sufficient to close the gap on the financial plan. The Committee was briefed on the latest rules from NHS E regarding STF allocations and were assured that the Trust was forecasting to be on target to meet Q1 requirements in respect of the Emergency Department standards.
Internal/External Engagement inc. Public, Patient & Governor Involvement	This report is shared with Governors and contributes to a quarterly report considered by the Council of Governors.
Equality & Diversity Implications	N/A

MAIN REPORT

Report to	Trust Board
Date	5th July 2017
Lead Directors	Director of Strategy and Improvement Director of Finance
Report Title	Integrated Finance, Performance, Quality, and Workforce Report (Month 2: May 2017)

1 Introduction and Context

1.1. Purpose

The purpose of this paper is to bring together the key areas of delivery – financial, service delivery, quality and safety, change, and workforce - into a single report. The objective is to enable the Board to take a view of overall delivery of national and local standards and targets at organisation and service delivery unit level, consider risks and mitigation and determine whether it is assured that plans are on track to deliver the key milestones required by the regulator to secure Sustainability and Transformation Funding (STF) and ultimately retain our license to operate.

1.2. Operational and Financial Plan, Control Total and Sustainability and Transformation Fund

For 2017/18 the Trust submitted an Operational and Financial Plan to NHS Improvement (NHS I) confirming our intention to achieve the £4.7m Control Total and deliver required service performance standards to secure our designated share of the national Sustainability and Transformation Fund (STF). Delivery of the Control Total relies on the Trust, with its system partners, delivering a Systems Savings Plan of £40.7m and an additional Income Plan of £1.3m. This leaves a system deficit of around £18m that the CCG is currently holding on behalf of the system. In addition to financial delivery, access to a 30% proportion of STF funding for 2017/18 is also dependent on delivery of the national ED 4 hour wait operational standard.

1.3. Regulatory Context: NHS Improvement Single Oversight Framework

The Single Oversight Framework was introduced by NHS Improvement (NHS I) in Oct 2016 and replaced Monitor's Risk Assessment Framework and the NHS Trust Development Authority's Accountability Framework. It applies to all NHS providers including the Trust.

The framework is used by NHS I to identify NHS providers' potential support needs across the five themes of quality of care, finance and use of resources, operational performance, strategic change, and leadership and improvement capability. Providers have been segmented into one of four categories ranging from Segment One - maximum autonomy with no support needs identified - to Segment Four for providers in special measures. The Trust has been assessed overall as being in Segment Two which attracts an offer of targeted support in response to concerns in relation to finance and use of resources. Mark Hackett's support was initially secured through this process to help improve the Trust's financial sustainability, efficiency, and compliance with sector controls such as agency costs.

1.4 Report Structure

This report provides commentary on performance at the end of May 2017 (Month 2).

Key variances and improvements are set out in the report and highlighted in the performance dashboard **(Appendix 1).** As agreed by the Board, the detailed data book which includes finance

and workforce schedules is no longer included in the Board pack as it is scrutinised at the Finance, Performance, and Investment Committee.

The report and commentary has been informed by the outcomes and actions from:

- EDG – Efficiency Delivery Group (16th June 2017)
- Joint Executive meeting (held 20th June 2017)
- Service Delivery Unit Quality and Performance Review meetings (held 22nd June 2017)

Feedback and further action following scrutiny at the Finance, Performance, and Investment Committee (held 27th June) will be reflected in the Committee Chairman's report to the Trust Board.

2 High level summary

Key headlines for financial, operational, local performance, quality, and safety and workforce standards/metrics for Month 2 to draw to the Finance, Performance and Investment Committee's attention are as follows:

2.1. Month 2 Financial Performance Summary

- **Overall financial position:** The financial position at month 2 is a deficit of £2.906m against a planned deficit of £3.344m – an improvement against plan by £438k.
- **Pay expenditure:** Total pay costs are underspent against plan in Month 2 by £1.042m – this is made up from an overspend of £20k in substantive pay costs offset by an underspend in agency costs of £1.062m.
- **Savings Delivery:** Against our year to date savings profile, the Trust delivered £4.725m against a £3.585m target – an over delivery of £1.140m. Of this delivery £2.3m was associated with non-recurrent savings. Of the non-recurrent element, £1.2m relates to system savings delivered against budgets held by South Devon and Torbay CCG and passed through to the Trust, principally in respect of medicines optimisation and elective care. These are recurrent schemes and it is anticipated that, once confirmation is received, principally from the Prescription Pricing Authority values will be reclassified as recurrent in due course, bringing overall recurring delivery in line with plan.
- **System Savings Plan**: Against the £40.7m cost reduction target, and income generation target of £1.3m plan to achieve a Trust Control Total of £4.7m surplus, at the end of Month 2 the Trust has identified savings potential of £29.8m so the 2017/18 forecast outturn remains at risk by a minimum of £12.2m. That said, it is important to recognise that this scale of plan being developed for the Month 2 report represents a significant improvement on the achievements of previous years. Slippage in delivery will however put the control total and £5.7m STF funding at risk, affecting liquidity and, in turn capital investment plans.
- **Use of Resources Risk Rating:** NHS Improvement no longer publish a planned risk rating for Trusts, due to changes they have made to the risk rating calculation. However, at Month 2, the Trust had an actual use of resources risk rating of 3 (subject to confirmation by NHS Improvement). The Agency risk rating of 1 is a material improvement to the planned rating of 4

2.2. NHS I Single Oversight Framework - Operational Performance Standards

- **ED 4 hour wait standard**: the Trust achieved 90.9% which is ahead of the Month 2 90% operational plan trajectory but below the 95% national standard which has to be achieved by March. Delivery of the operational plan trajectory is required to access STF monies.
- **RTT Trajectory:** at 87.61% the Trust achieved the 87.5% RTT trajectory in May. The requirement is to achieve the national standard of 92% by March 2019.

- **Cancer 62 day standard**: the standard was not achieved in May. The Trust achieved 84.4% against 85% operational plan trajectory. However the cumulative position for Q1 remains on track.

2.3. Local Performance Indicators

In addition to the national operational standards there are a further 22 indicators agreed locally with the CCG, of which 7 were RAG rated RED in May (with 2 to be confirmed) compared to 10 in April as follows:

Table 1: Local Performance Indicators

Standard	Standard / target	This month Month 2	Last month Month 1
Cancer 2ww urgent GP referral	93%	81.7%	83.8%
Cancer 31-day wait for second or subsequent treatment - Surgery	94%	90.9%	96.9%
Cancer - 62-day wait for first treatment - screening	90%	88%	100%
RTT waits over 52 weeks:	0	18	18
Cancelled operations:	0.8%	1.4%	0.9%
Ambulance handovers > 30 minutes:	30	98	56
A&E patients (ED only):	95%	85.1%	91.6%
Care plan summaries % completed within 24 hrs of discharge weekdays:	77%	TBC	65.4%
Care plan summaries % completed within 24 hrs discharge weekend:	60%	TBC	29.9%

Of the remaining indicators, 11 were rated GREEN and 2 AMBER.

2.4. Local Quality Framework

There are 19 Local Quality Framework indicators in total of which 5 were RAG rated RED for May (compared to 4 for April) as follows:

Table 2: Local Quality Framework

Standard	Target	This month Month 2	Last month Month 1
Medication errors resulting in moderate or catastrophic harm	0	2	1
Fractured neck of femur – time to theatre <36 hours	90%	75%	82.4%
Stroke patients spending 90% of time on a stroke ward	80%	57.1%	89.2%
Dementia “find” assessment:	90%	53.5%	54.4%
Follow ups past to be seen date:	3,500	8451	8,229

Of the remaining 14 indicators, 8 were rated GREEN, 3 AMBER and 3 not RAG rated including Medication errors - Total reported incidents (trust at fault) which increased from 51 in April to 71 in May.

2.5. Community and Social Care Framework

There are 15 Community and Social Care indicators in total of which 2 were RAG rated RED in May 2017 (2 in April 2017) as follows:

Table 3: Community and Social Care Framework

Standard	Target	This month Month 2	Last month Month 1
CAMHS % under 18 week RTT:	92%	84.8%	88.4%
Community hospital admissions: : admissions lower due to community hospital bed reductions and alternative provision in place	Not set	240	201

Of the remaining 13 indicators, 6 were rated GREEN, 1 AMBER, and the remaining 6 no RAG rating.

2.6. Change Framework

There are a total of 3 indicators attached to the change framework, these are not yet RAG rated pending agreement on tolerances and development of the ICO evaluation metrics.

2.7. Workforce Framework

Four indicators on the current dashboard of which two RAG rated AMBER as follows:

- **Staff sickness / absence:** The annual rolling sickness absence rate of 4.27% at the end of April 2017 is above target but represents a reduction over the last 3 months. The target the Trust set itself was 3.80% for the end of March 2017 which has been rolled forward into 2017/18.
- **Appraisal rate** for the end of May 2017 was 81% which is a slight reduction on April 81.7% against a target of 90%.

In the main report, total staff in post is now reported against the workforce plan trajectory to support the overall system savings plan. For May, the Trust is reporting an overachievement with WTE target reduced by 25.11 more WTE than plan.

3 Financial Summary

3.1. Cumulative Actual CIP Delivery made to date: 2017/18

Table 4: Actual Delivery to Month 2 against £40.7m share of CIP budget

Actual Delivery to Month 2 against £40.7m share of CIP Budget

	SSP Workstream	Programme Managed by:	Cumulative to Month 2 2017 /18 Phased Recurrent Budget	Recurrent Cumulative M2 Delivery	Non-Recurrent Cumulative M2 Delivery	Rec and N/R Total Cumulative M2 Delivery	Total Variance	
			£'000	£'000	£'000	£'000	£'000	
1	Elective Care	CCG	585	0	594	594	-9	Surplus
2	Urgent Care	CCG	5				5	Shortfall
3	Placed People & ASC	CCG	156	261	0	261	-105	Surplus
4	Medicines Optimisation	CCG	618	0	616	616	2	Shortfall
7	Community Services	ICO	474	706	88	794	-320	Surplus
	Community Services-Elective / OP	ICO	113				113	Shortfall
8	Workforce	ICO	83	79	0	79	4	Shortfall
9	Nursing	ICO	133	237	0	237	-104	Surplus
10	Commercial Development	ICO	73	26	120	146	-73	Surplus
11	Finance / Procurement	ICO	80	13	0	13	67	Shortfall
12	General Efficiencies	ICO	1265	1134	174	1308	-43	Surplus
15	Mitigations / Non Recurrent Savings 2017/18	ICO	0	0	677	677	-677	Surplus
	Total		**3,585**	**2,455**	**2,269**	**4,725**	**- 1,140**	Surplus

Actual delivery against AnnualPlan NHSI CIP Target of £42m (Includes Income Generation Target)

13	Income Generation		101	55	0	55	46	Shortfall
	Total		**3,686**	**2,510**	**2,269**	**4,779**	**- 1,093**	Surplus

Commentary on Month 2 delivery position:

The Month 2 delivery position is based upon actual cash saving made and transacted in the General Ledger. Many schemes remain in the early stages of development but will deliver later in the year; the budget was phased to reflect this.

Key highlights

- Non-recurrent slippage was not quantified in Month 1, the cumulative value shown above is now reflective of M1 and M2 months' slippage.
- Corporate services CIP has been updated in the above table.
- Although we have cumulatively over-delivered by £1.1m, against the £3.7m M2 Cumulative CIP Target (incl Income Generation), £2.3m of this delivery was associated with non-recurrent savings and CCG accrued income. If we excluded this, we would have a M2 Cumulative recurrent shortfall of £1.2m. This relates to system savings delivered against budgets held by South Devon and Torbay CCG and passed through to the Trust, principally in respect of medicines optimisation and elective care. These are recurrent schemes and it is anticipated that, once confirmation is received, principally from the Prescription Pricing Authority values will be reclassified as recurrent in due course, bringing overall recurring delivery in line with plan. We need to identify more recurrent schemes or move from non-recurrent to recurrent to close the year-end forecast delivery gap.

3.2. Delivery assurance for rest of year:

The following tables are used to report delivery progress to the weekly Executive Director's group. References to comparator positions therefore refer to the position taken from Smart sheet CIP PMO system, as made in the previous week.

3.2.1. Role of Non-Recurrent projects in providing delivery assurance:

The Trust's £40.7m CIP target (excl income Generation work stream) is a recurrent budgetary target. The following tables therefore provide delivery assurance based only on recurrent forecast year end delivery for the 2017/18 programme.

The Trust will also generate non-recurrent savings and although this is an important solution to delivering the in-year target, these values do not appear in the following forecast schedules as the purpose of these schedules are to focus on project sustainability and permanent, recurrent savings to minimise the risk of any deficit carrying into future financial years.

Recurrent forecast delivery values are listed below.

Table 5: Full Value – All Recurrent Schemes Identified

At 13 June 2017, 22:40 hrs

Figure 1: Full Recurrent Forecast Delivery Value - All Schemes Identified

Sum of Forecast Rec 2017/18	Column Labels								
Row Labels	All	Community	Corporate	EFM	Medicine	Surgery	WCDT	(blank)	Grand Total
01 Elective Care								1,230,000	1,230,000
02 Urgent Care								160,000	160,000
03 Placed People & ASC		3,398,037							3,398,037
04 Medicines Optimisation								3,889,000	3,889,000
05 Acute Services Review									
06 Prevention									
07 Community Services		6,440,012		108,000	1,562,052				8,110,064
08 Workforce		3,500	3,500	269,444	190,251	34,273	8,000		508,968
09 Nursing		25,000			-	607,831	157,500		790,331
10 Commercial Development				441,000					441,000
11 Finance / Procurement		7,106	328,403	34,766	14,107	365,500	18,150		768,032
12 General Efficiencies	10,000	1,709,000	3,523,204	701,143	941,029	2,185,741	1,113,178		10,183,295
(blank)							15,004		15,004
13 Income Generation			328,000						328,000
15 Mitigation/Non Recurring Savings 2017-18									
Grand Total	**10,000**	**11,582,655**	**4,183,107**	**1,554,353**	**2,707,439**	**3,193,345**	**1,311,832**	**5,279,000**	**29,821,730**
Memo-Last Week	10,000	9,808,606	1,188,877	1,845,935	2,804,521	3,193,345	1,211,867	5,604,000	25,667,151
Change	-	1,774,049	2,994,230	- 291,582	- 97,082	-	99,965	- 325,000	4,154,580
		Improvement	Improvement		Decline	Improvement	Improvement		mprovement
% Increase/(-) Decrease on last month	0.0%	18.1%	251.9%	-15.8%	-3.5%	0.0%	8.2%	-5.8%	16.2%

- The table shows £29.8m of forecast recurrent delivery against a £42m combined CIP and income generation target)
- This represents a £500k improvement since Month 1.

Table 6: Comparison of Project Potential Target vs. Recurrent Forecast delivery, analysed by Programme

At 13 June 2017, 22:40 hrs

Figure 2: Scheme Target vs Recurrent Forecast by Programme

Row Labels	Sum of Target 2017/18	Sum of Forecast Rec 2017/18	Variance
01 Elective Care	3,728,000	1,230,000	2,498,000
02 Urgent Care	160,000	160,000	-
03 Placed People & ASC	2,668,000	3,398,037	- 730,037
04 Medicines Optimisation	4,214,000	3,889,000	325,000
05 Acute Services Review			-
06 Prevention			-
07 Community Services	8,960,991	8,110,064	850,927
08 Workforce	489,243	508,968	- 19,725
09 Nursing	2,946,322	790,331	2,155,991
10 Commercial Development	850,000	441,000	409,000
11 Finance / Procurement	1,536,090	768,032	768,058
12 General Efficiencies	11,461,464	10,183,295	1,278,170
(blank)	15,004	15,004	-
13 Income Generation	328,000	328,000	-
15 Mitigation/Non Recurring Savings 2017-18			-
Grand Total	**37,357,114**	**29,821,730**	8,925,384
Memo-Last Week	32,765,051	25,667,151	7,097,901

- The forecast delivery value is £7.1m short of the potential project target values as envisaged at the projects inception.
- The most significant shortfall against target is in the Elective Care System savings programme, where it has proven difficult to identify savings in excess of the bed reductions currently planned in the Trust's Community Services and General Efficiencies programmes.
- The majority of Trust efficiencies have been allocated to the General Efficiencies line which is generating variances in the Nursing and Procurement lines.

Table 7: Recurrent Forecast Project delivery Status

Figure 3 Recurrent Scheme Status

Row Labels	Sum of Forecast Rec 2017/18	Last Week	Change	
2 Outline	6,460,545	2,975,494	3,485,051	Increase
3 Detailed Plan	913,152	956,244	- 43,092	Reduction
4 Delivery	8,945,224	8,551,714	393,510	Increase
6 Complete	13,476,810	13,157,699	319,111	Increase
(blank)	26,000	26,000	-	
Grand Total	**29,821,730**	25,667,151	4,154,580	

("Ideas" category now merged with with "Outline")

- The value of forecast recurrent delivery has increased by £4.2m.
- Of the £29.8m of forecast recurrent delivery, a total of £22.3m is listed as either completed (awaiting financial delivery) or in delivery (making financial savings);
- The total of schemes complete or in delivery continues to increase, albeit at a slower rate than experienced earlier in the year.

- The balance of schemes remain planned to outline stage,
- Work is on-going to move as many projects towards Delivery and Complete through the combined efforts of the SDU lead's and clinicians, Exec directors, Project managers and PMO team.

Table 8: Recurrent project Risk Assessment – Route to Cash

At 13 June 2017, 22:40 hrs

Figure 4 Recurrent Project Risk Assessment- Route to Cash

Sum of Forecast Rec 2017/18	Column Labels						
Row Labels	Green	Red	Yellow	(blank)	N/A	Blue	Grand Total
01 Elective Care	36,000	-	1,194,000			0	1,230,000
02 Urgent Care	160,000	-	-				160,000
03 Placed People & ASC	3,398,037				0		3,398,037
04 Medicines Optimisation	3,585,000		304,000			0	3,889,000
05 Acute Services Review							
06 Prevention							
07 Community Services	6,602,064	1,424,000	84,000				8,110,064
08 Workforce	501,968	3,500	3,500				508,968
09 Nursing	652,831	137,500					790,331
10 Commercial Development	265,000	176,000					441,000
11 Finance / Procurement	425,315	84,766	-	257,951			768,032
12 General Efficiencies	8,815,273	850,101	169,000	348,921			10,183,295
(blank)	15,004						15,004
13 Income Generation	328,000						328,000
15 Mitigation/Non Recurring Savings 2017-18							
Grand Total	**24,784,491**	**2,675,867**	**1,754,500**	**606,872**	**0**	**0**	**29,821,730**
Memo-Last Week	23,173,330	203,000	1,532,000	758,821	-	-	25,667,151
Movement	1,611,162	2,472,867	222,500	- 151,949	-	-	4,154,580
	Improvement	Improvement	Improvement	Decline			Improvement

- As a key risk assessment metric, 'route to cash' reflects the most significant risk in the Elective Care programme; a position that is consistent with previous reports to the Board.
- Additional income anticipated from Devon County Council in respect of the improved better care fund (circa £1.1m) is included as a 'red risk' within this analysis until firm agreement is secured.

3.2.2. Overall Year-end Forecast position assessment

- The Trust has currently identified £29.8m of recurrent forecast saving delivery potential, against a cost reduction target of £40.7m and income generation target of £1.3m (£42.0m total). On this basis, the 2017/18 forecast outturn remains at risk by a minimum of £12.2m without mitigating action, assuming that all identified schemes are delivered in full.

- The Trust has mitigation actions year to date in non-recurrent CIP savings of £1.1m and a further, mitigating factor of £0.3m of deprecation making £1.4m at Month 2.

3.3. Management Response

3.3.1 In respect of the existing schemes, planned actions for the coming month are to:

- Continue the emphasis on validation of schemes, their value and risk assessments to ensure that they are as accurate as possible;
- Support Service Delivery Units / Trust Leads to progress plans currently at 'idea and outline' moving to detailed plan status.

Teams will be supported by their Project Support Officers and in two weekly check and challenge meetings with the Finance Director and Mark Hackett.

- Attempt to extend the potential of the Pharmacy and Procurement savings both through internal focus and resource and by exploring additional potential offered through Devon wide system working;
- Continue to pursue ideas developed through the process but for which values have yet to be included;
- Support the CCG's Lead Director in establishing actions to deliver the cash benefit of the Elective Care programme.
- Further exploration of the revenue impact of revisions to the capital programme.
- Maintenance of all existing controls on discretionary spend and maximising the use of the Charitable Funds.

Reflecting the overall shortfall against target, and particularly the risks around Urgent Care (opportunities) and Elective Care (route to cash), the Executive Team has agreed to pursue the following additional actions:

- Review of all temporary staffing and, mindful of the clinical risk of doing so, consider options to reduce expenditure;
- Accelerate consideration of revised elective care thresholds that have the potential to significantly reduce levels of referral to Trust services;
- Through bilateral conversations, particularly with the RD&E, explore options to accelerate possible recommendations of the Acute Services Review. The first option to be explored will be out of hours Primary PCI, a paper for which has been requested for the Executive Team agenda in two weeks. Further work is being undertaken around Histopathology;
- Work with colleagues across Devon to accelerate the proposed Corporate Services Review, securing earlier savings through consolidation wherever possible.

3.3.2 Contract Discussions

The three partners to the Risk Share Agreement (RSA) continue discussions on the continuation of the RSA past Quarter 3 and for the remainder of the contract period. The Directors leading the negotiations across the three partners are planning to bring a joint paper with recommendations on the future of the RSA to the Trust Board, CCG Governing Body and Council Mayor Executive Group in due course. The Director of Finance will provide updates through the Finance, Performance, and Investment Committee.

3.3.3 Financial Performance to 31st May 2017

The financial position at Month 2 is showing an overachievement against plan by £438k, based on the NHSI adjusted position £575k favourable. The actual deficit for month 2 is £2.906m against a planned deficit of £3.344m (before NHSI exclusions).

The financial result for the period reflects the phasing and delivery of the savings programme as agreed at the April Board and submitted to NHS Improvement. The burden of savings requirements increases later in the year.

Table 9: Statement of Comprehensive Income

		Year to Date - Month 02			Previous Month YTD	
		Plan for Period	Actual for Period	Variance	Variance to Plan	Change
		£'000	£'000	£'000	£'000	£'000
Income	Operating income from patient care activities	59,125	57,951	(1,174)	(987)	187
	Other Operating income	8,604	8,170	(434)	(353)	81
	Total Income	**67,729**	**66,121**	**(1,608)**	**(1,340)**	**268**
Expense	Employee Benefits - Substantive	(36,085)	(36,105)	(20)	(147)	(127)
	Employee Benefits - Agency	(1,978)	(916)	1,062	587	(475)
	Drugs (including Pass Through)	(5,954)	(5,337)	617	724	107
	Clinical Supplies	(3,979)	(3,582)	398	234	(164)
	Non Clinical Supplies	(810)	(674)	136	72	(64)
	Other Operating Expenditure	(18,894)	(19,740)	(846)	(302)	544
	Total Expense	**(67,700)**	**(66,353)**	**1,347**	**1,168**	**(179)**
	EBITDA	**29**	**(232)**	**(261)**	**(172)**	**89**
Items outside EBITDA	Depreciation - Owned	(2,282)	(1,628)	654	315	(339)
	Depreciation - donated/granted	(138)	(108)	30	16	(14)
	Interest Expense, PDC Dividend	(954)	(938)	16	10	(6)
	Gain / Loss on Asset Disposal	0	0	0	0	0
	Impairment	0	0	0	0	0
	SURPLUS / (DEFICIT)	**(3,344)**	**(2,906)**	**438**	**169**	**(269)**
Control Total	**NHSI Adjusted Position (Control Total)**					
	Donated Asset Income	(167)	0	167	83	(84)
	Depreciation - Donated / Granted	138	108	(30)	(16)	14
	Gain / Loss on Asset Disposal	0	0	0	0	0
	Impairment	0	0	0	0	0
Control Total	**NHSI Adjusted Surplus / (Deficit)**	**(3,373)**	**(2,798)**	**575**	**236**	**(339)**
Memo	***Adjusted Surplus/(Deficit) excluding Risk Share agreem***	***(3,373)***	***(2,219)***	***1,154***	***472***	***682***

Note - Donated Asset income now in Other Operating income and included in EBITDA (as per NHSI guidance)

Table 10 is a summary of the movements between categories in the year to date plan and in the year to date budget; they represent a nil effect to the year to date phasing. The cost pressure reduction that was held in reserves has been offset by the capital annual benefit (£1.9m) and has been re allocated to the Service Delivery units as a budgetary movement but again this has an insignificant effect on the phasing.

Table 10: Plan to budget movement

Plan to Budget Movement Months 01-02 201718

Year to Date Month 02 2017/18				
	Plan	Budget	Variance	Description of Variance
	£'000	£'000	£'000	
Income From Patient Care Activities	59,125	59,156	-31	- TWIP Achieved in CHC but offset against targets in Other Operating Income
Other Operating Income	8,604	8,633	-29	- Changes to the TP Plan
Expenditure - Pay	-38,063	-37,848	-215	- TWIP Achieved but offset against targets in Non Pay; - Non recurrent benefit from depreciation to offset cost pressure reduction; - Re categorisation from pay to non pay for staff type services provided by other NHS Organisations to ensure consistency within the Statutory Accounts - this amount of re categoriation will increase as the year progresses - Changes to the TP Plan
Expenditure - Non Pay	-32,057	-32,389	332	- TWIP Achieved Pay but offset against targets in Non Pay; - Non recurrent transfer from depreciation to pay to offset cost pressure reduction; - Re categorisation from pay to non pay for staff type services provided by other NHS Organisations to ensure consistency within the Statutory Accounts - this amount of re categorisation will increase as the year progresses - Changes to the TP Plan
Financing Costs	-953	-906	-47	- Recurrent benefit of PDC payable budget transferred to offset non pay cost pressure
Total	**-3,344**	**-3,354**	**10**	

3.4. Income

Operating Income from Patient Care Activities is behind plan by £1.2m; mainly in Healthcare Income £1.1m, Social Care Client income £26k and Private Patients £40k.

Healthcare Income is behind plan by £1.1m of which £0.3m is off set in care model income in reserves. Of the remaining £0.85m, £0.6m relates to pass through income, which is below plan and therefore, there is a corresponding underspend in expenditure to offset this.

The adverse variance within the acute contract relates to the Specialist Commissioning Group (SCG), NHS England and Non Contract Activity contracts. Excluding the pass through variances explained above, the SCG contract is £0.3m behind plan, of which £0.2m relates to Non Elective activity. For NHSE, their contract is £0.1m behind plan as a result of small adverse variances within outpatients and new cost and volume. For NCA's, there are small positive variances in admitted patient care and adult critical care.

The block adjustment shows a small adjustment to reduce income by £0.07m. This is a recovery in performance since last month of £0.6m. In Month 2, for the local CCG, all settings of care were showing behind plan, with the exception of day cases. This means that the level of activity provided up to month 2, broadly matched the funding available from the CCG, using PbR, without the application of any penalties.

Other Operating income is behind plan by £0.434m, largely due to the operation of the Risk Share Agreement, with the Trust having returned funds to commissioners as a result of the Month 2 bottom line income and expenditure position being better than plan.

Further income analysis can be seen in **Appendix 2**.

3.5. Pay Expenditure

Total pay costs are underspent against plan in Month 2 by £1.042m. Substantive pay costs (including bank) are overspent £0.02m (noting £420K of services purchased from other providers is now showing as other Expenditure), offset by an underspend in agency costs of £1.062m.
The main area of overspend in agency costs is in Medicine, mainly within Emergency. There are underspends within most other Service Delivery Units.

Run rates have decreased in substantive and bank costs across the Service Delivery Units by 1.74%. There has however been an increase in agency costs mainly within Medicine. This is mostly the result of Medical locums not being replaced in month, and additional registered nursing agency required within Emergency.

M2 Agency actual spend is £0.5m, YTD amount is £0.9m across all Staff Groups, which is lower than the ceiling by £0.9m (2.72% less than the planned ceiling of 5.19%). This improvement is due to various measures implemented by SDUs to reduce reliance on this staff group. (The phasing of the agency Cap reduces through the year to £339K in month 12)

Further analysis on Agency spend can be seen in **Appendix 3**.

3.6. Non Pay

Drugs are underspent by £617k, with £495k due to pass through items that are also reflected in reduced income and is therefore neutral to the overall income and expenditure position. Run rates show an increase from the previous month mainly in healthcare at home and out-patient, reflecting both volume and mix of prescribing.

Clinical supplies are underspent against plan by £398k to Month 2, mainly in Surgical Services medical and Surgical Equipment and Torbay Pharmaceuticals Finished Goods, with run rates also increasing from the previous month within Medical & Surgical and Laboratory Equipment.

Non clinical supplies are underspent by £136k mainly in Estates, provisions, and cleaning equipment.

Other Expenditure is £846k overspent, comprising:

- Re-allocation of actual costs from pay to non-pay £420k for staff type services provided by other NHS organisations and purchase of healthcare from NHS bodies – as described in the month 01 report, these are a planned cost within substantive pay and a change in guidance issued since the plan was submitted has resulted in these charges moving from pay to non-pay headings. This is therefore a classification and presentation rather than over-spend issue. Budget changes have been made in month 02 and are described in the table at the start of this section.
- Purchase of social care (£252k) – Continuing Health Care costs (£273k) and an underspend in Carers Service of £13k,
- Premises (£189k) – the system savings target has £336k year to date in reserves under this heading which has not yet delivered.
- Utility services net over spend £70k,
- Other (£108k) – mainly due to SSP target set in Medicine and Independent Sector not yet delivering,
- Underspends in establishment costs £63k, Education and Training £118k.

3.7. Items outside EBITDA

There is a favourable variance against plan on depreciation and PDC largely due to the increase in asset lives processed in 2016/17. Month 02 budget has removed the annual benefit of £1.9m and offset this against the cost pressure in reserves, which has subsequently been re-allocated to the Service Delivery Units.

Table 11: Financial position – SDU level

Income and Expenditure Summary - Year to Date Month 02 2017/18		Annual Plan £'000	Year to Date - Month 02 Plan £'000	Actual £'000	Variance £'000
	Total Clinical Contract Income	344,069	57,131	55,993	(1,138)
Community Services	IN-Income from patient care activities	10,280	1,713	1,712	(2)
	IO-Other operating income	612	102	139	36
	EP-Operating expenditure (Pay)	(49,477)	(8,246)	(6,851)	1,396
	EN-Operating expenditure (excl Pay)	(90,543)	(15,126)	(14,673)	453
	FI-Financing items	(1,806)	(301)	(289)	12
	TWIP / SSP Target	9,063	932	0	(932)
	Net Position	**(121,871)**	**(20,926)**	**(19,963)**	**963**
Medical Services	IN-Income from patient care activities	48	8	9	1
	IO-Other operating income	741	124	164	41
	EP-Operating expenditure (Pay)	(45,407)	(7,568)	(7,505)	63
	EN-Operating expenditure (excl Pay)	(31,115)	(5,186)	(4,199)	986
	TWIP / SSP Target	4,418	432	0	(432)
	Position (excluding Block Income)	(71,315)	(12,191)	(11,531)	659
Surgical Services	IN-Income from patient care activities	101	17	22	5
	IO-Other operating income	650	108	115	6
	EP-Operating expenditure (Pay)	(50,279)	(8,444)	(7,845)	599
	EN-Operating expenditure (excl Pay)	(19,527)	(3,251)	(3,468)	(217)
	TWIP / SSP Target	3,123	349	0	(349)
	Position (excluding Block Income)	(65,931)	(11,221)	(11,176)	45
Women's, Children's & Diagnostics	IN-Income from patient care activities	93	16	9	(6)
	IO-Other operating income	808	135	133	(1)
	EP-Operating expenditure (Pay)	(39,861)	(6,643)	(6,281)	362
	EN-Operating expenditure (excl Pay)	(9,424)	(1,571)	(1,445)	125
	TWIP / SSP Target	2,387	264	0	(264)
	Position (excluding Block Income)	(45,997)	(7,800)	(7,584)	216
	Net Position (excluding clinical contract income)	**(183,243)**	**(31,212)**	**(30,291)**	**920**
Corporate & Support Services	IN-Income from patient care activities	1,445	241	206	(35)
	IO-Other operating income	44,174	6,824	7,620	795
	EP-Operating expenditure (Pay)	(51,843)	(8,646)	(8,539)	107
	EN-Operating expenditure (excl Pay)	(47,154)	(7,813)	(7,283)	530
	FI-Financing items	(3,915)	(653)	(649)	4
	TWIP / SSP Target	23,095	1,709	0	(1,709)
	Net Position	**(34,198)**	**(8,338)**	**(8,645)**	**(308)**
	Trust Overall Position	**4,757**	**(3,344)**	**(2,906)**	**438**

Note:
Detail from within Community Services above:

Table 12: Independent Sector and Continuing Health Care (CHC) Only

Income and Expenditure Summary by SDU - Year to Date Month 02 2017/18		Annual Plan £'000	Year to Date - Month 02 Plan £'000	Actual £'000	Variance £'000
Independent Sector	IN-Income from patient care activities	9,627	1,604	1,613	9
	IO-Other operating income	273	45	30	(15)
	EP-Operating expenditure (Pay)	(1,332)	(222)	(211)	11
	EN-Operating expenditure (excl Pay)	(45,800)	(7,654)	(7,478)	176
	TWIP / SSP Target		183	0	(183)
	Position (excluding Block Income)	**(35,917)**	**(6,044)**	**(6,045)**	**(2)**
Continuing Health Care (CHC)	IN-Income from patient care activities	21	4	0	(4)
	EP-Operating expenditure (Pay)	(1,266)	(211)	(162)	49
	EN-Operating expenditure (excl Pay)	(32,929)	(5,503)	(5,671)	(168)
	TWIP / SSP Target	1,430	169	0	(169)
	Position (excluding Block Income)	**(32,744)**	**(5,541)**	**(5,833)**	**(292)**

Key drivers of financial performance across Service Delivery Units are as follows:-

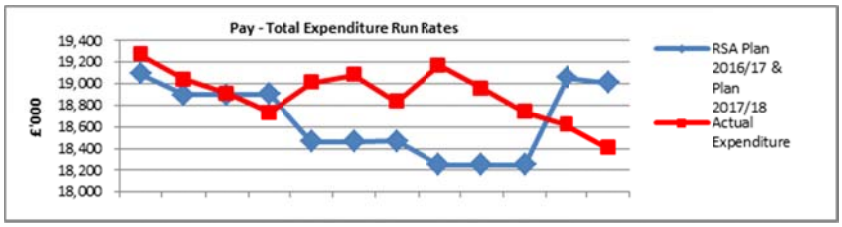
- Community and Community Hospital services – Savings due to decommissioning of Community Hospitals, reduction in intermediate care costs (vacant posts) and delays in planned care model expenditure.
- Independent Sector – at an almost breakeven position to month 02
- Continuing healthcare - Over spend largely due to the under achievement of SSP savings target and an increase in activity.
- Acute Services – A reduction in both income and non-pay expenditure, reflecting a reduced level of prescribing in 'pass through drugs' (£495k), combined with a favourable positions in all Service Delivery Units; Surgical Services, reflecting reduced levels of elective surgery and ICU not yet being fully operational to 10 beds; Medicine, a benefit due to reduced spend on pass through drugs (offset with reduced income); Women's and Children's, pay underspend in Therapies and Radiology
- Corporate and services - Core budgets for Corporate savings are underspent in the year to date. The overall adverse position reflects the holding of the system savings plan target, as yet undelivered, in reserves and, likewise the as yet unfunded cost pressures identified toward the end of the budget setting process.

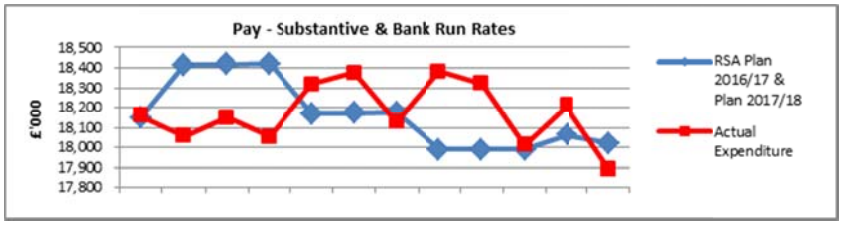
A more detailed analysis at SDU level can be seen in **Appendix 4**.

3.8. Run rates charts

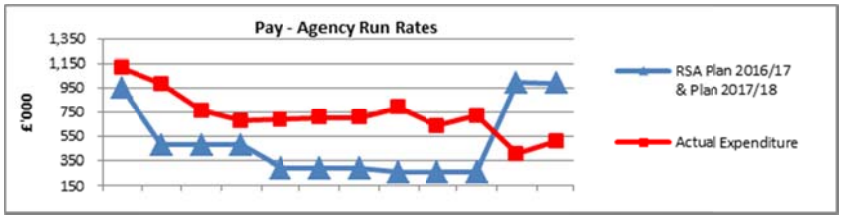
The following run rates are main areas of expenditure over the past 12 calendar months (June 2016 – May 2017)

Pay Run rate charts:



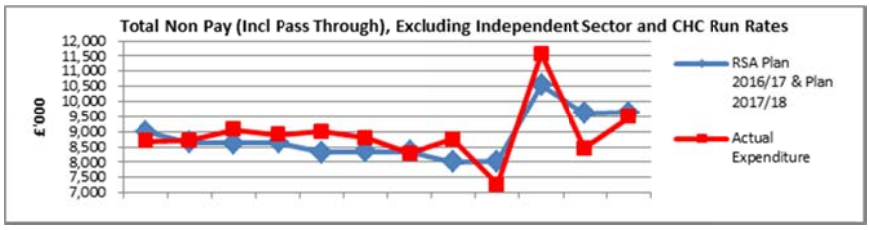


Substantive & Bank total reduction of £317k; Bank costs have reduced by £193k this month, substantive by £124k.



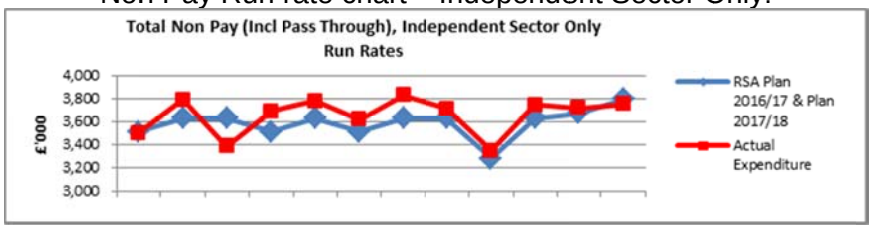
Agency run rate increase of £106k; Nursing £24k in Emergency covering vacancies; Consultants & trainee grades £79k, mainly in CAMHS (offset with funding income) and Child Health covering vacancies.

Non Pay Run rate Charts: (excluding Independent Sector and Continuing Health Care (CHC)):



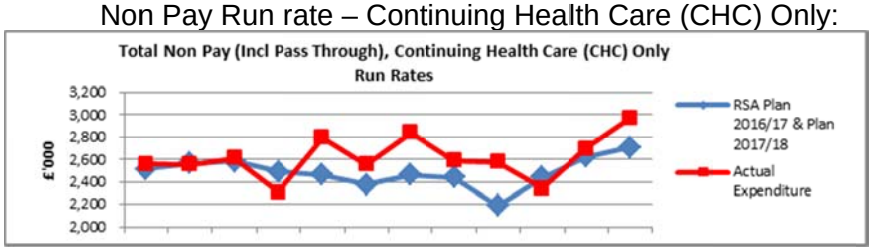
Non pay increased by £1,037k. Drugs increase £831k of which £717k pass through offset with additional income; increase in Lab equipment and finished goods in TP £107k; Med & Surgical equipment increase in Surgery £66k; hearing aids +£15k.

Non Pay Run rate chart – Independent Sector Only:



Non pay Independent Sector – increase of £36k in run rate; primarily within the purchase of social care.

Non Pay Run rate – Continuing Health Care (CHC) Only:



Non pay CHC increase in run rate of £272k of which £256k increase in purchase of social care expenditure which will include backdated client expenditure to date.

3.9. Forecast

The Trust continues to forecast delivery of the Control total of £4.7m surplus, pending identification of additional savings and finalisation of contract arrangements.

Largely reflecting gaps in the Savings Programme, the current forecast out-turn, after non-recurring savings is £11m short of the control total. This will carry forward into 2018/19 unless addressed on a recurrent basis.

Table 13: Forecast delivery of control total

	Plan £000	Forecast £000	Variance £000 Pre SSP Recovery planned post Q1
Income	412,702	414,813	2,111
Pay	-215,680	-225,416	-9,736
Non-Pay	-186,839	-190,202	-3,363
Financing	-5,425	-5,514	-89
Surplus/(deficit)	**4,757**	**-6,320**	**-11,077**

This gap in the savings plans can be seen in Figure 1, Forecast prior to recovery actions.

The Trust is confident that any delays in the program start dates can be covered through non-recurrent savings as has been seen in the cumulative I&E position to date. However for areas of the savings program that have gaps in schemes to deliver the work streams, such as Elective and Urgent care, the trajectory of recovery is £11m programmed in the below chart from month 4 onwards in line with phasing outlined in the Operational plan update paper taken to board in March.

Figure 1: Gap in savings plan

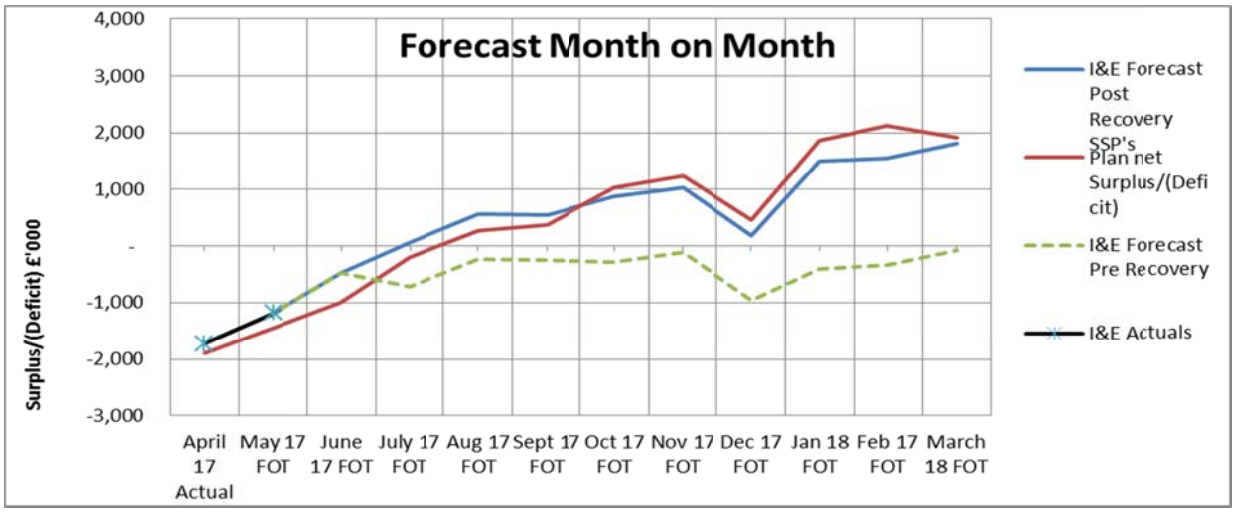
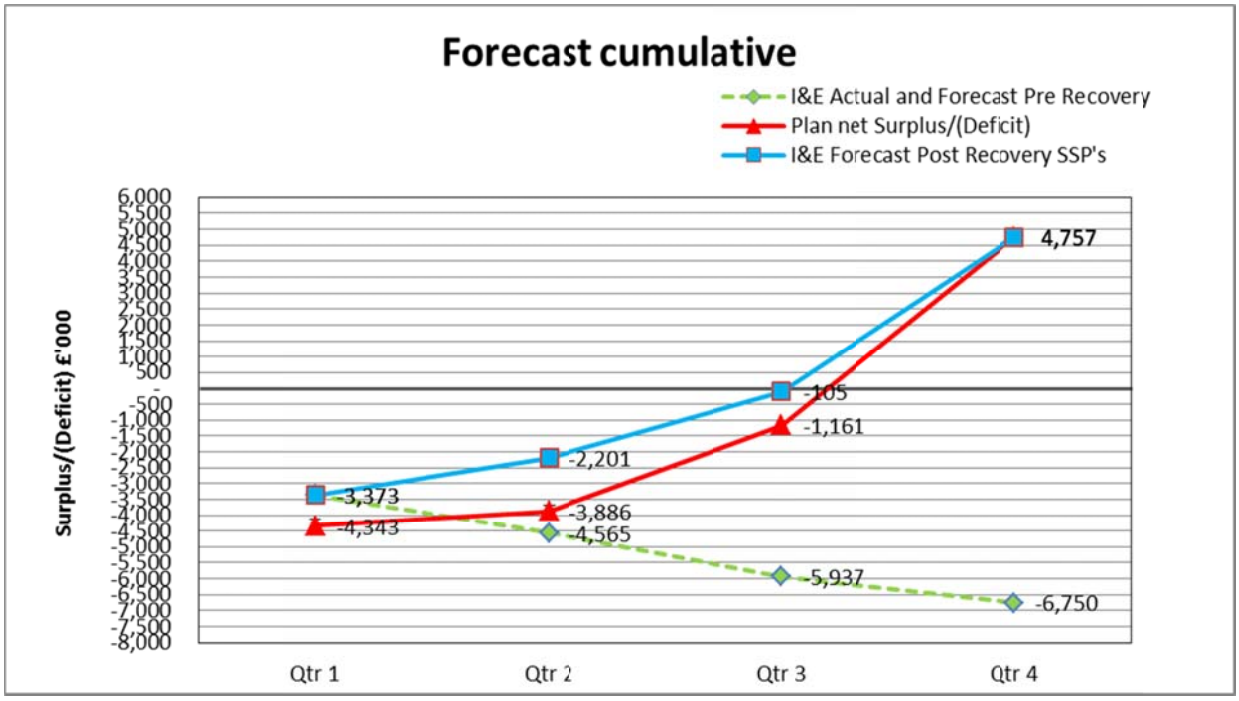


Figure 2: Forecast cumulative



Within the Forecast are cost pressures across the emergency department and the acute wards and the Placed people and continuing healthcare budgets.

These cost pressures can be seen year to date and are expected to continue. However the Trust is covering these cost pressure through additional non-contract income such as e-prescribing, vacancies across the community budgets through recruitment shortfalls, a favourable variance on the expected apprentice levy and a reserve favourable variance on provisions.

3.10. Use of Resources risk rating

NHS Improvement have changed the calculation of the 'I&E Margin Variance' rating. This was previously calculated as variance against Control Total. It is now calculated as variance against Plan.

As a result of this change, NHS Improvement no longer recognise a planned 'I&E Margin Variance' rating for Trusts or a planned overall Use of Resources rating.
Subject to confirmation by NHS Improvement, the Trust's Use of Resources ratings for M01 (recalculated) and M02 are as follows:

Table 14: Use of resources ratings for Month 1 and Month 2

	M01 (recalculated)			M02		
Rating	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
Capital Service	4	4	-	4	4	-
Liquidity	4	4	-	4	4	-
I&E Margin	4	4	-	4	4	-
I&E Margin Variance	n/a	1	n/a	n/a	1	n/a
Agency	4	1	+3	4	1	+3
Overall Use of Resources	**n/a**	**3**	**n/a**	**n/a**	**3**	**n/a**

The Agency rating is 1 at both M01 and M02 due to YTD agency spend being lower than the NHS Improvement agency ceiling.

3.11. Balance Sheet

Table 15: Balance sheet

	Year to Date - Month 02			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Change
Non-Current Assets					
Intangible Assets	10.34	8.37	(1.97)	(1.81)	↓
Property, Plant & Equipment	167.37	157.32	(10.05)	(8.68)	↓
On-Balance Sheet PFI	18.32	14.88	(3.44)	(3.42)	↓
Other	1.69	2.22	0.53	0.52	↑
Total	**197.72**	**182.79**	**(14.93)**	**(13.38)**	↓
Current Assets					
Cash & Cash Equivalents	2.38	6.72	4.34	7.25	↓
Other Current Assets	25.03	26.94	1.92	(1.92)	↑
Total	**27.41**	**33.67**	6.26	**5.33**	↑
Total Assets	**225.13**	**216.46**	**(8.67)**	**(8.06)**	↓
Current Liabilities					
Loan - DH ITFF	(7.12)	(6.81)	0.31	0.31	↔
PFI / LIFT Leases	(0.65)	(0.67)	(0.02)	(0.03)	↑
Trade and Other Payables	(30.08)	(33.62)	(3.54)	(3.02)	↓
Other Current Liabilities	(2.14)	(1.46)	0.68	0.12	↑
Total	**(39.99)**	**(42.56)**	**(2.57)**	**(2.62)**	↑
Net Current assets/(liabilities)	**(12.58)**	**(8.89)**	3.69	**2.71**	↑
Non-Current Liabilities					
Loan - DH ITFF	(65.30)	(62.73)	2.57	1.22	↑
PFI / LIFT Leases	(20.17)	(20.26)	(0.09)	(0.06)	↓
Other Non-Current Liabilities	(3.94)	(3.94)	0.00	(0.01)	↑
Total	**(89.41)**	**(86.93)**	**2.48**	1.15	↑
Total Assets Employed	**95.73**	**86.97**	(8.76)	(9.53)	↑
Reserves					
Total	**95.73**	**86.97**	(8.76)	(9.53)	↑

- Intangible Assets, Property, Plant & Equipment, and PFI are £15.5m adverse. This is primarily due to 2016/17 asset revaluation being significantly lower than planned, as a principal result of which the 2017/18 opening asset values were £12.1m lower than planned. In addition, capex is £4.0m lower than planned, partly offset by depreciation £0.7m lower than planned.
- Cash is £4.3m favourable to Plan, as explained on the commentary to the Cash Flow Statement.
- Other Current Assets are £1.9m higher than Plan, primarily due to Torbay Council and NHS England M02 block income received shortly after month end.
- Trade and Other Payables are £3.5m higher than Plan, largely due to a favourable change in the phasing of cash receipts from the local CCG, partly offset by a reduction in the capital creditor.
- Loans (non-current) are £2.6m lower than Plan, due to the delay in obtaining approval for new loans.

3.12. Cash

Table 16: Cash

	Year to Date - Month 02			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance to RSA Plan £m	Change
Opening Cash Balance	**3.00**	**4.64**	**1.64**	1.64	
Cash Generated From Operations	(0.14)	(0.23)	(0.10)	(0.07)	↓
Working Capital movements - debtors	2.79	0.99	(1.79)	2.04	↓
Working Capital movements - creditors	0.00	3.16	3.16	2.87	↓
Capital Expenditure (accruals basis)	(4.60)	(0.57)	4.02	2.12	↑
Net Interest	(0.49)	(0.42)	0.07	0.13	↓
Loan drawndown	2.45	0.00	(2.45)	(1.23)	↓
Loan repayment	(0.55)	(0.67)	(0.12)	0.00	↓
PDC Dividend paid	0.00	0.00	0.00	0.00	↔
Other	(0.07)	(0.16)	(0.08)	(0.27)	↑
Closing Cash Balance	**2.38**	**6.72**	**4.34**	7.25	↓

Noteworthy variances are:

- The actual opening cash balance was £1.6m favourable to plan.
- Working Capital debtor movements is £1.8m adverse (essentially due to the movement in Other Current Assets explained in the commentary to the balance sheet).
- Working Capital creditor movements is £3.2m favourable (essentially due to the movement in Trade and Other Payables explained in the commentary to the balance sheet).
- Capital expenditure is £4.0m favourable, due to the delay in starting schemes, including schemes which were due to be funded with planned new loans (approval for which has been delayed).
- Loan drawdown is £2.5m adverse, due to the delay in obtaining approval for planned new loans.
- The Trust currently has a shortfall against its planned savings target for 2017/18 and consequently may also miss the ability to secure the planned Sustainability Transformational Funding during 2017/18. These three factors may result in the Trust having to use its approved Revolving Working Capital Facility during 2017/18. With the agreement of the Board, the Finance Team is developing more detailed forecasts to determine if / when and by how much the facility might need to be accessed to facilitate early discussion with the Independent Trust Financing Facility.

3.13. Capital

Table 17: Capital

	Year to date - Based upon Operational Plan (March 17)			Full Year Plan		
	Plan £m	Actual £m	Variance £m	Plan £m	F'cast £m	Variance £m
Capital Programme	4.60	0.57	(4.03)	29.58	29.58	0.00

- The Trust submitted an Annual Plan to NHS Improvement in March of this year, assuming that the Trust will produce an Income and Expenditure surplus in year. That projected surplus, coupled with planned external sources of finance, i.e. Independent Trust Financing Facility (ITFF) loans and some asset disposals was to fund a planned capital program totalling £29.58m during 2016/17.

- With uncertainty over the delivery of the savings programme, there is also a degree of uncertainty as to whether the Trust will be successful in securing further ITFF loans to support capital projects. Consequently, the Director of Estates and Commercial Development is leading a process of reassessing the relative priorities of the planned program, which will incorporate a Quality Impact Assessment, the outcome of which will be reported to a future Trust Board meeting.
- The planned capital program for 2017/18 used, as a starting point a forecast 2016/17 capital spend sum. The actual spend in 2016/17 was circa £2.5m less than this forecast and it is likely that some of this underspend will be required to roll forward into 2017/18 to enable the completion of some projects. The actual underspend required to be carried forward into 2017/18 has now been assessed by the Finance Team.

- The total value of capital expenditure approved for progression in 2017/18 including underspent budgets rolled forward from 2016/17 currently totals circa £8.7m

3.14. Activity

The Trust level Contract Monitoring Schedule showing activity and income across all commissioners (**Appendix 5**) within the Financial Framework section.

The first section shows Admitted Patient Care (APC) and key variances from plan are elective inpatients 20% under plan. Non-electives are broadly on plan. Day Case activity is on plan but, a change in case mix has meant that income is above plan. The main specialties underperforming in inpatients are T&O, colorectal and urology. The main specialties over performing in income terms in day cases are T&O and ENT.

The second section shows outpatients and here the biggest variance is within follow up attendances which are 5.6% behind plan. This under performance is mainly within Dermatology, Rheumatology, Res Dent, Breast Surgery, and Cardiology. Despite this position, the Board will be aware that there are still some significant waits for patients on the follow up lists. New appointments are 3% behind plan, mainly affecting Vascular, Rheumatology, Dermatology, and Paediatrics

A&E activity is 1.8% above plan at Month 2.
As we are in a new financial year and following discussions with the CCG, we have amended the format of contract monitoring report and the Contract Monitoring report seen by Commissioners.

We have tried to simplify the view to show for example day cases on one line, rather than once in PbR and then again further down the report under local pricing.

The other data types are shown separately as these match the different data sources for obtaining the information. This makes it easier for both the Trust and Commissioners in viewing and reconciling the numbers.

We have also created additional rows to incorporate the Community contract values for the CCG, NHSE and the public health side of Torbay Council. We will look to expand the scope to include the full Council contract over the next couple of months.

This will enable both the Trust and Commissioners to view our total income from patient care activities in one report.

As expected the Community block values broadly match, with the exception of a small variance that will be adjusted for in our invoicing for Month 2.

4 Performance Summary

4.1 NHS Improvement (NHS I) Operational Performance Indicators

Introduction

This report for Month 2 reflects the current NHS I national Single Oversight Framework (SOF) Operational Performance metrics introduced from October 2016. Performance against these standards is reported monthly to NHSI and monitored against agreed trajectories as part of the regulator's overall performance assessment of the Trust. NHS I will be updating the SOF shortly which will include new standards for ED performance.

Sustainability Transformation Fund

In 2017/18 the 4-hour treatment time standard for the time spent in ED departments, is used to inform access to a proportion (30 %) the Sustainability Transformation Fund (STF). In May the Trust achieved the agreed trajectory (90%) and the forecast remains on course to achieve the STF trajectory for Q1 assessment.

4.2 NHSI operational performance metrics

In Month 2, against the agreed 'Operational Plan improvement trajectories' submitted in our Operational Plan two of the three operational performance trajectories were met.

Cancer 62 day performance 84.4% dipped below the target standard of 85%, however the cumulative position for Q1 remains on track.

Trust performance against NHSI operational metrics for Month 2 is set out in the table below:

Table 18: M2 Performance against National standards and operational plan trajectories

Indicator	National Standard	Operational plan trajectory (M2)	Trust performance (M2)
A&E 4hr waits (STF)	95%	90%	90.09%
RTT 18 week waits	92%	87.5%	87.61%
62 day Cancer waits	85%	85%	84.4%
Diagnostics waits < 6 weeks	99%	No trajectory	97.84%

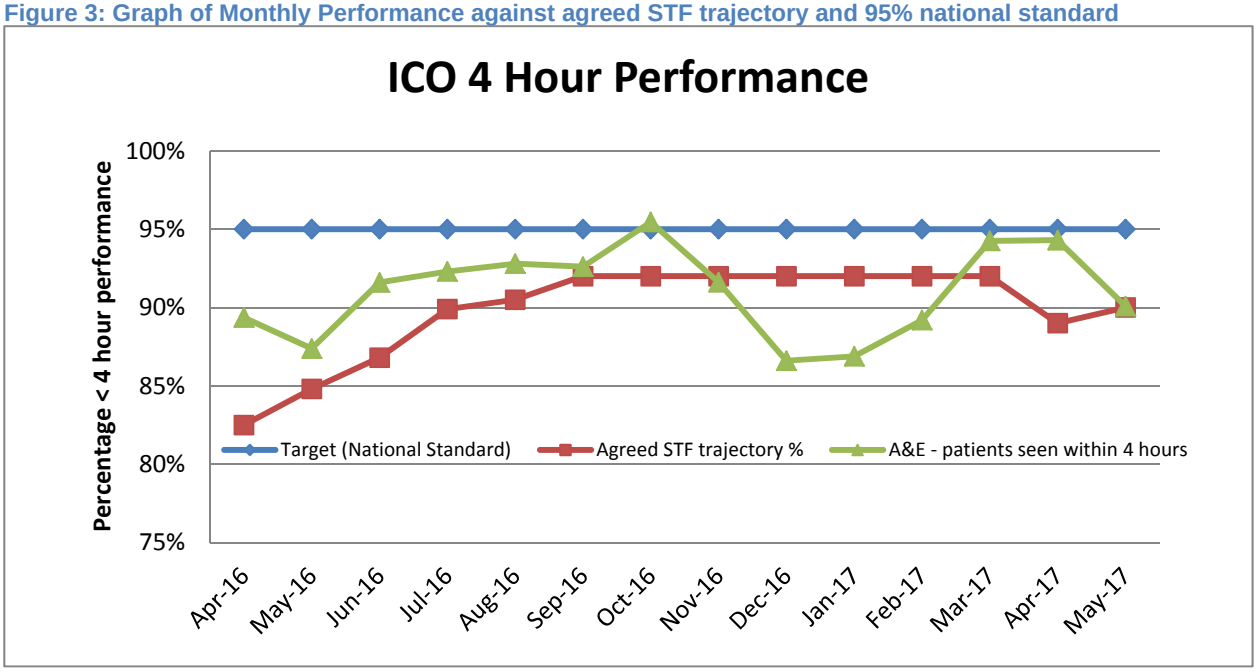
Red = National standard or agreed operational trajectory not achieved
Green = National standard or agreed operational trajectory achieved

4.2.1 4 Hour standard for time spent in A&E: RAG RATING: GREEN

For May, the combined performance against the Emergency Department (ED) and Minor Injury Units (MIUs) 4 hour standard remained above trajectory, with 90.1% of patients spending less than 4 hours in the Emergency Department. This is however a drop in performance from M1 (94.3%) and reflects sustained operational pressures throughout the period starting with the early May bank holiday period.

The following graph illustrates the monthly performance against the agreed STF trajectory and the 95% National Standard:

Figure 3: Graph of Monthly Performance against agreed STF trajectory and 95% national standard



Comment on performance and factors influencing performance against ED standard

Performance in May deteriorated however remained above the agreed trajectory for NHSI performance monitoring. Over the period following the early May bank holiday there was an increase in the number of patients requiring admission. The impact was a slowing of flow through inpatient beds and onward to intermediate care placements and care packages.
Opel 4 was declared on Wednesday 3rd May the highest escalation category.

Throughout the month there have been continued operational pressures with Opel 3 status declared on 20 days over the month. This compares to April where Opel 3 was declared on just two occasions. The Emergency department delays in May are predominantly related to delays in pulling referred patients out of the Emergency department into acute settings of care. Throughout June teams are working to improve the time of day of hospital ward discharge towards the national recommended standard of 33% of patients discharged by midday, as well as reviewing the referral process into community services. This review of referral processes will make an improvement in discharge volumes into the new community care model being implementing.

The Trust has been successful in reducing community hospital capacity while still maintaining community hospital bed availability. There has been, however, more challenge with sustaining an appropriate occupancy position at the Acute Trust during this period of stabilisation following the most recent phase of community and acute bed closures.

The Trust is working closely with the A&E delivery board to ensure safe and quality patient care is maintained whilst moving forward with the next phase of the agreed ICO plan to shift resources from acute setting into the community, this will see a further phase of acute bed reductions at Torbay Hospital. It is recognised that that stability of the 4 hour standard is vulnerable during this period.

It is noted that the unannounced CQC visit took place on 3rd and 4th May. This was during this time of severe operational pressures (Opel 4). Initial comment from the visiting team is that that escalation systems and processes worked well and the improvement from the last visit in February 2016 was noticeable. This is a tremendous testament to the hard work of our teams within the hospital and wider escalation system. The written report from the CQC is still awaited. The on-

going monitoring of quality metrics and escalation actions developed by the Urgent Care Improvement Group and now overseen by the Patient Flow Board have provided assurance that patient care as measured by a range of quality metrics was not compromised.

4.2.2 Referral to Treatment Incomplete Pathways: to maintain flow and quality of patients care: RAG RATING: AMBER

At the end of May, 87.6% of patients waiting for treatment have waited 18 weeks or less at the Trust. This is assessed as AMBER as the performance is in line with the agreed trajectory (not STF trajectory) of 87.5% however remains below the 92% national standard.

The Trust's position is forecast to remain below the National standard of 92% and follow the agreed trajectory of gradual improvement with 92% forecast to be achieved in March 2019. This is a long term forecast and we would expect to have some in year variance to this plan. The plan is dependent upon introducing demand management to release capacity and allow waiting numbers to decrease. The plan is also expected to see an overall reduction in activity in-line with financial plans.

Risks to delivery of the revised improvement trajectory include:

- **Demand Management** – This totals 24% reduction in elective referrals by the end of March 2019. Shortfalls in delivery of the demand management programme will impact directly on the trajectory and a further deterioration in RTT performance – progress against this will be closely monitored and reported to the board.
- **Choice of provider** – Changes in referral between providers could have an impact on the delivery of the trajectory.
- **Recruitment and locum cover** – Any delays in recruitment to vacant posts or locum cover to maintain capacity in high risk areas will impact significantly on the ability to deliver this recovery trajectory.

It is recognised that assumptions made in the original trajectory will need to be regularly reviewed with updated options in key high risk specialties prepared. The first review of these risks is underway and recommendations will be presented to the Executive team for consideration to maintain adherence to the submitted RTT trajectory.

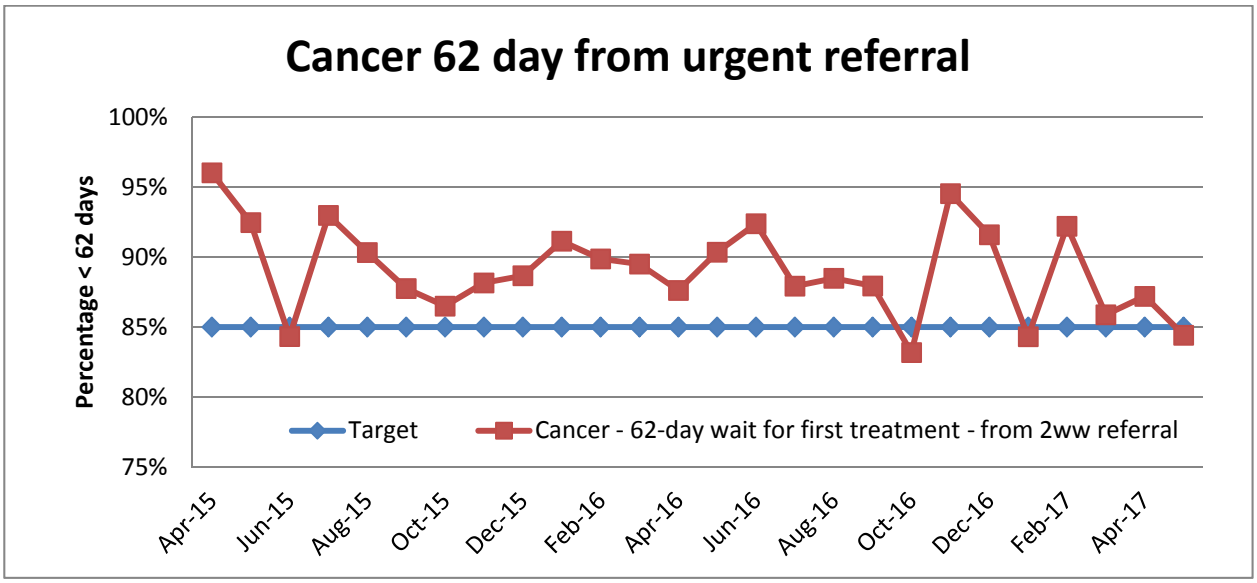
In line with the wider financial challenge teams are being asked to manage activity levels to support saving plans. The criteria is clear however, that any changes to capacity need to ensure that the key risk areas of supporting emergency care, urgent cancer pathways are prioritised and this may have an impact on existing plans to also support the delivery of the RTT trajectory.

Governance and monitoring: All RTT delivery plans are reviewed at the bi-weekly RTT and Diagnostics Assurance meeting chaired by the Deputy Chief Operating Officer (DCOO) with the CCG commissioning lead in attendance.

4.2.3 Cancer 62 days from urgent referral to treatment: RAG RATING: RED

In May, the provisional performance is 84.4% (target 85%) before final validation for late histology results and any shared breaches are declared. It is noted that this remains provisional and could change once provider returns are confirmed in July.

Figure 4: Graph of cancer 62 day from urgent referral



4.2.4 Diagnostic tests waiting over 6 weeks: RAG RATING: RED

In May, the standard for diagnostic waits was not achieved with performance of 2.79% (Target 1%) with 82 patients waiting longer than 6 weeks. This is a significant improvement over the position reported last month although remains above the National standard. (Last month 3.42% - 130 patients)

The breakdown by test not achieving the standard at the end of May is shown in the table below:

Table 19: breakdown by test not achieving the standard

Test	Total waiting	Number > 6 week	%
MRI	497 (460 last month)	12 (28 last month)	2%
CT	646 (628 last month)	35 (44 last month)	5%
Ultrasound	1264 (1293 last month)	11 (36 last month)	1%
Colonoscopy	239 (248 last month)	7 (13 Last month)	3%

CT scans continue to present the highest number of long waiters; outsourcing continues and is core to maintaining performance. Capacity constraints remain for the availability of specialist clinical support for cardiac CT scans representing the largest number of long waiting patients greater than 6 weeks. Teams are meeting to review the position and alternative capacity for these scans.

4.3 Local Performance Indicators

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 NHSI operational performance standards.

4.3.1 Referral to Treatment (RTT) over 52 weeks: RAG RATING: RED

At the end of May, 18 patients were reported as waiting over 52 weeks for treatment (18 last month).

The analysis of the end of month 52 week wait patients is shown in the following table including the number carried forward from the previous month.

Table 20: Number of patients waiting over 52 weeks from referral to treatment

Month	Number at month end	Carried forward from previous month	Carried forward for 3rd month	Carried forward for 4th month
October	11			
November	13	8 (Oct)		
December	12	10 (Nov)	6 (Oct)	
January	15	5 (Dec)	4(Nov)	2 (Oct)
February	17	5 (Jan)	2 (Dec)	2 (Nov)
March	17	5 (Feb)	3 (Jan)	0 (Dec)
April	18	6 (Mar)	3 (Feb)	2 (Jan)
May	18	6 (Apr)	3 (Mar)	3 (Feb)

The analysis does show that we are treating the longest waiting patients albeit with a significant carry forward with some new patients tipping into the > 52 week band each month (six in April). The longest waiting patient is in upper GI and has been waiting 631 days from referral. In the above analysis three patients have been reported now for four consecutive months

Of the 18 patients being reported at the end of May, 16 are Upper GI.

- 3 have IPDC dates in June.
- 11 have not had an offered date
- 2 have cancelled or DNA's IPDC dates
- 1 patient is awaiting a June outpatient appointment and the other has been referred to Pain Therapies

Service capacity

- Outsourcing - there are no outsourcing arrangements in place due to on-going financial constraints.
- Change to setting of care - We have agreed to transfer a number of Upper GI surgery cases to day surgery treatment. This will remove the conflict with inpatient beds and main theatre scheduling. The Business case for General surgery to support the emergency 'on call' and UGI elective capacity has been approved with the recruitment of an additional consultant. Likely commencement Q3 2017.

The forecast is that we are unlikely to see a reduction in 52 week waiters until additional capacity is available for Upper GI surgery.

4.3.2 Clostridium Difficlie (c-diff): RAG RATING: GREEN

The 2017/18 National threshold for the number of c-diff cases remains unchanged at 18 cases for admitted patients. For NHS I compliance reporting, the number reported is the number being identified as a "lapse in care" following root cause analysis.

In May, there are two cases of c-diff reported with one of these confirmed as a lapse in care. The cumulative position for lapse in care is one case.

4.3.3 Cancer Standards: RAG RATING: RED

Provisional data for April is shown in the following table:

Table 21: Cancer Standards Performance Month 2 2017

	April 2017				May 2017				1st Quarter Total			
	Target	No. Seen	Breached	%	Target	No. Seen	Breached	%	Target	No. Seen	Breached	%
14day 2ww ref	93.0%	952	157	83.5%	93.0%	746	186	75.1%	93.0%	1698	343	79.8%
14day Br Symp	93.0%	84	38	54.8%	93.0%	63	1	98.4%	93.0%	147	39	73.5%
31day 1st trt	96.0%	131	1	99.2%	96.0%	173	1	99.4%	96.0%	304	2	99.3%
31day sub drug	98.0%	77	0	100.0%	98.0%	88	0	100.0%	98.0%	165	0	100.0%
31day sub Rads	94.0%	55	2	96.4%	94.0%	45	0	100.0%	94.0%	100	2	98.0%
31day sub Surg	94.0%	32	1	96.9%	94.0%	33	3	90.9%	94.0%	65	4	93.8%
31day sub Other	-	26	0	100.0%	-	34	0	100.0%	-	60	0	100.0%
62day 2ww ref	85.0%	62.5	8	87.2%	85.0%	98.5	14.5	85.3%	85.0%	161	22.5	86.0%
62day Screening	90.0%	9	0	100.0%	90.0%	12.5	1.5	88.0%	90.0%	21.5	1.5	93.0%

In May, three of the reported Cancer standards have not been met. These are 14 day urgent referral; 31 days from decision for subsequent surgery and the 62 days to treatment from screening programme.

There has been a good improvement against the Breast 14 day symptomatic referral standard following support from staff to provide additional sessions.

Against the 14 day urgent referral standard the areas contributing to this as previously reported remain Dermatology with 63 breaches in Month 2 and Urology with 12 breaches in Month 2. In Dermatology the temporary staffing requirements have been escalated however recruitment remain a challenge along with support from other providers. On a positive note progress against the works to provide additional clinic capacity in JPU remain on track for the autumn.

4.3.4 Ambulance Handover Delays: RAG RATING: RED

The target for ambulance handover is zero delays over 60 minutes and no more than 30 per month for delays over 30 minutes from arrival by ambulance to handover to staff within the Emergency Department.

In May, an increase in the number of handover delays is recorded with 98 handovers delayed by over 30 minutes, against the target of 30.

Delays are attributed to periods of overcrowding in the department and symptomatic of the operational pressures experienced within the \emergency department in May. The actions to reduce delays are all associated with improving overall flow and linked to the overall patient flow improvement plan.

4.3.5 Cancelled Operations: RAG RATING: AMBER

In May, 1.4% of operations (44 patients) were cancelled on the day of admission by the hospital, exceeding the national standard of 0.8%. This increase in cancellations is not directly related to emergency operational pressures with consultant sickness and cancellation for other priority patients requiring surgery seeing the highest number of cancellations. The breakdown of reason for cancellation is shown below.

Table 22: Reasons for Cancelled Operations

Reason for cancellation May 2017	
Ran out of theatre time	8
Trauma/Priority patient	12
Workforce (sickness)	13
No bed	3
Equipment / facilities	4
Admin	4
Total	44

In May, two patients requiring admission following cancellation were not re-admitted within 28 days of cancellation.

4.3.6 Care Planning Summary (CPS) Timeliness: RAG RATING: RED

There remain challenges with the time it takes to complete CPS conflicting with Junior Doctor clinical commitments. In May, 65.4% of CPSs sent to GPs within 24 hours on weekdays (target 77%) and 27.9% achieved against weekend discharges (target 60%).This is a 5% improvement on both weekday and weekend metrics over last month.

In light of the continuing challenges to improve performance for timely CPS completion, the medical director is leading an improvement plan involving physician associates.

4.3.7 A&E 12 hour Trolley waits: RAG rating GREEN

In May, no 12 hour Trolley waits were recorded.

4.4 Quality Framework Indicators

4.4.1 Hospital Standardised Mortality Rate (HSMR): RAG RATING: GREEN

The latest months risk rating for mortality is showing a lower number of in hospital deaths to that expected using the clinical benchmarking tool Dr Foster. A score of 92.8 is reported against the National benchmark of 100 (latest data relates to February 2017 as there is a data lag with the processing of benchmarking data). This latest performance represents a change from the recent rising trend of increasing HSMR reported last month that is being investigated. The early indications are that changes to the counting of admissions and coding have contributed to a gradual shift in our benchmark position. The actual number and percentage of in hospital death is not showing any increasing trend although we have experience the expected winter increase.

4.4.2 Stroke patients spending 90% of time on stroke ward: RAG RATING: RED

In May, the performance against the percentage of time spent for patients admitted with stroke spent on a dedicated stroke ward has dropped (57%) and is below the standard of 80%. This standard has consistently been achieved over the previous 9 months. A review of May's performance is being conducted by the operational team and feedback will be given at the next Service Delivery Unit performance review meeting.

4.4.3 Medication errors: RAG RATING: RED

In May, there are two medication errors reported in the moderate to catastrophic harm category . These were both Moderate Harm and the details reviewed by the Quality team. It is noted that

Total Medication errors reported in May have risen. This is however in line with the total number of reported incidents in general. All medication incidents are all reviewed by the Pharmacy department and a slight increase in prescribing incidents has been noted. Against the increase in May no single ward, area or theme has emerged. The increase is in part linked to the two bank holidays where there was no pharmacy reconciliation taking place. The patient safety brief is one element of the continued work to promote incident reporting.

4.4.4 Completion of Dementia 'Find' Assessments: RAG RATING: AMBER

The standard of completing a dementia assessment for 90% of emergency patients admitted to hospital over 75 years continues to be a challenge. In May, performance has not improved with 53% reported against target of 90%). The reporting of this standard had continued to be affected by a change of recording for patients who are transferred to a community bed. This has temporarily affected the data collection which only uses the status at the point of discharge from the acute wards with patients transferred to community not being picked up. Progress has been made and the June figures are expected to show improvement.

4.4.5 Follow-up Appointment Waiting Times: RAG RATING: RED

The number of patients waiting for an outpatient follow up appointment and waiting six or more weeks beyond their clinically recommended 'see by date' increased further in May with 8,451 patients recorded (last month 8,229). One of the challenging areas is ophthalmology with 2900 patient currently waiting 6 weeks or more beyond their intended appointment date. Changes to the macular clinics have been introduced and an increased number of patients are now being seen, however the consequence is that these are long term condition patients and a high proportion will requires further follow up. Overall improvements are anticipated however this will take time to be fully reflected in the numbers waiting.

Teams continue to provide assurance that appropriate prioritisation is in place and are being challenged to bring these waits into line with clinical expectations. Monitoring is by the RTT risk and assurance group.

4.5 Community and Social Care Framework

4.5.1 Delayed Discharges: RAG RATING: GREEN

In May, fewer community and acute hospital bed days are reported as lost due to patients being delayed in their discharge.

There continues to be close scrutiny of the process and collection of this data and teams are meeting weekly with the deputy chief operating officer to provide assurance that these revised processes are robust and remain in place.

Table 23: Bed days lost due to delayed discharges

Month (2016/17)	Acute	Non-Acute	Total
APRIL 2016	8	351	359
MAY 2016	58	166	224
JUNE 2016	52	355	407
JULY 2016	70	422	492
AUGUST 2016	92	425	517
SEPTEMBER 2016	52	110	162
OCTOBER 2016	61	180	241
NOVEMBER 2016	93	441	534
DECEMBER 2016	59	375	434
JANUARY 2017	39	179	218
FEBRUARY 2017	41	223	264
MARCH 2017	138	310	448
April 2017	202	142	344
May 2017	144	72	216

4.5.2 CAMHS - % of patients waiting under 18 weeks: RAG RATING: RED

The service has shown a decrease in performance against the 18 week standard this month. This is due to a reduction in clinical capacity as a result of not being able to recruit into vacant posts, and several staff resignations. Vacant clinical posts are now in the process of being recruited into. Whilst this process takes place there will be an increase in the number waiting and a backlog of demand to be cleared in future months. The Trust is working towards an interim solution to improve its future position.

5 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. These key performance indicators are subject to review at the Trust's performance review meetings and with HR Managers.
The following highlights progress at Trust level in respect of workforce plans and workforce key performance indicators.

5.1 Workforce Plan: RAG RATING: GREEN

The table below shows the planned substantive staff in post and planned temporary workforce over the next five years by staff group. This plan takes into account the effect of the care model, trust wide improvement programmes, reductions in the vacancy factor etc.

Table 24: Planned staff in post

	16/17	17/18	18/19	19/20	20/21	21/22
	In-post	In-post	In-post	In-post	In-post	In-post
Prof Scientific and Tech	293.27	291.93	286.43	279.43	273.43	273.43
Additional Clinical Services	1069.54	1067.50	1049.50	1036.76	1032.76	1032.76
Administrative and Clerical	1290.56	1239.22	1146.22	1142.22	1138.22	1136.22
Allied Health Professionals	403.74	403.05	376.97	368.60	367.59	367.59
Estates and Ancillary	390.66	339.53	339.53	339.52	339.53	339.53
Healthcare Scientists	91.46	91.46	91.46	91.46	91.46	91.46
Medical and Dental	433.73	433.73	433.73	433.73	433.73	433.73
Nursing and Midwifery Registered	1189.81	1133.36	1090.36	1075.18	1070.27	1070.27
Students	1.49	1.49	1.49	1.49	1.49	1.49
Substantive Staff Total	**5164.27**	**5001.28**	**4815.70**	**4768.40**	**4748.49**	**4746.49**
Bank Prof Scientific and Tech						
Bank Additional Clinical Services	154.00	50.00	40.00	30.00	30.00	30.00
Bank Administrative and Clerical	24.36	7.22	7.22	5.42	5.42	5.42
Bank Allied Health Professionals	1.20	1.00	1.00	1.00	1.00	1.00
Bank Estates and Ancillary	43.13	12.78	12.78	9.58	9.58	9.58
Bank Healthcare Scientists						
Bank Medical and Dental						
Bank Nursing and Midwifery Registered	29.00	15.00	10.00	10.00	10.00	10.00
Bank Students						
Bank Workers Total	**251.69**	**86.00**	**71.00**	**56.00**	**56.00**	**56.00**
Agency Prof Scientific and Tech	6.25	1.25	1.25	1.25	1.25	1.25
Agency Additional Clinical Services						
Agency Administrative and Clerical	4.00					
Agency Allied Health Professionals	6.25	1.25	1.25	1.25	1.25	1.25
Agency Estates and Ancillary						
Agency Healthcare Scientists						
Agency Medical and Dental	17.00	16.20	16.20	16.20	16.20	16.20
Agency Nursing and Midwifery Registered	40.00	26.00	26.00	26.00	26.00	26.00
Agency Students						
Agency Workers Total	**73.50**	**44.70**	**44.70**	**44.70**	**44.70**	**44.70**

Table 25 shows the planned substantive WTE changes from the opening position at 31 March 2017 for each month of the financial year until 31 March 2018. The plan is to have 5001.3 WTE substantive staff in post at the end of the financial year.

This table also shows the outturn against the plan at 31 March 2017 and for each month of the year to date. Monthly WTE against plan will continue to be monitored and included in this Integrated Performance Report each month.

Table 25: Planned WTE changes by month

Planned Workforce 2017/2018

	31/03/2017	30/04/2017	31/05/2017	30/06/2017	31/07/2017	31/08/2017	30/09/2017	31/10/2017	30/11/2017	31/12/2017	31/01/2018	28/02/2018	31/03/2018
	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post
Prof Scientific and Tech	293.27	293.16	293.05	292.94	292.87	292.80	292.43	292.33	292.22	292.11	291.99	291.93	291.93
Additional Clinical Services	1069.54	1069.36	1069.26	1069.12	1068.99	1068.87	1068.71	1068.52	1068.33	1068.10	1067.88	1067.66	1067.50
Administrative and Clerical	1290.56	1287.98	1285.41	1282.83	1278.65	1275.20	1271.76	1266.60	1261.44	1256.28	1250.27	1244.25	1239.22
Allied Health Professionals	403.74	403.57	403.63	403.63	403.46	403.46	403.46	403.30	403.30	403.30	403.11	403.11	403.05
Estates and Ancillary	390.66	388.09	385.53	382.96	378.79	375.37	371.94	366.80	361.66	356.52	350.53	344.54	339.53
Healthcare Scientists	91.46	91.46	91.46	91.46	91.46	91.46	91.46	91.46	91.46	91.46	91.46	91.46	91.46
Medical and Dental	433.73	433.73	433.73	433.73	433.73	433.73	433.73	433.73	433.73	433.73	433.73	433.73	433.73
Nursing and Midwifery Registered	1189.81	1184.86	1182.22	1178.54	1175.14	1171.75	1167.46	1162.37	1157.28	1151.20	1145.27	1139.34	1133.36
Students	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49
Substantive Staff Total	5164.27	5153.71	5145.79	5136.71	5124.59	5114.14	5102.45	5086.61	5070.92	5054.20	5035.74	5017.52	5001.28

Actual Workforce 2017/2018

	31/03/2017	30/04/2017	31/05/2017	30/06/2017	31/07/2017	31/08/2017	30/09/2017	31/10/2017	30/11/2017	31/12/2017	31/01/2018	28/02/2018	31/03/2018
	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post
Prof Scientific and Tech	295.47	296.15	296.75										
Additional Clinical Services	1073.29	1071.21	1075.11										
Administrative and Clerical	1292.95	1268.57	1264.02										
Allied Health Professionals	405.45	400.93	402.30										
Estates and Ancillary	392.86	380.64	380.17										
Healthcare Scientists	91.85	92.27	92.47										
Medical and Dental	435.50	435.40	432.02										
Nursing and Midwifery Registered	1196.66	1179.87	1175.34										
Students	1.50	2.50	2.50										
Substantive Staff Total	5185.53	5127.54	5120.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Planned V Actual 2017/2018

	31/03/2017	30/04/2017	31/05/2017	30/06/2017	31/07/2017	31/08/2017	30/09/2017	31/10/2017	30/11/2017	31/12/2017	31/01/2018	28/02/2018	31/03/2018
	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post	In-post
Prof Scientific and Tech	-2.20	-2.99	-3.70										
Additional Clinical Services	-3.75	-1.85	-5.85										
Administrative and Clerical	-2.39	19.41	21.39										
Allied Health Professionals	-1.71	2.64	1.33										
Estates and Ancillary	-2.20	7.45	5.36										
Healthcare Scientists	-0.39	-0.81	-1.01										
Medical and Dental	-1.77	-1.67	1.71										
Nursing and Midwifery Registered	-6.85	4.99	6.88										
Students	-0.01	-1.01	-1.01										
Substantive Staff Total	-21.26	26.17	25.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

The above shows that the outcome at the end of May 2017 for substantive WTE staff is better than the plan by 25.11 WTE.

The tables below show the WTE in post figure by staff group for each month from September 2015, the month before the Integrated Care Organisation (ICO) commenced, up to May 2017.

The number of medical, dental and total WTE staff in post in the tables below differ from those above. This difference is due to the Trust taking responsibility for the recruitment and payment of 54 WTE GP Trainees, for which the Trust is fully funded including for the costs of providing the service. The figures used in the comparison of planed WTE against outturn WTE above have been reduced by the 54 WTE GP Trainees to enable an accurate comparison as shown below.

Table 26: planed WTE against outturn WTE

	Medical and Dental WTE	All Staff WTE
ESR Total	486.02	5174.68
GP Trainees	54.00	54.00
Total	432.02	5120.68

Table 27 – Table 1 below shows current whole time equivalent staff in-post by staff group from September 2015 (prior to the ICO commencing) to April 2017. Table 2 shows the number of staff by pay bands. Those staff in band 8 are predominantly in management roles. Table 3 shows the same pay bands by ratio. Tables 4 and 5 show the number of Non-Executive Directors and Executive Directors over the same period.

Table 27: current whole time equivalent staff in-post by staff group from September 2015 (prior to the ICO commencing) to April 2017

Table 1

Staff Group	2015 / 09	2015 / 12	2016 / 03	2016 / 06	2016 / 09	2016 / 12	2017 / 03	2017 / 04	2018 / 05
Add Prof Scientific and Technic	274.87	271.26	270.11	269.99	282.27	285.36	294.51	295.15	296.75
Additional Clinical Services	1,016.24	1,028.82	1,039.05	1,035.41	1,058.88	1,071.48	1,074.07	1,073.68	1,075.11
Administrative and Clerical	1,345.55	1,340.31	1,342.79	1,347.28	1,340.26	1,343.18	1,296.02	1,266.87	1,264.02
Allied Health Professionals	403.03	405.49	398.12	395.43	397.08	404.03	405.45	400.93	402.30
Estates and Ancillary	389.95	392.72	389.27	403.99	399.86	402.69	392.31	382.48	380.17
Healthcare Scientists	92.69	89.80	91.59	89.89	93.75	92.39	91.85	92.27	92.47
Medical and Dental	425.99	418.77	414.22	408.00	437.41	434.01	435.57	489.40	486.02
Nursing and Midwifery Registered	1,182.09	1,187.12	1,197.97	1,178.16	1,192.73	1,207.26	1,194.85	1,177.54	1,175.34
Students	5.69	5.69	5.09	5.09	3.90	2.90	1.50	2.50	2.50
Grand Total	**5,136.11**	**5,139.99**	**5,148.21**	**5,133.23**	**5,206.14**	**5,243.31**	**5,186.13**	**5,180.81**	**5,174.68**

Table 2

Staff Group	2015 / 09	2015 / 12	2016 / 03	2016 / 06	2016 / 09	2016 / 12	2017 / 03	2017 / 04	2018 / 05
Bands 1 - 7	4461.09	4478.25	4492.38	4487.66	4531.51	4570.31	4525.20	4468.54	4465.04
Band 8 and Above	249.02	242.97	241.61	237.57	237.22	238.99	225.36	222.87	223.62
M&D	425.99	418.77	414.22	408.00	437.41	434.01	435.57	489.40	486.02
Grand Total	**5,136.11**	**5,139.99**	**5,148.21**	**5,133.23**	**5,206.14**	**5,243.31**	**5,186.13**	**5,180.81**	**5,174.68**

Table 3

Staff Group	2015 / 09	2015 / 12	2016 / 03	2016 / 06	2016 / 09	2016 / 12	2017 / 03	2017 / 04	2018 / 05
Bands 1 - 7	86.86%	87.13%	87.26%	87.42%	87.04%	87.16%	87.26%	86.25%	86.29%
Band 8 and Above	4.85%	4.73%	4.69%	4.63%	4.56%	4.56%	4.35%	4.30%	4.32%
M&D	8.29%	8.15%	8.05%	7.95%	8.40%	8.28%	8.40%	9.45%	9.39%
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 4

Staff Group	2015 / 09	2015 / 12	2016 / 03	2016 / 06	2016 / 09	2016 / 12	2017 / 03	2017 / 04	2018 / 05
Non-Executive Directors	14.00	7.00	6.00	7.00	7.00	7.00	7.00	7.00	7.00
Grand Total	14.00	7.00	6.00	7.00	7.00	7.00	7.00	7.00	7.00

Table 5

Staff Group	2015 / 09	2015 / 12	2016 / 03	2016 / 06	2016 / 09	2016 / 12	2017 / 03	2017 / 04	2018 / 05
Chief Executive	2.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Clinical Director - Medical	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Director of Nursing	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Finance Director	2.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Other Directors	3.00	3.00	4.50	4.61	4.00	4.00	4.00	4.00	4.00
Grand Total	9.00	7.00	8.50	8.61	8.00	8.00	8.00	8.00	8.00

Notes:

- In addition to the 9.00 WTE Executive Directors shown above in 2015/09 there were 2 further Senior Managers as TSDHCT acting in Executive Director Roles and remunerated accordingly.
- A further 2 Directors from SDHFT at 2015/09 were also covering Director Roles at TSDHCT
- At 2015/09 the role of Medical Director at TSDHCT was vacant
- In total across SDHFT and TSDHCT there would normally have been a compliment of 14.00WTE Executive Directors
- The increase in Medical and Dental staff in April 2017 in table 1 is due to the Trust taking responsibility for 54 WTE GP Trainees The total staff WTE for comparison purposes is therefore 5,126.8 in April 2017 and 5,120.68 in May 2017

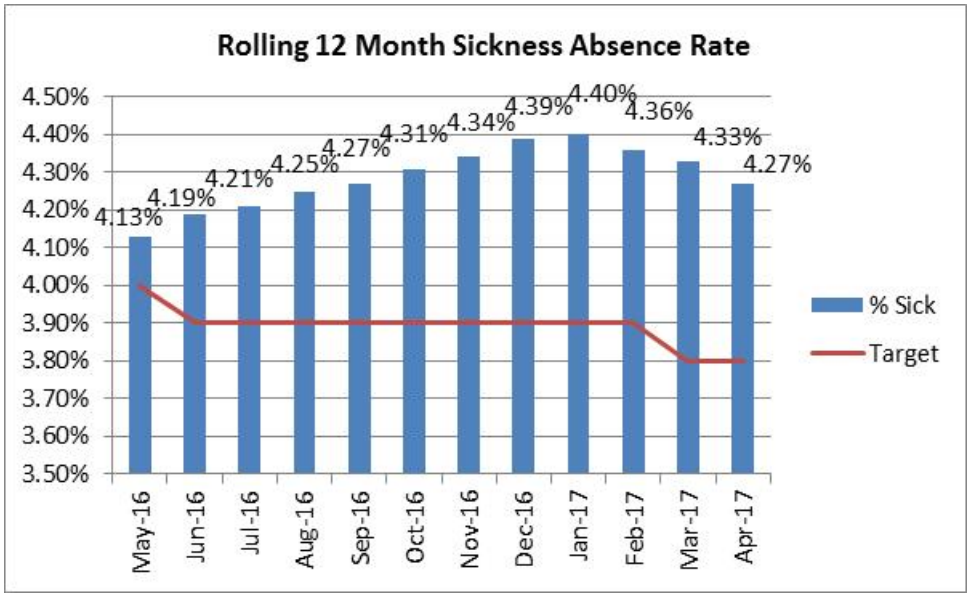
5.2 Staff Sickness Absence Rate: RAG RATING: RED

The annual rolling sickness absence rate of 4.27% at the end of April 2017 represents another small reduction for the third month in a row. This is against the target rate of 3.80% for the end of April 2018.

Given the previous perceived high levels for sickness absence and continued under achievement of the workforce target a 'sickness absence deep dive' has been undertaken. The recommendations from this review will be presented at the July Board Meeting.

Based upon the intelligence available a bespoke action plan has been developed to supplement the existing methods of support provided to managers. The action plan reflects the move towards a prevention strategy whilst still incorporating the essential requirements of active management. The initiatives include; programmes around 'mindfulness', coaching, revision of leadership training, promotion of wellness recovery action plans for staff living with long term conditions, supporting staff with MSK and promotion of the wellbeing agenda.

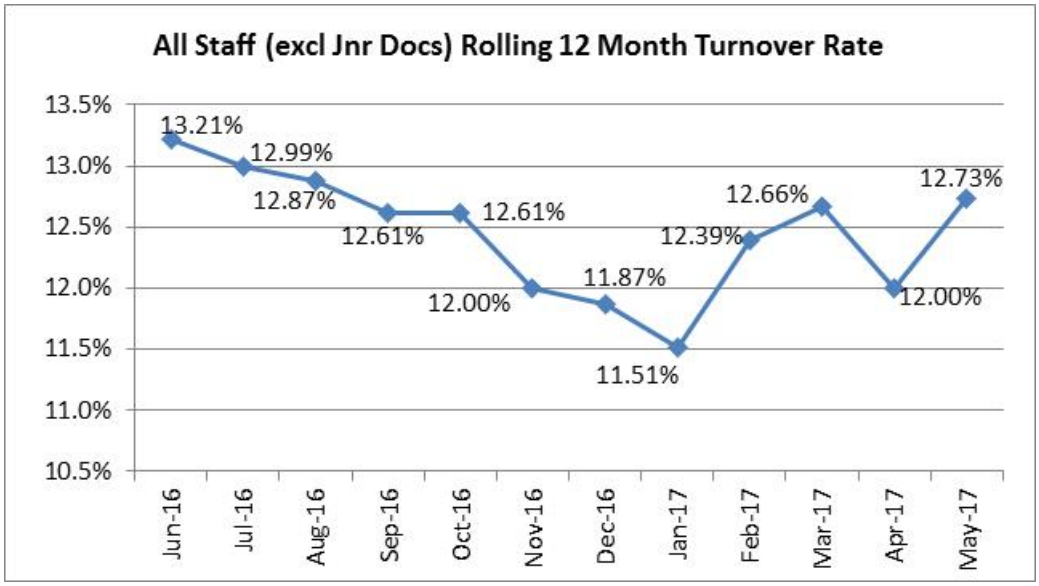
Figure 5: Graph of rolling 12 months sickness absence rate



5.3 Turnover (excluding Junior Doctors): RAG RATING: GREEN

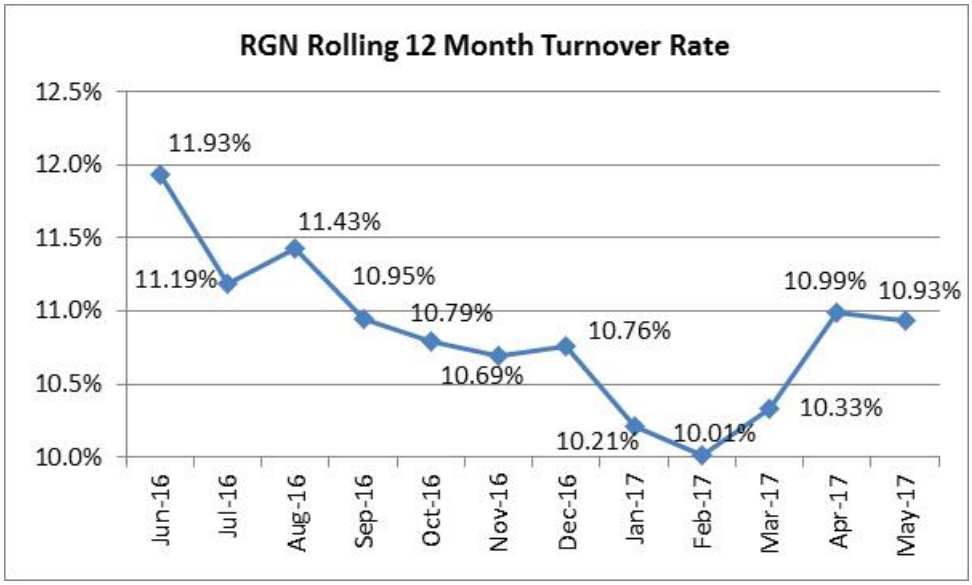
Figure 6 shows that the Trusts turnover rate was 12.73% for the year to May 2017. This is an increase from last month and within the target range of 10% to 14%. The recruitment challenge to replace leavers from key staff groups remains significant.

Figure 6: Graph of all staff rolling 12 month turnover rate



This recruitment challenge includes Registered Nurses due to the supply shortage as reported elsewhere and for which the Trust has a long term capacity plan to address, which maximises the use of all supply routes including overseas recruitment, return to nursing, growing our own etc. The turnover rate for this staff group has continued to stay within the target range of 10% to 14%.

Figure 7: Turnover Rate

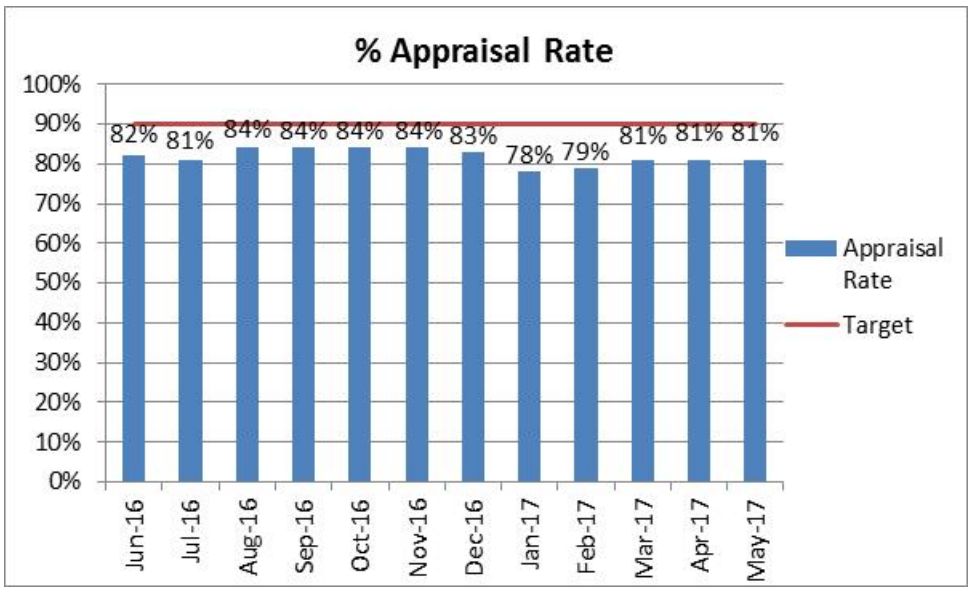


5.4 Appraisal Rate: RAG RATING: RED

The following graph shows that the appraisal rate has again been maintained at 81% which is below the target of 90%.

Managers continue to receive monthly workforce reports detailing compliance. In addition, workforce KPIs which include appraisal rates, are a standard agenda item for discussion at senior manager meetings in the Trust and are incorporated into Divisional/Directorate reports.

Figure 8: Graph of % Appraisal Rate



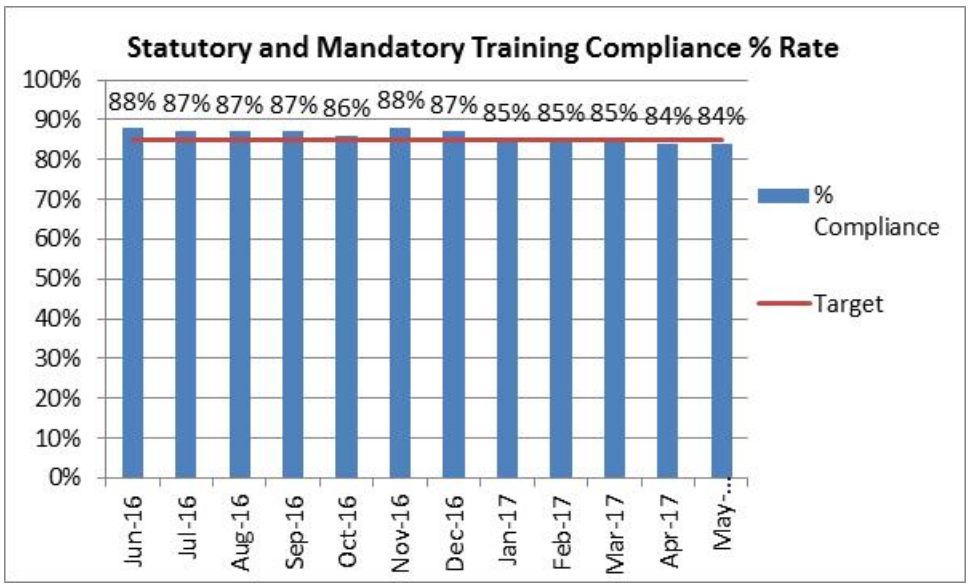
5.5 Statutory and mandatory training compliance: RAG RATING: AMBER

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 84% is just below the target rate. The new learning management system called the Hive went live at the start of May 2017 and it is anticipated that as this new system is embedded compliance rates will further increase. Individual modules that remain below their target are detailed in the table below:

Table 28: Statutory and mandatory training compliance

Module	Target	Performance
Information Governance Training	95% or above	76%
Conflict Resolution	85% or above	82%
Fire Training	85% or above	80%
Infection Control	85% or above	81%
Manual Handling	85% or above	74%

Figure 9: Graph of statutory and mandatory training compliance % rate



5.6 Agency Spend and % of Staff Expenditure:

NHSI has set Trusts a cap for agency expenditure which is based on a percentage of the Trust's workforce bill. For our Trust the cap for agency spend for the next two years is £6.58 million.

The table below shows the current agency spend by staff group for 2017/18 compared to the total agency expenditure plan.

Table 29: Agency Spend and % of Staff Expenditure

FINANCIAL YEAR 2017/18 - ACTUAL SPEND				
	2017/18 Target	M1	M2	YTD
Plan - Total Agency		991	984	1975
Total Medical and Dental	3,211,963	213	293	506
Consultants		156	213	369
Career/Staff Grades		0	0	0
Trainee Grades		57	80	137
Total Registered Nurses	2,786,595	112	136	248
Total Scientific, Therapeutic and Technical	317,033	38	50	88
• Allied Health Professionals		11	10	21
• Other Scientific, Therapeutic and Technical Staff		7	22	29
• Health Care Scientists		20	18	38
Total Support to clinical staff	36,000	1	0	1
• Support to nursing staff		1	0	1
• Support to Allied Health Professionals		0	0	0
Total Non-Medical, Non-Clinical Staff Agency	199,750	37	30	67
TOTAL PAY BILL AGENCY AND CONTRACT	6,586,000	401	509	910
Over (Under) Spend		-590	-475	-1065

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

is required to report on the top ten highest earners and the top ten longest serving workers, within the previous week.

The Trust wide Temporary Staffing and Agency Taskforce has been established. Part of the remit of the Taskforce will be to monitor progress of the reduction in agency expenditure against the Trust target.

5.7 Nursing & HCA Bank and Agency

Nursing/HCA continues to have the highest usage of bank and agency, which is primarily due to the number of registered nurse vacancies. However, there has been a considerable decrease, particularly in agency usage. There is minimal use of the high cost nursing agency and then only for last minute specialist roles e.g. mental health or paediatric nurse. Healthcare Assistant shifts are all filled through the internal bank. The chart below refers:-

Table 30: Nursing and HCA Bank and Agency

	May -16	Jun -16	Jul -16	Aug -16	Sep -16	Oct -16	Nov -16	Dec -16	Jan -17	Feb -17	Mar -17	Apr -17	May -17
WTE REQUESTED	305	306	319	283	245	279	285	290	279	251	274	210	218
WTE COVERED BY BANK	223	221	238	217	193	213	218	213	215	198	219	178	183
WTE COVERED BY AGENCY	63	66	58	48	32	40	45	48	42	31	32	17	18
WTE UNASSIGNED	18	19	23	18	20	26	22	28	22	22	23	15	18
TOTAL WTE COVERED	287	287	296	265	225	253	263	261	257	228	251	195	200

5.7.1 Medical & Dental Agency

Whilst the number of agency shifts is relatively low, the hourly rate is high. All shifts are booked through an electronic system, TempRe, and shifts are authorised by the Medical Director.

As the majority of the agency shifts are used to cover vacancies, the Trust is exploring, in conjunction with North Devon, the potential for overseas recruitment.

In addition the Trust is in the process of implementing an internal medical bank, which is due to go live in July 2017. There is the potential to expand this to other Trusts in the STP at a later date.

5.7.2 Scientific, Therapeutic and Technical Agency

Agency shifts are booked through the TempRe electronic system, although managed at a local level. Plans are being developed to centralise all agency bookings through the Temporary Staffing department, which will provide greater assurance and financial control

Supporting documents

Appendix 1: Month 2 Quality, Performance, Finance, and Workforce Dashboard **(separate document)**
Appendix 2: Income Analysis
Appendix 3: Agency Spend
Appendix 4: Financial position SDU level
Appendix 5: Activity

Income Analysis

Income Analysis **Appendix 1**

	Year to Date - Month 2			Previous Month	
	Plan	Actual	Variance	Variance to Plan - (adv)/+fav	Change
Healthcare Income - Commissioner Analysis					
	£'000	£'000	£'000	£'000	£'000
South Devon & Torbay Clinical Commissioning Group	27,845	27,549	(296)	472	176
North, East & West Devon Clinical Commissioning Group	882	861	(21)	15	6
NHS England - Area Team	1,254	1,151	(103)	104	1
NHS England - Specialist Commissioning	4,954	4,300	(654)	170	484
Other Commissioners	1,119	1,129	10	89	99
Sub-Total Acute	36,055	34,991	(1,064)	**849**	**214**
South Devon & Torbay Clinical Commissioning Group (Placed People and Community Health)	13,458	13,507	50	30	19
Other Commissioners	429	354	(75)	53	22
Sub Total Community	**13,887**	**13,861**	**(26)**	**23**	**2**
Total Acute and Communuity	**49,941**	**48,852**	**(1,089)**	**873**	**217**
Healthcare Income - By Business Unit					
Medical Services	14,898	14,428	(470)	-19	451
Surgical Services	12,769	11,780	(989)	-1,053	-64
Women's, Childrens & Diagnostic Services	7,490	7,151	(339)	-9	329
Community Services	13,887	13,861	(26)	-23	2
Non-Clinical Services / Central Contract Income	898	1,621	723	232	-490
Total	**49,941**	**48,840**	**(1,101)**	**-873**	**229**
Healthcare Activity - By Setting					
	Activity	Activity	Activity	Activity	Activity
Elective In-Patient Admissions	332	333	1	1	0
Elective Day Case Admission	2,278	2,370	92	92	0
Urgent & Emergency Admissions	9,165	9,604	439	439	0
Out-Patients	33,371	32,729	(642)	(642)	0
Community Services					
Total	**45,146**	**45,036**	**(110)**	**(110)**	**0**
Social Care Income					
	£'000	£'000	£'000		
Torbay Council - ASC Contract income	6,195	6,200	5	81	87
Torbay Council - Public Health Income	994	953	(41)	4	37
Torbay Council - Client Income	1,738	1,712	(26)	3	23
Total	**8,927**	**8,865**	**(62)**	**88**	**26**
Other Operating income from patient care Activities					
Private Patients (Includes RTA Income)	283	243	(40)	**179**	**139**
	283	**243**	**(40)**	**179**	**139**
Other Income					
	£'000	£'000	£'000	£'000	£'000
Donated Asset Income	167	0	(167)	83	83
R&D / Education & training revenue	1,447	1,512	65	22	43
Site Services	378	347	(31)	4	27
Revenue from non-patient services to other bodies	590	612	22	103	125
Sustainability Transformational Funding (STF) Income	583	583	0	0	0
Risk Share Income	583	4	(579)	237	342
Misc. other operating revenue	4,884	5,112	228	57	171
Total	**8,632**	**8,170**	**(462)**	**348**	**114**

	Year to Date - Month 2			Plan Changes	
Memo	Plan	Actual	Variance	Changes PbR to RSA Plan	Variance to RSA Plan
CCG Block adjustment					
	£'000	£'000	£'000	£'000	£'000
CCG Block adjustment	(1,875)	(66)	1,809	1,600	209
Total	**(1,875)**	**(66)**	**1,809**	**1,600**	**209**

Appendix 3

Agency Spend

Agency Spend **Appendix 2**

Torbay and South Devon NHS Foundation Trust **Trust Agency Information** **Financial Year 2017/18**			
All Staff Group	**April**	**May**	**YTD 2017-18**
NHS Improvement (NHSI) Ceiling	£m	£m	£m
Total Planned Agency Cost	(0.991)	(0.984)	(1.975)
Total Planned Staff Costs	(19.056)	(19.007)	(38.063)
% of Agency Costs against Total Staff Cost	**5%**	**5%**	**5.19%**
	April	**May**	**YTD 2017-18**
ICO Actual	£m	£m	£m
Total Agency Staff Cost	(0.405)	(0.511)	(0.916)
Total Actual Staff Cost	(18.625)	(18.405)	(37.030)
% of Agency Costs against Total Staff Cost	**2%**	**3%**	**2.47%**
	April	**May**	**YTD 2017-18**
Variance against Revised Ceiling	£m	£m	£m
Total Agency Staff Cost	**0.586**	**0.473**	**1.059**
% of Agency Costs against Total Staff Cost	**-3%**	**-2%**	**-2.72%**
Nursing only	**April**	**May**	**YTD 2017-18**
ICO Actual	£m	£m	£m
Total Agency Staff Cost	(0.111)	(0.136)	(0.247)
Total Actual Staff Cost	(4.613)	(4.340)	(8.953)
% of Agency Costs against Total Staff Cost	**2%**	**3%**	**3%**
Comment	M2 Agency actual spend is £0.5m, YTD amount is £0.9m across all Staff Group, which is lower than the ceiling by £0.9m (2.72% less than the planned ceiling of 5.19%). This improvement is due to various measures implemented by SDU's to reduce reliance on this staff group.		

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

Governance Arrangements
Senior Business management Team, Exec

Appendix 4

Financial Position SDU level

Income and Expenditure Summary by SDU - Year to Date Month 02 2017/18		Year to Date - Month 02		
		Plan	Actual	Variance
		£'000	£'000	£'000
Contract Income	Community Block Income	9,542	9,476	(67)
	IS Block	6,195	6,200	5
	CHC Block	5,338	5,338	0
	Sub total Contract Income	**21,076**	**21,014**	**(62)**
Community Services	IN- Income from patient care activities	91	97	6
	IO- Other operating income	54	105	51
	EP- Operating expenditure (Pay)	(5,448)	(4,781)	666
	EN- Operating expenditure (excl Pay)	(1,351)	(1,016)	335
	TWIP / SSP Target	236	0	(236)
	Position (excluding Block Income)	**(6,417)**	**(5,595)**	**822**
Hospital Services	IN- Income from patient care activities	14	1	(13)
	IO- Other operating income	3	3	1
	EP- Operating expenditure (Pay)	(2,364)	(1,697)	667
	EN- Operating expenditure (excl Pay)	(618)	(508)	110
	FI- Financing items	(301)	(289)	12
	TWIP / SSP Target	343	0	(343)
	Position (excluding Block Income)	**(2,924)**	**(2,489)**	**434**
Independent Sector	IN- Income from patient care activities	1,604	1,613	9
	IO- Other operating income	45	30	(15)
	EP- Operating expenditure (Pay)	(222)	(211)	11
	EN- Operating expenditure (excl Pay)	(7,654)	(7,478)	176
	TWIP / SSP Target	183	0	(183)
	Position (excluding Block Income)	**(6,044)**	**(6,045)**	**(2)**
Continuing Health Care (CHC)	IN- Income from patient care activities	4	0	(4)
	EP- Operating expenditure (Pay)	(211)	(162)	49
	EN- Operating expenditure (excl Pay)	(5,503)	(5,671)	(168)
	TWIP / SSP Target	169	0	(169)
	Position (excluding Block Income)	**(5,541)**	**(5,833)**	**(292)**
Community Services	**Net Position**	**150**	**1,051**	**901**
Contract Income - Acute Clinical Servic	Acute Contract Income	36,055	34,979	(1,076)
		0	0	0
Medical Services	IN- Income from patient care activities	8	9	1
	IO- Other operating income	124	164	41
	EP- Operating expenditure (Pay)	(7,568)	(7,505)	63
	EN- Operating expenditure (excl Pay)	(5,186)	(4,199)	986
	TWIP / SSP Target	432	0	(432)
	Position (excluding Block Income)	**(12,191)**	**(11,531)**	**659**
Surgical Services	IN- Income from patient care activities	17	22	5
	IO- Other operating income	108	115	6
	EP- Operating expenditure (Pay)	(8,444)	(7,845)	599
	EN- Operating expenditure (excl Pay)	(3,251)	(3,468)	(217)
	TWIP / SSP Target	349	0	(349)
	Position (excluding Block Income)	**(11,221)**	**(11,176)**	**45**
Women's, Children's & Diagnostics	IN- Income from patient care activities	16	9	(6)
	IO- Other operating income	135	133	(1)
	EP- Operating expenditure (Pay)	(6,643)	(6,281)	362
	EN- Operating expenditure (excl Pay)	(1,571)	(1,445)	125
	TWIP / SSP Target	264	0	(264)
	Position (excluding Block Income)	**(7,800)**	**(7,584)**	**216**
Acute Clinical Services	**Net Position**	**4,843**	**4,688**	**(155)**
Corporate Support Services				
Estates & Facilities Management	IO- Other operating income	613	590	(23)
	EP- Operating expenditure (Pay)	(2,024)	(1,819)	205
	EN- Operating expenditure (excl Pay)	(1,639)	(1,529)	110
	TWIP / SSP Target	187	0	(187)
	Net Position	**(2,863)**	**(2,758)**	**104**
Financing Costs	IO- Other operating income	167	0	(167)
	EN- Operating expenditure (excl Pay)	(2,127)	(1,504)	623
	FI- Financing items	(520)	(535)	(16)
	TWIP / SSP Target	25	0	(25)
	Net Position	**(2,455)**	**(2,039)**	**416**
Internal Audit	IO- Other operating income	297	297	0
	EP- Operating expenditure (Pay)	(321)	(117)	204
	EN- Operating expenditure (excl Pay)	27	(179)	(206)
	TWIP / SSP Target	0	0	0
	Net Position	**3**	**1**	**(2)**
Other Income	IN- Income from patient care activities	125	125	0
	IO- Other operating income	583	4	(579)
	EN- Operating expenditure (excl Pay)	(10)	(12)	(2)
	TWIP / SSP Target	0	0	0
	Net Position	**698**	**117**	**(581)**
Outpatient Pharmacy Unit	IO- Other operating income	9	6	(2)
	EP- Operating expenditure (Pay)	(31)	(29)	2
	EN- Operating expenditure (excl Pay)	(18)	(15)	4
	FI- Financing items	(4)	(3)	1
	TWIP / SSP Target	0	0	0
	Net Position	**(45)**	**(41)**	**4**
Research & Development	IO- Other operating income	238	189	(49)
	EP- Operating expenditure (Pay)	(232)	(243)	(12)
	EN- Operating expenditure (excl Pay)	(9)	(3)	6
	TWIP / SSP Target	3	0	(3)
	Net Position	**(0)**	**(57)**	**(57)**
Corporate Support Services	IN- Income from patient care activities	43	16	(26)
	IO- Other operating income	1,496	1,804	309
	EP- Operating expenditure (Pay)	(5,721)	(5,355)	365
	EN- Operating expenditure (excl Pay)	(3,234)	(2,990)	244
	FI- Financing items	(9)	(2)	7
	TWIP / SSP Target	242	0	(242)
	Net Position	**(7,183)**	**(6,526)**	**657**
Reserves and TPU (Pharmacy Unit)	IN- Income from patient care activities	73	65	(8)
	IO- Other operating income			
	EP- Operating expenditure (Pay)	(318)	(975)	(657)
	EN- Operating expenditure (excl Pay)	(803)	(1,051)	(249)
	FI- Financing items			
	TWIP / SSP Target	1,253	0	(1,253)
	Net Position	**3,507**	**2,658**	**(849)**
Corporate Support Services	**Net Position**	**(8,338)**	**(8,645)**	**(308)**
	Trust Overall Position	**(3,344)**	**(2,906)**	**438**

Appendix 5

Activity

Appendix

Activity										Appendix 4
Cumulative Period to:	May	2017								
	Events					Sum of income				
setting	Annual Plan 2017/18 (Activity)	2017/18 YTD Plan V.2.0 (Activity)	2017/18 Month 01 (Activity)	Cumulative Variance Current Month - activity	Cumulative Variance Previous Month - activity	Annual Plan 2017/18 £	2017/18 Demand Plan V.2.0 £	2017/18 Month 01 £	Cumulative Variance - £	Cumulative Variance Previous Month - £
Day Case	31,721	5,115	5,116	1	133	£19,752,882	£3,074,627	£3,179,940	£105,313	£134,782
Elective	4,560	725	579	-146	-48	£15,407,092	£2,431,992	£1,817,394	-£614,598	-£239,211
Non-Elective Emergency	28,344	4,852	4,794	-58	-32	£55,101,812	£9,188,328	£8,579,541	-£608,787	-£447,144
Non-Elective Non-Emergency	3,479	553	570	17	49	£7,485,748	£1,191,502	£1,274,534	£83,032	£192,873
Non-Elective CDU	3,930	612	714	102	80	£247,590	£38,556	£44,982	£6,426	£5,040
Non-Elective AMU	1,648	285	378	93	23	£1,181,721	£199,951	£314,577	£114,626	£20,647
APC Total	73,682	12,143	12,151	8	205	£99,176,845	£16,124,956	£15,210,968	-£913,988	-
New	103,112	17,061	16,524	-537	12	£15,105,513	£2,473,875	£2,431,564	-£42,311	
F-Up	275,127	44,193	41,718	-2,475	-626	£23,874,772	£3,844,482	£3,583,053	-£261,429	-
OPA Total	378,239	61,253	58,242	-3,011	-614	£38,980,284	£6,318,357	£6,014,617	-£303,740	-
A&E	76,280	13,079	13,321	242	292	£9,346,136	£1,599,144	£1,710,846	£111,702	
A&E Total	76,280	13,079	13,321	242	292	£9,346,136	£1,599,144	£1,710,846	£111,702	
ACC	0	0	0	0	0	£4,924,528	£916,207	£643,514	-£272,692	-
ACC Total	0	0	0	0	0	£4,924,528	£916,207	£643,514	-£272,692	-
NCC	0	0	0	0	0	£1,851,372	£317,736	£277,146	-£40,590	
NCC Total	0	0	0	0	0	£1,851,372	£317,736	£277,146	-£40,590	
PCC	0	0		0	0	£371,433	£61,906	£61,906	£0	
PCC Total	0	0	0	0	0	£371,433	£61,906	£61,906	£0	
Palliative Care Total	0	0	0	0	0	£621,336	£99,463	£83,358	-£16,105	-
Palliative Care Total	0	0	0	0	0	£621,336	£99,463	£83,358	-£16,105	-
Chemotherapy	0	0	0	0	0	£6,621,797	£989,968	£1,147,296	£157,328	
Chemotherapy Total	0	0	0	0	0	£6,621,797	£989,968	£1,147,296	£157,328	
Radiotherapy	0	0	0	0	0	£2,063,500	£345,675	£345,883	£208	
Radiotherapy Total	0	0	0	0	0	£2,063,500	£345,675	£345,883	£208	
OPA	28,291	4,602	4,532	-70	-65	£2,987,843	£476,616	£453,468	-£23,147	-
GP	45,398	7,064	7,311	248	37	£1,837,843	£282,586	£281,614	-£972	-
Imaging Total	73,689	11,666	11,843	177	-28	£4,825,686	£759,202	£735,082	-£24,119	-
Maternity Pathway	0	0	797	797	369	£4,952,379	£825,396	£691,692	-£133,705	-
Maternity Pathway Total	0	0	797	797	369	£4,952,379	£825,396	£691,692	-£133,705	-
Block	0	0		0	0	£14,028,037	£2,338,006	£2,338,007	£1	
Acute variation orders					0	£997,000	£166,167	£166,167	£0	
Block Total	0	0	0	0	0	£15,025,037	£2,504,173	£2,504,173	£1	
PTP Drugs	0	0		0	0	£20,551,997	£3,425,333	£3,040,996	-£384,337	-
PTP Drugs Total	0	0	0	0	0	£20,551,997	£3,425,333	£3,040,996	-£384,337	-
CDF	0	0		0	0	£1,944,000	£324,000	£192,616	-£131,384	-
CDF Total	0	0	0	0	0	£1,944,000	£324,000	£192,616	-£131,384	-
PTP Bloods	0	0		0	0	£866,000	£144,333	£104,642	-£39,691	-
PTP Bloods Total	0	0	0	0	0	£866,000	£144,333	£104,642	-£39,691	-
PTP Excluded Devices	0	0		0	0	£1,479,665	£246,611	£201,394	-£45,217	
PTP Excluded Devices Total	0	0	0	0	0	£1,479,665	£246,611	£201,394	-£45,217	
PTP Other	0	0		0	0	£1,567,457	£261,243	£223,404	-£37,839	-
PTP Other Total	0	0	0	0	0	£1,567,457	£261,243	£223,404	-£37,839	-
New Cost & Volume	0	0		0	0	£12,614,575	£2,102,429	£1,960,543	-£141,886	-
New Cost & Volume Total	0	0	0	0	0	£12,614,575	£2,102,429	£1,960,543	-£141,886	-
CQUIN	0	0		0	0	£4,686,055	£781,009	£781,010	£1	
CQUIN Total	0	0	0	0	0	£4,686,055	£781,009	£781,010	£1	
Elective Readmissions	0	0		0	0	-£230,460	-£38,410	-£38,410	£0	
Elective Readmissions Total	0	0	0	0	0	-£230,460	-£38,410	-£38,410	£0	
Non-Elective Readmissions	0	0		0	0	-£188,376	-£31,396	-£31,396	£0	
Non-Elective Emergency Readmissions Total	0	0	0	0	0	-£188,376	-£31,396	-£31,396	£0	
Emergency Adjustment	0	0		0	0	-£3,905,000	-£650,833	-£650,833	£0	
Emergency Adjustment Total	0	0	0	0	0	-£3,905,000	-£650,833	-£650,833	£0	
Acute Contract sub total	601,890	98,141	96,354	-1,787	224	£228,146,246	£37,426,500	£35,210,446	-£2,216,055	-
Phasing adjustment						£0	£449,713	£0	-£449,713	-
Block Adjustment						-£10,952,749	-£1,875,396	-£66,079	£1,809,317	£1,605,489
	-	-	-	-		-£10,952,749	-£1,425,683	-£66,079	£1,359,604	£609,089
Acute contract total	601,890	98,141	96,354	- 1,787	224	£217,193,497	£36,000,818	£35,144,367	-£856,451	-£302,339
Community Block - Dental & PH						£1,306,000	£217,667	£217,667	£0	£0
Community Block - Council PH						£5,965,000	£994,167	£986,712	-£7,455	-£3,727
Community Block - ASC						£37,200,000	£6,200,000	£6,200,000	£0	£0
Community Block - CCG						£79,256,000	£13,209,333	£13,209,333	£0	£0
Community Variation Orders - CCG						£744,200	£124,033	£124,033	£0	£0
Community contract total	-	-	-	-	-	£124,471,200	£20,745,200	£20,737,745	-£7,455	-£3,727
RSOG adjustment				-	-					£0
Grand Total Income	601,890	98,141	96,354	- 1,787	224	£341,664,697	£56,746,018	£55,882,112	-£863,906	-£306,066

Corporative Objective		Target 2017/2018	13 month trend	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Year to date 2017/18
NHS I FINANCE AND USE OF RESOURCES																	
4	Capital Service Cover	2		4	4	4	4	4	4	4	4	4	4	4	4	4	4
	Plan								4	4	3	3	3	3	4		4
4	Liquidity	4		1	1	1	2	2	2	2	3	3	3	3	4	4	4
	Plan								2	2	2	2	2	2	4		4
4	I&E Margin	1		4	4	4	4	4	4	4	4	4	4	4	4	4	4
	Plan								3	3	3	3	2	2	4		4
4	I&E Margin Variance from Plan			2	1	2	2	2	3	3	4	4	4	4	1	1	1
4	Variance from agency ceiling	1		3	4	4	4	4	3	3	3	3	3	3	1	1	1
	Plan								2	2	1	1	1	1	4		4
4	Overall Use of Resources Rating			3	3	3	3	3	3	3	4	4	4	4	3	3	3
FINANCE INDICATORS LOCAL																	
4	EBITDA - Variance from PBR Plan - cumulative (£'000's)						-823	-361	-3053	-5439	-7.639	-9934	-12.922	-15310	-173		
4	Agency - Variance to NHSI cap						-1.87%	-1.56%	-1.45%	-1.38%	-1.33%	-1.32%	-1.28%	-1.27%	3.03%	2.72%	
4	CIP - Variance from PBR plan - cumulative (£'000's)						2381	1685	1114	-403	-1287	-2354	-3518	-2430	-401		
4	Capital spend - Variance from PBR Plan - cumulative (£'000's)						3104	4195	6792	9269	12002	17176	18254	17324	2116		
4	Distance from NHSI Control total (£'000's)						320	14	-1902	-3493	-4887	-7083	-7924	-9549	234	581	
4	Risk Share actual income to date cumulative (£'000's)						4156	4505	5836	5844	7169	8389	8637	9107	-236		

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

NOTES

* For cumulative year to date indicators, (operational performance & contract indicators) RAG rating is based on the monthly average

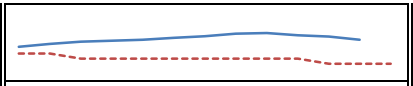
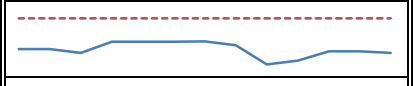
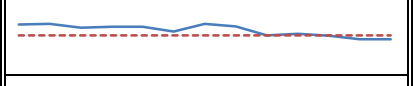
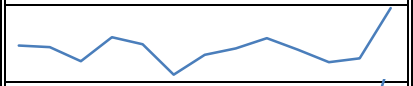
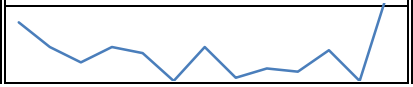
[STF] denotes standards included within the criteria for achieving the Sustainability and Transformation Fund

Corporative Objective		Target 2017/2018	13 month trend	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Year to date 2017/18
NHS I OPERATIONAL PERFORMANCE																	
1	A&E - patients seen within 4 hours [STF]	>95%		87.4%	91.6%	92.3%	92.9%	92.6%	95.5%	91.6%	86.6%	86.9%	89.2%	94.2%	94.4%	90.1%	92.2%
	A&E - trajectory [STF]	>92%		84.8%	86.8%	89.9%	90.5%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	89.0%	90.0%	90.0%
1	Referral to treatment - % Incomplete pathways <18 wks	>92%		92.5%	92.0%	91.4%	90.5%	89.3%	89.4%	88.7%	87.3%	87.6%	87.8%	87.5%	87.2%	87.6%	87.6%
	RTT Trajectory			91.2%	91.3%	92.0%	92.6%	92.9%	93.1%	93.2%	93.2%	93.1%	93.3%	93.3%	87.2%	87.5%	87.5%
1	Cancer - 62-day wait for first treatment - 2ww referral	>85%		90.8%	92.4%	88.0%	88.4%	87.9%	83.1%	94.5%	88.9%	84.2%	91.6%	88.0%	87.2%	84.4%	85.5%
1	Diagnostic tests longer than the 6 week standard	<1%		1.1%	1.2%	1.1%	0.5%	1.3%	1.7%	1.8%	4.7%	2.9%	1.6%	1.7%	3.4%	2.2%	2.8%
LOCAL PERFORMANCE FRAMEWORK 1																	
1	Number of Clostridium Difficile cases - Lapse of care - (ICO) *	<18 (year)		1	1	2	1	1	0	0	1	0	0	0	0	1	1
1	Cancer - Two week wait from referral to date 1st seen	>93%		96.8%	97.4%	98.1%	88.7%	69.4%	72.0%	67.8%	88.2%	96.2%	97.0%	98.0%	83.5%	81.7%	82.6%
1	Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	>93%		99.0%	97.2%	97.4%	97.8%	100.0%	95.8%	97.9%	95.9%	89.3%	94.6%	96.2%	54.8%	97.8%	77.3%
1	Cancer - 31-day wait from decision to treat to first treatment	>96%		98.9%	95.8%	98.5%	96.7%	95.2%	98.4%	98.4%	97.6%	95.5%	98.0%	99.4%	99.2%	98.9%	99.0%
1	Cancer - 31-day wait for second or subsequent treatment - Drug	>98%		100.0%	100.0%	99.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
1	Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	>94%		98.2%	98.6%	93.9%	98.2%	94.4%	97.3%	97.0%	100.0%	94.7%	96.0%	96.2%	96.4%	100.0%	98.0%
1	Cancer - 31-day wait for second or subsequent treatment - Surgery	>94%		93.2%	100.0%	94.6%	91.2%	93.2%	96.7%	96.6%	93.9%	97.7%	96.7%	100.0%	96.9%	90.9%	93.8%
1	Cancer - 62-day wait for first treatment - screening	>90%		100.0%	100.0%	93.8%	90.9%	100.0%	93.8%	85.7%	85.7%	92.3%	100.0%	100.0%	100.0%	88.0%	93.0%
1	RTT 52 week wait incomplete pathway	0		6	5	11	8	10	11	13	12	15	17	17	18	18	18
1	Mixed sex accomodation breaches of standard	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	On the day cancellations for elective operations	<0.8%		1.4%	1.6%	0.9%	1.0%	1.0%	1.3%	1.1%	1.0%	1.1%	0.7%	0.6%	0.9%	1.4%	1.2%
1	Cancelled patients not treated within 28 days of cancellation *	0		9	6	9	3	4	0	0	6	1	1	1	0	2	2

Corporative Objective		Target 2017/2018	13 month trend	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Year to date 2017/18
LOCAL PERFORMANCE FRAMEWORK 2																	
1	Ambulance handover delays > 30 minutes	0		111	37	54	36	24	44	129	129	123	62	110	56		154
	Handovers > 30 minutes trajectory *			40	35	25	20	20	25	25	30	30	30	30	30		60
1	Ambulance handover delays > 60 minutes	0		6	0	1	2	3	2	30	10	22	10	4	6		8
1	A&E - patients seen within 4 hours DGH only	>95%		81.2%	87.2%	88.3%	88.7%	88.6%	93.4%	87.9%	81.1%	81.4%	84.3%	91.5%	91.8%		88.4%
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%
1	Trolley waits in A+E > 12 hours from decision to admit	0		0	0	0	0	2	0	0	1	2	0	0	0		0
1	Number of Clostridium Difficile cases - (Acute) *	<3		4	2	2	3	2	0	0	3	1	1	0	0		2
1	Number of Clostridium Difficile cases - (Community)	0		1	2	1	0	0	0	0	1	0	1	0	0	0	0
1	Care Planning Summaries % completed within 24 hours of discharge - Weekday	>77%		56.2%	59.4%	51.2%	54.8%	57.0%	58.1%	57.5%	54.5%	62.8%	65.3%	60.7%	65.4%		65.4%
1	Care Planning Summaries % completed within 24 hours of discharge - Weekend	>60%		22.4%	35.0%	20.4%	24.0%	22.8%	28.4%	22.4%	26.2%	30.3%	28.7%	23.7%	27.9%		27.9%
1	Clinic letters timeliness - % specialties within 4 working days	>80%		72.7%	81.8%	81.8%	81.8%	72.7%	86.4%	86.4%	81.8%	95.5%	72.7%	86.4%	72.7%	81.8%	77.3%

Corporative Objective		Target 2017/2018	13 month trend	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Year to date 2017/18
QUALITY LOCAL FRAMEWORK																	
1	Safety Thermometer - % New Harm Free	>95%		96.0%	97.0%	96.5%	96.7%	95.9%	97.8%	96.9%	97.1%	96.6%	98.1%	98.0%	97.3%	96.2%	96.7%
1	Reported Incidents - Major + Catastrophic *	<6		4	1	4	0	2	3	0	1	2	2	2	3	5	8
1	Avoidable New Pressure Ulcers - Category 3 + 4 * (1 month in arrears)	9 (full year)		2	1	0	1	1	0	0	0	0	0	0	0		0
1	Never Events	0		0	0	0	0	0	1	0	0	0	0	0	0		0
1	Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	0			4	4	3	4	6	1	4	2	4	4	9		13
1	QUEST (Quality Effectiveness Safety Trigger Tool) - Red Rated Areas / Teams	0		0	0	0	0	0	0	2	0	1	1	0	1		1
1	Formal Complaints - Number Received *	<60		42	40	25	37	36	32	38	26	29	26	32	16		47
1	VTE - Risk assessment on admission - (Acute)	>95%		95.0%	94.3%	92.8%	91.8%	92.0%	93.2%	94.4%	93.5%	95.3%	94.7%	94.7%	93.4%	93.7%	93.5%
1	VTE - Risk assessment on admission - (Community)	>95%		92.9%	91.2%	92.2%	97.5%	97.6%	99.2%	95.0%	97.0%	95.4%	93.5%	96.1%	97.6%	96.5%	
1	Medication errors resulting in moderate to catastrophic harm	0					0	1	1	0	2	2	1	1	1		
1	Medication errors - Total reported incidents (trust at fault)	N/A		46	39	63	38	27	41	56	48	53	44	62	51		
1	Hospital standardised mortality rate (HSMR) - 3 months in arrears	<100%		115.2%	98.6%	104.9%	95.2%	104.4%	124.4%	98.1%	87.2%	122.3%	92.8%				
1	Safer Staffing - ICO - Daytime (registered nurses / midwives)	90%-110%		101.4%	102.8%	100.5%	95.6%	96.5%	102.9%	101.2%	101.7%	101.3%	99.5%	96.2%	97.2%	97.2%	97.2%
1	Safer Staffing - ICO - Nightime (registered nurses / midwives)	90%-110%		96.2%	97.5%	97.0%	94.6%	93.1%	97.4%	98.2%	100.5%	98.7%	97.6%	95.5%	94.4%	94.4%	94.4%
1	Infection Control - Bed Closures - (Acute) *	<100		56	68	28	34	6	24	98	68	116	0	6	24	24	48
1	Fracture Neck Of Femur - Time to Theatre <36 hours	>90%		89.5%	85.2%	76.3%	70.7%	94.3%	67.9%	85.3%	88.6%	76.9%	84.6%	76.1%	82.4%	75.0%	
1	Stroke patients spending 90% of time on a stroke ward	>80%		79.6%	71.4%	79.5%	87.2%	85.5%	94.9%	84.6%	88.2%	82.9%	90.9%	89.1%	89.2%	57.1%	73.2%
1	Dementia - Find - monthly report	>90%		29.8%	31.9%	36.8%	36.6%	36.4%	49.4%	59.2%	48.6%	59.9%	65.8%	67.8%	58.9%	53.5%	56.2%
1	Follow ups 6 weeks past to be seen date	3500		6073	6219	6601	6919	6533	6582	6201	7034	7028	7050	7196	8229	8451	8451

Corporative Objective		Target 2017/2018	13 month trend	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Year to date 2017/18
COMMUNITY & SOCIAL CARE FRAMEWORK																	
1	Number of Delayed Discharges (Community) *	NONE SET		188	594	411	425	110	180	441	375	179	223	310	142	72	214
1	Number of Delayed Transfer of Care (Acute)	NONE SET		58	52	81	92	52	61	93	59	39	41	138	202		346
1	Timeliness of Adult Social Care Assessment assessed within 28 days of referral	>70%		78.7%	72.1%	72.9%	73.7%	69.5%	69.0%	68.8%	69.4%	69.8%	70.7%	71.2%	78.8%		72.9%
3	Clients receiving Self Directed Care	>90%		91.6%	91.2%	91.1%	91.7%	91.7%	92.3%	92.3%	92.0%	92.2%	92.5%	92.0%	92.0%		92.8%
2	Carers Assessments Completed year to date	40% (Year end)		11.9%	18.6%	21.9%	25.2%	28.5%	30.0%	32.5%	34.9%	35.8%	37.0%	38.3%	4.4%	8.7%	8.7%
	Carers Assessment trajectory			6.7%	10.0%	13.3%	16.7%	20.0%	23.3%	26.7%	30.0%	33.3%	36.7%	40.0%	3.6%	7.2%	7.2%
3	Number of Permanent Care Home Placements	<=617 (Year end)		624	626	614	626	635	641	649	649	636	636	642	634	629	629
	Number of Permanent Care Home Placements trajectory			632	631	629	628	626	625	623	622	620	619	617	639	637	637
1	Children with a Child Protection Plan (one month in arrears)	NONE SET		137	131	117	126	140	156	177	191	191	189	219	231		231
3	4 Week Smoking Quitters (reported quarterly in arrears)	NONE SET			39			105			157			157			
3	Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	NONE SET			9.2%			8.2%			7.8%			7.8%			
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%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
1	Bed Occupancy	80% - 90%		89.8%	86.4%	92.7%	90.2%	92.6%	92.7%	93.4%	87.9%	88.7%	86.1%	88.2%	89.7%	91.3%	89.7%
1	CAMHS - % of patients waiting under 18 weeks at month end	>92%					78.3%	85.1%	87.1%	89.1%	94.2%	100.0%	100.0%	96.3%	88.4%	84.8%	88.4%
1	DOLS (Domestic) - Open applications at snapshot	NONE SET		576	578	583	590	612	610	602	579	593	609	597	603	601	603
1	Intermediate Care - No. urgent referrals	113					100	109	120	124	160	199	151	149	165	175	340
1	Community Hospital - Admissions (non-stroke)	NONE SET					236	249	226	267	297	310	278	258	201	240	441

Corporative Objective		Target 2017/2018	13 month trend	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Year to date 2017/18
WORKFORCE MANAGEMENT FRAMEWORK																	
2	Staff sickness / Absence (1 month arrears)	<3.8%		4.13%	4.19%	4.23%	4.25%	4.27%	4.31%	4.34%	4.39%	4.40%	4.36%	4.33%	4.27%		4.27%
2	Appraisal Completeness	>90%		82.00%	82.00%	81.00%	83.91%	83.91%	83.91%	84.00%	83.00%	78.00%	79.00%	81.40%	81.42%		81.00%
2	Mandatory Training Compliance	>85%		87.85%	88.00%	87.00%	87.25%	87.25%	86.00%	88.00%	87.38%	85.00%	85.41%	84.90%	84.00%	84.00%	84.00%
2	Turnover (exc Jnr Docs) Rolling 12 months	10% - 14%		12.77%	13.21%	12.99%	12.87%	12.61%	12.61%	12.00%	11.87%	11.51%	12.39%	12.66%	13.11%		n/a
CHANGE FRAMEWORK																	
3	Number of Emergency Admissions - (Acute)			2974	2947	3078	2935	2997	3015	3012	3088	3036	2754	3155	2785	3150	5935
3	Average Length of Stay - Emergency Admissions - (Acute)			3.3	3.2	3.0	3.4	3.3	2.9	3.1	3.2	3.3	3.2	3.0	3.1	3.7	3.4
3	Hospital Stays > 30 Days - (Acute)			34	26	21	26	24	15	26	16	19	18	25	15	47	62

Torbay and South Devon NHS
NHS Foundation Trust

Council of Governors

Wednesday 19 July 2017

Agenda Item:	9
Report Title:	Lead Governor's Report
Report By:	Lead Governor
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

1.1 Topical areas of interest presented by the Lead Governor arising since the last Council of Governors meeting on 26 April 2017.

2. Main Report

2.1 Thank you for your attendance at meetings and for your support since the last CoG meeting in April. I appreciate the difficulty that may arise from keeping to our observer role at committee meetings and at Board. However, I wish to express my thanks to all chairmen for their unfailing kindness to us all, in giving us the opportunity to speak at the appropriate time.

2.2 Considerable time and effort has been given to producing and editing the proposed Governor Strategy. We received a draft for comment and then a further draft copy with all comments recorded for further consideration. I hope we will soon be able to approve the final draft and that this will lead to a sustainable way forward for the governing body.

2.3 The next meeting of the CoG will be the Annual Members Meeting (AMM) in September. I hope governors will speak with members at the AMM as this is an ideal opportunity to seek members' opinions as well as to promote the governor role. The Trust is considering whether to run the stalls in the Horizon Centre this year as well as the usual short presentations in Anna Dart, which would provide additional opportunity for governors to engage.

3. Recommendations

3.1 Council of Governors accept the report.

4. Decisions Needed to be Taken

4.1 Note and comment on the information outlined above/attached.

5. Attached to this Report

Attachment one - Constituency reports from South Hams and Plymouth, Torbay and Teignbridge.

Torbay and South Devon NHS
NHS Foundation Trust

CONSTITUENCY SUMMARY SHEET

Constituency:	Teignbridge
Meeting date:	28.6.17
Present	Sue Whitehead John Smith Barbara Inger Carol Day David Parsons Cathy French.
Apologies:	Sylvia Russell
Author of the report:	Cathy French

Agenda

1. Welcome carol day

2. Approval of Minutes of last meeting dated pre April COG

3. Feedback from the constituency (all) Members were confused about the Governor Strategy and had wanted a face to face meeting with all governors- rather than documented feedback. The strategy group had spent a great many hours researching and compiling the 1st draft and then recording all comments against the various points for draft 2. Comment had been sought and received from governors NEDs and the Executive. The role of lead Governor had expanded with the ICO, and the strategy group felt this needed the addition of a deputy. Timely communication was suggested via the use of observer role proformas and the recording of meetings attended.
   This information would be sent to all governors (It was felt that receiving the back brief etc. from the Trust, had led to governors being kept up to date).
   The discussion became very heated and as a result, Carol left the meeting.
   Cathy, who had arrived late, took the chair.

4. Feedback from Governor observer roles
   Sue Whitehead no observer role.
   Carol Day Torbay Pharmaceuticals. April & May. meetings commercially sensitive.
   Cathy French. Charitable funds (unable to attend) TP for carol. June 19th.
   David Parsons. Workforce 4th May.
   John Smith. Finance. April 25th. May 23rd. June 27th.
   Barbara Inger. No Observer role.

5. Meetings attended.
   June 22nd Central Church. Newton Abbot CCG open day and AGM.
   Barbara. David John & Cathy.
   May 9th. PLACE Dawlish.& Patient Participation group Barton Surgery
   Carol
   Barbara. Staff Engagement Totnes Hospital-Mairead. June 20th.
   John
   David
   Cathy. PLACE Torbay 15th May. Totnes 19th May. Brixham 10th May.

June 6th Volunteers tea party **Bayview.**
June 21st. Pavillions teignmouth. Coastal group.

6. Matters of concern:
1/ Length and direction of the Governor Strategy Document.
2/ Lack of coordination and of communication between governors and between the Trust and Governors.
3/ Whistle Blowing policy. Policies are only available on the intranet which governors have no access to.

Date and time of next meeting.

Minutes of this Meeting (Author)

Agenda items for Council of Governors, Board to Council Meetings

Name:

Theme/subject:

Source e.g. Governor direct, Constituency meeting or Constituency member

Details of Governor visits/external work

1.
2.
3.

Matters requiring attention importance level (high) (medium) (low)
Please indicate

<u>Topics of interest/agenda items for next constituency meeting</u>

1.
2.
3.

Minutes dated ……Circulated to Trust office, Lead Governor / other Governors.

Yes **No**

PUBLIC / PRIVATE (delete as appropriate – if PRIVATE, please use NHS to NHS email addresses)

CONSTITUENCY REPORT

Constituency:	South Hams
Meeting date:	26 June 2017
Governors present:	Mary Lewis (ML) Simon Wright (SW) Peter Coates (PC) Craig Davidson (ACD)
Apologies:	None
Author of the report:	ACD

Agenda

1. Minutes of meeting 24 April were approved.

2. No feedback from Governor observer roles

3. **Nick Hindmarsh,** manager of Dartmouth Caring, attended and gave a summary of activities, problem areas and future pressures on the charity. As a result of a reduction in statuary support for children, DC were expanding into this area and generally increasing its counselling activities. Providing transport is a major but stable activity (4000 journeys pa) at cost of £25k. 3 main benefactors but need to increase income (currently £180k). ICO provides 12%. Good communication with Lee Baxter over Riverview development which will enable increase in activities and better meet need in Townstall area. Bridgeworker (HC assistant level 3) provides scheduled and urgent visits to support vulnerable. Aim to increase to 2/3 FTEs. ICO have asked DC to consider day care provision but contracting may be difficult. DC keep an index of registered carers and may in future act as agent and possibly trainer. Also interested in providing support to carers, particularly children who are carers to an adult.

4. **The draft governor strategy** was briefly discussed. ML commented on the lengthy list of governor comments received by the Trust office. PC voiced concern that, according to the strategy, governors might only communicate to the Trust through NEDs, the Lead governor or the Chair. ACD agreed. As long as the Trust secretary or the lead governor was kept informed, he would wish to be able to have direct dialogue with Trust management. All agreed that the changing role and scope of Lead governor now made a deputy necessary and was our preferred option.

5. **Riverview visit 6th June.** Helpful and largely positive. Transport, access and need to badge the NHS areas within the facility were thought to be the main issues along with delay in the contracts being finalised. Disappointment that promised updates from estates not subsequently provided.

6**. Feedback from Dartmouth PPG AGM** ACD & ML attended this meeting (26/6). Lee Baxter had presented an update on Riverview but was short on detail to a hostile audience. Dr Anderson, DMP lead, appeared bored and surprised at the antagonistic questioning. The problem of inadequate communication with the public about disposal of DCH and Riverview development was raised. Pierre Landell Mills, chair, expressed concern that the ICO, who had committed to providing monthly updates and to use the local press to inform the community, had not done so.

7. **Contact with Catherine House and Leatside, Totnes.** ML & ACD have made initial contact and will report at next meeting on meetings with PPG and practice managers.

8. Feedback from Moor to Sea Implementation meeting PC attended in place of ACD/ML. Useful to put faces to names of key players. A concern had been raised that there were no nursing staff on the Moor to

Sea IC team but subsequently we were informed 2 of 3 posts now been recruited and that the team is working well.

9. **OPD concerns**, particularly in neurology, audiology, ophthalmology and dermatology. PC has requested breakdown on performance from Trust. ACD commented that the Performance committee might be asked to take this forward. **PC to action.**

10. Naylor Report ML outlined this government initiative that aims to raise money for the NHS by selling off unused land or assets.

AOB ACD reviewed recent e mails and conversations he has had with Dartmouth PPG, SW ambulance service FT, Liz Davenport and a reporter on the Chronicle. With no local announcement from the CCG, news had been leaked that the first responder service was to be axed in Dartmouth in early July as part of a reorganisation of ambulance provision locally and nationally. To be discussed further at next meeting.

Date of next meeting. 18/9/17 10.0-12.0am.

Agenda items for Council of Governors, Board to Council Meetings

Name: Craig Davidson

Theme/subject: Communication with governors and with the general public.

Source e.g. Constituency meeting, PPGs, personal experience.

Communication with governors by the ICO was generally inadequate throughout the consultation process last year and the CCG had failed to positively engage with the public. The result was that governors felt ill informed and unable to be effective and that public antagonism to the plans was promoted. Assurances by ICO that communication would improve during Implementation have not so far occurred. What plans does the ICO have to communicate more effectively?

Details of Governor visits/external work

1. Meeting with CEO/Estates to discuss our concerns regarding lack of information on Riverview development.
2. Visit to Riverview, attendance at Dartmouth PPG, contact with Totnes GP practices.
3. Contact with Dartmouth Caring
4. Engagement with ambulance services.

Matters requiring attention importance level (high) (medium) (low)
Please indicate

Positive influencing of media by Trust and partners eg CCG.

Topics of interest/agenda items for next constituency meeting

1. Ambulance service performance
2. Implementation progress
3. Raising governor profile

Minutes sent to Trust office for information/circulation 12/7/17

PUBLIC
CONSTITUENCY SUMMARY SHEET

Constituency:	Torbay
Meeting date:	4 July 2017
Governors present:	AP, WM, LH, BB
Apologies:	Paul Lilley & PW No contact from SS
Author of the report:	AP

Agenda

1. Welcome

2. Approval of Minutes of last meeting dated February 8th 2017

3. Feedback from the constituency (all)

4. Feedback from Governor observer roles

5. Locality stakeholders meeting feedback.

6. Lead Governor application

A.O.B.

Date and time of next meeting.

Minutes of this Meeting (Andy Proctor)

Notes from Previous Minutes:

- Risk regarding consultation. No response from Trust/CCG to address the risk of another consultation that Torbay Governors do not consider addresses public concerns

- No answer to safeguarding question – see information below

- Noted that a number of the recent points raised on Torbay minutes have been addressed by the Trust, and the Governors thank the Trust for this.

Agenda items for Council of Governors, Board to Council Meetings

Name: MEARS Issue (New) – For CoG

Theme/subject: MEARS contract management. Governors seek assurance through evidence of the value for money of the MEARS contract and its efficient, pro-active management to deliver value for money for the Trust. Evidence brought to meeting from a Governor that resourcing and scheduling of MEARS staff seems to be inefficient and not providing Value for Money.

Source: Governor direct & Constituency meeting

Name: Charitable Fund (New) – For CoG

Subject: Governors would like assurance as to the situation re the Trust charitable fund. Specifically, what percentage of the charitable funds have been specified for a specific use and what is the current balance of the charitable fund?

Source: Constituency feedback

Name: Readmissions (New) – For CoG

Subject: Governors would like to receive assurance regarding the trend of readmissions within 28 days (increasing – so what is being done?) and how TSDFT compares to other Trusts in this regard.

Source: Constituency meeting

Details of Governor visits/external work

1. Governors visited Brixham and Totnes Hospitals (CQC & Place assessment) and have a peer review session at Newton Abbot shortly.

2. Governors conducted 2 x walkabouts at Torbay Hospital

3. Governors contributed (leading contribution from a Torbay Governor) to the development of the Governor strategy document.

4. Engagement with GP Patient Participation Groups. Noted that Governors can take action to build relationships with the GP PPG's. Governors took actions to contact their own GPS's to start off the engagement. (Galmpton/Crofthall/Chilcote/Mayfield)

Matters requiring attention importance level (high) (medium) (low) Please indicate

1. (High) Governors request feedback on the role of the locality stakeholder groups. Torbay have had no input/feedback from any groups (how many meetings/agenda/content etc) therefore please can the Trust clarify the responsibilities of the locality stakeholder member?

2. (High) WM has not received a response to the questions at the Safeguarding committee meeting about the number of children on care plans v's health visitor case loads and how they are balanced; also the number of teenage mothers who have children on the child protection register. Request the trust provide a response to this question.

3. (High) Torbay Governors are disappointed that they have received no formal response to their letter dated 18 Feb 17 regarding the consultation re the hospital reconfiguration/closures. Through this note, the Governors formally request a response from the Trust. Governors are also

looking at contacting Healthwatch directly for input and to mitigate the STP consultation having the same issues.

4. (High) Next meeting date to be confirmed at 6th Sept 17

Topics of interest/agenda items for next constituency meeting

1. Feedback regarding PPG's engagement

2. MEARS Update

3. Strategy and Lead governor role outcomes

Minutes dated …09 July 2017…….Circulated to Trust office, Lead Governor / other Governors.

Yes **No**

PUBLIC

Torbay and South Devon NHS
NHS Foundation Trust

Council of Governors

Wednesday 19 July 2017

Agenda Item:	11
Report Title:	Quality and Compliance Committee Report
Report By:	Wendy Marshfield
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

1.1 Update report of the Quality and Compliance Committee (Q&CC) following their most recent meeting on **30 June 2017**.

1.2 A verbal update will be provided at the Council of Governors meeting on progress and/or any areas of concern that Q&CC may wish to highlight.

2. Recommendations

2.1 Council of Governors receives the draft notes as at attachment one and supports the current work of the Quality and Compliance Committee.

3. Decisions Needed to be Taken

3.1 Note and comment on the information above/attached.
3.2 Approve the recommendation as at section two.

4. Attached to this report

Attachment one - Draft notes of the June's Q&CC meeting.

Torbay and South Devon NHS
NHS Foundation Trust

NOTES OF THE QUALITY AND COMPLIANCE COMMITTEE MEETING

HELD IN THE BOARDROOM, TORBAY HOSPITAL

AT 10AM ON FRIDAY 30 JUNE 2017

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* Cathy French (CF)	* Lynne Hookings (LH)
Paul Lilley (PL)	* Wendy Marshfield (WM) - Chair
Andy Proctor (AP)	* John Smith (JS)
Peter Welch (PW)	Sue Whitehead (SW)

*Denotes member present

In attendance
Governance Lead (GL)
Quality Lead (QL)
Note taker (JB)
Company Secretary (CS)
Corporate Governance Manager (CGM)
Gary Hotine, HIS Director (GH)

Action

1 Apologies

Apologies received from Paul Lilley, Andy Proctor, Peter Welch, Sue Whitehead.

2 Minutes of the last meeting

The minutes of the last meeting dated 29 March 2017 were **agreed** as accurate.

Matters arising

There were no matters arising.

3 Appointment of the chair (Q&C Committee) until April 2018

The CS stated as per the Terms of Reference a publicly-elected governor should be appointed to chair this committee.
WM said she would like to be considered.
LH and CF seconded.
CS welcomed WM to the chair.

4 Review the Terms of Reference

The Terms of Reference were received for information only as next due for review in 2018.

5 CQC update

GL informed members that she would send out the consultation document after the

meeting.

There was an unannounced visit by the CQC on 3 and 4 May in which a team of twelve arrived at 8.30am. They looked at medical and emergency care and the Inspection Manager attended the Board meeting on 3 May. The feedback at the end of the day was very good in that they recognised that a huge amount of progress had been achieved since the last visit particularly the Emergency Department (ED). There were five very minor issues. The report from this visit is due here at Torbay on the evening of 5 July and we have ten days to respond. The report will be publicly available on 21 July 2017.

WM remarked that she had attended Quality Assurance Committee on Wednesday 28 June and reported that Jane Viner, Chief Nurse, had said she felt more confident about ED now, however, in general medicine further work may be required.

CF asked GL how much benchmarking we do against other Trusts and GL said that we do a lot of benchmarking in that respect.

CF and JS questioned the terminology of 'requires improvement' and thought that this might give a statement of failure to the general public.

GL advised that if there are any 'requires improvement' markings on the final report perhaps it would be a good idea to issue a press release to explain what this means so there is no misunderstanding by the general public.

CQC will be coming back to do a 'Well-Led' inspection. In the future these inspections will be on an annual basis at all Trusts nationally and there will be one core service unannounced inspection prior to the 'Well-Led' inspection. The Consultation had just been published in which there is one set of standards for healthcare and one set of standards for social care. This comes into effect from June. There is a new insight tool that CQC will be using and the frequency of visits will be reducing drastically.

WM asked GL if she would give a short briefing to all the governors at 16 August Board to Council of Governors. GL agreed. — GL

WM discussed governor involvement in PLACE Assessments and how this provides governors with insight into the functionality of the hospital. For example WM advised that she and LH undertook a CQC local assessment in ED earlier this year which provided them both with assurance that developments are progressing well. It also provided the opportunity for patients and staff to meet with the governors.

It was agreed that GL would send her report to JB to circulate to members. — GL/JB

WM thanked GL for her report.

6. <u>Quality update</u>

QL informed members that the Annual Report containing the Quality Report/Accounts has been sent to Parliament and is waiting to be published. There is one public report out this year and the feedback has been positive. QL said she is working on the Quality Report for this year. The PwC report that was in today's meeting pack includes Delayed Transfers of Care and broadly speaking they are happy with the data quality.

QL reported that there are four CQUIN's being worked on this year:

- Nurses;
- Health and Wellbeing (x2); and
- Health and Food.

CF mentioned that the Food and Drink Strategy was being presented at July's Council of Governors (CoG).

QL advised that she would provide the CQUIN for Health and Food to JB so this could be circulated to all governors. JB/QL

LH advised that the League of Friends are doing their best to support the healthy eating in their café on Level 2 but wished to point out that other shops in the new Level 4 Main Reception are exempt to having to comply with the national guidance.

QL informed members that there is a reduction in the prescribing of antibiotics but the strategy around sepsis is to prescribe antibiotics within a defined timeframe when sepsis is diagnosed (golden hour). There was a 'Sock it to Sepsis Week' a couple of weeks ago where staff wore striped over the knee socks to work. The challenge is to raise awareness of sepsis.

WM thank QL for attending.

7. <u>Feedback from governor observers</u>

CS reported that CF will be taking up the Governor Observer seat on the Capital Infrastructure and Environment Group (CIEG) and that he is working with two governors in relation to the Charitable Funds Committee. IM&IT Group Governor Observer position remains vacant. A new election process will commence soon to elect two new community-based governors.

CF pointed out that the Lead Governor used to be invited to the staff governor meetings with the Chairman and asked that she might be invited again.

CGM said that the staff governor meetings with the Chairman are quarterly and she would speak to the Chairman about including the Lead Governor in future meetings. CGM

WM mentioned that a number of staff governors had asked for further defining of their role to be included in the Governor Strategy e.g. frequency of staff governor meetings and who they would be interfacing with.

WM asked if a staff governor could give a presentation at a future CoG meeting on their role as staff governor. CS

The CS was asked by members to send out the information again naming the governors who are governor observers on which committees/groups and to include a sentence stating that if for any reason they cannot attend a meeting at short notice then please arrange for a deputy to attend in their place. Also if unable to attend Quality and Compliance Committee please provide a short summary of the meetings they have attended as governor observer. CS

Discussion followed regarding whether the reporting form is fit for purpose. LH felt the information provided on some forms does not provide the reader with assurance. WM agreed the completion of the form needs to be more explicit. GL said she would be happy to advise governors on what is needed on the forms

when completing them. LH suggested feeding back to GL an example of a good report. JB/GL

It was agreed the governors have a development session by GL after 6 September Quality and Compliance Committee meeting regarding CQC assurance.

JS reported that at some of the Finance meetings NED's are not available and therefore meeting not quorate and that sometimes meeting papers are late.

CS confirmed that following JS's report a number of actions had been taken. CS had spoken with the Chairman and the Deputy Director of Finance in the absence of the Director of Finance. The Chairman has met recently with all NEDs and emphasised the need for high levels of attendance at committee meetings. The Foundation Trust Office has improved its processes for supporting NED attendance at the Finance, Performance and Investment Committee as well as working with the Director of Finance to ensure committee papers are published in a more timely fashion.

9. Prepare/discuss report to Council of Governors (CoG) on 19 July 2017

WM to summarise today's meeting for the next CoG. WM

10. Preparation for joint Board-to-CoG meeting on 16 August 2017

QL suggested that Ann Wagner could do a presentation on IT. WM agreed and would like it to include key development areas during the next twelve months – challenges and impact on patient care. QL agreed and suggested also to include delivery of key areas of improvement.

WM asked for the ratification of the Governor Strategy to go to this meeting. JB/CS

GL to do a presentation on CQC updates.

11. ICT update

WM welcomed Gary Hotine, HIS Director, to the meeting and asked GH what systems and processes are improving.

GH informed the group that the Trust has introduced video conferencing along with technology such as Facetime on work devices. Four years ago IT looked at all the systems for communicating and found lots of systems had different advantages so a pilot was started with a care home and Acute Medical Unit (AMU). The care home was able to access relevant data and staff who were not involved in the pilot had also asked if they could use the software which has been very successful. Hundreds of staff are now using the system.

The Trust can offer Skype for communicating directly with patients and are testing communicating a link to patients for their mobile devices.

Room based conferencing is now available in the Executive Meeting Room, Hengrave House in the form of Visimeet which is proving very useful for various teams that are spread across different Trust locations.

750 staff have smart phones and are not allowed to take pictures of patients as this is not secure. Windip approach shows patient details and the use of mini tablets is being considered to access this which ensures it is the correct patient before taking pictures on tablets.

GH spoke about the Mobile Phone Policy referring to Bring Your Own Device (BYOD) – employees requiring a work mobile phone have the opportunity to use their own personal mobile phone for work purposes, and will be supplied with a Trust issued SIM card to use with it. This will allow staff to benefit from voice, texts and data charged at the corporate rate, for both work and personal use. A charge will apply for staff requiring personal use – this will be by a fixed monthly deduction from salary.

150 to 200 iPad's are now available for staff on a priority basis.

WM thanked GH for giving an update to this Committee.

11. Decide whether to invite speaker(s) to the next meeting

11.1 As no executive director is available for 6 September 2017, it was tentatively decided not to have a speaker due to the forthcoming Annual Members Meeting (AMM) but if anyone would like to suggest a speaker then please email WM.

11.2 Director of Workforce and Organisational Development attending 22 November 2017.

Details of future meetings

Wednesday 6 September 2017, 10am – 12pm, Boardroom, Hengrave House, Torbay Hospital.

Torbay and South Devon NHS
NHS Foundation Trust

Council of Governors

Wednesday 19 July 2017

Agenda Item:	13
Report Title:	Secretary's Report
Report By:	Company Secretary
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

1.1 Topical areas of interest presented by the Company Secretary following the last Council of Governors meeting on 26 April 2017.

2. Main Report

2.1 **Joint meeting between Council of Governors and Board of Directors:** The next Board-to-Council meetings will be as follows:

- 16 August 2017, 3pm in the Anna Dart Lecture Theatre, Horizon Centre.
- 25 October 2017, 3pm in the Anna Dart Lecture Theatre, Horizon Centre.

2.2 **2017 governor observers:** Please refer to the updated list as at attachment one.

2.3 **NED portfolio of responsibilities:** Please refer to the updated information as at attachment two.

2.4 **Staff governor elections:** A new process will shortly commence to find two new staff governors based in the community following the departure of Carol Gray and Nicola Barker. Both members of staff have now left the Trust to start their new jobs in other organisations**.**

2.5 **Constituency Reports**: Thank you to all the governors who submitted their feedback forms. The forms have been attached to the Lead Governor's report as at item 9.

2.6 **Interactive session with the Senior Independent Director (SID):** The Company Secretary emailed all governors on 12 July asking whether they would like to be involved in an interactive session with the SID.

2.7 **Board of Directors meetings:** Formal public meetings are outlined below. Governors, members and members of the public are welcome to attend these meetings as observers if they wish. The meetings are usually on a Wednesday at 9am in the Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital. Dates for the remainder of 2017 are:

- 2 August;
- 4 October;
- 1 November;
- 6 December.

3.	Recommendation
3.1	Note the information provided as attachments one and two.
3.2	Governors to confirm via email their response to the interactive session as referenced in section 2.6.

4.	Decisions Needed to be Taken
4.1	Note and comment on the information outlined above/attached.
4.2	Approve the above recommendations.

5.	Attached to this Report
	Attachment one - Governor Observers and Committee/Group membership Attachment two - NED Portfolios of Responsibilities.

Torbay and South Devon NHS
NHS Foundation Trust

Council of Governors
Committee/Group Refresh Results
As at 12 July 2017

Name of Committee / Group	Name of elected governor observer/member	Comments
Nominations Committee	Richard Ibbotson (Chairman) Lesley Archer Cathy French Lynne Hookings Barbara Inger	Permanent Term - 1 year. Staff seat Term - Until 22 September (Lead Governor seat) Term - 2 years (until 2018) Term - 2 years (until 2018) **1 other seat available**
Remuneration Committee	Cathy French Mary Lewis Carol Day Barbara Inger Lynne Hookings	Term - Until 22 September (Lead Governor seat) Term - 1 year (South Hams and Plymouth Seat) Term - 1 year (One other governor seat) Term - 3 years (until 2019) Term - 2 years (until 2018)
Mutual Development Group	Cathy French Lynne Hookings Mary Lewis Catherine Micklethwaite	Term - 1 year (until 2018) Term - 2 years (until 2018) Term – 3 years (until 2019) Term - 1 year (until 2018). Staff seat / rotated with other staff governors. **3 seats available**
Audit and Assurance Committee	Peter Welch	Term – 1 year
Quality Assurance Committee	Wendy Marshfield	Term – 1 year
Finance, Performance and Investment Committee	John Smith	Term – 1 year
Safeguarding / Inclusion Group	Sue Whitehead	Term – 1 year
Quality Improvement Group	Andy Proctor	Term – 1 year
Workforce and Organisational Development Group	Paul Lilley	Term – 1 year
Capital Infrastructure and Environment Group	Cathy French	Term – 1 year
Information Management and IT Group	**Vacancy**	**Vacancy**
Quality and Compliance Committee	Cathy French (Lead Governor) Peter Welch Wendy Marshfield Paul Lilley John Smith Sue Whitehead Andy Proctor Lynne Hookings **Vacancy** (IM&IT) **Vacancy** (Staff seat)	Term - Until 22 September (Lead Governor seat) Term - 1 year for everyone else listed
Joint Equalities Cooperative	Barbara Inger	Term – 1 year
Disability Awareness and Action Group	Bob Bryant	Term – 1 year
Infection Prevention and Control Committee	David Parsons	Term – 1 year
Torbay Pharmaceuticals	Carol Day	Term – 1 year
Charitable Funds Committee	**To be confirmed**	**To be confirmed**

Notes:

- Vacancies have been advertised. Priority seat to fill is for the IM&IT Group.
- If for any reason governor observers are unable to attend a meeting at short notice then please arrange for a deputy to attend in your absence and please notify the Foundation Trust Office.
- As a member of the Quality and Compliance Committee, if you are unable to attend a meeting please provide a short summary of the meetings you have attended as governor observer to the Foundation Trust Office.
- Governor Observer Protocol as approved by the Council of Governors in December 2016 provides further details.

NON-EXECUTIVE DIRECTORS (NED) – PORTFOLIO OF RESPONSIBILITIES 2017/18

Name	Key roles	Board of Directors Committees	Group(s)/Other
Richard Ibbotson 	- Board of Directors (Chair) - Council of Governors (Chair) - Executive Nominations & Remuneration Committee (Chair) - Clinical Excellence Awards (Chair) - NED Lead for appraisal and revalidation - NED Lead for Mortality Liaison	- Executive Nominations & Remuneration (Chair)	- Council of Governors (Chair) - Serious Adverse Events Group (Member) - Safe Working Guardian (NED)
David Allen 	- Board of Directors Vice-Chair - Board of Directors (Member) - Torbay Pharmaceuticals (Chair)	- Audit & Assurance (Member) - Quality Assurance (Member) - Torbay Pharmaceuticals (Chair) - Executive Nominations & Remuneration (Member)	- Council of Governors (Observer)
Jacqui Lyttle 	- Senior Independent Director (SID) - Board of Directors (Member) - Quality Assurance Committee (Chair) - Charitable Funds Committee (Chair) - NED Lead for Infection Control - NED Lead for Children's & Safeguarding - NED Lead for Maternity Services	- Audit & Assurance (Member) - Executive Nominations & Remuneration (Member) - Quality Assurance (Chair) - Charitable Funds (Chair)	- Council of Governors (Observer) - NED Lead for resuscitation audit
Jacqui Marshall 	- Board of Directors (Member) - Local Negotiating Committee (Chair)	- Audit & Assurance (Member) - Executive Nominations & Remuneration (Member) - Finance, Performance & Investment (Member)	- Council of Governors (Observer) - Local Negotiating Committee (LNC) (Chair)
Robin Sutton 	- Board of Directors (Member) - Finance, Performance & Investment Committee (Chair)	- Audit & Assurance (Member) - Executive Nominations & Remuneration (Member) - Finance, Performance & Investment (Chair) - Torbay Pharmaceuticals Board (Member)	- Council of Governors (Observer)
Sally Taylor	- Board of Directors (Member) - Audit & Assurance Committee (Chair) - South Devon Developments Ltd (Chair)	- Audit & Assurance (Chair) - Quality Assurance (Member) - Executive Nominations & Remuneration (Member)	- Council of Governors (Observer)

	- Experience & Community Engagement Lead - NED Older People's Champion - NED End of Life Champion	- Finance, Performance & Investment (Member) - Charitable Funds (Member) - South Devon Developments Ltd (Chair)	
Jon Welch 	- Board of Directors (Member) - NED Lead for Whistleblowing (any Non-Executive Director can be approached)	- Audit & Assurance (Member) - Executive Nominations & Remuneration (Member) - Finance, Performance & Investment (Member)	- Council of Governors (Observer)

Non-Executive Director (NED) Committee List 2017/18

Committees of the Board of Directors (in alphabetical order):

Audit & Assurance Committee

Sally Taylor (Chair)
All NEDs except chairman who can attend meetings by invitation as appropriate.

Charitable Funds Committee

Jacqui Lyttle (Chair) plus one other NED
Sally Taylor

Executive Nominations & Remuneration Committee

Richard Ibbotson (Chair) plus all NEDs

Finance, Performance & Investment Committee

Robin Sutton (Chair) plus three other NEDs
Jacqui Marshall
Sally Taylor
Jon Welch

Quality Assurance Committee

Jacqui Lyttle (Chair) plus two other NEDs
David Allen
Sally Taylor

South Devon Developments Ltd

Sally Taylor (Chair)

Torbay Pharmaceuticals Board

David Allen (Chair) plus one other NED
Robin Sutton

Groups

- Safeguarding / Inclusion Group
- Quality Improvement Group
- Capital Infrastructure & Environment Group
- Workforce & Organisational Development Group
- Information Management & IT Group
- Senior Business Management Group
- Risk Group

Non-Executive Directors (NEDs) are not expected to attend these Groups, but they may attend occasionally throughout the year to observe. NEDs should therefore not form part of the membership within the Group's Terms of Reference.