

Torbay and South Devon NHS Foundation Trust

Council of Governors

Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital
22 September 2017 12:30 - 22 September 2017 14:30

AGENDA

#	Description	Owner	Time
1	<p>Chairman's welcome and apologies: P Lilley, C Micklethwaite</p> <p>For information</p>	Chairman	
2	<p>Declaration of interests</p> <p>To receive</p>	Chairman	
3	<p>Minutes of the last meeting held on 19 July 2017 (enc)</p> <p>To approve</p> <p> 03 - 2017.07.19 DRAFT CoG minutes v2.pdf</p>	Chairman	5 mins
4	<p>Chairman's report (verbal)</p> <p>To receive</p>	Chairman	10 mins
5	<p>Appointment of the Lead Governor (enc)</p> <p>To receive</p> <p> 05 - 2017.09.23_Appt_of_Lead_Governor.pdf</p> <p> 05.1 - W_Marshfield_Response.pdf</p>	Chairman	10 mins
6	<p>Chief Executive's report (enc)</p> <p>To receive</p> <p> 06 - 2017.09.22_CX_Report.pdf</p> <p> 06.1 - Month 4 report.pdf</p>	CE	15 mins

#	Description	Owner	Time
7	<p>Non-Executive Director reports (enc)</p> <p>To receive</p> <p> 07 - 2017.09.22_NED_Reports.pdf 79</p> <p> 07a - 2017.06.21_Char_Funds_Cttee_Report.pdf 81</p> <p> 07b - 2017.06.27_FPI_Cttee_Report.pdf 83</p> <p> 07c -2017.06.28_QAC_Report.pdf 85</p> <p> 07d -2017.07.25_FPI_Cttee_Report.pdf 87</p> <p> 07e -2017.08.02__Audit_Committee_Annual Repor... 89</p> <p> 07f - 2017.08.29_FPI_Cttee_Report_to_Board.pdf 95</p>	NEDs	20 mins
8	<p>Lead Governor's report including constituency reports (enc)</p> <p>To receive</p> <p> 08 - 2017.09.22_Lead_Governors_Report.pdf 97</p> <p> 08.1 - 2017.09.04_Teignbridge_Constituency_Sum... 99</p> <p> 08.2 - 2017.09.06_Torbay_Constituency_Summary... 101</p> <p> 08.3 - 2017.09.11_South_Hams_Constituency_Su... 105</p>	C French	10 mins
9	<p>Quality and Compliance Committee report (enc)</p> <p>To receive</p> <p> 09 - 2017.09.22_QCC_Report.pdf 109</p> <p> 09.1 - 2017.09.06_DRAFT_QCC_Notes.pdf 111</p>	W Marshfield	5 mins
10	<p>Membership Group report (enc)</p> <p>To receive</p> <p> 10 - 2017.09.22_Membership_Development_Repor... 117</p> <p> 10.1 - 2017.08.22_DRAFT_Membership_Group_No... 119</p>	L Hookings	5 mins
11	<p>Secretary's report (enc)</p> <p>To receive</p> <p> 11 - 2017.09.22_Secretarys_Report.pdf 123</p>	CoSec	5 mins

#	Description	Owner	Time
12	<p>Non-Executive Director Presentation (verbal)</p> <p>To receive</p>	R Sutton	15 mins
13	<p>Urgent motions or questions</p> <p>To receive and action</p>	Chairman	
14	<p>Motions or questions on notice</p> <p>To receive and action</p>	Chairman	
15	Details of next meeting: 13 December 2017, 3pm, Anna Dart Lecture Theatre, Horizon Centre	For information	
	PLEASE LEAVE THE MEETING AT THIS POINT IF YOU ARE NOT A GOVERNOR OR BOARD MEMBER		

INDEX

03 - 2017.07.19 DRAFT CoG minutes v2.pdf.....	7
05 - 2017.09.23_Appt_of_Lead_Governor.pdf.....	13
05.1 - W_Marshfield_Response.pdf.....	15
06 - 2017.09.22_CX_Report.pdf.....	19
06.1 - Month 4 report.pdf.....	21
07 - 2017.09.22_NED_Reports.pdf.....	79
07a - 2017.06.21_Char_Funds_Cttee_Report.pdf.....	81
07b - 2017.06.27_FPI_Cttee_Report.pdf.....	83
07c -2017.06.28_QAC_Report.pdf.....	85
07d -2017.07.25_FPI_Cttee_Report.pdf.....	87
07e -2017.08.02__Audit_Committee_Annual_Report.pdf.....	89
07f - 2017.08.29_FPI_Cttee_Report_to_Board.pdf.....	95
08 - 2017.09.22_Lead_Governors_Report.pdf.....	97
08.1 - 2017.09.04_Teignbridge_Constituency_Summary_Sheet.pdf.....	99
08.2 - 2017.09.06_Torbay_Constituency_Summary_Sheet.pdf.....	101
08.3 - 2017.09.11_South_Hams_Constituency_Summary_Sheet.pdf.....	105
09 - 2017.09.22_QCC_Report.pdf.....	109
09.1 - 2017.09.06_DRAFT_QCC_Notes.pdf.....	111
10 - 2017.09.22_Membership_Development_Report.pdf.....	117
10.1 - 2017.08.22_DRAFT_Membership_Group_Notes.pdf.....	119
11 - 2017.09.22_Secretarys_Report.pdf.....	123

MINUTES OF THE COUNCIL OF GOVERNORS MEETING**HELD IN THE ANNA DART LECTURE THEATRE, HORIZON CENTRE,****TORBAY HOSPITAL****19 JULY 2017****Governors**

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

Directors

Mairead McAlinden	Chief Executive
* Paul Cooper	Director of Finance
* Lesley Darke	Director of Estates and Commercial Development
* Liz Davenport	Chief Operating Officer and Deputy Chief Executive
* 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

1.

Welcome and Apologies

Apologies were received from: Lesley Archer, Derek Blackford, Annie Hall, Paul Lilley, Catherine Micklethwaite, Julien Parrott, Andy Proctor, Simon Slade, Simon Wright, Mairead McAlinden, Judy Saunders, Jane Viner, Ann Wagner.

2.

Declaration of Interests

There were no declarations of interests.

Action

3. **Minutes of the Meeting held on 26 April 2017**

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

4. **Matters arising**

CoSec advised, in response to a question raised by A Proctor that increased activity was taking place on membership recruitment and branding. This work was being taken forward by the Membership Group, chaired by L Hookings, and the CoSec had responded to A Proctor's specific concerns direct.

CoSec also confirmed that as requested from the April meeting he had spoken to S Slade, who had been intending to attend today's CoG meeting but had sent his apologies just before the start of the meeting, and CoSec had also briefly discussed this issue with J Parrott - further discussions to follow.

CoSec

5. **Chairman's Report**

The Chairman welcomed Cllr Stuart Barker, Devon County Council appointed governor, to his first meeting.

The recent death of Peter Welch, a publicly appointed governor for Torbay since 2015 (and Chairman of Torbay Hospital League of Friends) was announced, and members stood in silence to pay their respects. L Hookings advised the meeting that she had just heard that the funeral would be taking place on Thursday 27 July at 3pm at St Marychurch Parish Church, Torquay.

Chairman felt that lots of good positive work was being undertaken by governors at the current time, including the development of the governor Strategy. He was pleased to announce that the preliminary verbal findings from the recent CQC inspection were good, with the two areas inspected (ED and medicines) both moving to a good rating. The final approved report in which these indicative grades would be confirmed was expected shortly. Chairman was also pleased to report good progress with Trust finances as demonstrated by Month 3 performance report and latest CIP position. Chairman also said that he would be starting a new round of Chairman's engagement sessions, hoping to hold these at every Trust location and meet as many staff as possible.

Moving to the Trust Board, Chairman reminded members that the Board is a meeting in public rather than a public meeting, and there was a need to adhere to strict timings owing to the volume of business to be transacted. He thanked the many governors who attend regularly, and apologised for the acoustics of the room. If governors had trouble hearing what was being said at the meeting the issue should be raised through the Chairman and matters were only made worse if people were speaking amongst themselves whilst the meeting was taking place. Governors were asked to respond to the Foundation Trust Office regarding their availability to attend a development session with the SID, and governors' questions should be used effectively to improve communications between governors and NEDs.

Chairman commented on a very successful opening of the Teignmouth Information Centre, held on 15 July and attended by many governors. This would help provide a vital link between the NHS, the voluntary sector and the local community. Chairman thanked governors for their ongoing support.

6. **Appointment of the Lead Governor**

Chairman advised that a second attempt to find a new Lead Governor had proved

unsuccessful with no nominations to date, therefore C French had kindly agreed to remain as Lead Governor until 22 September 2017. LG hoped that if there were any nominations forthcoming that a vote on this could be taken at 16 August Board to CoG. Governors agreed unanimously that CoSec should review how to take this process forward on 16 August, but was dependent on the outcome of the governor strategy.

7.

Chief Executive's Report

In the absence of the CEO, DCE presented her report, and the following key issues were highlighted:-

- Fire Safety
- Acute Bed Reduction programme
- 2017 National Elective Care Transformation Programme
- Dementia Care – striving for excellence

Moving to items arising under the CQC criterion "Well led", DCE provided a report on headlines from the Month 2 financial and performance report, and also included information on cyber security, regulator reports and the sale of 15-16 church Street Paignton.

Dep CEO spoke about the ongoing development of a strong working partnership with Rowcroft, which would help to underpin the development of a system-wide End of Life strategy. Consultation had just started with staff on a new operational management structure.

MD joined the meeting at this stage.

DCE was pleased to inform governors of good progress with Mears: a recent CQC review had taken place and although the formal report was still awaited, indications were that good progress had been made since the previous review. SB spoke about the quality monitoring process for providers in Devon and COO confirmed that Torbay had taken several learning points from the Devon process.

DoF spoke about the latest financial position, the report contained details of the Month 2 position and he provided a verbal report on further progress in Month 3. With a further £4m savings identified in past month. He was pleased to report that plans in place were close to demonstrating achievement of the required level of savings for 2017-18, with the current position ahead of target, although the required £40m system savings target still remained challenging. DoF explained the current income/expenditure position and felt that the current position represented a good improvement over the previous 6 months and that congratulations were due to managers and staff for the efforts made to date to achieve the required levels of savings – the Month 3 position reflected excellent progress.

LG congratulated the Trust on this improved performance, both operational and financial.

Chairman confirmed the excellent progress made by staff throughout the Trust and congratulated DoF and members of the finance team for their efforts and support for the Trust.

7.

Food and drink strategy

DECD introduced H Elkington (HE), who provided the presentation.

She responded to further questions, advising the meeting that governors had been involved with the production of the strategy since 2015. HE explained that facilities existed on the wards for staff to prepare food, but there were not many facilities available for patients – this was still being explored and there were space constraints in some areas, although maternity patients did have some food preparation facilities. D Gator asked about the involvement of the dieticians' team and a discussion followed on revenue generation and guidance on health items to be stocked in on-site facilities. DECD confirmed that DH guidelines were adhered to when suppliers' contracts were let. L Hookings pointed out the considerable income lost by League of Friends since new suppliers came on site, who were able to stock a wider range of items.

M Lewis asked about protected meal times and whether the same standards applied at all Trust locations – HE confirmed the on-going work looking at this area.

Chairman thanked HE for a very interesting presentation which had covered various aspects of the food and drink strategy and issues raised by governors.

8. **Estates strategy including capital investment**

DECD introduced the presentation, confirming that the strategy had been designed in accordance with DH guidance. A benchmarking report would be taken to the Board shortly.

9. **Lead Governor's report**

C French referred to the governor only meeting which had taken place before CoG. C French drew members' attention to the constituency reports contained in the meeting pack and advised that W Marshfield would discuss the governor strategy at the next agenda item. A new proforma for constituency reports had been provided, which it was hoped would provide better-focused reports and these would be trialled over the next 6 months.

10. **Governor strategy**

W Marshfield introduced the strategy, explaining its history and progress and thanked fellow governors who had helped produce the strategy and all governors for comments received which had been compiled by CoSec for consideration: the final draft of the strategy would be issued shortly.

C French thanked W Marshfield and other members of the governor strategy working party for the amount of time and effort they had put into the document.

11. **Quality and Compliance Committee Report**

W Marshfield presented her report and drew members' attention to the following points:- a presentation on IT developments had been provided by Health Informatics Services Director (HISD) at 30 June meeting and had been well received. A discussion took place on governor observer reports and it was suggested a development session be held so that there was a more consistent approach, which would provide better assurance on quality at any future CQC inspections. The governor strategy had also been discussed at the meeting.

CS

Chairman thanked W Marshfield for her report.

12. **Membership Group report**

LH provided a verbal report on the work of the Membership Group, as the most recent

meeting (14 July) minutes were not yet available. LH advised that good progress was now being made, working with the Comms Team. Various design options had been presented for use in future membership recruitment campaigns and the group had discussed their preference. Screens relating to membership were now shown in the Horizon Centre and main reception, but it had not yet been possible to introduce these throughout the Trust. Once these had been rolled out internally, the Group had suggested these could be introduced at GP surgeries and pharmacies too.

There was ongoing work investigating whether it was possible to add membership information to the discharge pack. It had been decided to target a membership campaign initially to recruit younger members aged 14-21, members of working age (20-64) and South Hams residents. Materials will be ordered and the aim would be to recruit an additional 250 members in the first quarter of the recruitment campaign. Discussion had taken place on how to get existing members to recruit family members and friends.

The content of the website was also being reviewed and updated. It was hoped to increase the number of members' email addresses held on record to improve communications and reduce costs. The cost of the membership campaign was now estimated at £1250, an increase from the original £1,000. Director of Strategy and Improvement (DSI) had attended the June meeting and a discussion had taken place on the benefits of developing a Trust Membership Strategy. DSI would look at this when her workload permits.

The meeting had discussed arrangements for the 22 September Annual Members Meeting, which was going to be held at 5pm to enable more people of working age to attend and there would probably be no exhibitions this year.

With regard to the Working with us Panel, L Hookings thanked governors for the interest they had shown, with several applications currently going through the system.

The Chairman thanked L Hookings for her detailed report.

13.

Secretary's report

CoSec advised that all relevant information was contained in his report within the meeting pack. This included information on the annual Committee/Group refresh results and the NEDs' portfolio of responsibilities for 2017/18, although CoSec advised this was incomplete as he would need to add details of the recently formed FISC (Finance and Investment Scrutiny Committee).

14.

Urgent motions or questions

CoSec confirmed that none had been received in advance of the meeting. B Bryant advised that he had spoken to some members from Babbacombe who were disappointed that they had not been able to attend the July Board meeting owing to its re-arrangement – he asked that good notice is given if any future meeting details are changed.

15.

Motions or questions on notice

Chairman advised that four issues had been raised by A Proctor in his absence. The first related to the previous meeting minutes and had been covered at Minute 4 above. DCE had responded to the three further questions relating to RTT performance, the Rowcroft position and a briefing on Acute Services Review (ASR) for governors.

16.

Details of next meeting:

Friday 22 September 2017, *time to be confirmed*, Anna Dart Lecture Theatre, Horizon Centre.

DRAFT

Council of Governors

Friday 22 September 2017

Agenda Item:	5
Report Title:	Appointment of the Lead Governor
Report By:	Company Secretary
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

- 1.1 This report sets out the Constitutional requirement and proposed timescale for a Lead Governor to be appointed.
- 1.2 The report reminds governors of the agreed process that will result in the election of a Lead Governor at the Council of Governors (CoG) meeting on Friday 22 September 2017.

2. Background Information

- 2.1 Under the terms of the Constitution the Trust is required to appoint one of the publicly-elected governors to be Lead Governor.
- 2.2 The role of the Lead Governor, as set out in the Constitution, is to:
 - (a) Act ex-officio on behalf of the Chair;
 - (b) Chair part of the CoG meeting if the person presiding at any such meeting has a conflict of interest in relation to the business being discussed;
 - (c) Chair the Remuneration sub-committee and be a member of the Nominations sub-committee.
 - (d) To be a member of the Quality and Compliance Committee.
- 2.3 The Constitution does not detail the process to be followed when appointing the Lead Governor. Neither does it specify the timescale for the appointment, however, it is proposed that the appointment is for two years as discussed previously at a Council of Governors meeting.
- 2.4 At the end of August 2017, publicly-elected governors were asked to put their name forward if they wished to be considered for the Lead Governor position. The e-mail also described the following process as originally agreed with governors at December's [2016] Council of Governors meeting. The process has remained constant, however, dates have been adjusted with governors agreeing any changes:
 - Short biography about yourself including how you will meet the Lead Governor role and responsibilities.
 - Completion of six questions as agreed with governors.
 - Five minute presentation at September's Council of Governors meeting– topic outlined below.
 - Secret ballot at September's Council of Governors meeting.

2.5 Having received notification from one candidate (Wendy Marshfield) the Company Secretary asked Wendy to provide a short biography about herself (no more than a side of A4) in addition to completing the six questions. Both the biography and answers to the six questions can be found as at attachment one.

3. Process

3.1 In line with 2.4 above it the following process was agreed for the election of the Lead Governor. Please note that some proposals have already been completed.

Date	Action	Status
18 Aug 17	Company Secretary invites interested publicly-elected governors to put their name forward for Lead Governor role.	complete
04 Sep 17	One candidate interested – W Marshfield invited to provide a short biography and answers to six questions by 13 Sep 2017 in support of their nomination.	complete
Pre 22 Sep 17	Prior to the CoG meeting, the biography, candidate questions and responses are circulated to all governors (attached).	complete
22 Sep 17	Short presentation** by Wendy at the CoG meeting in support of her nomination.	due 22 Sep 17
22 Sep 17	Ballot papers circulated immediately after the presentation for immediate completion.	due 22 Sep 17
22 Sep 17	Announcement of result at the end of the CoG meeting.	due 22 Sep 17

**presentation theme is: - *Talk for no more than five minutes about one achievement in your life, either personal or work related. Briefly explain why it was a success and what positive or negative lessons, if any, did you learn?*

4. Recommendations

4.1 The process set out in paragraph 3.1 above is followed for the election of the Lead Governor.

5. Decisions Needed to be Taken

5.1 Approve the recommendation outlined above.

6. Attached to this Report

Attachment one – Candidate profile and answers to six questions.

APPLICATION FOR THE POSITION OF LEAD GOVERNOR

WENDY MARSHFIELD

Question 1

Why do you want to be Lead Governor?

Response

Throughout my professional career both within the NHS and the private sector I have gained extensive experience in the management of change working with individuals from all walks of life

Following the inception of the ICO the remit and responsibilities of the Council of Governors has further developed. This combined with the challenges facing the Trust and the NHS for the delivery of health and social care provides the opportunity for the further development of the Council of Governors. Having recently worked with the Governor Strategy Group in developing and writing the Governor Involvement Strategy I would like the opportunity to support the documents implementation in partnership with the Deputy Lead Governor and others.

My key aim would be to work in partnership with the Deputy Lead Governor and with elected, appointed and staff governors to develop a cohesive and professional body. The aim is to ensure that issues brought up by governors on behalf of the public are heard by the Board and acted upon. Governors within their respective constituencies should work together to challenge, when necessary, to ensure that qualitative safe and responsive services are provided to the patients public and carers for whom the Trust provide services.

Question 2

What experience do you have at chairing and facilitating meetings and/or working groups?

Response.

Within my professional career I have chaired and facilitated meetings both at local, regional and at national level. This required facilitating many different types of meetings, from public consultations on the development of new services, to working with NHS staff, patients and other partners on the design and commissioning of new hospitals.

Within the Trust you will be aware for the last two years I have been elected by my governor colleagues as the Chair of the Quality and Compliance Committee which focuses on patient safety, quality of care, finance and the patient experience. This has provided me with the opportunity to develop key relationships and improve my understanding of how governors seek assurance.

However, I would suggest that chairing of meetings as a Lead Governor requires a particularly consultative and inclusive approach. Understanding the diverse backgrounds and experience of individuals, ensures that I can hear and respect the contributions they have made. Therefore, it is of vital importance that everyone is treated as equals. Sharing chairmanship of meetings with the Deputy Lead Governor and providing the opportunity for other governor colleagues to gain experience would be one of my key objectives as outlined in the Governor Involvement Strategy. This provides the opportunity for succession planning and a more inclusive approach.

Question 3

If you were chosen as Lead Governor, what would you like to see as an achievement for this Council of Governor's, over the next year?

Response

In partnership with the Deputy Lead Governor full implementation of the Governor Involvement Strategy would be my goal. Following on from this, I would wish to see a confident, cohesive Council of Governor's who understand their role and responsibilities, are confident in seeking assurance and are fully engaged with the public, understanding the Trust's function and its challenges.

Question 4

How would you challenge members of the Board and Non-Executive Directors effectively, if the situation arises?

Response

The manner of how I would challenge the Executive Team is dependent on the seriousness of the concern. Monitor lays down very clear guidance of the procedure if there is concern regarding the performance/leadership of the Chairman or the Board. Reference should also be made to the Foundation Trust's Constitution and relevant policies.

However, regardless of the status of the concern, personally I would ensure that I had received and reviewed all the elements of the concern with my Governor colleagues. Secondly, the concern would then be communicated in writing to the Company Secretary for action by the relevant Non-Executive Director or the Chairman depending on its status with an expected date of response. On receipt of the response this would be shared with Governor colleagues and a decision made as to whether the response had answered concerns raised.

Dependant on this response, the matter could then be either closed or following consultation with governor colleagues further action taken as necessary. If no response was forthcoming after the defined response time, further communication would be written placing the concern if necessary on a more formal process.

It has been agreed that a new process will be developed to ensure a robust mechanism is in place to support communication between the Council of Governors and the Board.

Question 5

How would you maintain independence with members of the Board and Non-Executive Directors?

Response

Maintaining independence is a very real and serious responsibility and is not only the responsibility of the Lead/ Deputy Lead Governor. Professional boundaries and relationships should be clearly defined.

To ensure that we remain impartial and independent there must be a robust communication process between governors in order that there is always the Council of Governors' overview regarding the business of the Foundation Trust and particularly any areas of risk.

Our main objective is to represent the public, Foundation Trust Members and stakeholders and not our own personal views and opinions.

Question 6

If you could change one thing about the Trust, what would it be?

Response - Communication.

Improving the interaction between the Non-Executive Directors and the Council of Governors would be my intention. This would benefit both parties by providing the opportunity for a clearer understanding of each other's roles and responsibilities and how we can work together for the benefit of all involved in the provision of health and social care of the local community we serve.

Biography

My professional career included being Director of Nursing and Operational Services for Somerset and latterly, Capital Development Director for the South West Strategic Health Authority. These roles have provided me with extensive experience, both from a clinical perspective and at executive level, which has provided me with the pertinent knowledge and skill in understanding the provision of health and social care services.

A focused pro-active and committed individual with extensive experience at executive level both within the NHS and the private sector. Throughout my career I have been dedicated to ensuring the provision of effective qualitative health and social care provision. I have extensive experience in forward planning and strategic formulation and working with the public and patients to achieve health service reforms.

In 2014, following my retirement, I was appointed as a Governor for the Trust representing the Torbay constituency and reappointed in 2017 for a further three years.

I am also a member of the Foundation Trust's 'Working with Us' panel. Initially, this was to improve my understanding of the business of the Trust and to provide me with the opportunity to have a closer interface with both patients, staff and the public. Most recently, I have supported the Trust in undertaking quality assessments such as PLACE and mock CQC inspections. As a governor, I am currently an observer member of the 'Quality and Assurance Committee' and previously I have been an observer member on the 'Quality Improvement' and the 'Safeguarding and Inclusion' Committees. For the last two years I have been elected as the Chair of the 'Quality and Compliance' Committee, a role which within its remit requires the formulating and writing of the Governor quality statement for the Trust annual report.

There have always been challenges facing the NHS and pressures continue to increase influenced by social, economic and political factors.

The growing and ageing population combined with evolving health care needs, is particularly pertinent to the Foundation Trust. Other key challenges include increasing levels of obesity, diabetes

and antibiotic resistance. These, combined with advances in medical technology which we all support, are costly circa. 10 billion per annum. To fund the resourcing of these challenges, often painful decisions are required with the closure of local hospitals to support the centralization of services, which we have recently experienced within the Trust.

As the Lead governor, I see my role as supporting my colleagues in ensuring that we help the Trust to hear the patients' voice and that, within our respective roles and constituencies, we can all work together to develop the best quality healthcare.

I am, able to commit to the level of time that is required and have already demonstrated that I have the time and motivation to undertake this role.

Council of Governors**Friday 22 September 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 19 July 2017.
- 1.2 Please note that the next Finance, Performance and Investment Committee is not due to take place until the 26 September 2017 therefore at the time of writing, this paper highlights the latest Trust position.
- 1.3 The report as at attachment one shows July's performance figures; all figures that were available as at 31 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 attachment one was presented at the Finance, Performance and Investment Committee in August, there was no public Board of Directors meeting in September and this is an opportunity for governors to ask questions rather than be advised of the report's content.

2. Decisions Needed to be Taken

- 2.1 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

Attachment as presented at August's Finance, Performance and Investment Committee.

Attachment one - Integrated Finance, Performance, Quality and Workforce Report (Month 4)

REPORT SUMMARY SHEET

Meeting Date	Finance Performance and Investment Committee 29 th August 2017		
Report Title	Integrated Finance, Performance, Quality and Workforce Report: Month 4		
Lead Director	Director of Strategy and Improvement Director of Finance		
Corporate Objective	<ul style="list-style-type: none"> Safe, quality care and best experience Improved wellbeing through partnership Valuing our workforce Well led 		
Corporate Risk/Theme	<ul style="list-style-type: none"> 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 Patients lost from the follow up system may not receive required appointments resulting in critical diagnoses being missed Care Quality Commission requirement notice sets out significant concerns regarding safe quality care and best experience 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 Trust Board			
Strategic Context	<p>2017/18 Operational and Financial Plan and Control Total: The Trust submitted an Operational Plan for 2017/18 to NHS Improvement (NHS I) which confirmed the commitment of the Board to ensure the Trust achieves the Control Total set by NHSI of achieving a £4.7m surplus by 31st March 2018.</p> <p>Sustainability and Transformation Fund: An allocation from the national Sustainability and Transformation Fund (STF) has been set aside for the Trust. The arrangements for allocating the STF for 2017/18 have been confirmed as follows:</p> <ul style="list-style-type: none"> 70% is dependent on delivery of the Trust's financial plan to deliver the agreed Control Total. 15% is dependent on delivery of A&E performance. 15% apportionment is based on the Trust's plans to deliver front door streaming by GPs by October 2017. <p>These thresholds have been met in Quarter 1 and £875,000 has been secured from the STF. Directors are confident that delivery for the year to date, as evidenced in this</p>		

	<p>report, will continue and ensure that the full STF payment for Quarter 2 is also secured by the Trust.</p> <p>Regulatory Context - NHS I Single Oversight Framework:</p> <p>The single oversight 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. The Trust has been assessed overall as being in Segment Two, in response to concerns in relation to finance and use of resources. This segmentation attracts an offer of targeted support and the Trust has secured the services of Mark Hackett to provide this targeted support to the delivery of our 17/18 financial plan.</p>
<p>Report Format</p>	<p>As previously agreed with the Committee, and Trust Board, the format of the Integrated Performance report is being revised. This month is the first time the new format has been trialled, it is expected that the format will need further development over the next quarter before a final template is established. Feedback from the Committee, and Board, on the revised format would be welcomed and will be taken into account as the format is refined into a final reporting template.</p> <p>The key changes this months are:</p> <ul style="list-style-type: none"> • Reduced detail in this cover sheet (to place greater emphasis on key facts and avoid duplication of information within the overall report). • Main report is now in landscape format comprising: <ul style="list-style-type: none"> ◦ Contextual information. ◦ Headline Summary of Performance. ◦ Focussed reporting against the Trust Performance Frameworks for: <ul style="list-style-type: none"> ▪ Finance. ▪ Operational Delivery. ▪ Quality. ▪ Workforce. • These sections are underpinned by the existing Performance Dashboard and Data Book with which the Committee and Board will already be familiar. • It is also intended that by the time of the October Board meeting the graphic presentation of key indicators in the 'Board Digest' will be included within the report pack.
<p>Key Issues/Risks</p>	<p>The headlines for performance against the financial, operational, quality, change and workforce frameworks established by the Trust are set out in Section 2 of the attached Integrated Performance Report, with the full performance frameworks being set out in Section 3, and underpinned by the attached Dashboard and Data Book.</p> <p>The key issues and Risks to note are:</p> <p>Finance:</p> <ul style="list-style-type: none"> • Overall financial position: The financial position at month 4 is a deficit of £3.576m against a planned deficit of £4.537m. • Pay expenditure: Total pay costs are underspent against plan as at month 4 by £0.380m. • Savings Delivery: The Trust has delivered £9.6m against our year to date savings profiled target (including income Generation target) of £8.8m target. • System Savings Plan: Against the £40.7m cost reduction target, and income generation target of £1.3m, required to achieve a Trust Control Total of £4.7m surplus, at the end of Month 4, the Trust has identified savings potential of £34.2m (£35m Recurrent FYE). <p>Therefore, the 2017/18 CIP forecast outturn remains at risk by a minimum of</p>

	<p>£7.9m. Mitigations from further potential (£4m) income from Torbay Council and further (£4m) NR slippage, generated within the SDUs could support a move towards a balanced position.</p> <p>It is important to recognise that this scale of forecast delivery represents a significant improvement on the achievements of previous years. Any slippage in delivery would however put the control total and £5.7m STF funding at risk, affecting liquidity and, in turn capital investment plans.</p> <p>Summary of Performance Against Frameworks:</p> <table border="1" data-bbox="450 444 1356 848"> <thead> <tr> <th rowspan="2">Framework</th><th rowspan="2">Number of KPIs</th><th colspan="4">RAG Rating at the end of Month 4</th></tr> <tr> <th>Red</th><th>Amber</th><th>Green</th><th>Not Rated</th></tr> </thead> <tbody> <tr> <td>National Standards</td><td>4</td><td>3</td><td>0</td><td>1</td><td>0</td></tr> <tr> <td>Local Framework</td><td>22</td><td>9</td><td>1</td><td>12</td><td>0</td></tr> <tr> <td>Community & Social Care Framework</td><td>15</td><td>3</td><td>0</td><td>8</td><td>4</td></tr> <tr> <td>Quality Framework</td><td>19</td><td>4</td><td>1</td><td>11</td><td>3</td></tr> <tr> <td>Workforce Framework</td><td>4</td><td>2</td><td>1</td><td>1</td><td>0</td></tr> </tbody> </table> <p>An area of note is RTT where performance against agreed trajectories is behind plan. This is of particular concern given 'Best Practice Guidance' recently released by NHSI which will require a focus, and weekly reporting, on people waiting over 46 weeks.</p>	Framework	Number of KPIs	RAG Rating at the end of Month 4				Red	Amber	Green	Not Rated	National Standards	4	3	0	1	0	Local Framework	22	9	1	12	0	Community & Social Care Framework	15	3	0	8	4	Quality Framework	19	4	1	11	3	Workforce Framework	4	2	1	1	0
Framework	Number of KPIs			RAG Rating at the end of Month 4																																					
		Red	Amber	Green	Not Rated																																				
National Standards	4	3	0	1	0																																				
Local Framework	22	9	1	12	0																																				
Community & Social Care Framework	15	3	0	8	4																																				
Quality Framework	19	4	1	11	3																																				
Workforce Framework	4	2	1	1	0																																				
Recommendations	<p>The Board is asked to :</p> <ul style="list-style-type: none"> • consider the assurances provided in the main report; • challenge the performance achieved; and • agree the further actions necessary to ensure delivery. 																																								
Summary of ED Challenge/Discussion	<p>Executive Directors: Directors have considered early information at Executive Directors and EDG held on the 18th August.</p> <p>Progress towards the overall the financial plan remains positive. However, given that 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 saving and £1.3m income targets. A gap of £7.9m is currently forecast on the basis of current plans.</p> <p>Directors are working on schemes to close the gap including finalising RSA arrangements with the CCG and Torbay Council to mitigate any remaining risk.</p> <p>In addition Directors continue to work with their teams to address the remaining unfunded cost pressures which require cost reductions in excess of the System Savings Plan. As a result the amount of unfunded cost pressures has reduced and the SDUs (including corporate services) have been asked to deliver a further 1.5% to cover any remaining unfunded pressures.</p> <p>As noted above performance against RTT trajectories and 52 week waits is of concern and an improvement planning is underway.</p> <p>SDU Quality & Performance Review Meetings: Directors will review the Month 4 actuals, and year end forecast financial position, with SDU DGMs at the Quality and Performance Reviews scheduled for 24th August 2017 and report updates verbally to</p>																																								

	<p>the Committee on the 29th August.</p> <p>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.</p> <p>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.</p>
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

Integrated Finance, Performance, Quality & Workforce Report

Date of Report:

August 2017

Reporting Period:

Month 4

Data Up To Date to:

31st July 2017

Version Control

Version	Meeting	Date of Circulation	Date of Meeting	Owner	This Version
Draft 1	Trust Executive	21/08/17	22/08/17	Paul Proctor	<input type="checkbox"/>
Draft 2	FPI Committee	23/08/17	29/08/17	Ann Wagner Paul Cooper	<input checked="" type="checkbox"/>
Published Report	Trust Board	No Board Meeting in September		Ann Wagner Paul Cooper	<input type="checkbox"/>

Contents

1. Introduction and Contents:	1
2. Performance Headlines:	
▪ Finance Summary	2
▪ Operational Summary:	
▫ NHS Single Oversight Framework	3
▫ Local Performance Indicators	3
▫ Community and Social care	3
▪ Quality Summary	4
▪ Change and ICO Evaluation Summary	4
▪ Workforce Summary	4
3. Focus Reports:	
▪ Finance Focus	
▪ Operational Performance Focus	
▪ Quality Focus	
▪ Workforce Focus	
Appendices:	
▪ Dashboard	
▪ Data Book	

DRAFT FORMAT

1. Introduction and Context

Purpose

The purpose of this report is to bring together the key areas of delivery (including financial, service delivery, quality and safety, change, and workforce) into a single integrated report to enable the Board to:

- Take a view of overall delivery, against national and local standards and targets, at Trust and Service Delivery Unit level.
- Consider risks and mitigations.
- Determine whether the Board is assured that the Trust is on track to deliver the key milestones required by the regulator and will therefore secure Sustainability and Transformation Funding (STF) and ultimately retain our license to operate.

Report Format

As previously discussed with the Committee, and Board, following feedback from NHSI and local stakeholders a revised format for this report is being developed. This is the first month of the new style; we expect to see this to continue to evolve over the coming months and would welcome feedback on the structure, layout and content of the report.

The main detail of the report, which follows form the **Performance Summary** set out below, is contained in a separate PDF file **Performance Focus Reports**. The Focus Reports are split into four main sections of Finance Focus; Operational Focus; Quality Focus; and Workforce Focus and is supported by the following appendices:

Appendix 1: Board Dashboard (pdf file)

Appendix 2: Board Data Book (pdf file)

This Performance Summary and the Focus Reports have been informed by discussions and actions at:

- EDG – Efficiency Delivery Group (18th August 2017)
- Service Delivery Unit Quality and Performance Review meetings (held 20th July 2017)
- Executive Director scrutiny (22nd August)

Feedback and further action following scrutiny at the Finance, Performance, and Investment Committee would normally be reflected in the Committee Chairman's report to the Trust Board. However as there is no Board meeting in September that will not happen this month.

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 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% of the STF funding, allocated to the Trust for 2017/18, is also dependent on delivery of service standards relating to the national ED 4 hour wait standard and new GP streaming arrangements which must go live by October 2017.

Regulatory Context: NHS Improvement Single Oversight Framework

The Single Oversight Framework was introduced by 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' with 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.

Against this framework NHSI have segmented providers into one of four categories ranging from Segment One (maximum autonomy with no support needs identified) to Segment Four (providers in special measures).

The Trust has been assessed by NHSI as being in Segment Two (providers offered targeted support). This rating was in response to concerns raised in 2016/17 in relation to finance and use of resources. As part of the targeted support, Mark Hackett was initially commissioned by NHS I to help improve the Trust's financial sustainability, efficiency, and compliance with sector controls such as agency costs. The Trust is expected to secure its own support for 2017/18 and has agreed to continue using Mark Hackett for a time limited period to provide targeted support to the delivery of our 17/18 financial plan.

Updated single oversight framework

The Draft 2018-19 NHSI Single Oversight Framework has been released for consultation. This is scheduled for adoption from October 2018. The key changes subject to consultation feedback are as follows:

- **Dementia screening** and referral rate of over 90%: This presents a risk to the Trust as current performance is significantly below this threshold.
- **Cancer treatment** within 62 days from screening programme referral: This presents no additional risks to the Trust as this indicator is currently being met.

2. Performance Headlines: Month 4.

Key headlines for financial, operational, local performance, quality, and safety and workforce standards/metrics for Month 4 to draw to the Board's attention are as follows:

Financial Headlines

- **Overall financial position:** The financial position at month 4 is a deficit of £3.576m against a planned deficit of £4.537m, this is an improvement against plan of £0.961m. This is the fourth month in a row that the Trust has over achieved.
- **Pay expenditure:** Total pay costs are underspent against plan as at month 4 by £0.380m, this comprises an overspend of £1.119m in substantive pay costs offset by an underspend in agency costs of £1.499m.
- **Savings Delivery against £42m target:** Against our year to date savings profile (including income Generation target) the Trust delivered £9.6m savings against a £8.8m target, this represents over delivery of £0.8m.
- **System Savings Plan:** Against the £40.7m cost reduction target, and income generation target of £1.3m, which are required to achieve the Trust Control Total of a £4.7m surplus, at the end of Month 4, the Trust has identified savings potential of £34.2m (£35m Recurrent FYE).

Therefore, the 2017/18 CIP forecast outturn remains at risk by a minimum of £7.9m. Mitigations from further potential income (£4m) from Torbay Council and further (£4m) non recurrent slippage, generated within the SDUs, could support a move towards a balanced position.

It is important to recognise that this scale of forecast delivery represents a significant improvement on the achievements of previous years. Any slippage in delivery would 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 4, 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.

Operational Headlines: NHS Improvement Single Oversight Framework

- ED 4 hour wait standard:** the Trust achieved 93.9% of patients discharged or admitted within 4 hours of arrival at accident and emergency departments. This is ahead of the Month 4 operational plan trajectory of 92% but below the 95% national standard. Delivery of the operational plan trajectory is required to access STF monies.
- RTT Trajectory:** at 86.1% (86.4% last month) the Trust has not achieved the 88.9% RTT trajectory in July. The requirement is to achieve the national standard of 92% by March 2019, projections now place the Trust below this trajectory. An action plan is place to recover the position in regard to 52 week waits and address the requirements of the 'Good Practice Guide' recently published by NHSI. This 'guide' includes a requirement to report on RTT waits exceeding 46 weeks from October this year.
- Cancer 62 day standard:** the standard was achieved in July. The Trust achieved 86% against 85% operational plan trajectory. (84% last month).

Operational Headlines: Local Performance Indicators

In addition to the national operational standards there are a further 22 indicators agreed locally with the CCG, of which 9 were RAG rated RED in July compared to 7 in June. The indicators RAG rated RED are summarised below:

Table 1: Local Performance Indicators RAG Rated RED

Standard	Standard / target	This month Month 4	Last month Month 3
Cancer 2ww urgent GP referral	93%	74.4%	86.5%
Cancer 2ww breast symptomatic	93%	72.5%	94.8%

Standard	Standard / target	This month Month 4	Last month Month 3
RTT waits over 52 weeks:	0	15	21
Ambulance handovers > 30 minutes:	30	145	183
Ambulance delays > 60 minutes	0	14	4
A&E patients (ED only):	95%	90.5%	88.1%
Clostridium Difficile (community)	0	1	0
Care plan summaries % completed within 24 hrs of discharge weekdays:	77%	65.8%	62.9%
Care plan summaries % completed within 24 hrs discharge weekend:	60%	33.8%	28.0%

Of the remaining indicators, 12 were rated GREEN and 1 AMBER.

Operational Headlines: Community and Social Care Summary

There are 15 Community and Social Care indicators in total of which 3 were RAG rated RED in July 2017 (2 in June 2017) as follows:

Table 2: Community and Social Care Framework RAG Rated RED

Standard	Target	This month Month 3	Last month Month 2
Delayed transfers of Care (acute)	64 days per month	159	230

Standard	Target	This month Month 3	Last month Month 2
Number of permanent care home placements	633	634	619
Community hospital admissions <i>Note: admissions lower due to community hospital bed reductions and alternative provision in place</i>	Not set	222	247

Quality Headlines

There are 19 Local Quality Framework indicators in total of which 4 were RAG rated RED for July (compared to 2 for June) as follows:

Table 3: Local Quality Indicators RAG Rated RED

Standard	Target	This month Month 3	Last month Month 2
STEIS reported incidents	0	8	1
VTE assessment (acute)	>95%	92.6%	93.6%
Dementia "find" assessment:	90%	52.2%	52.7%
Follow ups past to be seen date:	3,500	9,359	8,927

Of the remaining 15 indicators, 12 were rated GREEN, 2 AMBER and 1 not RAG rated.

Workforce Headlines

Of the four workforce KPIs, on the current dashboard one is RAG rated Green, one RAG rated Amber and four RAG rated Red as follows:

- **Turnover** (excluding Junior Doctors): the Trust's turnover rate was 12.64% for the year to July 2017. This is a small reduction from last month and within the target range of 10% to 14%.
- **Statutory and Mandatory training compliance:** At the 31st July 2017 there was a slight reduction in the in compliance to 83% against a target of 85%.
- **Staff sickness/absence:** The annual rolling sickness absence rate of 4.19% at the end of June 2017 is above the target of 3.8% set by the Trust, but represents a further reduction over the last 5 months
- **Appraisal :** The rate for the end of July 2017 was 82% which is the same as the previous month, against an overall 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 July, the Trust is reporting an overachievement with WTE target reduced by 33 WTE more than plan.

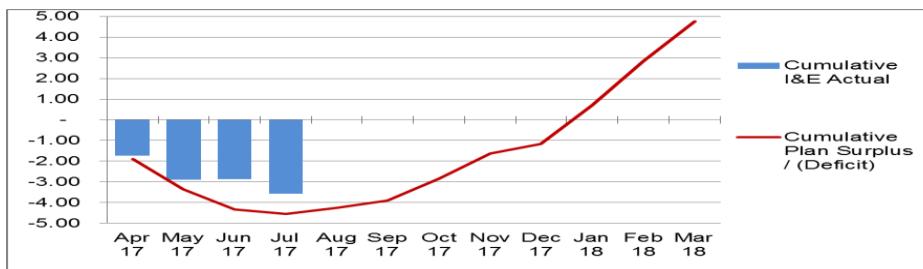
In addition agency expenditure at Month 4 the Trust is overachieving against the plan by £1,507K.

Finance Focus

Page 2	Summary Of Financial Performance
Page 3	Summary Of Financial Performance (2)
Page 4	Income
Page 5	Income (2)
Page 6	Pay Expenditure
Page 7	Pay Expenditure (2)
Page 8	Non Pay Expenditure
Page 9	Forecast
Page 10	Financial Position by SDU
Page 11	Financial Position by SDU (2)
Page 12	Items Outside of EBITDA
Page 13	Balance Sheet
Page 14	Cash
Page 15	Capital
Page 16	Activity
Page 17	Continuous Improvements Program (CIP)
Page 18	Continuous Improvements Program (CIP) (2)
Page 19	Continuous Improvements Program (CIP) (3)

Summary of Financial Performance

Current Performance



	Plan for Period	Re-Categorisation of Plan	Plan for Period	Actual for Period	Variance	Forecast	Annual Plan
			£M	£M	£M	£M	£M
Income	136.17		136.17	134.58	(1.58)	417.42	411.62
Pay	(75.28)	0.88	(74.40)	(74.02)	0.38	(215.08)	(214.69)
Non Pay	(58.68)	(0.88)	(59.56)	(58.83)	0.72	(177.34)	(171.93)
EBITDA	2.21	0.00	2.21	1.73	(0.48)	24.99	25.00
Financing Costs	(6.75)		(6.75)	(5.31)	1.44	(20.24)	(20.24)
SURPLUS / (DEFICIT)	(4.54)	0.00	(4.54)	(3.58)	0.96	4.75	4.76
NHSI Exclusions	(0.06)	0.00	(0.06)	0.22	0.28	(0.17)	(0.17)
NHSI Adjusted Surplus / (Deficit)	(4.59)	0.00	(4.59)	(3.36)	1.24	4.58	4.58
Cash Balance	2.03	0.00	2.03	8.63	6.60	8.20	6.17
Capital Expenditure	9.20	0.00	9.20	0.93	(8.27)	29.58	29.58

KPI's (Risk Rating)		YTD Plan	YTD Actual
Indicator	Rating	Rating	Rating
Capital Service cover	4	4	4
Liquidity (days)	4	4	4
I&E Margin (%)	4	4	4
I&E Margin variance (%)	N/A	1	1
Agency Metric %	4	1	1
Finance Risk Rating	N/A	3	

Key Points

- At £3.58m for the period to 31st July 2017, the Trust's overall income and expenditure deficit is £0.96m better than planned. Excluding expenditure not used by NHS Improvement in their assessment framework, performance against the published 'Control Total', at a deficit of £3.36m, is £1.24m better than plan for the period.
- Although these markers remain better than planned levels, the variance is less favourable than last month for both. There has, however been no increases in underlying expenditure, with run rates continuing to reduce in most areas. The reduced favourable variance stems from the stepped increase in phasing of the CIP target from month 4; the target having increased by c£1m on that budgeted in Month 3. Savings delivery has also stepped up, but not by enough to match the budget.
- The burden of savings requirements increases later in the year, reducing the run rate of expenditure, decreasing the deficit and ultimately result in a surplus position as per the control total. Run rates will need to reduce at a more significant rate than that seen in the first four months of this financial year in order to achieve this.
- Despite excellent progress in the early months of the year, there remains considerable risk in the financial plan for 2017/18, particularly in respect of the residual gap in the CIP programme.
- The Trust continues, at this stage to forecast delivery of control total, though this is subject to delivery of the balance of existing CIP plans, coupled with planned mitigating actions to address the shortfall, including retention of the RSA and receipt of associated income from Torbay council.
- The Trust has a year to date Finance Risk Rating of 3.

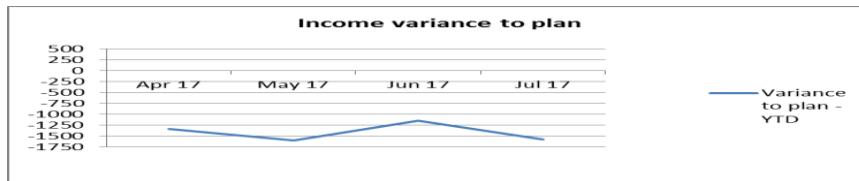
Summary of Financial Performance

	Month 4					Year to date					Prior Month Variance YTD	Annual Plan		
	Current Month Plan	Re-Categorisation of Plan	Current Month Plan	Current Month Actual	Current Month Variance	Plan for Period YTD	Re-Categorisation of Plan	Plan for Period YTD	Actual for Period YTD	Variance YTD				
	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M		
Operating income from patient care activities	29.68		29.68	29.46	(0.22)	118.56		118.56	117.86	(0.69)	(0.47)	356.04		
Other Operating income	4.51		4.51	4.29	(0.22)	17.61		17.61	16.72	(0.89)	(0.68)	55.59		
Total Income	34.19	0.00	34.19	33.76	(0.44)	136.17	0.00	136.17	134.58	(1.58)	(1.15)	411.62		
Employee Benefits - Substantive	(17.75)	0.22	(17.53)	(17.94)	(0.41)	(71.94)	0.88	(71.06)	(72.18)	(1.12)	(0.71)	(208.10)		
Employee Benefits - Agency	(0.57)		(0.57)	(0.45)	0.12	(3.34)		(3.34)	(1.84)	1.50	1.38	(6.60)		
Drugs (including Pass Through)	(2.97)		(2.97)	(2.62)	0.35	(11.90)		(11.90)	(10.63)	1.27	0.91	(35.62)		
Clinical Supplies	(1.98)		(1.98)	(2.05)	(0.08)	(7.96)		(7.96)	(7.65)	0.31	0.39	(23.36)		
Non Clinical Supplies	(0.41)		(0.41)	(0.33)	0.07	(1.62)		(1.62)	(1.37)	0.25	0.18	(4.86)		
Other Operating Expenditure	(9.03)	(0.22)	(9.25)	(9.74)	(0.49)	(37.20)	(0.88)	(38.08)	(39.19)	(1.11)	(0.62)	(108.09)		
Total Expense	(32.70)	0.00	(32.70)	(33.13)	(0.43)	(133.96)	0.00	(133.96)	(132.85)	1.10	1.54	(0.43)		
EBITDA	1.49	0.00	1.49	0.62	(0.87)	2.21	0.00	2.21	1.73	(0.48)	0.39	(0.87)		
Depreciation - Owned	(1.14)		(1.14)	(0.81)	0.33	(4.56)		(4.56)	(3.26)	1.30	0.98	0.33		
Depreciation - donated/granted	(0.07)		(0.07)	(0.06)	0.01	(0.28)		(0.28)	(0.22)	0.06	0.04	0.01		
Interest Expense, PDC Dividend	(0.48)		(0.48)	(0.47)	0.01	(1.91)		(1.91)	(1.88)	0.03	0.02	0.01		
Gain / Loss on Asset Disposal	0.00		0.00	0.00	0.00	0.00		0.00	0.05	0.05	0.05	(0.00)		
Impairment	0.00		0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00		
SURPLUS / (DEFICIT)	(0.19)	0.00	(0.19)	(0.72)	(0.52)	(4.54)	0.00	(4.54)	(3.58)	0.96	1.48	(0.52)		
NHSI Adjusted Position (Control Total)												4.76		
Donated Asset Income	(0.08)		(0.08)	0.00	0.08	(0.33)		(0.33)	0.00	0.33	0.25	0.08		
Depreciation - Donated / Granted	0.07		0.07	0.06	(0.01)	0.28		0.28	0.22	(0.06)	(0.04)	0.00		
Impairment	0.00		0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00		
NHSI Adjusted Surplus / (Deficit)	(0.21)	0.00	(0.21)	(0.66)	(0.45)	(4.59)	0.00	(4.59)	(3.36)	1.24	1.69	(0.45)		

- The position for month 4 is a deficit of £720k, being £520k worse than the planned position for the month of £190k (before NHSI exclusions).
- Cumulatively the Trust deficit is £3.58m against a plan of £4.54m.
- Income is behind plan by £440k in month 4, and cumulatively £1.58m.
- Pay expenditure is £290k higher than plan in month 4, but £380k lower than plan cumulatively, reflecting the increase of phased planned savings targets from month 4.
- Non pay expenditure is £140k higher than plan in month 4, but £720k lower plan cumulatively, again reflecting the increase of phased planned savings targets from month 4.
- The challenge increases considerably as the year progresses to reduce costs and meet savings targets in line with plan in order to achieve the control total.

Income

Current Performance



Operating Income	Year to Date - Month 4			Previous Month	
	Plan	Actual	Variance	Variance to Plan - (adv)/+fav	Change
Contract Healthcare	£'m 100.19	£'m 99.54	£'m (0.66)	£'m (0.43)	0.23
Council Social Care (inc Public Health)	14.38	14.31	(0.07)	(0.05)	0.02
Client Income	3.19	3.23	0.04	0.05	0.01
Private Patients	0.56	0.53	(0.03)	(0.04)	(0.02)
Other Income	0.24	0.26	0.02	0.00	(0.02)
Operating Income from patient care activities	118.56	117.86	(0.70)	(0.47)	0.22
Other income	13.50	12.47	(1.03)	(0.81)	0.22
Research and Education	2.84	2.98	0.14	0.14	0.00
Sustainability & Transformation funding	1.26	1.26	0.00	0.00	0.00
Other operating income	17.61	16.72	0.89	0.67	0.22
Total	136.17	134.58	(1.59)	(1.15)	0.44

Contract income by Commissioner	Year to Date - Month 4			Previous Month	
	Plan	Actual	Variance	Variance to Plan - (adv)/+fav	Change
South Devon & Torbay Clinical Commissioning Group	£'m 55.69	£'m 55.76	£'m 0.07	£'m 0.05	£'m (0.02)
North, East & West Devon Clinical Commissioning Group	1.75	1.80	0.05	0.07	0.02
NHS England - Area Team	2.54	2.29	(0.25)	(0.17)	0.08
NHS England - Specialist Commissioning	9.93	9.50	(0.42)	(0.28)	0.15
Other Commissioners	2.51	2.39	(0.12)	(0.16)	(0.04)
South Devon & Torbay Clinical Commissioning Group (Placed People and Community Health)	26.92	27.02	0.10	0.08	(0.02)
Other Commissioners	0.86	0.78	(0.08)	(0.01)	0.07
Operating Income from patient care activities	100.19	99.54	(0.66)	(0.43)	0.23

MEMO - CCG Block Adjustment	Year to Date - Month 4			Previous Month	
	Plan	Actual	Variance	Variance to Plan - (adv)/+fav	Change
CCG Block adjustment	£m (3.65)	£m (0.85)	£m 2.80	£m (2.00)	£m (4.81)

Key points

- Operating Income from Patient Care Activities is behind plan by £0.7m and this relates to pass through income being £0.7m behind plan. There is a corresponding underspend to offset this.
- At Commissioner level, variances are marginal except for NHS England Specialist Commissioning which is £0.42m behind plan as a result of reduced pass through income. The NHS England Local Area contract is £0.2m behind plan, relating to small variances across different settings of care.

Income

Other Operating Income	Year to Date - Month 4			Previous Month	
	Plan	Actual	Variance	Variance to Plan - (adv)/+fav	Change
Donated Asset Income	£m 0.33	£m 0.00	£m (0.33)	£m (0.25)	£m 0.08
R&D / Education & training revenue	£m 2.84	£m 2.98	£m 0.14	£m 0.14	£m 0.00
Site Services	£m 0.72	£m 0.71	£m (0.01)	£m 0.02	£m 0.03
Revenue from non-patient services to other bodies	£m 1.80	£m 1.27	£m (0.53)	£m (0.42)	£m 0.12
Sustainability Transformational Funding (STF) Income	£m 1.26	£m 1.26	£m 0.00	£m 0.00	£m 0.00
Risk Share Income	£m 1.17	£m 1.03	£m (0.14)	£m (0.18)	£m (0.04)
Misc. other operating revenue	£m 9.48	£m 9.47	£m (0.01)	£m 0.01	£m 0.03
Total	£m 17.61	£m 16.72	£m (0.89)	£m (0.67)	£m 0.22

Other Operating income is behind plan by £890k, principally as a result of:

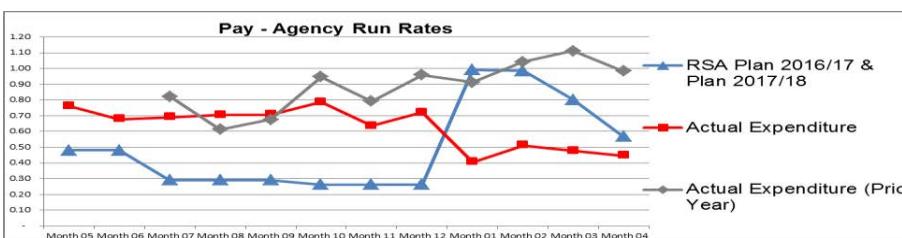
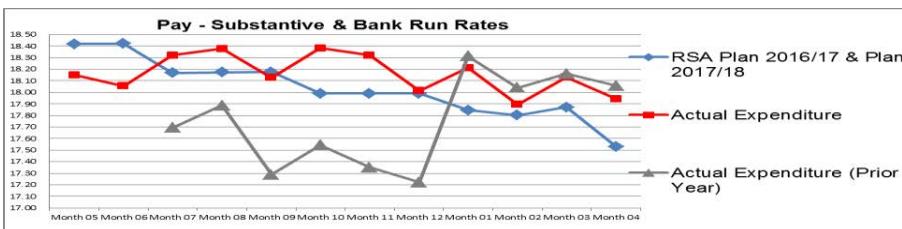
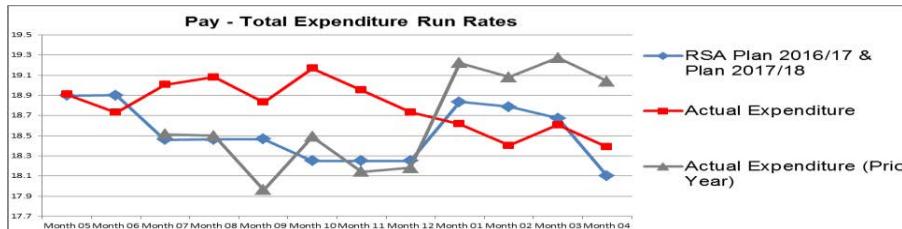
- Systems Savings plan income is behind plan by £704k for the year to date. On a full year basis £4.5m is now forecast against a target of £7.2m.
- Torbay Pharmaceuticals £249k less than plan. The Torbay Pharmaceuticals Board has agreed a recovery plan in respect of its income loss, expecting now to achieve planned levels by the year end.
- Donated Asset Income - Nothing received to date against a plan of £330k - phasing issue.
- Risk Share Income - reflects £124k returned to Torbay Council.
- E Prescribing income received is £254k more than planned.
- R&D, and Education income ahead of plan (£140k)
- Miscellaneous income ahead of plan (£120k)

The Trust has accrued £1.73m of income from South Devon and Torbay CCG, as notified and provided for by the CCG in Month 3, relating to systems wide savings schemes advised, delivered and passing to the Trust.

STF funding of £1.263m has been accrued and included in the year to date figures, reflecting anticipated receipt for Months 1 to 4.

Pay Expenditure

Current Performance



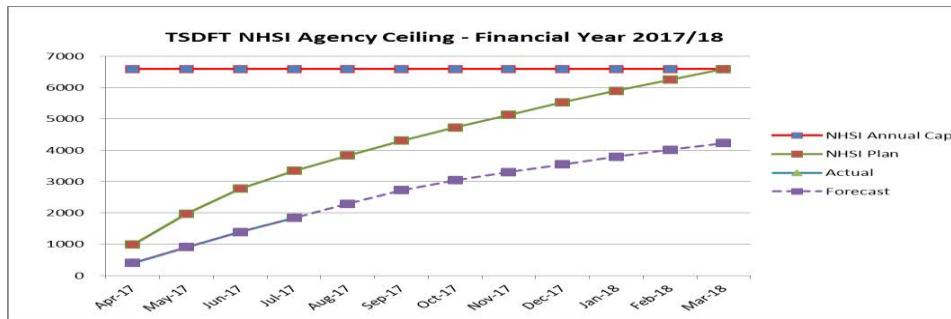
	Plan for Period	Actual for Period	Variance	Annual Plan
	£M	£M	£M	£M
Medical and Dental	(17.57)	(16.82)	0.75	(52.60)
Nursing and Midwifery	(31.84)	(29.86)	1.98	(92.03)
Other Clinical	(15.72)	(14.97)	0.75	(46.92)
Non Clinical	(9.27)	(12.37)	(3.10)	(23.14)
Total Pay Expenditure	(74.40)	(74.02)	0.38	(214.69)

Key points

- Total pay costs are underspent against plan in the year to date by £380k, although are above plan by £289k in month 4. The phasing of the plan has decreased the pay budget from the previous month by £574k, largely due to the SSP target (£368k in the month) starting to be phased in during the month. phased from month 4. The year to date variance has deteriorated by £290k from the previous month.
- Substantive and Bank pay costs are overspent by £1.19m, but this is offset by an under-spend in agency costs of £1.49m.
- In setting the annual plan, agency budgets were set in line with the agency cap. Work in the period between then and final budget setting achieved a significant reduction in forecast agency spend, requiring a 'budget transaction', held in reserves, to maintain the integrity of the plan. As a consequence, when reviewed at service level, the main area of overspend in substantive costs shows in reserves. At Service Delivery Unit level, there are underspends within most divisions except in Medicine which is £369k overspent. From Month 5, if agreed Finance Committee, revenue neutral reclassifications of this nature will be adjusted plan, to enable a clearer picture of performance against expected budget to be achieved.
- The agency underspend is reflected in Reserves (budget allocation offset with substantive) and Surgery, offset by overspends in Medicine mainly (Emergency, General Medicine, Gastroenterology, Heart and Lung), Public Health CAMHS and Child's Health. This continues to reflect the filling of vacancies achieved through the redeployment of staff affected by bed closures, made possible through the care model implementation.
- Run rates in substantive and bank pay have reduced by £188k from the previous month. There are reductions across all SDUs of £208k offset by additional one off costs £20k arising from the termination of fixed term contracts within the Paris team. A Bank run rate reduction of £20k is mainly within Medicine £38k, offset by increased costs in Hotel Services £16k.
- Agency run rates have reduced by £29k from the previous month and have averaged at c£460k per month for the past four months. This is a considerable reduction based on the last four months of the previous financial year averaging at c£786k per month.

Pay Expenditure

Agency Spend Cap



Agency - All Staff Groups	April	May	June	July	YTD 2017-18
Agency Plan 2017/18 (NHSI Ceiling)	£m	£m	£m	£m	£m
Planned Agency Cost	(0.99)	(0.98)	(0.80)	(0.56)	(3.34)
Total Planned Staff Costs	(19.06)	(19.01)	(18.89)	(18.31)	(75.27)
% of Agency Costs against Total Staff Cost	5%	5%	4%	3%	4%
Agency Actual Costs 2017/18					
Agency Cost	(0.41)	(0.51)	(0.48)	(0.45)	(1.84)
Actual Staff Cost	(18.63)	(18.41)	(18.79)	(18.44)	(74.25)
% of Agency Costs against Total Staff Cost	2%	3%	3%	2%	2%
Agency Cost vs Plan	0.59	0.47	0.33	0.11	1.50
% of Agency Costs against Total Staff Cost	-3%	-2%	-2%	-1%	-2%

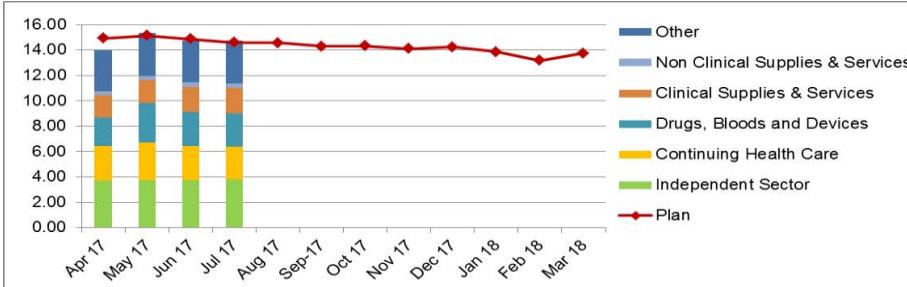
Agency - Nursing	April	May	June	July	YTD 2017-18
Agency Nurse Staff Cost	£m	£m	£m	£m	£m
Actual Registered Nurse Staff Cost	(0.11)	(0.14)	(0.15)	(0.06)	(0.46)
% of Agency Costs against Nursing Staff Cost	2%	3%	3%	1%	3%

There is no agency expenditure on Admin staff

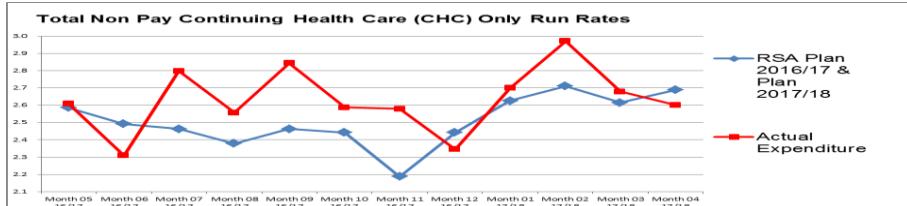
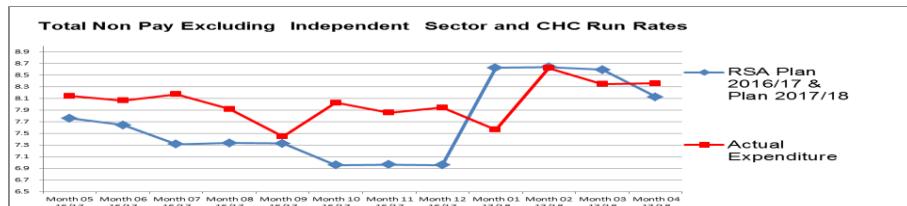
- Agency staff costs in month 4 is £0.4m and £1.8m across all staff groups for the year to date. This is £1.5m lower than the NHSI determined ceiling.
- Medical agency spend is £1.0m being £0.1m higher than the £0.9m target.
- Nursing Agency spend is £0.5m for the year to date, £1.7m lower than the £2.2m target.
- The full year forecast as at Month 4 is £4.2m, £2.4m lower than the NHSI cap of £6.6m.
- This continues to reflect the filling of vacancies achieved through the redeployment of staff affected by bed closures made possible through the care model implementation, and further supported by on-going review of Agency requirement, implementing tighter control on Agency use, staff flexibility and other initiatives.
- Although the Trust remains within the agency cap overall, individual price rates for nursing and medical staff are all above NHSI individual shift rates.

Non Pay Expenditure

Current performance



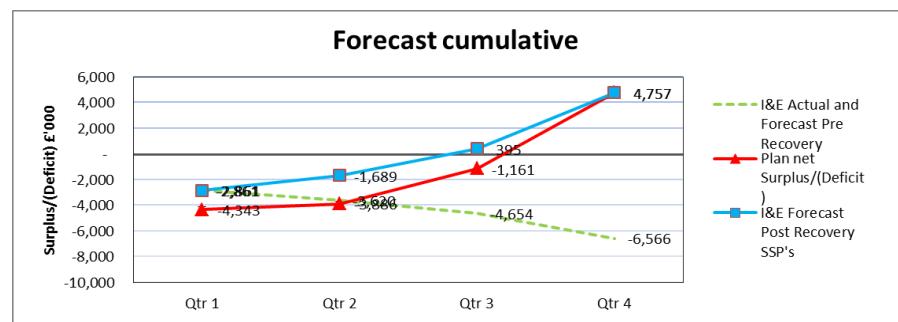
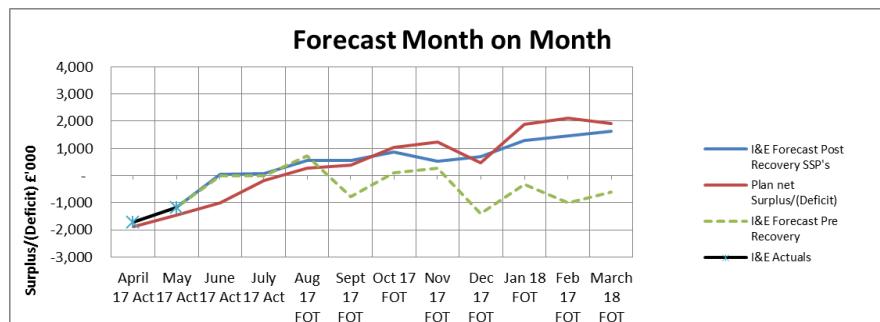
	Plan for Period	Actual for Period	Variance	Annual Plan
	£'M	£'M	£'M	£'M
Drugs, Bloods and Devices	(11.90)	(10.63)	1.27	(35.62)
Clinical Supplies & Services	(7.94)	(7.64)	0.30	(23.29)
Non Clinical Supplies & Services	(1.63)	(1.36)	0.26	(4.88)
Other Operating Expenditure	(12.52)	(13.25)	(0.74)	(32.10)
Adult Social Care	(14.93)	(14.99)	(0.06)	(44.51)
Continuing Health Care	(10.64)	(10.95)	(0.31)	(31.52)
Total Non Pay Expenditure	(59.56)	(58.83)	0.72	(171.93)



Key Points

- Drugs, Bloods and Devices** - Underspent (£1.27m) mainly due to pass through (£1.06m) with reduction in income to offset.
- Clinical Supplies** – Underspent (£309k) in Surgery and Women and Child's Health with offsetting overspends in Estates Contract Maintenance, and Torbay Pharmaceuticals. Run rates are increasing, so will be monitored closely, but overall spend remains lower than plan.
- Non Clinical Supplies** – Underspent (£260k) in Estates, Hospital Services, and Health Informatics Team, with a reduction in run rate from the previous month Estates, Medicine and Surgery.
- Continuing Health Care** - Over spent (£310k) mainly reflecting the allocation of the additional savings target in Month 4.
- Adult Social Care** - Over spent (£65k).
- Other Operating Expenditure** - Over spent (£730k) reflecting:
 - Premises £417k overspent. £623k due to budget setting cost pressure savings target in Reserves, Estates £293k utilities, offset by underspends in Community Services and Hospitals (£480k) mainly utilities.
 - Purchase of social care £217k adverse. Underspend (£124k) South Devon Intermediate Care beds less than expected activity, offset by overspend due to Systems Savings Plan gap target set in reserves £335k (savings target phased from month 4 onwards)
 - Other £504k adverse – allocation of cost pressures savings targets £375k, Torbay Pharmaceuticals miscellaneous expenditure £129k
 - Purchase of Healthcare £58k overspend - Radiology outsourcing
 - Underspends Education and Training (£235k), Bad debt Provision (£188k), Establishment (£65k) mainly printing and stationery

Forecast



	Plan £m	Forecast £m	Variance £m
Income			
Gross	420.22	416.35	(3.87)
Planned CIP	8.60	7.05	(1.55)
Other	411.62	409.30	(2.32)
Pay			
Gross	(236.82)	(244.40)	(7.58)
Planned CIP	19.50	19.20	(0.30)
Other	(217.32)	(225.20)	(7.88)
Non Pay			
Gross	(203.44)	(198.44)	5.00
Planned CIP	13.90	7.80	(6.10)
Other	(189.54)	(190.64)	(1.10)
Total	4.76	(6.54)	(11.30)
Mitigations:-			
Torbay Council additional funding			4.00
Further non recurrent schemes - yet to be identified			5.00
CCG - additional Risk Share Income			2.30
Gap			0.00

- The forecast variance to plan without mitigations assuming that all identified savings scheme deliver in full is £11.2m.
- This reflects the gap in savings plan £7.2m and identified cost pressure gap in in final phase of business planning of £3.6m
- Mitigations to close this gap include £4m income from council funding, additional non recurrent savings target to be set at Divisional level £5.0m and risk share income £2.3m.

Further potential net cost pressures of £2.2m have been flagged by operational teams in their forecasting process. The gross expense is being challenged at SDU level through the Performance Review process to achieve the £5m non recurrent CIP requirement yet to be identified, and minimise the CCG contribution to risk share agreement income.

Financial Position by SDU

Key Drivers

	Plan for Period	Actual for Period	Variance
	£'M	£'M	£'M
Trust Total Position			
Income	133.75	134.58	0.84
Pay	(75.64)	(74.02)	1.62
Non Pay	(59.05)	(58.83)	0.21
Financing Costs	(6.75)	(5.31)	1.44
SSP Plans	3.16	0.00	(3.16)
Trust Surplus / (Deficit)	(4.54)	(3.58)	0.96

	Forecast	Annual Plan
	£'M	£'M
	404.89	404.36
	(225.13)	(222.84)
	(185.15)	(174.82)
	(5.55)	(20.24)
	4.40	18.30
Trust Surplus / (Deficit)	(6.54)	4.76

The year to date position is a deficit of £3.58m against a planned deficit of £4.54m.

Forecast variance is showing a Trustwide deficit of £6.54m, being £11.3m behind the planned surplus of £4.76m. The £11.3m gap is before mitigations and assuming that all identified savings scheme deliver in full £11.2m comprises of £7.2m gap in the savings plan and £3.6m cost pressure gap in final phase of business planning

Further analysis by at SDU level can be seen in the following tables:-

	Plan for Period	Actual for Period	Variance
	£'M	£'M	£'M
Community			
Income	0.32	0.49	0.17
Pay	(14.52)	(12.91)	1.61
Non Pay	(3.81)	(2.73)	1.08
Financing Costs	(0.60)	(0.59)	0.01
Surplus / (Deficit)	(18.61)	(15.74)	2.87

	Forecast	Annual Plan
	£'M	£'M
	1.51	0.97
	(39.87)	(41.83)
	(8.77)	(10.99)
	(1.77)	(1.81)
Surplus / (Deficit)	(48.89)	(53.66)

Underspend is related to the decommissioning of Community Hospitals; DCC BCF underspend which nets off from a Trustwide perspective against Contract Income and slippage on vacancies; Lower than anticipated IC bed placement numbers. Phasing of CIP is also a factor in the YTD position with phasing loaded towards end of the year whilst savings have been achieved from M1.

	Plan for Period	Actual for Period	Variance
	£'M	£'M	£'M
Independent Sector			
Income	3.30	3.27	(0.03)
Pay	(0.44)	(0.42)	0.01
Non Pay	(14.93)	(14.99)	(0.06)
Surplus / (Deficit)	(12.07)	(12.15)	(0.08)

	Forecast	Annual Plan
	£'M	£'M
	9.69	9.90
	(1.27)	(1.31)
	(44.44)	(44.51)
Surplus / (Deficit)	(36.02)	(35.92)

£103k overspend is due to Adult Social Care, entirely driven by unachieved TWIP (majority of schemes not expected to deliver savings until the latter part of the year) £23k underspend in In House services due to a number of pay savings in Hollacombe.

	Plan for Period	Actual for Period	Variance
	£'M	£'M	£'M
Continuing Health Care (CHC)			
Income	0.01	0.00	(0.01)
Pay	(0.41)	(0.31)	0.10
Non Pay	(10.64)	(10.95)	(0.31)
Surplus / (Deficit)	(11.05)	(11.26)	(0.21)

	Forecast	Annual Plan
	£'M	£'M
	0.00	0.02
	(1.07)	(1.24)
	(31.39)	(31.52)
Surplus / (Deficit)	(32.46)	(32.74)

Overspend due new high cost cases in Adult IPPs and CHC Torbay, increased activity across Nursing Homes and Domiciliary Care, and unachieved TWIP.

Financial Position by SDU

Key drivers

	Plan for Period	Actual for Period	Variance
	£'M	£'M	£'M
Medical Services			
Income	30.53	29.37	(1.16)
Pay	(14.19)	(15.19)	(1.00)
Non Pay	(10.07)	(8.56)	1.51
Surplus / (Deficit)	6.27	5.63	(0.65)

	Forecast	Annual Plan
	£'M	£'M
	87.76	91.45
	(44.16)	(41.76)
	(25.46)	(29.65)
	18.14	20.03

Unachieved SSP savings target in addition to continued overspends within clinical ward areas, primarily on specialising costs on acute wards but also in A&E to cover vacancies with agency at a premium cost.

	Plan for Period	Actual for Period	Variance
	£'M	£'M	£'M
Surgical Services			
Income	26.50	24.69	(1.82)
Pay	(16.28)	(15.73)	0.56
Non Pay	(6.29)	(7.02)	(0.73)
Surplus / (Deficit)	3.93	1.94	(1.99)

	Forecast	Annual Plan
	£'M	£'M
	73.87	79.12
	(47.81)	(48.28)
	(21.26)	(18.59)
	4.80	12.24

Clinical Contract income down due to continued reduced level of elective surgery and ICU still not yet fully operational to planned level, offset with continuing overspends within clinical ward areas, primarily on specialising costs.

	Plan for Period	Actual for Period	Variance
	£'M	£'M	£'M
Women's, Children's, Diagnostics and Therapies			
Income	15.56	14.60	(0.96)
Pay	(12.88)	(12.38)	0.50
Non Pay	(2.98)	(2.96)	0.02
Surplus / (Deficit)	(0.30)	(0.74)	(0.44)

	Forecast	Annual Plan
	£'M	£'M
	44.76	47.38
	(37.70)	(38.31)
	(8.81)	(8.68)
	(1.75)	0.39

Underspends against vacant posts in Radiology & therapies that are difficult to recruit to. Radiology consultant vacancies partially offset by outsourcing services to external providers

	Plan for Period	Actual for Period	Variance
	£'M	£'M	£'M
Corporate Services			
Income	57.52	60.44	2.92
Pay	(16.93)	(17.08)	(0.15)
Non Pay	(10.32)	(11.62)	(1.30)
Financing Costs	(6.15)	(4.72)	1.43
Surplus / (Deficit)	24.13	27.03	2.90

	Forecast	Annual Plan
	£'M	£'M
	187.29	175.52
	(53.26)	(50.10)
	(45.02)	(30.86)
	(3.78)	(18.44)
	85.23	76.12

Favourable income variance year to date of £3.2m relating to Actual Block CCG adjustment and E prescribing of £0.2m offset by lower Donated asset income amounting to £0.3m and PMU £0.2m. Overspend in Pay and non Pay due business planning cost pressure savings target in reserves, offset by lower Depreciation.

	Plan for Period	Actual for Period	Variance
	£'M	£'M	£'M
SSP Plans			
Income	2.42	1.72	(0.70)
Pay	0.37	0.00	(0.37)
Non Pay	0.37	0.00	(0.37)
Surplus / (Deficit)	3.16	1.72	(1.44)

	Forecast	Annual Plan
	£'M	£'M
	4.40	7.26
	0.00	5.52
	0.00	5.52
	4.40	18.30

SSP income less than planned year to date £2.4m, full year £2.8m behind plan. Pay and non pay adverse due to SSP target £11m

Items Outside of EBITDA

	Year to Date - Month 04			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Operating expenditure outside EBITDA					
Depreciation/Amortisation	(4.84)	(3.48)	1.36	1.02	0.34
Impairment	0.00	0.00	0.00	0.00	0.00
Total	(4.84)	(3.48)	1.36	1.02	0.34
Non-operating income/expenditure					
Interest expense (excluding PFI)	(0.56)	(0.54)	0.02	0.01	0.00
Interest and Contingent Rent expense (PFI)	(0.60)	(0.59)	0.01	0.01	0.00
PDC Dividend expense	(0.75)	(0.75)	(0.00)	(0.00)	(0.00)
Gain/loss on disposal of assets	0.00	0.05	0.05	0.05	0.00
Other	0.00	(0.00)	(0.00)	(0.00)	0.00
Total	(1.91)	(1.83)	0.08	0.07	0.01
Total items outside EBITDA	(6.75)	(5.31)	1.44	1.09	0.35

Key points

- Depreciation/Amortisation is £1.3m favourable to plan, principally due to the reliving of assets in 2016/17 and the reduced level of capital expenditure.
- Prior to 2017/18, Donated Asset Income was considered to be outside of EBITDA. However, since 2017/18 NHS Improvement have included it within EBITDA.

Balance Sheet

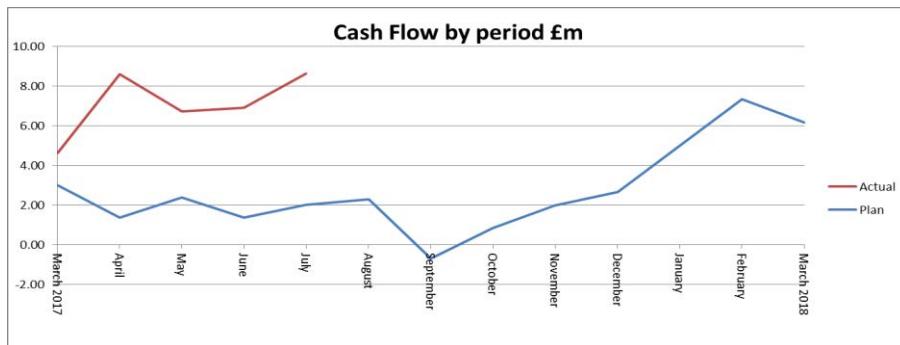
	Year to Date - Month 04			Previous Month YTD	
	Plan	Actual	Variance	Variance	Movement in Variance
	£m	£m	£m	£m	£m
Non-Current Assets					
Intangible Assets	10.55	8.54	(2.02)	(1.84)	(0.18)
Property, Plant & Equipment	168.76	155.83	(12.92)	(11.86)	(1.07)
On-Balance Sheet PFI	18.29	14.81	(3.48)	(3.46)	(0.02)
Other	1.73	2.23	0.51	0.50	0.00
Total	199.33	181.41	(17.91)	(16.65)	(1.26)
Current Assets					
Cash & Cash Equivalents	2.03	8.63	6.60	5.54	1.07
Other Current Assets	25.03	26.58	1.55	1.71	(0.15)
Total	27.05	35.21	8.16	7.24	0.91
Total Assets	226.38	216.63	(9.75)	(9.41)	(0.34)
Current Liabilities					
Loan - DH ITFF	(7.12)	(6.81)	0.31	0.31	0.00
PFI / LIFT Leases	(0.67)	(0.71)	(0.04)	(0.04)	0.00
Trade and Other Payables	(30.08)	(34.35)	(4.27)	(3.02)	(1.25)
Other Current Liabilities	(2.51)	(2.48)	0.03	0.17	(0.14)
Total	(40.38)	(44.35)	(3.97)	(2.59)	(1.39)
Net Current assets/(liabilities)	(13.33)	(9.14)	4.19	4.66	(0.47)
Non-Current Liabilities					
Loan - DH ITFF	(67.48)	(62.46)	5.02	3.79	1.23
PFI / LIFT Leases	(20.04)	(20.09)	(0.05)	(0.03)	(0.02)
Other Non-Current Liabilities	(3.94)	(3.92)	0.02	0.02	0.00
Total	(91.46)	(86.47)	4.99	3.78	1.21
Total Assets Employed	94.54	85.80	(8.74)	(8.22)	(0.52)
Reserves					
Public Dividend Capital	(61.87)	(61.87)	0.00	0.00	0.00
Revaluation	(46.23)	(36.32)	9.91	9.91	0.00
Income and Expenditure	9.03	8.82	(0.21)	(0.21)	0.00
Total	94.54	85.80	(8.74)	(8.22)	(0.52)

Key points

- Non-current assets are significantly lower than planned, principally due to reduced 2016/17 asset revaluation and reduced 2017/18 capital expenditure.
- Cash is £6.6m favourable to Plan, largely due to a favourable change to the phasing of payments by the local CCG and reduced capital expenditure (partly offset by reduced loan drawdown).
- Other Current Assets are £1.6m higher than Plan, largely due to NHS England income received in arrears.
- Trade and Other Payables are £4.3m higher than Plan, largely due to a favourable change in the phasing of payments by the local CCG.
- Loans (non-current) are £5.0m lower than Plan, due to the delay in obtaining approval for new loans.

Cash

Current Performance



	Year to Date - Month 04			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Opening Cash Balance	3.00	4.64	1.64	1.64	0.00
Cash Generated From Operations	1.88	1.73	(0.15)	0.64	(0.78)
Working Capital movements - debtors	2.79	1.35	(1.43)	(1.59)	0.15
Working Capital movements - creditors	(0.09)	3.82	3.92	2.63	1.28
Capital Expenditure (accruals basis)	(8.58)	(0.87)	7.71	6.05	1.65
Net Interest	(0.98)	(0.76)	0.22	0.08	0.14
Loan drawdown	4.90	0.00	(4.90)	(3.68)	(1.23)
Loan repayment	(0.82)	(0.94)	(0.12)	(0.12)	0.00
PDC Dividend paid	(0.00)	0.00	0.00	0.00	0.00
Other	(0.06)	(0.34)	(0.28)	(0.13)	(0.15)
Closing Cash Balance	2.03	8.63	6.60	5.54	1.07

Key points

- The opening cash balance was £1.6m favourable to Plan.
- Cash generated from operations is £0.2m adverse, largely due to the favourable SoCI variance of £1.0m excluding the element relating to depreciation (£1.4m).
- Working Capital debtor movements is £1.4m adverse (essentially due to the movement in debtors explained in the commentary to the balance sheet).
- Working Capital creditor movements is £3.9m favourable (essentially due to the movement in creditors explained in the commentary to the balance sheet).
- Capital expenditure is £7.7m 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 £3.7m adverse, due to the delay in obtaining approval for planned new loans.

Capital

Current Performance

	Year to date - Based upon Operational Plan (March 17)			Full Year Plan		
	Plan £m	Actual £m	Variance £m	Plan £m	F'cast to NHSI £m	Variance £m
Capital Programme	9.20	0.93	(8.27)	29.58	29.58	0.00
Significant Variances in Planned Expenditure by Scheme:						
HIS schemes	2.46	0.27	(2.19)	7.38	7.38	0.00
Estates schemes	5.68	0.41	(5.27)	19.03	19.03	0.00
Medical Equipment	0.49	0.11	(0.38)	1.46	1.46	0.00
Other	0.00	0.01	0.01	0.00	0.00	0.00
PMU	0.39	0.13	(0.26)	1.16	1.16	0.00
Contingency	0.18	0.00	(0.18)	0.55	0.55	0.00
Anticipated slippage	0.00	0.00	0.00	0.00	0.00	0.00
Prior Year schemes	0.00	0.00	0.00	0.00	0.00	0.00
Total	9.20	0.93	(8.27)	29.58	29.58	0.00
Funding sources						
Secured loans	0.00	0.00	0.00	0.00	0.00	0.00
Unsecured loans	4.90	0.00	(4.90)	14.71	14.71	0.00
Finance Leases	0.00	0.00	0.00	0.00	0.00	0.00
Disposal of assets	0.61	0.00	(0.61)	4.00	4.00	0.00
PDC	0.00	0.00	0.00	0.00	0.00	0.00
Charitable Funds	0.33	0.00	(0.33)	1.00	1.00	0.00
Internal cash resources	3.36	0.93	(2.43)	9.87	9.87	0.00
Total	9.20	0.93	(8.27)	29.58	29.58	0.00

Key points

A. Operational Plan. Capital expenditure plan of £29.58m dependent upon: -

- New Independent Trust Financing Facility (ITFF) loans totalling £14.7m,
- Planned sale of Community properties and Kemmings Close totalling £4.1m,
- Delivery of NHSI revenue control total and consequently full access to STF.

B. Current position: -

- Unlikely to be able to obtain new ITFF loans during 2017/18
- Gap in the Trusts' planned CIP for 2017/18.
- Asset disposal proceeds in 2017/18 will be less than planned.
- Forecast underspend in (non-cash) depreciation charge being used to offset other cost pressures which have cash requirements.
- Consequently, in order to maintain solvency, the Trust's actual capital expenditure in 2017/18 is likely to be substantially less than that planned.
- The Trust Board in May 2017 approved £8.6m of capital spend for 2017/18.
- Another two schemes have been approved which have their own source of financing, i.e. GP Streaming (PDC £0.9m) and PTS leased vehicles (Leased £0.8m).
- In August 2017 the Trust Board approved the release of another £2.0m of capital for prioritisation.

C. Actions outstanding

- Present Quality Impact Assessment to the Trust Board for those schemes that were planned for progression in 2017/18 but which are not currently part of the prioritised schemes.

Activity

Setting	Annual Plan	YTD Plan	YTD Actual	Cumulative	Cumulative
				Variance	Variance
				Current Month	Previous Month
Day Case	31,721	10,664	10,698	34	-31
Elective	4,560	1,516	1,213	-303	-208
Non Elective Emergency	28,344	9,867	9,830	-37	28
Non Elective Non Emergency	3,479	1,137	1,104	-33	-1
Non Elective CDU	3,930	1,345	1,437	92	73
Non Elective AMU	1,648	612	762	150	123
TOTAL APC	73,682	25,141	25,044	-97	-16
New	103,112	34,920	33,742	-1,178	-1,032
Follow Up	275,127	91,778	85,319	-6,459	-4,678
TOTAL OPA	378,239	126,698	119,061	-7,637	-5,710
A&E	66,651	22,766	22,794	28	254



Activity variances to plan -Month 4

Activity variances for M4 and M3 against the contract activity plan are shown in the table opposite. In M4 there is a continued trend of underperformance to commissioned plan for elective activity: The main variation is against elective inpatients (20% behind plan) and outpatient follow up appointments (7% behind plan)

At treatment function level the greatest variance is in orthopaedics with 131 inpatient cases behind plan (592k). This is a planned position due to the continuing focus to reducing costs. A number of decisions have been taken to not replace clinical staff in particular some 'training and middle grade' posts at this time. It is noted that the newly introduced therapy led interface services have been successful in reducing the conversions to surgery at this time.

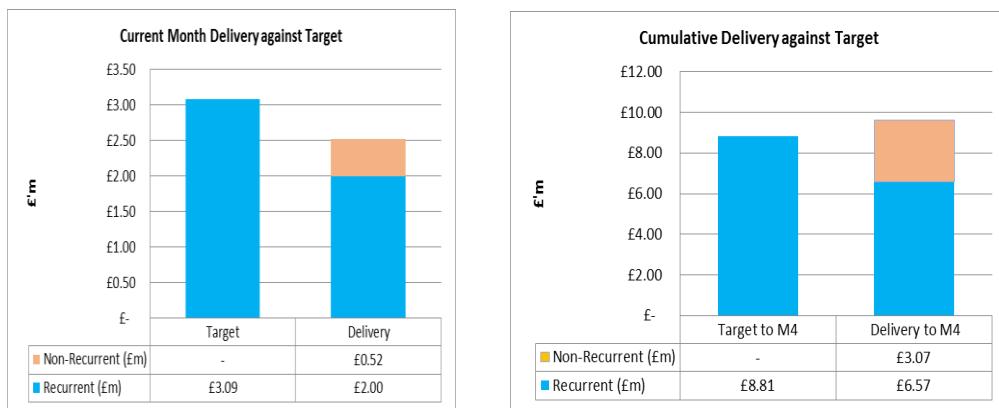
The underperformance against commissioned elective activity plan has been escalated as a concern in M3 through the executive Performance review meetings. SDU leads have been asked to review and feedback at the August meetings.

In relation to this underperformance the committee is asked to note:

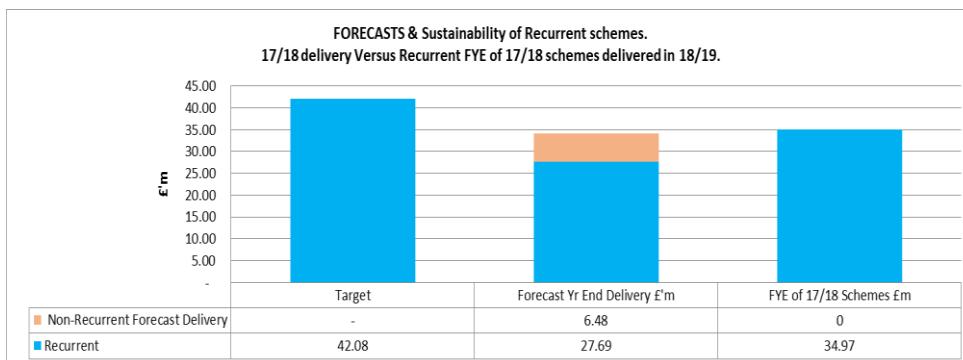
1. The activity plan was based on the assessment of actual capacity and therefore does not include any historical waiting list initiative activity.
2. Some of the variation is due to the Easter effect (with Easter falling in March in 2016 and April in 2017 and the phasing of activity in month 1).
3. The risk share agreement mitigates any immediate income risk.
4. The activity underperformance is contributing to cost savings on non pay consumable items.
5. Risk remains that reduced elective activity will increase waiting times and impact on RTT performance and patient experience.
6. The RTT risk and assurance group are maintaining the performance oversight with the RTT position and forecast reviewed at individual team level.
7. Referrals over a rolling 12 month period are remaining at historical levels. Overall waiting list number for inpatients have not increased above expected levels of normal variation.

CIP Delivery: Current Mth, Cumulative & Forecast

a) Current Month and Cumulative to Current Month Delivery against Target



b) Year End Forecast Delivery against Target and Recurrent FYE forecast delivery.



a) Current Month and Cumulative to Current Month Delivery against Target Summary>

-Current Month Shortfall: **£0.6m**

-Cumulatively (M1-4) Surplus: **£0.8m**

Commentary

Within our Plan, we have phased CIP delivery incrementally to reflect the phased introduction of transformation schemes. Although the CIP target set for M4 was £1m higher, in total, than last month, our cumulative variance, at £0.8m is still only £0.6m lower than last month, demonstrating continued delivery momentum.

b) Year End Forecast Delivery against Target and Recurrent FYE forecast delivery.

Target: The CIP target shown is £42.0m. This comprises £40.7m of CIP and £1.3m of Income Generation Saving proposals.

Yr End Forecast Delivery: **£34.2m**
Shortfall: **£7.9m**

Mitigated by:

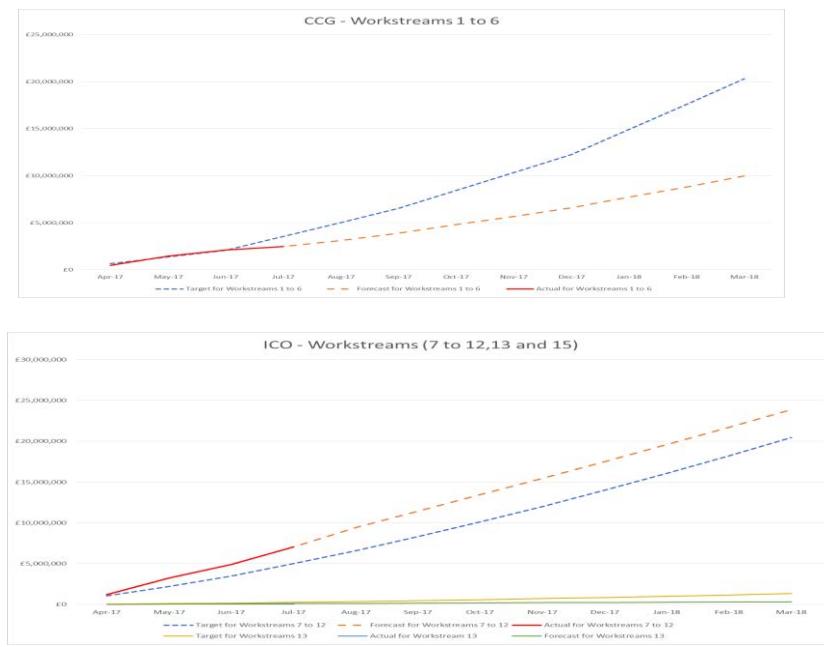
-Income TC **-£4.0m**
-Further SDU Slippage **-£4.0m**

F/Cast: Recurrent FYE of 17/18 projects: £35m

Risk: Presumes all schemes listed deliver (See Delivery Assurance)

CIP- Delivery Phasing & Delivery by Programme across SDU

c) Delivery of Target, Delivery and Gap



d) Forecast Year end delivery Performance, by SDU and Workstream programme.

Workstream	SDU	Community	Corporate	EFM	Medicine	Surgery	WCOT	CCG	Grand Total
Budgetary Target									
CCG Total Target (Workstreams 1 to 4)	5,100,000			100,000	6,943,000	500,000	500,000	7,200,000	20,344,522
ICO Total Target (Workstreams 7 to 12 and 15)	7,019,941	2,083,128	1,955,808	4,241,549	2,909,851	2,191,245	-	-	20,401,522
Total Budgetary Target	12,119,941	2,083,128	2,055,808	11,184,549	3,409,851	2,691,245	7,200,000	40,744,522	
Forecast Delivery									
01 Elective Care							1,774,833	1,774,833	
02 Urgent Care							160,000	160,000	
03 Placed People & ASC	4,250,040								4,250,040
04 Medicines Optimisation							3,781,998	3,781,998	
05 Acute Services Review							-	-	
07a - Community Services/Care Model	5,318,402	385,384	256,070	1,562,065			7,521,921		
08 Workforce	3,504		267,573	190,255	47,230	6,128		514,690	
09 Nursing	25,000			-	838,916	13,336		877,253	
10 Commercial Development		662,091	287,335		57,594	57,349		1,064,368	
11 Finance / Procurement	32,106	106,933	27,259	22,488	493,714	17,796		700,297	
12 General Efficiencies	3,185,665	3,192,642	895,999	1,086,257	2,242,906	1,445,489		12,048,958	
13 Income Generation		327,995						327,995	
14 Quality Improvement							-	-	
15 Mitigation/Non Recurring Savings 2017-18	474,449	-	-	7	269,996	400,534	-	1,144,972	
Forecast Delivery Total	13,289,166	4,675,044	1,734,236	2,861,058	3,950,356	1,940,632	5,716,831	34,167,324	
Budget vs Forecast Delivery Variance									
CCG Total Variance (Workstreams 1 to 4)	849,960	-	100,000	6,943,000	500,000	500,000	1,483,169	10,376,129	
ICO Total Variance (Workstreams 7 to 12 and 15)	-2,019,185	-2,591,916	221,572	1,380,491	-1,040,505	250,613	-	-3,798,931	
Variance	-1,169,225	-2,591,916	321,572	8,323,491	-540,505	750,613	1,483,169	6,577,198	
	Surplus	Surplus	Shortfall	Shortfall	Surplus	Shortfall	Shortfall	Shortfall	

c) Delivery of Target, Delivery and Gap

TSDFT's has a CIP Target of £40.7m plus an Income generation target. The 2017/18 improvement programme is managed jointly, between the CCG and ourselves and reflects the Integrated Care Organisation framework within which we work. The managerial responsibility is split as follows:

£20.4m (Workstreams 7-12,13 & 15) of direct ICO efficiencies.

£20.3m (Workstreams 1-6) of wider system savings programme.

In addition the Trust has a £1.3m Income Generation target (Workstream 13).

The graphs demonstrate that the direct ICO efficiency schemes have over-delivered against the allocated target and this is helping to compensate for the shortfall in delivery potential associated with the wider system savings programme.

d) Forecast Year end delivery Performance, by SDU and Workstream programme.

Although half of the CIP programme is expected to be delivered through system wide schemes, the expected budgetary saving for these initiatives sit across TSDFT's SDU management structure. The budgetary target has therefore been allocated to SDUs, reflecting the current view of where the saving are expected to materialise.

Community and Corporate have over delivered by £3.8m. The Medical SDU is experiencing the largest shortfall and the majority of this is due to the system wide Urgent Care initiatives not delivering the expected savings.

Note, some of the system savings forecast delivery values shown should be treated as indicative and may be reallocated to other SDUs next month, following a review by the CCG.

CIP- Delivery Assurance - Yr end delivery forecast-

c) CIP Delivery Assurance- Route to Cash

Route to Cash by Yr-End Forecast Delivery (%)

Blue (No RTC yet) 0%
Red (RTC not Started) 1%
Amber (RTC In Progress) 7%
Green (RTC proven) 92%

Route to Cash by Yr End Forecast Delivery (£m)

Blue (No RTC yet), £0.0
Red (RTC not Started), £0.4
Amber (RTC In Progress), £2.3

(c) CIP Delivery Assurance:- Route to Cash

The vast majority of the £34m forecast delivery has a proven route to cash, i.e: £31.5m (92%), with a further £2.3m (7%) identified as having a route to cash analysis in progress.

d) CIP Delivery Assurance:- Pipeling stage

Forecast Yr End Delivery by project pipeline stage (%)

Outline 6%
Delivery 30%
Detailed Plan 8%
Complete 56%

Forecast Yr End Delivery by project pipeline stage (£m)

Outline, £2.2
Delivery, £10.1
Detailed Plan, £2.7
Complete, £19.1

(d) CIP Delivery Assurance:- Pipeline stage

Of the projects comprising the £34m forecast delivery:

£29.2m (86%) are either Complete, and delivering savings or in "Delivery" stage whereby the project is finalised but savings awaited.

£4.9m (14%) relates to schemes in outline or in detailed plan stage. However these projects are constantly being reviewed to scope delivery potential.

Both of these indicators demonstrates a strong level of delivery assurance, for the schemes that have been developed.

Operational Performance Focus

Page 21	Summary of Performance
Page 22	RTT (Referral to Treatment Time)
Page 23	ED (Accident & Emergency Department)
Page 24	Cancer Standards
Page 25	Diagnostic Waits
Page 26	Other Performance Exceptions
Page 27	Social care performance metrics
Page 28	Community metrics

Performance Summary

STP / NHSI operational plan - Monitored indicators

Indicator	National Standard	Operational plan trajectory (M4)	Trust performance (M4)
A&E 4hr waits (STF)	95%	92%	93.9%
RTT 18 week waits	92%	89%	86.1%
62 day Cancer waits	85%	85%	86.0%
Diagnostics waits < 6 weeks	99%	No trajectory	97.0%

NHSI Operational Plan indicators.(month 4)

A+E - The STF operational performance standard for time spent in accident and emergency department is achieved. The forecast is that the 92% trigger for Q2 STF operational performance payment will be met.

RTT - The RTT position is not met and is assessed as a risk fro delivery or trajectory.

Cancer - The standard for urgent suspected cancer referral and treatment within 62 days is met

Diagnostics - the diagnostics standard is not met. The key modalities are maintaining their performance with CT having the greatest number

Areas of good performance

4 hour standard - The STF target for achieving agreed trajectory for accident and Emergency waiting times has been achieved in July with 93.9% against the STF trajectory of 92%.

Cancer standards - Cancer treatment time standards have been achieved in July. The 62 day cancer standard achieving 86%. The detailed report includes the longest wait analysis showing the number of patients waiting over 104 days for treatment has been highlighted in the report.

Areas highlighted requiring improvement

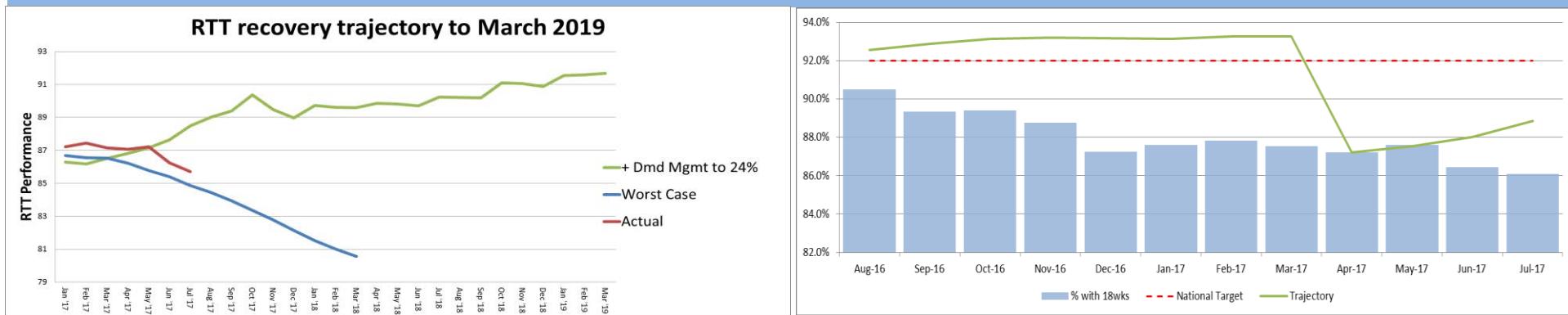
RTT - The RTT performance has deteriorated and remains below trajectory. The elective care system wide programme of demand management has had some successes in particular the use of foot and ankle single point of access which is ensuring non operative pathways are fully explored before consultant referral, however overall the run rate of referrals into Acute services is unchanged. Additional capacity to treat the longest wait patients (over 52 weeks) has been agreed and is expected to show improvement in coming months. Recruitment to clinical posts continues be a high risk. These risks and delivery of the RTT trajectory are managed through the RTT risk assurance group which meets biweekly and chaired by the deputy COO.

Diagnostic waits - The number of patients with a diagnostic wait over 6 weeks remains slightly over target. It is noted however that due unforeseen requirement to relocate the Dexa scanner to a community location that the number of waits in August for these tests will increase. A plan to recover these waiting times will be agreed with the team .

Urgent cancer referrals - The 2 week standard from urgent referral to first appointment (all sites) and for symptomatic breast referral is not met in July. This position is being driven by the capacity pressures in Dermatology. The capital works to increase capacity and relocate Dermatology clinic activity to the John Parks are due for completion in September. The recover plan also relies on the continued support from locum clinical cover. At this time the team remain unable to recruit to the substantive post vacancies and have insufficient locum support to reduce waiting times. Performance is not anticipated to improve until we have this additional capacity in place.

The Breast symptomatic waiting times remain a risk with high volumes of referrals and service pressure within radiology to support imaging. Waiting times will remain a risk as plans to recruit to the Radiology post are delayed with the withdrawal of selected candidate.

NHSI Indicator - Referral to Treatment



At the end of July, 86.1% of patients waiting for treatment have waited 18 weeks or less at the Trust. This is assessed as RED as the performance is following a downward trend not in line with the agreed trajectory of 88.9% and remains below the 92% national standard.

The Trust's trajectory of improvement is to remain below the National standard of 92% with gradual improvement towards 92% in March 2019. Maintaining this trajectory is becoming increasingly high risk. 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.

There are a number of areas where operational teams are unable to increase capacity to meet the levels of demand. The risks being highlighted include:

Demand Management – Planning assumption is for a 24% reduction in elective referrals by the end of March 2019. The current position is that there has been no overall reduction in referrals (rolling 12 month basis) however some success is being seen with the introduction of therapy led interface services to ensure all non surgical options are fully explored.

Recruitment and locum cover – There remain significant risk to maintaining and recruiting full complement of substantive posts in the following areas.

Dermatology Respiratory cardiology pain management

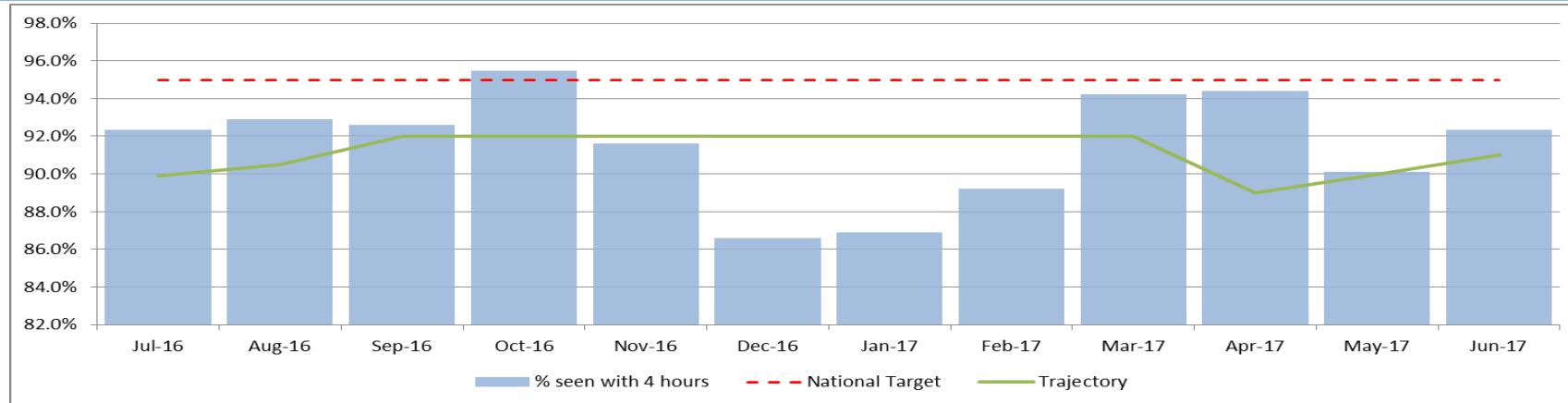
Delayed recruitment to vacant posts or locum cover to maintain capacity in high risk areas will impact significantly on the ability to deliver this recovery trajectory.

Financial challenge - 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.

A review of the risks to RTT trajectory and longest waiting patients (over 52 weeks) has been presented with recommendations to the Executive team for consideration - actions to be agreed.

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.

NHSI indicator - 4 Hours - Time spend in Accident and Emergency Department



For July, the combined performance against the Emergency Department (ED) and Minor Injury Units (MIUs) 4 hour standard remained above the required STF trajectory, with 93.9% of patients spending less than 4 hours in the Emergency Department. This is a third month of incremental improvement. A seasonal reduction in acuity and inpatient bed based demand can be expected over summer months however it is particularly encouraging that this performance is being maintained following recent community and acute bed closures. As we move into the winter months there will be increased pressure on inpatient beds in all settings along with capacity for packages of care to support more complex discharge.

Comment on performance and factors influencing performance against ED standard

ED pressures and acute patient flow : During July, the system escalation status remained at OPEL 1 for 30 of the 31 days, with one day rated as OPEL 2. This consistent level of escalation is a very encouraging indication that the recent reductions to inpatient bed capacity have not destabilised the emergency care system and the ongoing embedding of the care model is increasing system resilience whilst reducing overall reliance on hospital inpatient bed based care.

It is acknowledged that there are risks ahead, certainly as we start to enter the winter months, and a need to continue the good work to support the patient flow action plans and improvement projects.

The last few months has seen improvement work supported by the patient Flow board and improvement teams focus on early senior clinical review, complex discharge increased use of ambulatory care with early senior review and continued promotion of the SAFER initiative.

Community Hospitals and wider emergency care system: Community bed occupancy is at 80% the lowest recorded in over 12 months with the average length of stay at just over 10 days, nearly two days lower than the same period last year. There has been some recorded increase in delayed transfers of care however this is linked to improved reporting of delays following the work with discharge teams to proactively identify potential delays at the earliest opportunity.

Some of the early care model evaluation analysis is identifying different rates of referral to intermediate care teams and that this is an opportunities for further admissions avoidance or earlier diagnosis and treatment of patients in a non bed based setting of care.

Clinical quality assurance : The Quality metrics reviewed by the Patient Flow board continue to provided assurance that the quality of patient care is being maintained and that on a 24/7 basis patients are having good access to senior ED review and urgent emergency care where indicated for the sickest patients

Cancer treatment and cancer access standards

	July 2017			
	Target	No. Seen	Breached	%
14day 2ww ref	93.0%	1050	269	74.4%
14day Br Symp	93.0%	51	14	72.5%
31day 1st trt	96.0%	169	2	98.8%
31day sub drug	98.0%	73	0	100.0%
31day sub Rads	94.0%	63	2	96.8%
31day sub Surg	94.0%	38	1	97.4%
31day sub Other	-	23	0	100.0%
62day 2ww ref	85.0%	93	13	86.0%
62day Screening	90.0%	14	0	100.0%

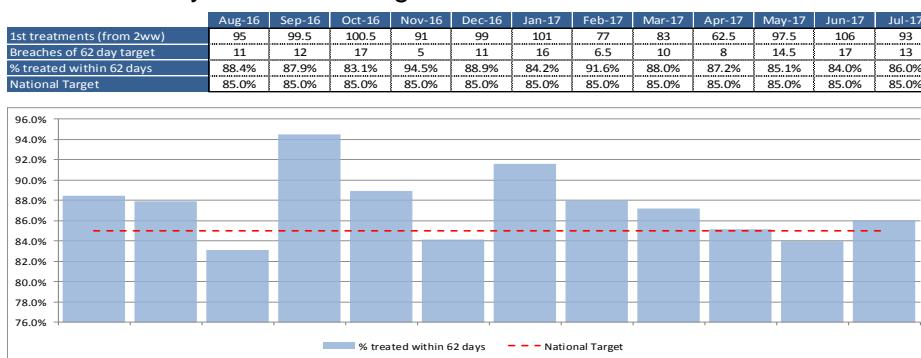
Cancer standards - Cancer treatment time standards have been achieved in July. The 62 day cancer standard achieving 86%.

Urgent cancer referrals -

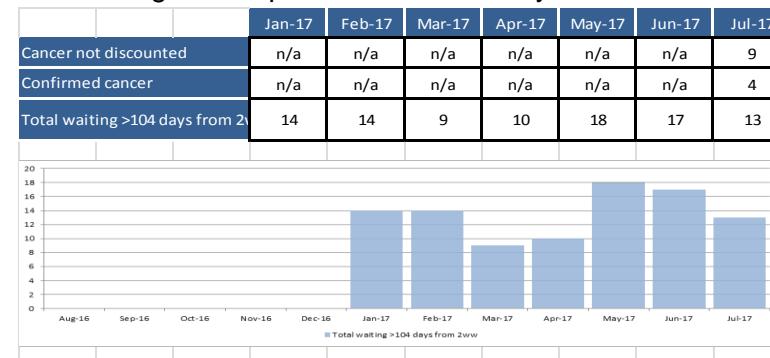
The 2 week standard from urgent referral to first appointment (all sites) and for symptomatic breast referral is not met in July. This position is being driven by the capacity pressures in Dermatology. The capital works to increase capacity and relocate Dermatology clinic activity to the John Parks are due for completion in September. The recovery plan also relies on the continued support from locum clinical cover. At this time the team remain unable to recruit to the substantive post vacancies and have insufficient locum support to reduce waiting times. Performance is not anticipated to improve until we have this additional capacity in place .

The Breast symptomatic waiting times remain a risk with high volumes of referrals and service staffing pressure within radiology to support imaging. Waiting times will remain a risk as plans to recruit to the Radiology post are delayed with the withdrawal of selected candidate.

Cancer 62 day standard - Urgent referral to treatment



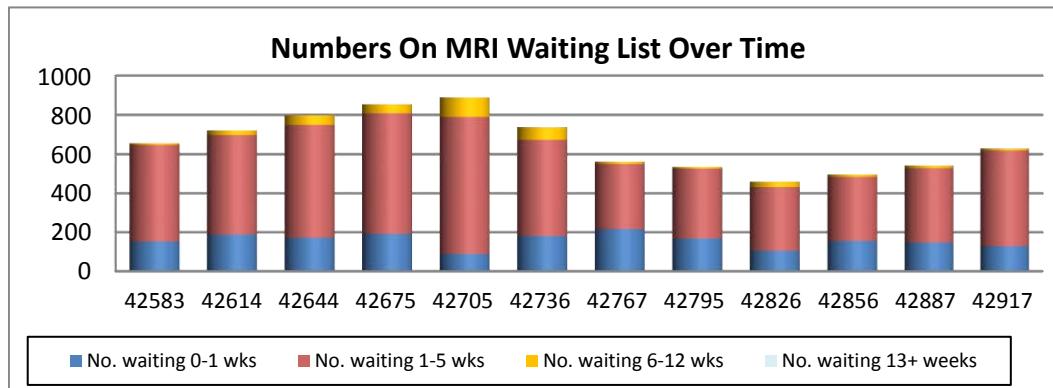
Long waits - patients over 104 days



The Cancer 62 day standard was achieved in Q1 despite falling below the 85% target in June. The July position of 86% is above target although final validation to be completed for national submission in early September. The forecast is that the Q2 position will remain a challenge as areas are having to manage with reduced capacity from annual leave and clinical vacancies.

The longest waits analysis above has been included as this now a standard monthly return with increasing monitoring emphasis. All patient treated after 104 days undergo a clinical harm review by the lead clinician. This is reported as part of the national return. Should any clinical concerns be identified these will be reviewed at the cancer governance meeting. The number reported above include all patients over 104 days many of whom well not have cancer and are under surveillance. The most recent guidance from NHSE is that there will be a zero tolerance on the number patients who have confirmed cancer and receive treatment after 104 days from December 2017. To facilitate our early warning of these patients reaching 104 days a 90 day trigger has been established in internal monitoring reports and these patients to be further reviewed at MDT.

NHSI indicator - Diagnostic waits



The number of patients waiting over 6 weeks at M4 (3%) is above National target of 1%.

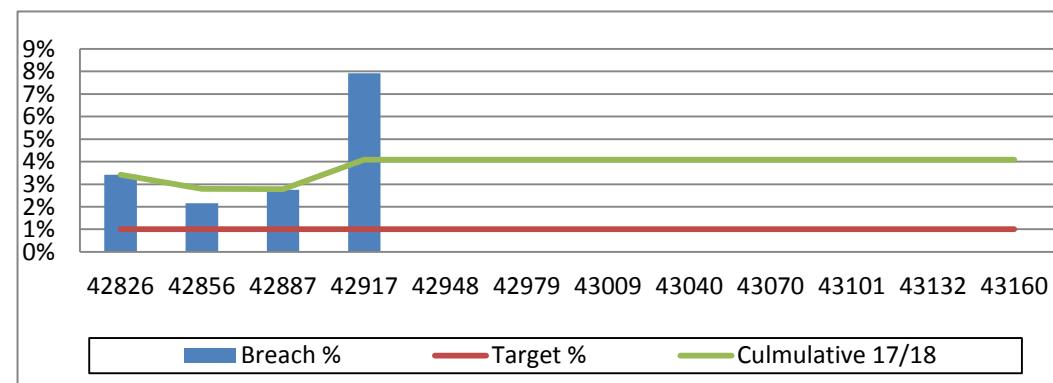
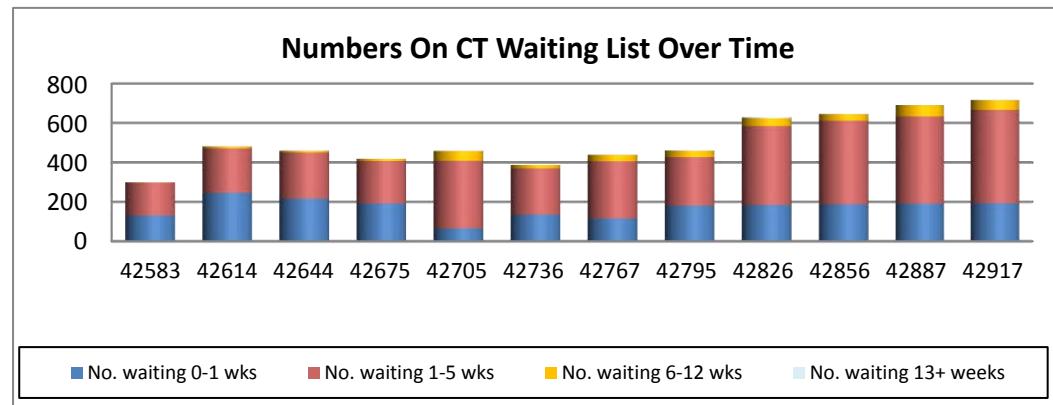
Performance however remains good against our peer providers across the STP.

The highest number of long waiting patients is for CT. The data opposite shows the increase in the total number waiting for CT examination along with the increased number of patients waiting over 6 weeks. Review of the longest waiting patients continues to show that this cohort consists of the more complex scans such as CT colonoscopy and CT angiography.

MRI waiting times and overall numbers waiting continues to perform well.

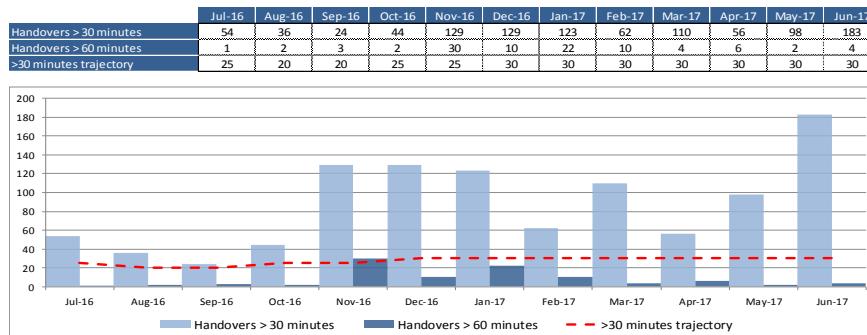
Emerging risks.

Looking ahead a risk of increasing number of long waits has been identified. This is due to the short notice requirement to relocate the Dexa scanner to a community location following the closure of TAIRU due to estates issues. This has been an unplanned closure and resulted in the loss of several weeks of capacity to date and potential further lost capacity until the relocation can be completed. The number of patient waiting for DEXA tests will increase in August will increase the total number of patients waiting over 6 weeks when the August position is reported. This is currently being reviewed to minimise the disruption to the service.



Other Performance Exceptions

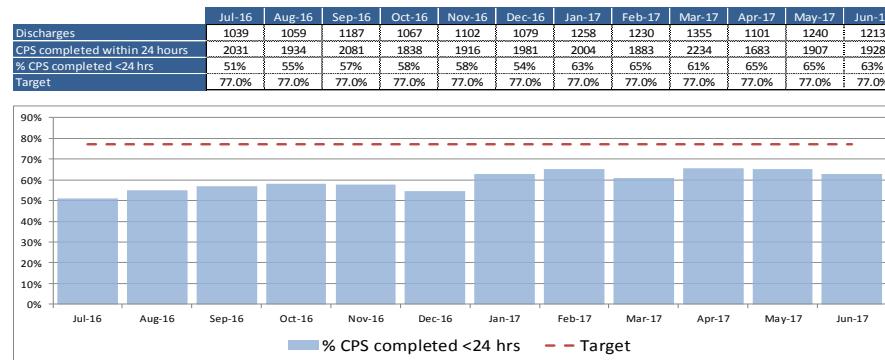
Ambulance handovers



Ambulance Handover

The number of Ambulance Handovers delayed over 30 minutes increased in July. This is in contrast to the good 4 hour performance and number of days of OPEL status of 1 recorded in the month. The Emergency department continue to meet regularly with the Ambulance Trust and have an escalation plan in place when handovers start to become delayed.

Care Plan Summaries completed with 24 hours of discharge - Weekday



Care Planning Summaries (CPS)

This remains a challenge to complete CPS's within 24 hours of discharge. The challenges are with the manual process of completion of care planning summary and the different sources of data needed to complete these forms. The strategy is to reduce the manual entry requirements and junior doctor time increase the pulling of data from existing electronic records. Prioritisation of junior doctor time also remains a challenge. Weekly performance is shared with all teams.

RTT Incomplete Pathways longer than 52 weeks



52 week waits

The Number of 52 week waits have decreased in July to 15. These longest waits are all in Upper Gastrointestinal Surgery. Additional operating capacity has been approved and this will commence in September. Potential 52 week waits are also a risk in Urology and a request to approve additional capacity has been submitted for exec review and sign off. The plan is to eradicate all 52 week waits by the end of the year.

Social Care Metrics - Torbay LA commissioned

	2017/18 full year target	Torbay Act (target)	Comment
% clients receiving self-directed support	92%	93% (92%)	On target
% clients receiving direct payments	28%	24.3% (26.5%)	Below target. Performance remains static but target is increasing. The Trust intends to improve take up through My Support Broker and work with the voluntary sector.
% clients receiving a review within 18 months	93%	87.5% (93%)	Below target. Review performance has been impacted by: Clients in care homes are now being reviewed by location rather than date for efficiency. Many clients at home are being reviewed by 'My Support Broker' and these are being done in the most efficient order.
Timeliness of social care assessment	70%	74.59% (70%)	On target
Timeliness of care package	94%	90.87% (94%)	On target
No. of permanent care home placements (snap shot)	617	634 (633)	On target
Permanent admissions (65+) to care homes per 100k population (BCF) (rolling 12 month)	599.0	533.9 (599)	On target
% carers receiving self directed support	85%	73.3% (85%)	Below target. A higher proportion of Emotional Support Vouchers redeemed at the start of the financial year have caused this drop in performance as ESVs are not counted as self-directed support. Situation being monitored by carers lead.
% of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual	100%	100% (100%)	On target
% Repeat safeguarding referrals in last 12 months	8.0%	7.54% (8.0%)	
% Adults with learning disabilities in paid employment	4.0%	3.54% (4.0%)	Below target. Complexity of the client group and limited employment opportunities in the Torbay area make this a challenging target but the Trust are exploring working with voluntary organisations to improve paid employment opportunities. Trust also reviewing data quality of recording.
% Adults with learning disabilities in settled accommodation	75%	76.02% (75%)	On target
Number of days of delayed transfers of care (BCF)	2,439	612 (372)	Below target. These are delays for Torbay residents by any NHS organisation. A significant number of these delays reported by DPT. Torbay continues to perform well compared to National and regional benchmarks.

Adult Social Care Indicators to 31st July - Torbay LA commissioned

Placements

	Performance					Notes
	15/16 Actual	16/17 Actual	17/18 Outturn	Target	Indicator	
Adult Social Care	Social Care Packages per annum	3140	3112	2567		Unique clients in year
	New SC Packages/Month avg	54	51	46		SC contracts starting without SC in prev 90 days
	% Users receiving 10 hours or less of care per week	71.1%	69.3%	68.6%		End of period snapshot, Dom care clients only Not direct payments
	Long term SC placements	750	723	696		End of period snapshot
	Long term SC placements <65	146	146	144		
	Long term SC placements 65 and over	604	577	552		
	Long term SC Packages of Care (POC)	1365	1471	1544		End of period snapshot Non res/nurs contracts open ended or for >8 weeks
	Long term SC POC <65	677	743	780		
	Long term SC POC 65 and over	688	728	764		

Social care programme board review the metrics monthly.
Following feedback received, the presentation of these metrics is being reviewed together with tolerances used to determine the RAG ratings.

Community Services

Community Hospital Dashboard - Summary of Key Measures - July-17

	Act. 15/16 Outturn	16/17 Year End Target	Target Jul-17	Jul-17	Total	YTD Target	Cum. Direction of Travel
Admissions / Discharges							
Total Admissions (General)	1,830	2,520	212	222	915	832	↗
Direct Admissions (General)	292	252	21	21	95	80	↑
Transfer Admissions (General)	1,538	2,268	191	201	820	752	↗
Stroke Admissions	277	281	23	22	98	88	↑
Transfers from CH to DGH	258	124	11	3	9	40	↓
Beds							
Occupied Bed Days	30,725			2,702	11,282		
Bed Occupancy ¹	85.5%	90.0%	90%	80.7%	87.4%	90.0%	
Available Bed Days	33,001			3,347	12,904		
Bed Days Lost to Delays ²	2,472	1,274	108	225	700	427	↑
Bed Days Lost to Bed Closure (General)	892	1,462		1	32	369	↓
Length of Stay							
Delayed Discharges				30	104		
Average Length of Stay - Overall (General)	14.5		0.0	10.4	10.6	0.0	↓
Average Length of Stay - Direct Admissions	9.6	12.0		7.5	7.5	12.0	↓
Average Length of Stay - Transfer Admissions	15.2	12.0		10.8	11.0	12.0	↓
Average Length of Stay - Stroke	18.1	18	18.0	16.1	17.0	18.0	↓
Long LoS (>30 days)	201	361	24	9	47	96	↓
MIUs							
Total MIU Activity ³	32,696	40,479	4,187	4,129	15,083		
New MIU Attendances	27,037	34,746	3,545	3,618	13,079	12,470	↑
All Follow Up Attendances	3,559	5,733	158	511	2,004	2,100	↓
MIU Four Hour Breaches	3	1	0	0	0	0	
Average Waiting Time (Mins) - 95th Pctile	41	45	45	47	45	45	

¹ RAG criteria for Bed Occupancy is: Green: 80% to 90%; Amber: 77% to 80% or 90% to 93%; Red: < 77% or > 93%

² RAG criteria for Bed Days Lost to Delays: Green: <= 0% below or equal to target level, Amber: > 0% to <= 10% above target level, Red: > 10% above target.

³ RAG rating for Total MIU Activity has been removed as different criteria are now set for new and F/Up attendances.

Intermediate Care

Metric	FY 2015/16	FY 2016/17	Apr-17	May-17	Jun-17	Jul-17
Total IC Referrals						
Total IC Referrals - Coastal	3136	3954	335	389	380	337
Total IC Referrals - Moor to Sea	302	502	55	78	66	64
Total IC Referrals - Newton Abbot	663	708	36	36	44	42
Total IC Referrals - Paignton/Brixham	537	912	95	98	93	115
Total IC Referrals - Torquay	944	938	90	94	74	59
Total IC Referrals - Torquay	690	894	59	83	103	57
Total IC Placements						
Total IC Referrals - Coastal	693	961	88	130	81	71
Total IC Referrals - Moor to Sea	48	53	2	12	6	5
Total IC Referrals - Newton Abbot	72	72	10	15	5	11
Total IC Referrals - Paignton/Brixham	37	64	9	19	8	3
Total IC Referrals - Torquay	248	332	40	43	25	28
Total IC Referrals - Torquay	288	440	27	41	37	24
Average LoS in IC Placements						
Total IC Referrals - Coastal	17	19	22.1	16.9	19.6	16.6
Total IC Referrals - Moor to Sea	19	18	21.0	10.4	19.4	16.9
Total IC Referrals - Newton Abbot	23	19	20.0	18.1	27.7	15.0
Total IC Referrals - Paignton/Brixham	33	33	22.0	18.0	19.7	14.3
Total IC Referrals - Torquay	17	23	26.6	17.9	22.5	15.7
Total IC Referrals - Torquay	13	15	17.2	16.8	15.2	17.6

The community hospital dashboard highlights.

1. Bed occupancy remains low at 80% following the reduction in the total number of community beds.
2. The average length of stay (LOS) of 10.4 days remain low compared to previous years.
3. MIU attendances are higher than target and no 4 hour breaches are reported.

Intermediate care summary highlights

1. The average length of stay in IC placements remain above target however have reduced in the last month. Teams have been focusing on review of all patients with a longer LOS.
2. There remains variation between different Zones in the utilisation of IC and the percentage of referrals that convert to placement - This is being reviewed as part of the wider ICO evaluation work.

Delayed Transfers of Care

Teams continue to focus on the accurate recording of delays along with proactive planning with all partners for complex patients. Performance remain very good against peer organisations.

Delayed Transfers of Care

Month	Acute	Non-Acute	Total
Jul-16	70	422	492
Aug-16	92	425	517
Sep-16	52	110	162
Oct-16	61	180	241
Nov-16	93	441	534
Dec-16	59	375	434
Jan-17	39	179	218
Feb-17	41	223	264
Mar-17	138	310	448
Apr-17	202	142	344
May-17	144	72	216
Jun-17	230	170	400
Jul-17	159	225	384

Quality Focus

Page 30	Summary Of Quality
Page 31	Mortality
Page 32	Infection Control
Page 33	Incident Reporting
Page 34	Exceptions

Quality and Safety Summary

Quality and Safety Summary

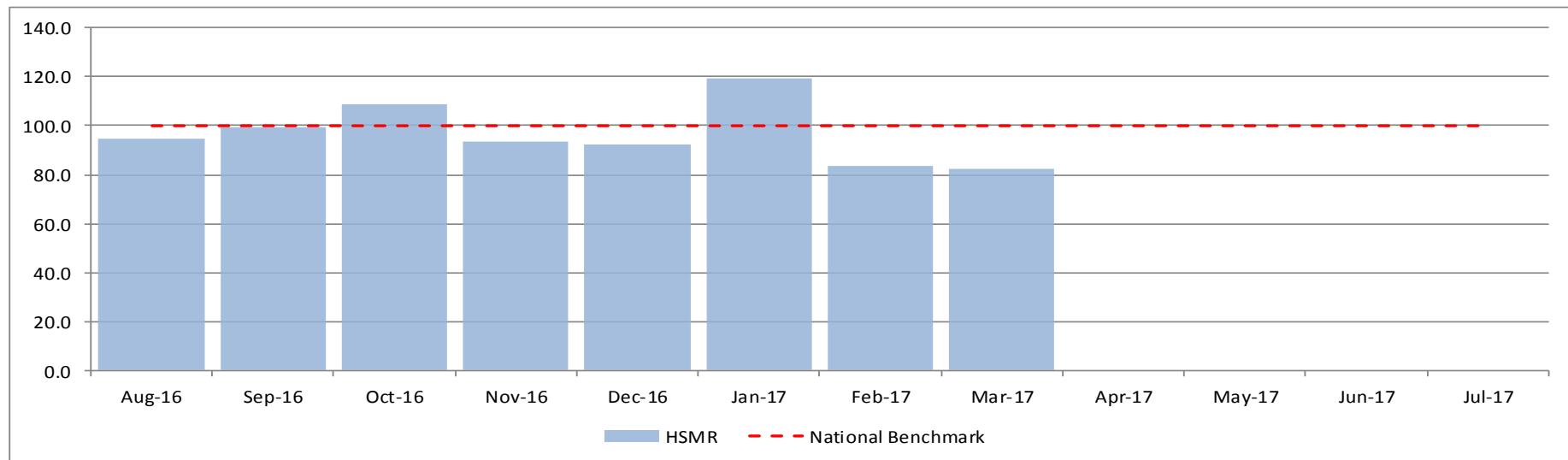
The following areas of good performance are noted:

1. The Hospital Standardised Mortality Rate (HSMR) remains in a positive position for the months of February and March (Data lag 3 months)
Work is on going via clinical coding and the Mortality Surveillance group in reviewing mortality on a monthly basis. This group feeds into the Trusts mortality dashboard and scorecard.
2. Incident reporting continues to be well supported and all areas of the Trust are reporting within expectations. Themes and issues are collated on monthly basis and help inform the 5 point Safety Brief and clinical alert system.
3. Infection control are reporting a strong monthly hand hygiene compliance rate and levels of CDT remain low.

Quality and Safety - Mortality

Hospital Standardised Mortality Rate (HSMR) national benchmark = 100

	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
HSMR	94.9	99.2	108.6	93.5	92.1	119.3	83.4	82.3	0.0			
National Benchmark	100	100	100	100	100	100	100	100	100	100	100	100



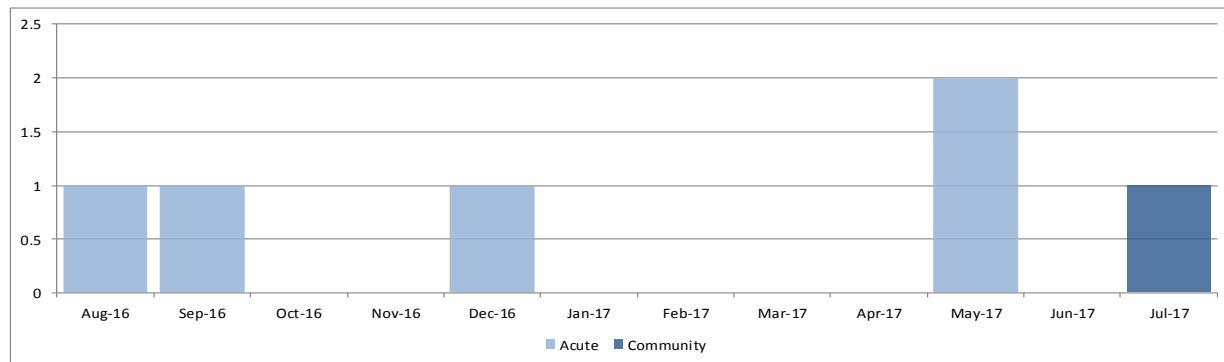
The Dr Foster reporting of benchmarked mortality runs 3 month in arrears due to the Nation data submission timetable.

The February data for HSMR is showing a low relative risk, which is positive and mirrors the previous month.

Quality and safety - Infection control

C Diff. Lapse in Care

	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Acute	1	1	0	0	1	0	0	0	0	2	0	0
Community	0	0	0	0	0	0	0	0	0	0	0	1

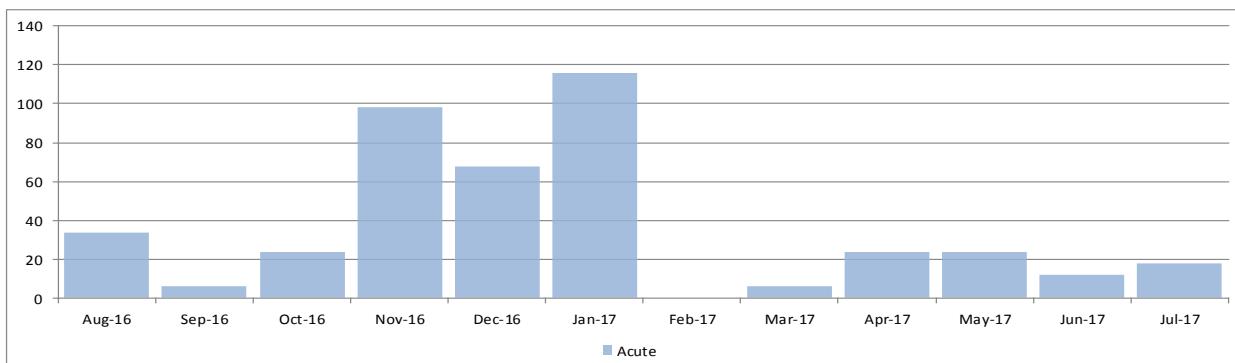


The number of Cdiff reported infections in July is 2 cases bringing the cumulative total to 5 cases.

Against reported lapse in care , of the 5 cases 3 have been assessed as a lapse in care. Two being in the acute and one in community hospital bed based care.

Infection Control - Bed Closures (acute)

	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Acute	34	6	24	98	68	116	0	6	24	24	12	18



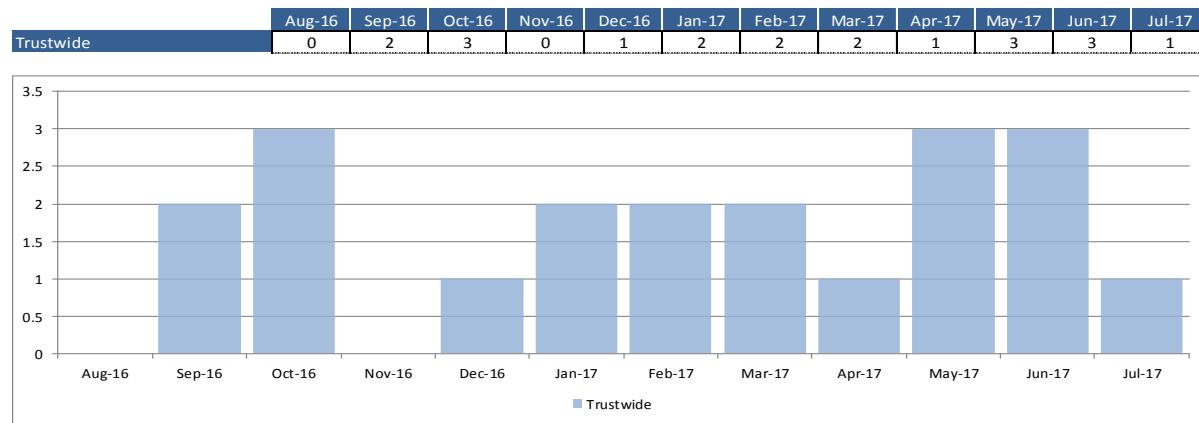
The infection control team continue to manage all cases of potential infections with individual case by case assessment and control plans. The continued low number of bed days reported as lost due to bed closures from infection control measure is a positive indication of the robust processes and practices that are in place.

Hand hygiene compliance scores in all areas continue to be high with 96%

Quality and safety - Incident Reporting

Reported incidents - Major and catastrophic

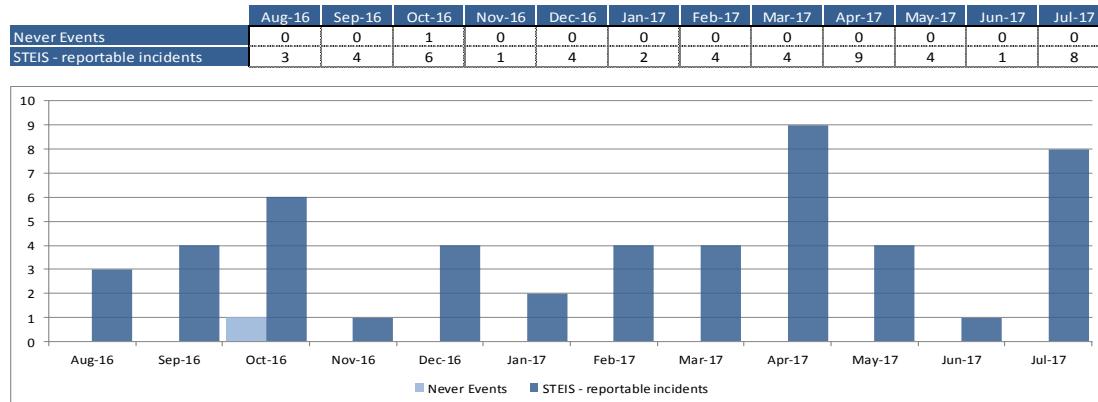
Reported Incidents - Major and Catastrophic



Commentary the Trust reported one Major incident in the Women's and Children's SDU which has followed the normal reporting procedures.

STEIS

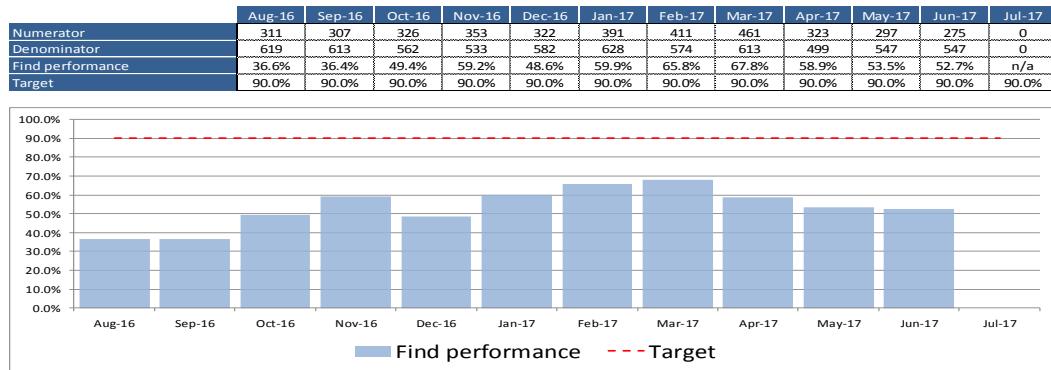
Never events & STEIS



The Trust reported 8 incidents on STEIS from across the ICO . Two of which were falls, two pressure ulcers and two medication errors. No patterns were noted and all incidents are following normal procedure of review and feedback to teams.

Quality and safety - Exception reporting

Dementia - Find



The Dementia fins standard is not being met.

The NHSI single oversight framework (SOF) currently out for consultation and operational from October 2017 includes Dementia screening and referral as one of the NHSI priority indicators.

This has been escalated and teams are now reviewing alternative ways to ensure that all patients meeting the criteria of being over 75 and in hospital over 72 hours review this screening and appropriate follow up.

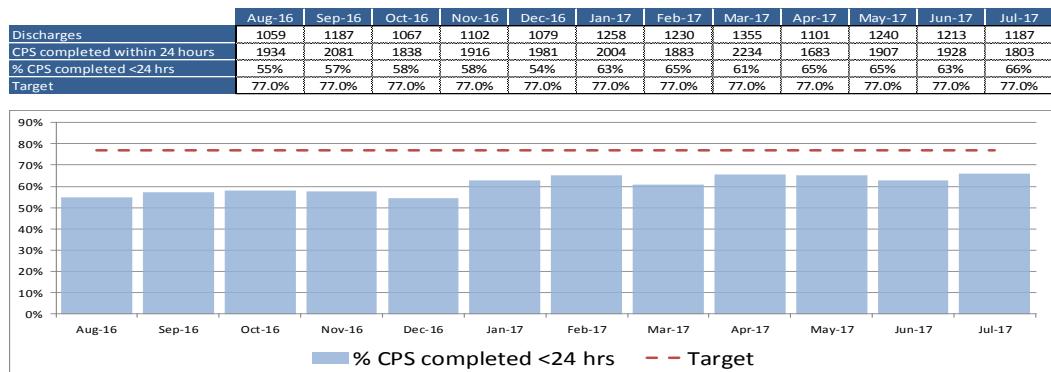
Follow ups 6 weeks past to be seen date



The number of follow ups waiting for an appointment greater than 6 weeks past their to be seen by date has continued to increase.

The longest waiting patients are reviewed by teams on a regular basis to manage any clinical risk.

Care Plan Summaries completed with 24 hours of discharge - Weekday



The completion of care plan summaries remains a challenge. The barriers to improved performance remain with the manual data collection method in info flex that is time consuming and duplicates data already collected along with the prioritisation of best practice to ensure that all care planning summaries are completed before the patients leave the hospital. The impact of delayed care planning summaries can lead to GPs and other healthcare professionals not having all the latest clinical and treatment plans available one a patient is discharged from

Workforce Focus

- Page 36 - **Summary Of Workforce**
- Page 37 - **Workforce Plan**
- Page 38 - **Workforce Plan**
- Page 39 - **Sickness Absence**
- Page 40 - **Turnover**
- Page 41 - **Appraisals and Training**
- Page 42 - **Agency**

Workforce - Workforce Plan

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

The table opposite shows the planned substantive staff in post and planned temporary workforce over the next 5 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.

Workforce - Plan v Actual

Planned Workforce 2017/2018

Staff Group	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												
Add Prof Scientific and Technic	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	1,069.54	1,069.36	1,069.26	1,069.12	1068.99	1068.87	1068.71	1068.52	1068.33	1068.10	1067.88	1067.66	1067.50
Administrative and Clerical	1,290.56	1,287.98	1,285.41	1,282.83	1278.65	1275.20	1271.76	1266.60	1261.44	1256.28	1250.27	1244.25	1239.22
Allied Health Professionals	403.75	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	1,189.81	1,184.86	1,182.22	1,178.54	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
Planned Substantive Staff Total WTE	5,164.27	5,153.71	5,145.79	5,136.70	5,124.59	5,114.14	5,102.45	5,086.61	5,070.92	5,054.20	5,035.74	5,017.52	5,001.28

Actual Workforce 2017/2018

Staff Group	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
Add Prof Scientific and Technic	295.47	296.15	296.75	295.75	301.28								
Additional Clinical Services	1,073.29	1,071.21	1,075.11	1,076.03	1,066.58								
Administrative and Clerical	1,292.95	1,268.57	1,264.02	1,274.76	1,259.22								
Allied Health Professionals	405.45	400.93	402.30	398.20	399.30								
Estates and Ancillary	392.86	380.64	380.17	377.26	373.84								
Healthcare Scientists	91.85	92.27	92.47	90.47	91.47								
Medical and Dental	435.50	435.40	432.02	428.30	465.63								
Nursing and Midwifery Registered	1,196.66	1,179.87	1,175.34	1,170.51	1,159.82								
Students	1.50	2.50	2.50	2.50	2.50								
Actual Substantive Staff Total WTE	5,185.53	5,127.54	5,120.68	5,113.78	5,119.65	0.00							

Planned V Actual 2017/2018

Staff Group	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
Add Prof Scientific and Technic	-2.20	-2.99	-3.70	-2.81	-8.41								
Additional Clinical Services	-3.75	-1.85	-5.85	-6.91	2.41								
Administrative and Clerical	-2.39	19.41	21.39	8.07	19.43								
Allied Health Professionals	-1.70	2.64	1.33	5.43	4.16								
Estates and Ancillary	-2.20	7.45	5.36	5.70	4.95								
Healthcare Scientists	-0.39	-0.81	-1.01	1.00	-0.01								
Medical and Dental	-1.77	-1.67	1.71	5.43	-31.90								
Nursing and Midwifery Registered	-6.85	4.99	6.88	8.03	15.32								
Students	-0.01	-1.01	-1.01	-1.01	-1.01								
Variance Substantive Staff Total WTE	-21.26	26.17	25.11	22.92	4.94	0.00							

The table opposite shows the planned substantive WTE changes from the opening position at the 31.03.2017 for each month of the financial year until the 31.03.2018.

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 the 31.03.2017 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.

The outcome at the end of July 2017 for substantive WTE staff is ahead of plan by 4.94 WTE.

This has been distorted by the new intake of junior doctors in July prior to last year's in-take leaving in August therefore, allowing for cross-over, the numbers are approximately 33 WTE better than plan.

Workforce - by staff group

Staff in Post by staff Group

Table 1

Staff Group	2015 / 09	2015 / 12	2016 / 03	2016 / 06	2016 / 09	2016 / 12	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07
Add Prof Scientific and Technic	274.87	271.26	270.11	269.99	282.27	285.36	294.51	295.15	296.75	295.75	301.28
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	1,076.03	1,066.58
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	1,274.76	1,259.22
Allied Health Professionals	403.03	405.49	398.12	395.43	397.08	404.03	405.45	400.93	402.30	398.20	399.30
Estates and Ancillary	389.95	392.72	389.27	403.99	399.86	402.69	392.31	382.48	380.17	377.26	373.84
Healthcare Scientists	92.69	89.80	91.59	89.89	93.75	92.39	91.85	92.27	92.47	90.47	91.47
Medical and Dental	425.99	418.77	414.22	408.00	437.41	434.01	435.57	489.40	486.02	482.30	519.63
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	1,170.51	1,159.82
Students	5.69	5.69	5.09	5.09	3.90	2.90	1.50	2.50	2.50	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	5,167.78	5,173.64

Table 2

Staff Group	2015 / 09	2015 / 12	2016 / 03	2016 / 06	2016 / 09	2016 / 12	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07
Bands 1 - 7	4461.09	4478.25	4492.38	4487.66	4531.51	4570.31	4525.20	4468.54	4465.04	4464.36	4431.86
Band 8 and Above	249.02	242.97	241.61	237.57	237.22	238.99	225.36	222.87	221.12	221.12	222.15
M&D	425.99	418.77	414.22	408.00	437.41	434.01	435.57	489.40	486.02	482.30	519.63
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	5,167.78	5,173.64

Table 3

Staff Group	2015 / 09	2015 / 12	2016 / 03	2016 / 06	2016 / 09	2016 / 12	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07
Bands 1 - 7	86.86%	87.13%	87.26%	87.42%	87.04%	87.16%	87.26%	86.25%	86.29%	86.39%	85.66%
Band 8 and Above	4.85%	4.73%	4.69%	4.63%	4.56%	4.56%	4.35%	4.30%	4.32%	4.28%	4.29%
M&D	8.29%	8.15%	8.05%	7.95%	8.40%	8.28%	8.40%	9.45%	9.39%	9.33%	10.04%
Grand Total	100%										

Table 4

Staff Group	2015 / 09	2015 / 12	2016 / 03	2016 / 06	2016 / 09	2016 / 12	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07
Non-Executive Directors	14.00	7.00	6.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Grand Total	14.00	7.00	6.00	7.00							

Table 5

Staff Group	2015 / 09	2015 / 12	2016 / 03	2016 / 06	2016 / 09	2016 / 12	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07
Chief Executive	2.00	1.00	1.00	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	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	1.00	1.00
Finance Director	2.00	1.00	1.00	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	4.00	4.00
Grand Total	9.00	7.00	8.50	8.61	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 5,126.81 in April 2017 and 5,119.64 in July 2017 but does include some Jnr Doctor overlap

Medical and Dental Staff in post

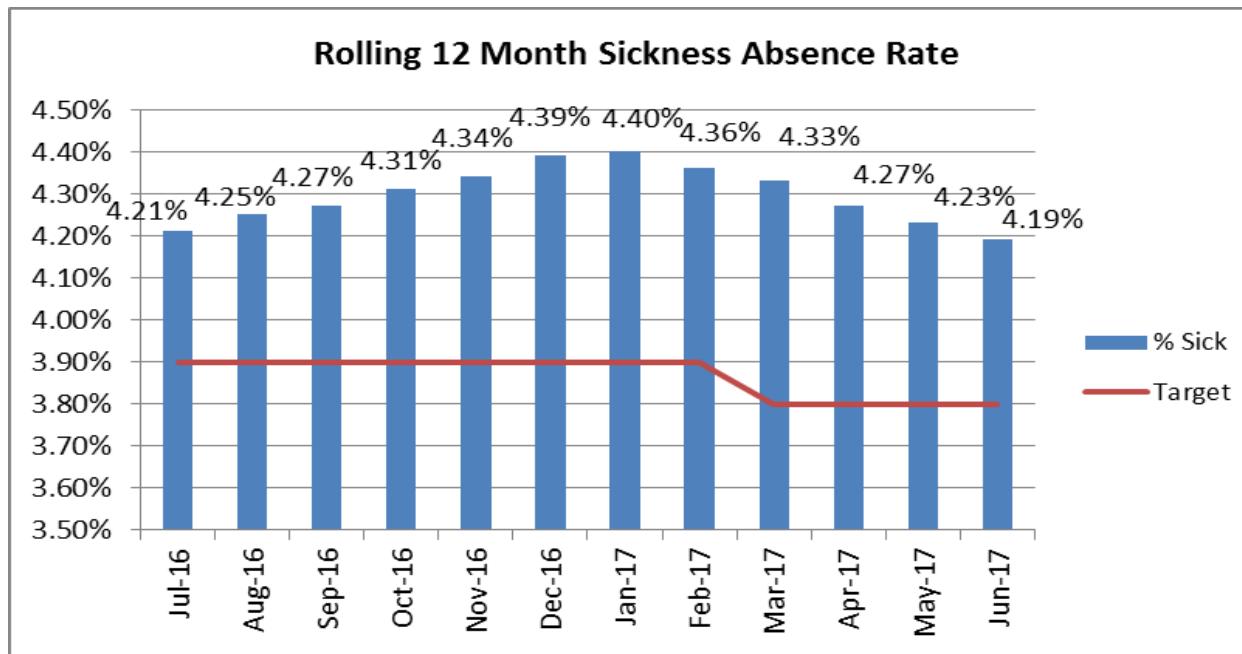
	Medical and Dental WTE	All Staff WTE
ESR Total	519.63	5173.64
GP Trainees	54.00	54.00
Total	465.63	5119.64

The number of Medical and 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 planned WTE against outturn WTE above have been reduced by the 54 WTE GP Trainees to enable an accurate comparison as shown below.

The tables opposite 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 July 2017. In the tables below Table 1 below shows current whole time equivalent staff in-post by staff group from September 2015 (prior to the ICO commencing) to July 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.

Workforce - Sickness absence

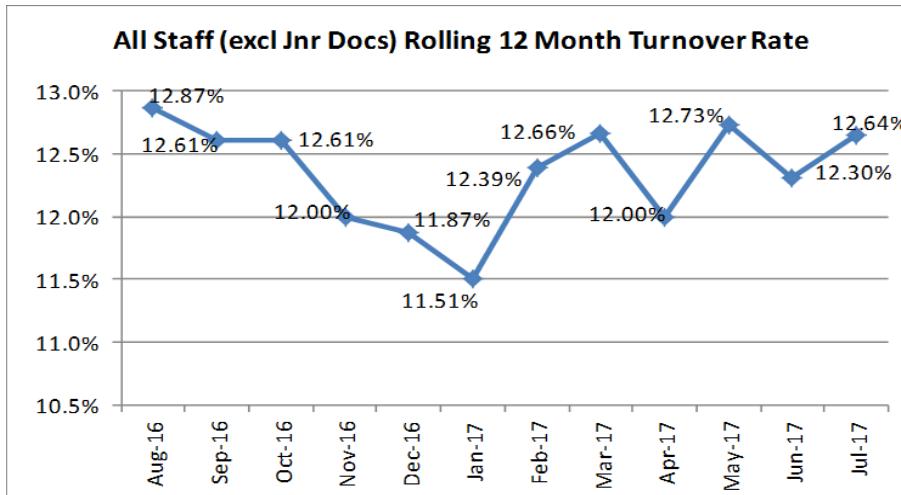
Rolling 12 month sickness absence rate



- The annual rolling sickness absence rate of 4.27% 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.

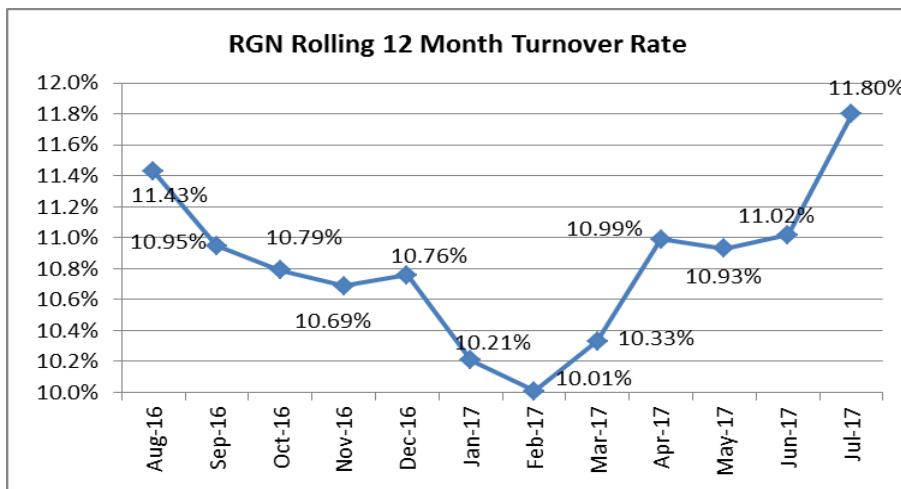
Workforce - Turnover

All Staff Turnover



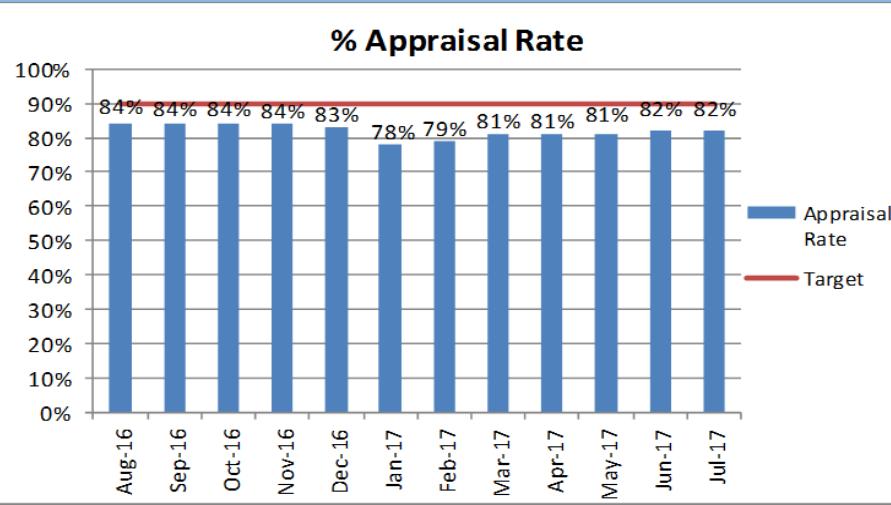
The following graph shows that the Trusts turnover rate was 12.64% for the year to July 2017. This is a small increase from last month and within the target range of 10% to 14%. The recruitment challenge to replace leavers from key staff groups remains significant.

RGN Turnover



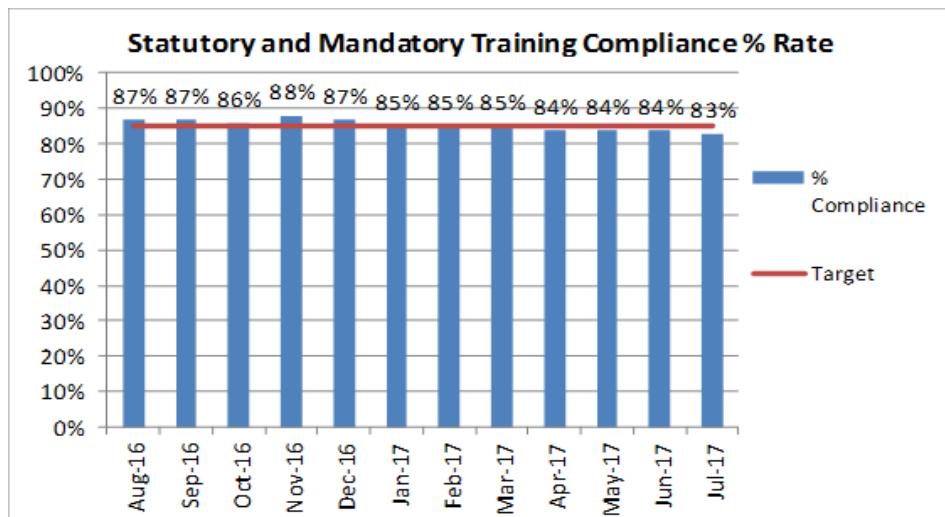
This recruitment challenge includes Registered Nurses due to the supply shortage as reported elsewhere and for which the Trust has a long term capacity plan to address, which maximises the use of all supply routes including overseas recruitment, return to nursing, growing our own etc. The turnover rate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

Workforce - Appraisal and training



Appraisal - The following graph shows that the appraisal rate has remained the same at 82% which is below the target of 90%.

Managers continue to receive monthly workforce reports detailing compliance rates and progress against this KPI which is also reported through the quality and performance review meetings.



Statutory and mandatory training - 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 has reduced to 83% which 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 increase. Individual modules that remain below their target are detailed in the table below:

Module	Target	Performance
Information Governance Training	95% or above	74.95%
Conflict Resolution	85% or above	81.50%
Fire Training	85% or above	78.07%
Infection Control	85% or above	76.07%
Manual Handling	85% or above	76.96%

Workforce - Agency

Agency Spend

FINANCIAL YEAR 2017/18 - ACTUAL SPEND							
		2017/18 Target	M1	M2	M3	M4	YTD M4
Plan - Total Agency			991	984	801	568	3345
Total Medical and Dental		3,211,963	213	293	246	287	1040
Consultants			156	213	157	197	723
Career/Staff Grades			0	0	0	0	0
Trainee Grades			57	80	89	90	317
Total Registered Nurses		2,786,595	112	136	147	63	459
Total Scientific, Therapeutic and Technical		317,033	38	50	54	74	216
• Allied Health Professionals			11	10	1	6	28
• Other Scientific, Therapeutic and Technical Staff			7	22	28	44	101
• Health Care Scientists			20	18	25	24	87
Total Support to clinical staff		36,000	1	0	0	0	1
• Support to nursing staff			1	0	0	0	1
• Support to Allied Health Professionals			0	0	0	0	0
Total Non-Medical, Non-Clinical Staff Agency		199,750	37	30	33	22	122
TOTAL PAY BILL AGENCY AND CONTRACT		6,586,000	401	509	481	446	1838
Over (Under) Spend			-590	-475	-320	-122	-1507

Nursing and HCA Bank and Agency

	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
WTE REQUESTED	319	283	245	279	285	290	279	251	274	210	218	224	229
WTE COVERED BY BANK	238	217	193	213	218	213	215	198	219	178	183	194	200
WTE COVERED BY AGENCY	58	48	32	40	45	48	42	31	32	17	18	15	13
WTE UNASSIGNED	23	18	20	26	22	28	22	22	23	15	18	15	16
TOTAL WTE COVERED	296	265	225	253	263	261	257	228	251	195	200	209	213

Medical and Dental Agency -

Medical and Dental agency expenditure is consistent with previous months, which is mainly attributable to a number of consultant vacancies, however it is above plan at Month 4 by £125K. The Trust is introducing an internal medical bank with effect from 4th September 2017, which is hoped will reduce agency costs, particularly in the trainee grades. In addition we are exploring the potential of engaging a recruitment agency to fill hard to recruit consultant posts.

Scientific, Therapeutic and Technical Agency -

There has been a significant increase in Scientific, Therapeutic and Technical agency expenditure and is above plan by £80.5K. Work is currently underway to identify the reasons for the increase and to put measures in place to bring this expenditure back on plan.

Agency spend

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 annual cap for agency spend for the next two years is £6.58 million per year.

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

As at Month 4 the Trust is overachieving against the plan by £1,507K. This is predominantly due to reduction in nursing agency expenditure.

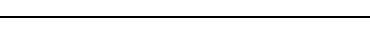
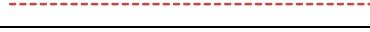
Nursing and HCA Bank and Agency

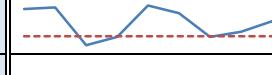
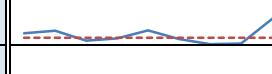
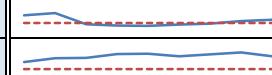
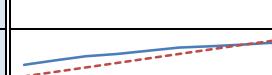
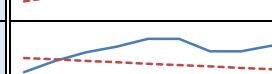
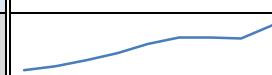
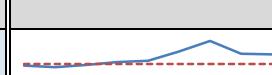
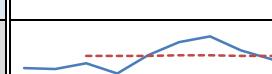
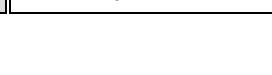
Nursing/HCA continues to have the highest usage of bank and agency, which is primarily due to the number of registered nurse vacancies. However there has been a considerable decrease, particularly in agency usage, which has contributed to the overachievement against plan. There is minimal use of the 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.

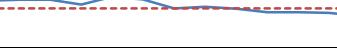
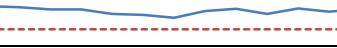
Corporate Objective		Target 2017/2018	13 month trend												Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Year to date 2017/18
NHS I - FINANCE AND USE OF RESOURCES																												
4	Capital Service Cover	2													4	4	4	4	4	4	4	4	4	4	4	4		
	Plan														4	4	4	3	3	3	3	4	4	4	4	4		
4	Liquidity	4													1	2	2	2	2	3	3	3	3	4	4	4		
	Plan														2	2	2	2	2	2	2	2	4	4	4	4		
4	I&E Margin	1													4	4	4	4	4	4	4	4	4	4	4	4		
	Plan														3	3	3	3	3	2	2	4	4	4	4	4		
4	I&E Margin Variance from Plan														2	2	2	3	3	4	4	4	4	1	1	1	1	
4	Variance from agency ceiling	1													4	4	4	3	3	3	3	3	1	1	1	1	1	
	Plan														2	2	1	1	1	1	1	4	4	4	4	4		
4	Overall Use of Resources Rating														3	3	3	3	3	4	4	3	3	3	3	3		
FINANCE INDICATORS - LOCAL																												
4	EBITDA - Variance from PBR Plan - cumulative (£'000's)														-950	-823	-361	-3053	-5439	-7.639	-9934	-12.922	-15310	-173	-261	389	-479	
4	Agency - Variance to NHSI cap														-2.00%	-1.87%	-1.56%	-1.45%	-1.38%	-1.33%	-1.32%	-1.28%	-1.27%	3.03%	2.72%	2.38%	1.90%	
4	CIP - Variance from PBR plan - cumulative (£'000's)														800	2381	1685	1114	-403	-1287	-2354	-3518	-2430	-401	1093	1604	1176	
4	Capital spend - Variance from PBR Plan - cumulative (£'000's)														3699	3104	4195	6792	9269	12002	17176	18254	17324	2116	4021	6054	8267	
4	Distance from NHSI Control total (£'000's)														-354	320	14	-1902	-3493	-4887	-7083	-7924	-9549	234	581	1684	1232	
4	Risk Share actual income to date cumulative (£'000's)														3504	4156	4505	5836	5844	7169	8389	8637	9107	-236	-579	-168	-124	
Corporate Objective Key			NOTES																									
1	Safe, Quality Care and Best Experience	* For cumulative year to date indicators, (operational performance & contract indicators) RAG rating is based on the monthly average																										
2	Improved wellbeing through partnership																											
3	Valuing our workforce	[STF] denotes standards included within the criteria for achieving the Sustainability and Transformation Fund																										
4	Well led																											

Corporate Objective	Target 2017/2018	13 month trend	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Year to date 2017/18				
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Sept				
NHS I - OPERATIONAL PERFORMANCE																				
1	A&E - patients seen within 4 hours [STF]	>95%				92.3%	92.9%	92.6%	95.5%	91.6%	86.6%	86.9%	89.2%	94.2%	94.4%	90.1%	92.3%	93.9%	92.7%	
	A&E - trajectory [STF]	>92%				89.9%	90.5%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	89.0%	90.0%	91.0%	92.0%	92.0%
1	Referral to treatment - % Incomplete pathways <18 wks	>92%				91.4%	90.5%	89.3%	89.4%	88.7%	87.3%	87.6%	87.8%	87.5%	87.2%	87.6%	86.4%	86.1%	86.1%	
	RTT Trajectory					92.0%	92.6%	92.9%	93.1%	93.2%	93.2%	93.1%	93.3%	93.3%	87.2%	87.5%	88.0%	88.9%	88.9%	
1	Cancer - 62-day wait for first treatment - 2ww referral	>85%				88.0%	88.4%	87.9%	83.1%	94.5%	88.9%	84.2%	91.6%	88.0%	87.2%	85.1%	84.0%	86.0%	85.4%	
1	Diagnostic tests longer than the 6 week standard	<1%				1.1%	0.5%	1.3%	1.7%	1.8%	4.7%	2.9%	1.6%	1.7%	3.4%	2.2%	2.8%	3.0%	2.8%	
LOCAL PERFORMANCE FRAMEWORK 1																				
1	Number of Clostridium Difficile cases - Lapse of care - (ICO) *	<18 (year)				2	1	1	0	0	1	0	0	0	0	2	0	1	2	
1	Cancer - Two week wait from referral to date 1st seen	>93%				98.1%	88.7%	69.4%	72.0%	67.8%	88.2%	96.2%	97.0%	98.0%	83.6%	81.8%	86.5%	74.4%	81.6%	
1	Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	>93%				97.4%	97.8%	100.0%	95.8%	97.9%	95.9%	89.3%	94.6%	96.2%	54.8%	97.8%	94.8%	72.5%	81.8%	
1	Cancer - 31-day wait from decision to treat to first treatment	>96%				98.5%	96.7%	95.2%	98.4%	98.4%	97.6%	95.5%	98.0%	99.4%	99.2%	99.4%	97.1%	98.8%	98.6%	
1	Cancer - 31-day wait for second or subsequent treatment - Drug	>98%				99.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
1	Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	>94%				93.9%	98.2%	94.4%	97.3%	97.0%	100.0%	94.7%	96.0%	96.2%	96.4%	100.0%	98.3%	96.8%	97.8%	
1	Cancer - 31-day wait for second or subsequent treatment - Surgery	>94%				94.6%	91.2%	93.2%	96.7%	96.6%	93.9%	97.7%	96.7%	100.0%	96.9%	93.5%	97.0%	97.4%	96.3%	
1	Cancer - 62-day wait for first treatment - screening	>90%				93.8%	90.9%	100.0%	93.8%	85.7%	85.7%	92.3%	100.0%	100.0%	100.0%	87.0%	100.0%	100.0%	97.0%	
1	Cancer - Patient waiting longer than 104 days from 2ww												14	14	9	10	18	17	13	13
1	RTT 52 week wait incomplete pathway	0				11	8	10	11	13	12	15	17	17	18	18	21	15	15	
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%				0.9%	1.0%	1.0%	1.3%	1.1%	1.0%	1.1%	0.7%	0.6%	0.9%	1.4%	0.6%	0.7%	0.9%	
Month 4 report.pdf					0	9	3	4	0	0	6	1	1	1	0	2	7	Page 54 of		

Corporate Objective		Target 2017/2018	13 month trend		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Year to date 2017/18
LOCAL PERFORMANCE FRAMEWORK 2																		
1	Ambulance handover delays > 30 minutes	0			54	36	24	44	129	129	123	62	110	56	98	183	145	482
	Handovers > 30 minutes trajectory *				25	20	20	25	25	30	30	30	30	30	30	30	30	120
1	Ambulance handover delays > 60 minutes	0			1	2	3	2	30	10	22	10	4	6	2	4	14	26
1	A&E - patients seen within 4 hours DGH only	>95%			88.3%	88.7%	88.6%	93.4%	87.9%	81.1%	81.4%	84.3%	91.5%	91.8%	85.1%	88.1%	90.5%	88.9%
1	A&E - patients seen within 4 hours community MIU	>95%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
1	Trolley waits in A+E > 12 hours from decision to admit	0			0	0	2	0	0	1	2	0	0	0	0	0	0	0
1	Number of Clostridium Difficile cases - (Acute) *	<3			2	3	2	0	0	3	1	1	0	0	2	1	1	4
1	Number of Clostridium Difficile cases - (Community)	0			1	0	0	0	0	1	0	1	0	0	0	0	1	1
1	Care Planning Summaries % completed within 24 hours of discharge - Weekday	>77%			51.2%	54.8%	57.0%	58.1%	57.5%	54.5%	62.8%	65.3%	60.7%	65.4%	65.0%	62.9%	65.8%	64.8%
1	Care Planning Summaries % completed within 24 hours of discharge - Weekend	>60%			20.4%	24.0%	22.8%	28.4%	22.4%	26.2%	30.3%	28.7%	23.7%	27.9%	33.6%	28.0%	33.8%	30.9%
1	Clinic letters timeliness - % specialties within 4 working days	>80%			81.8%	81.8%	72.7%	86.4%	86.4%	81.8%	95.5%	72.7%	86.4%	72.7%	81.8%	81.8%	86.4%	80.7%

Corporate Objective		Target 2017/2018	13 month trend	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Year to date 2017/18	
QUALITY LOCAL FRAMEWORK																		
1	Safety Thermometer - % New Harm Free	>95%		96.5%	96.7%	95.9%	97.8%	96.9%	97.1%	96.6%	98.1%	98.0%	97.3%	96.1%	97.3%	95.9%	96.7%	
1	Reported Incidents - Major + Catastrophic *	<6		4	0	2	3	0	1	2	2	2	1	3	3	1	8	
1	Avoidable New Pressure Ulcers - Category 3 + 4 * (1 month in arrears)	9 (full year)		0	1	1	0	0	0	0	1	0	0	1	0	0	1	
1	Never Events	0		0	0	0	1	0	0	0	0	0	0	0	0	0	0	
1	Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	0		4	3	4	6	1	4	2	4	4	9	4	1	8	22	
1	QUEST (Quality Effectiveness Safety Trigger Tool) - Red Rated Areas / Teams	0		0	0	0	0	2	0	1	1	0	1	0	0	0	1	
1	Formal Complaints - Number Received *	<60		22	36	34	29	34	25	28	26	33	13	31	31	32	107	
1	VTE - Risk assessment on admission - (Acute)	>95%		92.8%	91.8%	92.0%	93.2%	94.4%	93.5%	95.3%	94.7%	94.7%	93.4%	93.7%	93.6%	92.4%	93.3%	
1	VTE - Risk assessment on admission - (Community)	>95%		92.2%	97.5%	97.6%	99.2%	95.0%	97.0%	95.4%	93.5%	96.1%	97.6%	96.5%	100.0%	96.9%		
1	Medication errors resulting in moderate to catastrophic harm	0		1	0	1	1	0	2	2	2	1	1	1	0	1	3	
1	Medication errors - Total reported incidents (trust at fault)	N/A		63	38	27	40	56	48	53	46	64	50	75	37	60	222	
1	Hospital standardised mortality rate (HSMR) - 3 months in arrears	<100%		104.0%	94.9%	99.3%	108.7%	93.6%	92.2%	119.3%	83.5%	80.4%					97.5%	
1	Safer Staffing - ICO - Daytime (registered nurses / midwives)	90%-110%		100.5%	95.6%	96.5%	102.9%	101.2%	101.7%	101.3%	99.5%	96.2%	97.2%	100.0%	100.8%	98.4%	99.1%	
1	Safer Staffing - ICO - Nighttime (registered nurses / midwives)	90%-110%		97.0%	94.6%	93.1%	97.4%	98.2%	100.5%	98.7%	97.6%	95.5%	94.4%	97.4%	98.5%	95.6%	96.5%	
1	Infection Control - Bed Closures - (Acute) *	<100		28	34	6	24	98	68	116	0	6	24	24	12	18	78	
1	Hand Hygiene	>95%		95%	95%	95%	95%	98%	92%	98%	95%	94%	97%	99%	91%	96%	95%	
1	Fracture Neck Of Femur - Time to Theatre <36 hours	>90%		76.3%	70.7%	94.3%	67.9%	85.3%	88.6%	76.9%	84.6%	76.1%	69.2%	79.3%	86.1%	81.6%		
1	Stroke patients spending 90% of time on a stroke ward	>80%		79.5%	87.2%	85.5%	94.9%	84.6%	88.2%	82.9%	90.9%	89.1%	89.2%	57.1%	84.5%	95.6%	81.6%	
1	Dementia - Find - monthly report	>90%		36.8%	36.6%	36.4%	49.4%	59.2%	48.6%	59.9%	65.8%	67.8%	58.9%	53.5%	52.7%	52.2%	54.4%	
06.1	Month 4 report per to be seen date	3500		6601	6919	6533	6582	6201	7034	7028	7050	7196	8229	8451	8927	9196	58	

Corporate Objective		Target 2017/2018	13 month trend		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Year to date 2017/18
COMMUNITY & SOCIAL CARE FRAMEWORK																		
1	Number of Delayed Discharges (Community) *	16/17 Avg 315		411	425	110	180	441	375	179	223	310	142	72	261	225	700	
1	Number of Delayed Transfer of Care (Acute)	16/17 Avg 64		81	92	52	61	93	59	39	41	138	202	144	230	159	735	
1	Timeliness of Adult Social Care Assessment assessed within 28 days of referral	>70%		72.9%	73.7%	69.5%	69.0%	68.8%	69.4%	69.8%	70.7%	71.2%	78.8%	72.9%	73.9%	74.6%	74.6%	
3	Clients receiving Self Directed Care	>90%		91.1%	91.7%	91.7%	92.3%	92.3%	92.0%	92.2%	92.5%	92.0%	92.0%	92.8%	92.6%	92.8%	92.8%	
2	Carers Assessments Completed year to date	40% (Year end)		21.9%	25.2%	28.5%	30.0%	32.5%	34.9%	35.8%	37.0%	38.3%	4.4%	8.7%	17.0%	20.7%	20.7%	
	Carers Assessment trajectory			13.3%	16.7%	20.0%	23.3%	26.7%	30.0%	33.3%	36.7%	40.0%	3.6%	7.2%	10.8%	14.3%	14.3%	
3	Number of Permanent Care Home Placements	<=617 (Year end)		614	626	635	641	649	649	636	636	642	634	629	619	634	634	
	Number of Permanent Care Home Placements trajectory			629	628	626	625	623	622	620	619	617	639	637	635	633	633	
1	Children with a Child Protection Plan (one month in arrears)	NONE SET		117	126	140	156	177	191	191	189	219	231	240	239		239	
3	4 Week Smoking Quitters (reported quarterly in arrears)	NONE SET				105				157					272			
3	Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	NONE SET				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%	100.0%	
1	Bed Occupancy	80% - 90%		92.7%	90.2%	92.6%	92.7%	93.4%	87.9%	88.7%	86.1%	88.2%	89.7%	91.3%	88.4%	80.7%	80.7%	
1	CAMHS - % of patients waiting under 18 weeks at month end	>92%		86.7%	78.3%	85.1%	87.1%	89.1%	94.2%	100.0%	100.0%	96.3%	88.7%	83.8%	94.1%	92.3%	92.3%	
1	DOLS (Domestic) - Open applications at snapshot	NONE SET		583	590	612	610	602	579	593	609	597	603	601	599	608	608	
1	Intermediate Care - No. urgent referrals	113		106	100	109	120	124	160	199	151	149	165	175	176	179	179	
1	Community Hospital - Admissions (non-stroke)	NONE SET		238	236	249	226	267	297	310	278	258	205	241	247	222	915	

Corporate Objective		Target 2017/2018	13 month trend	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Year to date 2017/18
WORKFORCE MANAGEMENT FRAMEWORK																	
2	Staff sickness / Absence (1 month arrears)	<3.8%		4.23%	4.25%	4.27%	4.31%	4.34%	4.39%	4.40%	4.36%	4.33%	4.27%	4.23%	4.19%		4.19%
2	Appraisal Completeness	>90%		81.00%	83.91%	83.91%	83.91%	84.00%	83.00%	78.00%	79.00%	81.40%	81.00%	81.66%	81.66%	81.66%	81.66%
2	Mandatory Training Compliance	>85%		87.00%	87.25%	87.25%	86.00%	88.00%	87.38%	85.00%	85.41%	84.90%	84.00%	84.00%	83.86%	83.00%	83.00%
2	Turnover (exc Jnr Docs) Rolling 12 months	10% - 14%		12.99%	12.87%	12.61%	12.61%	12.00%	11.87%	11.51%	12.39%	12.66%	12.00%	12.73%	12.30%	12.64%	12.64%
CHANGE FRAMEWORK																	
3	Number of Emergency Admissions - (Acute)			3078	2935	2997	3015	3012	3088	3036	2754	3155	2840	3148	3102	3110	12200
3	Average Length of Stay - Emergency Admissions - (Acute)			3.0	3.4	3.3	2.9	3.1	3.2	3.3	3.2	3.0	2.9	3.0	3.0	2.7	2.9
3	Hospital Stays > 30 Days - (Acute)			21	26	24	15	26	16	19	18	25	7	32	22	24	85

Council of Governors**Friday 22 September 2017**

Agenda Item:	7
Report Title:	Non-Executive Director (NED) Reports
Report By:	Company Secretary
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

- 1.1 New report, as agreed at August's Board-to-Council of Governors meeting, offering governors the opportunity to put questions to the non-executive directors (NEDs).
- 1.2 The various reports as at attachment one have been presented in public to various Board of Directors' meetings and this is an opportunity for governors to ask questions rather than be advised of their content.

2. Decisions Needed to be Taken

- 2.1 Opportunity for governors to ask questions rather than receive information from the NEDs. NEDs may be asked by the Chairman to provide any new/appropriate information before seeking questions from the governors. 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 recent public Board of Directors meetings.

Attachment one - Various NED reports to Board over the past couple of months (in date order).

**Report of Charitable Funds Committee Chair
to TSDFT Board of Directors**

Meeting dates:	21 June 2017
Report by + date:	Jacqui Lytle, 27 June 2017
This report is for:	Information <input checked="" type="checkbox"/> and Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: (please select one or more boxes as appropriate)	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private (please select one box)	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/> + Freedom of Information Act exemption

Key issue(s) to highlight to the Board:

In line with its agreed and board approved strategy to:

- make resources easier to utilise in a timely fashion.
- link spending more effectively to patient priorities.
- move towards matching fund expenditure priorities to Trust objectives.
- have a reorganised charitable fund structure with a more centralised approach for new funds and rationalisation of existing funds.
- encourage appropriate and targeted spending to reduce reserves held in current local funds

the Board of Trustees continues to implement the required changes.

Key Decision(s) Made:

In line with its agreed strategy the board of trustees agreed:

- to adopt a 'full pathway' approach towards using donations, to ensure more effective and appropriate use of funds – for example donations to a particular service could be used to support all elements of the healthcare pathway i.e. outpatients, theatres, diagnostics, community services etc.
- that investment income/gains held in central funds could be used on a flexible basis – i.e. investment income/gains within a specific service component charity might in line with charity governing documents and constraints, be used to support another service.
- that new lines of communication will be established between the board of trustees and SDU operations managers.
- that a new communication forum will be established between the Board of Trustees and fund managers.
- to fund current patient priorities identified by service delivery units totalling £545k.
- utilise the expertise of the Medical Equipment Prioritisation Group, to evaluate in advance the likely patient benefit from proposed charitable purchases of medical equipment
- that the Investment manager was authorised to make additional investments sales of £500k to fund the anticipated 2017/18 operational fund expenditure.
- to approve the 2017/18 plan.
- to approve the 2016/17 annual report and accounts.

Recommendation(s):

1. To note the actions detailed within this report

**Report of Finance, Performance and Investment Committee Chair
to TSDFT Board of Directors**

Meeting date:	27 June 2017
Report by + date:	Robin Sutton, 28 June 2017
This report is for: <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issue(s) to highlight to the Board (Month 2):

1. For assurance, the Month 2 Integrated Finance and Performance report was reviewed by the Committee. Month 2 was broadly better than plan. Identified CIP schemes currently show a shortfall of £12.2m, this places the control total and STF funding of £5.7m at risk.
2. The NHSI monthly self-certification form was approved by the Committee.
3. A presentation on Future Contract Structure was received by the Committee.
4. For assurance, a monthly CIP Deep Dive was undertaken by the Committee into the Workforce Transformation Savings Programme.
5. For assurance, a monthly CIP Deep Dive was undertaken by the Committee into the Elective Care Transformation Savings Programme, savings are forecast to be £2.2m against a requirement of £5.1m.

Key Decision(s)/Recommendations Made:

- 1) The business case for Laparoscopic Bile Duct Exploration was approved by the Committee, the equipment is being financed by League of Friends
- 2) The offer for the sales of 15 and 16 Church Street, Paignton was approved by the Committee.
- 3) The Partnership agreement with Brixham League of Friends was approved by the Committee.

Name: Robin Sutton (Committee Chair)

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

Meeting dates:	28 th June 2017
Report by + date:	Jacqui Lyttle, 19 th July 017
This report is for:	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: (please select one or more boxes as appropriate)	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private (please select one box)	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/> + Freedom of Information Act exemption [insert exemption if private box used]

Key issue(s) to highlight to the Board:

Performance report month 2 - The Committee received a verbal overview of the Trust's performance position from the Deputy COO and assurance was provided that all KPI's that were red had a recovery action plan in place.

It was agreed that at each QAC meeting specific KPI's would be looked at in more detail to provide an understanding of the performance issues and to get assurance of both process and progress.

In light of the majority of the cancer targets moving to red it was agreed that this area would be reviewed in August.

The QAC were assured that patient care is not being compromised as a result of the current challenges.

Quality and safety of care homes - The Committee received an excellent report support by a presentation from the quality assurance and improvement team (QAIT) which provided assurance on the current quality status of Torbay Care Homes together with the robust processes in place to determine, review and monitor the quality and safety of care homes commissioned by the Trust.

In light of this presentation from the QAIT team, BAF risk number 75 (reviewed at this meeting) was no longer felt by the Committee to reflect the current risk status and it was agreed that it be reviewed and updated.

Changes in mortality benchmarking indicators - The Medical Director had verbally updated the Board in April of his concern that the Trust's Hospital Standardised Mortality Rate (HSMR) and Summary Hospital Mortality Index (SHMI) positions were national outliers and changes had become statically significant. Whilst confident that the

changes were not reflective of the real mortality status and were as a result of changes to coding/administrative processes, he undertook to have the position reviewed with the findings presented to QAC. The Committee received a detailed paper by the head of performance and patient safety lead supported by a presentation. The paper outlined the extensive work undertaken to review the HSMR and SHMI actual versus reported positions which supported the view that the changes are not due to a shift in the morbidity of our patients but were as a consequence of changes in coding and admission pathways. In order to get full assurance on our mortality benchmarking indicators the committee requested that further review and work be undertaken as detailed below.

The Paterson Case – Could it Happen here? The Medical Director presented an excellent and comprehensive report to the Committee outlining the processes, controls and soft intelligence gathering in place relating to the assessment of capability and conduct of medical staff in place to minimise the risk of a situation similar to the Paterson affair occurring within the Trust. The Committee were assured that the Trust has robust and proactive systems in place to identify poor performance and to identify the behaviours that may signal concern in relation to a rogue doctor. The Committee were assured that such an eventuality would be low risk.

Five Year Forward View Next Steps - The Committee received a very comprehensive assessment from the Assistant Director of Strategy and Improvement on the delivery of key milestones as detailed within the Five Year Forward View Next Steps. The Committee was assured that appropriate controls and processes are in place to ensure achievement and delivery of key milestones, and the escalation of potential achievement, patient safety and quality risks.

Falls prevention - The Committee received assurance from an excellent presentation from the Falls Team on the work undertaken and planned, to reduce falls and harm from falls and the embedded controls in place to monitor this risk at both a SDU and QIG level.

Key Decision(s) Made:

- That the BAF risk number 75 be reviewed and updated.
- That the Committee's terms of reference be updated in light of changes to the care model, STP and ACS developments
- That the coding of comorbidities and palliative care be reviewed, along with an audit of 20 COPD cases with comorbidities to ensure the correct measurement and recording of mortality rates. That a review of whether ambulatory assessment patients where not admitted to a main ward should be counted as admissions be undertaken to ensure the correct measurement and recording of mortality rates. The QAC requested that the findings of this work went to QIG, with any required escalation being brought to the QAC.

Recommendation(s):

1. To note this report and its key actions and decisions

**Report of Finance, Performance and Investment Committee Chair
to TSDFT Board of Directors**

Meeting date:	25 July 2017
Report by + date:	Robin Sutton, 26 July 2017
This report is for: <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issue(s) to highlight to the Board (Month 3):

1. For assurance, the Month 3 Integrated Finance and Performance report was reviewed by the Committee. Month 3 remained broadly better than plan with an actual deficit of £2.9m against a planned deficit of £4.3m. Identified potential savings schemes for the year have increased to £34m against a cost reduction target of £40.7m and an income generation target of £1.3m. STF funding of £875K was accrued for Quarter 1.
2. Performance was reviewed, the delivery of national operational standards for 4 hour ED treatment time being 92.3% against 91% trajectory and a 95% standard, Cancer 62-day performance being 85.6% against a standard of 85%. RTT was 86.4% against a trajectory of 88%. The number of long waits (over 52 weeks) increased to 21 against a standard of zero. A paper on RTT action plans was requested for the next meeting.
3. The NHSI monthly self-certification form was approved by the Committee and was supported by a financial summary paper.
4. For assurance, a monthly CIP Deep Dive was undertaken by the Committee into the Urgent Care savings plan. It is suggested the status of this plan is reviewed at a future Trust Board meeting.
5. The Capital and Liquidity paper was approved, this paper recommended a quarterly capital spend of £2m to deal with the most severe backlog maintenance issues subject to an ongoing review of monthly cash flow. This paper will be brought to the next Trust Board for approval.
6. The 2018/19 Business Planning Process was presented and a summary paper will be brought to the Trust Board. Zero based budgeting will be utilised for this process.
7. A Top-up Insurance proposal was considered and it was recommended that existing insurance cover remain in place for the next year given the size of the savings that could be achieved.
8. The action plan following the NHSI Informal Investigation was approved.
9. The latest Finance Risk Register was provided for information and risk numbers 1236 and 1238 from the Board Assurance Framework were reviewed.
10. The monthly IMT Group Summary Report was provided and it was suggested a paper on the action plans for GDPR (General Data Protection Regulations) should be brought to the Trust Board in the Autumn.

11. The Torbay Pharmaceuticals Financial Report for June 2017 was reviewed and it was recommended that the Committee carries out a Deep Dive on the recovery action plans for the achievement of 2017/18 plan.
12. The latest Efficiency Delivery Group and Senior Business Management Team summary reports were provided to the Committee for information.

Key Decision(s)/Recommendations Made:

- 1) The assignment of the lease for the Studio School across to South Devon College was approved.

Name: Robin Sutton (Committee Chair)

REPORT SUMMARY SHEET

Meeting Date	2 August 2017		
Report Title	Annual Report of the Audit and Assurance Committee 2016/17		
Lead Director	Sally Taylor, Chair of Audit and Assurance Committee		
Corporate Objective	Well led		
Corporate Risk/Theme	Not applicable		
Purpose	Information	Assurance	Decision
		✓	
Summary of Key Issues for Trust Board			
Strategic Context	To present the Annual Report of the Audit and Assurance Committee.		
Key Issues/Risks	None identified in respect of this report, however, the Committee continues to seek assurance in relation to cyber security.		
Recommendations	1. Board of Directors receives the attached report.		
Summary of ED Challenge/Discussion	Not applicable as submitted to the Board of Directors by Sally Taylor (non-executive director) via the Trust's Audit and Assurance Committee.		
Internal/External Engagement inc. Public, Patient & Governor Involvement	There is a governor observer on the Audit and Assurance Committee.		
Equality & Diversity Implications	None identified.		

PUBLIC

MAIN REPORT

Report to	Board of Directors
Date	2 August 2017 (report approved by the Committee on 24 May 2017)
Lead Director	Sally Taylor, Chair of Audit and Assurance Committee
Report Title	Annual Report of the Audit and Assurance Committee 2016/17

1. Introduction

- 1.1 The Audit and Assurance Committee ('the Committee') of Torbay and South Devon NHS Foundation Trust ('the Trust') has been established under Board delegation. Its terms of reference were updated during the year covered by this report, but not changed substantively; they closely follow guidance provided by the Audit Committee Handbook 2014 published by the Department of Health, and by the Healthcare Financial Management Association (HFMA).
- 1.2 Membership of the Committee comprises the Trust's non-executive directors, with regular attendance by the Trust's Director of Finance, the Director of Workforce and Organisational Development, representatives of its internal and external auditors, the Trust's counter fraud specialist, the Company Secretary and, by invitation, the Chairman, other executive directors and other key Trust staff. The Committee has also benefited by the attendance of a representative of the Trust's Council of Governors.
- 1.3 The Committee has met on four occasions in relation to the year ended 31 March 2017, to consider and discharge its role in scrutinising the operation of the assurance framework of the Trust, and to seek and assess assurance on aspects of the Trust's operations. As one of the senior committees of the Board this role is central to the governance of the Trust.

1. Principal areas of review

The work undertaken by the Committee during 2016/17 has included the following:

- 2.1 **Board Assurance Framework** - the Committee has reviewed and used the assurance framework of the Trust and believes that it is fit for purpose, comprehensive and reliable. There are no significant areas of duplication or omissions in the systems of governance and the sources of assurance are sufficient to support the Board's decisions and declaration. Where appropriate, recommendations have been made to the Board regarding the continued development of the assurance framework, and on matters of risk identification and management. Committee members are aware of the corporate risk register as well as a monthly overview of risks as part of the back pocket briefing for Board members and governors. The Committee is aware that at least two deep dive reviews on Corporate Level Risks continue to take place at each meeting of the Audit and Assurance Committee (except May's meeting), the Quality Assurance Committee (QAC) and Finance, Performance and Investment Committee (FPIC). In addition to ongoing improvements the

PUBLIC

Committee welcomed the regular deep dives at various meetings as they provided non-executive directors and the Board of Directors with an additional level of assurance compared to previous years. The Committee is aware that the Executive Team have reviewed the overarching corporate themes and that a revised Board Assurance Framework will be presented to the Committee at its next meeting in July. The Committee also welcomes the 'heat map' that summaries the Board Assurance Framework on one page.

2.2 **Care Quality Commission (CQC) assurance** - the CQC Inspection in February 2016, reported in June 2016, raised serious concerns with the safety and quality of care in the Trust's urgent care pathway. The CQC re-inspected these services in May 2017, and their report is expected in June 2017. Despite positive verbal feedback, the finding of 'inadequate' for our urgent care pathway will remain on the Corporate Risk Register until this report is received.

Since then considerable improvements have been made; systems and processes have been improved and significant investment has been made in the urgent care pathway. A suite of safety and quality metrics have been agreed and are the subject of regular reporting to the Board of Directors and key partners, providing assurance on the sustainability of that improvement. There is a strong correlation between the achievement of those safety and quality metrics and the Trust's improving performance against the four hour standard.

Performance against the four hour standard achieved the agreed improvement trajectory of 92 per cent in March 2017 with 94.2 per cent achieved, however this figure remains slightly below the national standard of 95 per cent.

Most recently, a letter capturing initial feedback from the CQC re-inspection in May 2017 included the following:

The inspection team commented how the emergency department felt like a completely different department and was unrecognisable from the previous report.

Of particular note were:

- *The improvements to rapid assessment, which received positive feedback from all staff we spoke with.*
- *A new mental health assessment room, which our inspector fed back as being the best they had seen.*
- *The new paediatrics department was a much better and safer environment. Our inspectors felt it ran very well independently from the rest of the department (being self-sufficient), but was an integral part of the wider team. However, the waiting area for children was small and meant that at times children did have to wait in the main waiting room.*
- *A much improved response to trust escalation, including input and actions from the whole system. A particular highlight was the work being undertaken by the complex discharge team to identify and support discharges*

Ongoing assurance against the CQC requirements continues to be monitored and areas of non-compliance identified through the CQC Assurance Group and the seven groups that report to the Audit and Assurance Committee, Quality Assurance Committee or Finance, Performance and Investment Committee where lead directors and supporting managers present their evidence/assurance throughout the year. This process is supported by the

PUBLIC

CQC Assurance system that collates service delivery unit/departmental self-assessments, which in turn provides the Trust with a dashboard showing areas of compliance, as well as areas for improvement across both acute and community health and social care.

Internal Audit undertakes annual audits on the Trust's CQC assurance systems and processes; the latest review was conducted between December 2016 and March 2017 and a final report is due to be received shortly by the Committee.

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

2.3 Risk management and governance arrangements - during 2016/17, the Committee has reviewed the:

- Trust's risk management and governance arrangements;
- undertaken a number of reviews of major areas of activity including:
 - Cyber Security;
 - Management of Volunteers;
 - Urgent Care;
 - Network Security (Data Storage);
 - Contracting with the Voluntary Sector;
 - Non-Medical Prescribing (Acute);
 - Staff Safety – Lone Working Practices in the Community;
 - Health and Safety (reporting and visibility of non-clinical incidents including sharps incidents);
 - PEG Feeding and Medication;
 - Purchasing Cards;
 - Reporting of Agency Staff Usage;
 - Day and Domiciliary Care Payments - Contract Process Assurance;
 - Care Assessment Process (in light of the care act and eligibility);
 - Charitable Funds;
 - Performance Indicators - Data Quality;
 - Business Cases;
 - Placed People (individual patient placements); and
 - Risk management arrangements and Board Assurance Framework.

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

2.4 Internal audit plan - the Committee has reviewed and agreed the formulation and content of the Trust's internal audit plan for 2016/17 and 2017/18 to enable assurance over a wide range of topics. The Committee is aware that following recent comments from Mr Hackett a review of annual audit days will be undertaken and reported back to this Committee in July.

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

- International Standards on Auditing (ISA) 260 Report including letter of representation;
- internal audit's processes in line with ISA requirements;

PUBLIC

- 2016/17 external audit plan and progress reports;
- quality report / continued implementation of reporting using the quality report;
- review of financial accounts including valuation of equipment and buildings;
- review of the arrangements in place to prevent and detect fraud and corruption; no incidences of material fraud were brought to the auditor's attention; and
- gave their opinion over the economy, efficiency and effectiveness with regards to the use of funds as well as non-financial performance in relation to clinical indicators.

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

- fraud awareness training for Trust staff;
- counter-fraud plan for 2017/18; and
- results of current fraud investigations as well as any other related matters.

2.7 **Clinical audit** - the Committee received a clinical effectiveness update report from the Chief Nurse at its meeting in November 2016. The Chief Nurse commented on the work to bring together the work of the community and acute teams and also to incorporate adult social care activity. Committee members noted that NICE guidance has changed and suggested all Trusts review current clinical protocols and guidelines (currently in excess of 1,000) to identify which were still relevant to the Trust. It was noted at the time that team was performing well, but had a large amount of work, including this review. Members were slightly concerned at the number of audits undertaken and that it would be difficult to provide assurance, track outcomes and ensure added value for so many. The Chief Nurse was asked to produce a report for Quality Assurance Committee on how clinical audits were being linked with other Trusts / Sustainability and Transformation Plans work and whether the Clinical Commissioning Group had any involvement.

2.8 **Follow-up reviews** - Committee members sought further assurance during the year on cyber security and a report was presented to the Board in May 2017. Following a red rated internal audit report titled 'Placed People (individual patient placements)', further assurance was sought from the lead director who attended the Audit and Assurance Committee in May 2017.

2.9 **Financial reporting** – the Committee has reviewed the annual accounts and financial statements prior to recommending these to the Board, and have reviewed the financial reporting systems and internal controls throughout the year, and considered them to be robust. Following NHS Improvement's informal investigation early in the year in relation to the Trust's financial performance and deviation from plan the Board of Directors has established a Financial Improvement Scrutiny Committee (FISC). FISC, Initially for a period of 12 months, will provide an additional high level 'check and challenge' to the planning, delivery and effective response to deviation from plan for the Trust's Financial Improvement Programme for 2017/18, and will report directly to the Trust Board of Directors.

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

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

PUBLIC

2. Conclusions

- 3.1 The Committee has reviewed the draft annual governance statement for the Trust for the period 1 April 2016 to 31 March 2017 and considers that the statement is consistent with the Committee's view of the Trust's system of internal control. Accordingly, the Committee supported Board approval of the statement.
- 3.2 The Committee has reviewed and used the Trust's assurance framework, and believes that it is fit for purpose.
- 3.3 The Committee has considered past self-assessment by the Trust of its compliance with the requirements of the CQC and concluded that the self-assessment prior to the CQC inspection was consistent with its understanding gained through the assurance framework.
- 3.4 The Committee has considered the Trust's system of risk management and has concluded that it is adequate as a means of identifying risks and allowing the Board to understand the appropriate management of those risks. The Committee appreciates the work undertaken over the last 12 months to bring two risk management systems together into a single risk management system for complaints, incidents, risks etc. The new system has greatly improved the way the Trust captures, responds to and reports on risks.
- 3.5 During the year the Board of Directors initiated additional governance reviews in line with NHS Improvement's / Monitor's guidance.
- 3.6 The Committee is not aware of any other significant duplications or omissions in the Trust's systems of governance that have not been adequately resolved.

3. Other matters

- 4.1 The Committee would like to record its thanks for the contributions that it has received during 2016/17 from its internal and external auditors, counter-fraud specialists, executive directors, the company secretary, the governors' representative, and for the secretarial support.

Sally Taylor
Chair of Audit and Assurance Committee
Torbay and South Devon NHS Foundation Trust
24 May 2017

PUBLIC

**Report of Finance, Performance and Investment Committee Chair
to TSDFT Board of Directors**

Meeting date:	29 August 2017
Report by + date:	Robin Sutton, 30 August 2017
This report is for: <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issue(s) to highlight to the Board (Month 4):

1. For assurance, the Month 4 Integrated Finance and Performance report (new format) was reviewed by the Committee. Month 4 remained broadly better than plan with an actual deficit of £3.6m against a planned deficit of £4.5m. Identified potential savings schemes for the year total £34m against a cost reduction target of £40.7m and an income generation target of £1.3m. The control total is at risk by a minimum of £7.9m, this is mitigated by potential income of £4m from Torbay Council and £4m of further SDU savings.
2. Performance was reviewed, the delivery of national operational standards for 4 hour ED treatment time being 93.9% against 92% trajectory and a 95% standard, Cancer 62-day performance being 86% against a standard of 85%. RTT was 86.1% against a trajectory of 88.9%. The number of long waits (over 52 weeks) decreased to 15 against a standard of zero. Concern was raised regarding the trends in dementia screening and mandatory training.
3. The NHSI monthly self-certification form for Month 4 was approved by the Committee and was supported by a financial summary paper.
4. For assurance, a monthly CIP Deep Dive was undertaken by the Committee into Procurement savings plan.
5. The Capital and Liquidity paper was approved by the Committee, this paper dealt with proposed schemes above £100k.
6. Updates to the 2018/19 Business Planning Process were presented and zero based budgeting will be applied to specific pathways.
7. A paper on Medical Ward Establishment was presented to the Committee for the addition of 18 WTE's, approval was given for 5 WTE's with future requests to be supported by reviews of related savings schemes.
8. The renewal of the Working Capital Facility was approved by the Committee.
9. The latest Finance Risk Register was provided for information and risk numbers 1196 and 1239 were discussed.
10. The monthly IMT Group Summary Report was provided for information purposes.
11. The Torbay Pharmaceuticals Financial Report for July 2017 was reviewed and the Deep Dive on the recovery action plans for the achievement of 2017/18 plan is scheduled for the next

meeting.

12. The latest Efficiency Delivery Group and Senior Business Management Team summary reports were provided to the Committee for information.

Key Decision(s)/Recommendations Made:

- 1) The proposed changes to the Community Scheme of delegation for IS placements was approved by the Committee.

Name: Robin Sutton (Committee Chair)

Council of Governors

Friday 22 September 2017

Agenda Item:	8
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 19 July 2017.

2. Main Report

2.1 Another year has passed and we are becoming used to our status as an Integrated Care Organisation (ICO). To reflect this we have two more staff governors representing the community. The four constituencies meet before the Council of Governors' meetings so that the committee reports can be circulated with the minutes. Good communication is the key to an effective Council of Governors, but we need to guard against too much bureaucracy. We also need to evaluate concerns raised at our meetings and to discuss them in Council.

Intermediate care teams have replaced the need for some community beds. This change would have been more difficult but for the flexibility and good will of our staff. The example of the coastal area grouping has demonstrated how services can evolve and improve. Reports from patients have been generally favourable, although care plans have not always been implemented in a timely manner. I think more needs to be done to produce clear messages and lines of accountability to help to ease the situation. This is as much for staff as it is for patients.

I would like to thank everyone for the help and support I have received during my time as Lead Governor. I know that our Council will continue to promote good practice within the Trust. I wish every success to the new Lead Governor and deputy in entering the next stage of our development.

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.

CONSTITUENCY SUMMARY SHEET

Constituency:	Teignbridge
Meeting date:	4.9.17
Present	Sue Whitehead. John Smith Barbara Inger Carol Day Annie Hall. Sylvia Russell Cathy French.
Apologies:	David Parsons
Author of the report:	Cathy French.

1. Welcome Cathy French
2. Approval of Minutes of last meeting 28.6.17
3. Sylvia raised the subject of the recent inspection of the mortuary, which had highlighted several shortcomings. She expressed concern that there appeared to have been no one responsible for the governance of the area nor a committee which received reports on procedures and compliance.

Governors were concerned that the report had come as a surprise to them, as no concerns had been raised within the Trust.
4. Feedback from Governor observer roles
 - Sue Whitehead. Safeguarding and Inclusion. September meeting cancelled. next meeting in October.
 - Carol Day. Torbay Pharmaceuticals. Meetings now bimonthly with monthly updates. Meetings commercially sensitive.
 - Cathy French. Capital Infrastructure & Environment Group. Next meeting 20th September.
 - John Smith. Finance. Monthly meetings. In last 18mths John had spent 76and half hours attending meetings-excluding reading.
 - Barbara Inger. Equality & Diversity. The first meeting she attended would be in October.
5. Meetings attended.
 - Carol & Sylvia had attended the opening of the Barton Surgery.
 - Sylvia has attended a volunteering in health meeting at Teignmouth Hospital for the early morning briefing.
 - Barbara had attended the opening of Torbay Pharmaceuticals.
6. Matters of concern:

The current status of the mortuary and chapel. and details of the budget and annual plan.

7. The future of the closed ward at Teignmouth Hospital. Are there plans for the space either as convalescent beds (run by the Trust) or a private contractor.

8. A skills audit for Governors.

A.O.B. All present were agreed that good communication

Date and time of next meeting. Teignmouth Hospital 27.11.17

Minutes of this Meeting (Author) Cathy French.

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.
- 4.
- 5.

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

Topics of interest/agenda items for next constituency meeting

- 1.
- 2.
- 3.

Minutes datedCirculated to Trust office, Lead Governor / other Governors.

Yes

No

PUBLIC / PRIVATE

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

Torbay Constituency

Meeting Date:	September 6 th , 2017 Members room Torbay Hospital
Governors present:	WM, LH, BB, PL, SS
Apologies:	AP
Author of the report:	PL

Agenda

1. Welcome
2. Approval of Minutes of last meeting (4/7/17)
3. Feedback from the constituency (all)
4. Feedback from Governor observer roles
5. Feedback from Patient Participation Groups (PPG) (all)
6. Kings Ash House parking. (AP)
7. Locality stakeholders meeting feedback, (SS)
8. SID meeting feedback
9. Lead Governor application

AOB

Date and time of next meeting

Minutes of Meeting (AP)

WM welcomed the members and gave apologies for AP. WM confirmed that we are currently two members down

Minutes of last meeting approved by the members present

Matters arising:

- Mears contract, sought assurance from Sharon Goldsmith, assessment process in place and could assure us
- Charitable funds, LH updated us and said a brief explanation had been given by Rob Dyer
- Readmissions, being looked at by QUIP, suggest we revisit at next meeting
- Re point 2 under matters requiring attention, Jane Viner, detailed report of the work they have done
- Lead governor interviews 22 September
- Deputy lead governor role process will follow shortly after lead appointed
- Governor's strategy has been ratified. Once lead governor appointed they will start implementation of the strategy

Feedback from the constituency;

BB raised an issue re care process, BB directed to advise constituent to follow set down complaint procedure

Feedback from Governor observer roles

Sent to members following Q&C meeting

Feedback from PPG

BB had made contact but no meetings held
WM had attended one meeting
LH had contacted her surgery

Agreed that we would all contact our local surgery, to explain our role, within the Trust and report again at the next meeting

Kings Ash House

Caused by several facilities having moved out of Paignton hospital and staff and visitors parking on the highway. Residents have reported heavy congestion with possible safety issues

Locality stakeholder meeting

SS, has attended two, copy of minutes to follow

SID meeting

Felt that this was a very worthwhile meeting. Discussion open and frank, re governor's role and responsibilities. Notes taken and these will be circulated

Next meeting Tuesday 28 November 4pm venue Hengrave House members room

Agenda items for Council of Governor's, Board to Council Meetings

- Request assurance that recent changes to emergency care re out of hours, not adversely impacting on ED or on ambulance referrals

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

Details of Governor visits/external work

1.LH shared membership survey. Section 3 remains outstanding RS chasing.
ICO, we discussed a better description. We also discussed the possibility of paper copies going out to members. LH to take this forward.

Topics of interest/agenda items for next constituency meeting

1. WM stepping down as chairperson, with immediate effect, invite interest from member to succeed WM
2. Readmissions

Minutes dated Circulated to Trust office, Lead Governor and all 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:	11 Sept 2017
Governors present:	Simon Wright (SW) Peter Coates (PC) Craig Davidson (ACD)
Apologies:	None
Author of the report:	ACD

Agenda

1. Governors expressed their concern that a fellow governor was unwell. ACD had contacted the family to offer their support and best wishes for a full recovery.
2. Minutes of meeting 26 June were approved.

Matters arising : concern about outpatient delays. **Action PC** to contact chair of Performance committee.

General discussion re how governors could keep up to date but avoid being swamped by receiving copies of all committee minutes along with other info from Trust. **Action.** Agreed an issue to be discussed with new lead governor. Weekly or monthly **brief** newsletter similar to Trusts weekly summary might be useful?

3. No feedback from Governor observer roles.
4. Feedback Implementation meeting 22 Aug.

ACD reported that CQC had advised a vertical rather than horizontal configuration of the care home and other activities in Riverview. This will require fresh planning application. DMP disgruntled as this will result in GP surgery being on 3 floors instead of one. Garden to be kept for use of residents of Care home ie Dartmouth Caring not able to use. Highways to carry out survey of traffic on access roads. Some progress on off site parking. Still no progress with contracting Care provider.

Only 2 of 4 purchased IC beds continue to be needed by ICO. No untoward incidents eg readmission to Torbay..

5. SWAST update.

ACD had obtained reports on response times comparing the same 3/12 period in 2015 with 2017 across South Devon. These show a similar and, in circumstances, good service for rural areas in comparison with urban, especially for the most urgent call outs. Big increase in number of calls in 2 yrs and also large variance between sectors (not explained by population density). For instance range of 15-200 Cat 1 call outs between a large rural area and population dense urban sector. Average response times for Red 2 & Green (roughly equivalent to Cat 2 & 3) have increased in rural sectors eg Dartmouth 9.5 mins to 27 mins and 30 to 47 mins respectively. The range of responses also worrying eg Cat 2 (still life threatening) RT > 10 mins in 127/165 call outs and > 20 mins in 95/165. This was also the case in urban areas.

ACD had sent a summary of the results to Liz Davenport, Pierre Landell Mills (chair Dartmouth PPG) and discussed findings with Chris Peach, CCG NED with responsibility for patient safety. **It will be important that both the CCG and ICO keep track of response times in the coming months to ensure deterioration in RTs reversed by change in configuration of the service.**

PC reported that, on behalf of his local PPG, he had also obtained response times for the Kingsbridge sector. He commented on a big variance in calls per day or week and the difficulty this must pose for SWAST.

SW questioned if there was any data on RTs for the rapid responder service. ACD thought these would be lumped together with ambulance times but he wasn't sure. The 2017 data preceded the

withdrawal of the RRV service in rural areas so not an explanation for longer RTs for lower urgency call outs..

6. Updates from Dartmouth & Totnes PPGs

No meetings since June. Discussion about making contact with other PPGs eg Chillington.

7. Lead governor/deputy elections.

ACD reported on discussion in meeting with SID. Agreement reached on preference for team election whilst not precluding someone putting themselves forward as single lead.

8. Increasing links with constituency/Members

Difficult. We felt that hearing about individual concerns was less useful than triangulation through contact with GP practices, PPGs and voluntary sector and local press.

9. AOB ACD commented on the further evolution of national initiatives. He provided copies of BMJ article explain the demise of CCGs & STPs and the rise of ACS & ACOs (Accountable Care Systems & Organisations). Another US import being developed without trial.

Date of next meeting. 4/12/17 10.0-12.0

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? NB This question had been submitted at June meeting but not aware of response.

Theme/subject: Riverview development.

Governors continue to be concerned at the failure to have a contract signed with the care organisation and communication with the general public.

Details of Governor visits/external work

1. Implementation meetings.
2. Contact with Dartmouth Medical practice and planned joint meeting with Dartmouth Caring
3. Engagement with ambulance services.

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

Please indicate

High Communication by Trust with media, members and governors.

Topics of interest/agenda items for next constituency meeting

1. Invite Care Home provider (Action SM).
2. Implementation progress

3. Raising governor profile across SH

Minutes sent to Trust office for information/circulation

PUBLIC

Council of Governors

Friday 22 September 2017

Agenda Item:	9
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 6 September 2017.
- 1.2 Concerns were raised at the meeting and governors are seeking assurance on a number of matters:
 - Following the completion of the recent re-inspection by CQC how is assurance being sought by the NEDs that the plans that have been put in place will result in a rating above 'requires improvement' for the several areas still outstanding e.g. end of life care.
 - Could NEDs provide assurance as to how and when the post project evaluation for the ICU both from an estates and a clinical perspective will be completed and furthermore when will the NEDs seek assurance that the ICU, when compared to the original business case, is meeting its deliverables e.g. full utilisation of beds.

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.
- 2.2 The governors who are not currently observers of committees/groups speak with CoSec and Chair to indicate interest.

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 September's Q&CC meeting.

NOTES OF THE QUALITY AND COMPLIANCE COMMITTEE MEETING

HELD IN THE BOARDROOM, TORBAY HOSPITAL

AT 10AM ON WEDNESDAY 6 SEPTEMBER 2017

- * Cathy French (CF)
- * Paul Lilley (PL)
- Andy Proctor (AP)
- Sue Whitehead (SW)

- * Lynne Hookings (LH)
- * Wendy Marshfield (WM) - Chair
- * John Smith (JS)

*Denotes member present

In attendance

Governance Lead (GL)
Quality Lead (QL)
Note taker (JB)
Company Secretary (CS)
Jenny Dodge, Quality Assurance and Patient Safety Lead CCG (JD)

Action

1. Apologies

Apologies received from Andy Proctor, Sue Whitehead, Monica Trist.

2. Minutes of the last meeting

The minutes of the last meeting dated 30 June 2017 were **agreed** as accurate.

Matters arising

There were no matters arising.

3. CQC update

GL introduced Jenny Dodge as her replacement when she leaves at the end of next week and then went on to discuss the report.

WM informed the Committee that she had read in detail the CQC report that was in today's meeting pack. She felt there had been considerable improvement since the original inspection and wanted the Trust to know that governors were appreciative of all the work to-date.

GL stated that the inspection report had been published via the CQC website and that the report was 'good' overall. GL was pleased that the CQC inspectors had taken on board everything she had reported back at the Trust feedback stage.

CF was concerned regarding the confidentiality of health records and the servicing of medical equipment.

GL advised that action plans were in place for both these areas. For example, the tracking of medical devices to ascertain if equipment was still usable. GL also reported that lockable cupboards are going to be installed on every ward as one set of records was found unsecured during the CQC inspection. According to the inspectors, one set of records is one set too many.

LH informed members that the League of Friends (LoF) had been asked for money to help with the cost of maintenance of equipment but felt this was not an appropriate use of their funds. LH went on to say that she was concerned that some of the equipment the LoF had funded in the past had been used less than expected. For example, the LoF thought that a piece of equipment might be used for three to five years, but the Trust had taken an alternative decision due a range of different reasons.

It was noted by LH and WM that this matter is not strictly part of the committee's general reference, however it does link to areas of concern that governors have previously raised with regard to the supply/maintenance of medical equipment.

WM reminded colleagues that the Trust does know the value of equipment in the Trust and that this had been identified at Quality Improvement Group (QIG) and on completion of the review the matter had become included on the risk register for the last 18 months.

QL joined the meeting at this point.

There was general discussion regarding understanding the mechanisms used for prioritising funding streams within the Trust and governors would like assurance as to how this is determined. Concerns were raised as to why the new main entrance café is not fit for purpose. Questions were also asked regarding the receipt of revenue for the new businesses now in place at the main entrance as outlined in the Trust business case. It was agreed CS would make enquires and report back to WM.

CS

CS said that the Medical Devices Committee reports to QIG and that this Group should be receiving regular updates via the Medical Director. CS asked Committee members to email any concerns or questions to the FT mailbox so that they could be tracked and answered appropriately.

ALL

LH was concerned that the Trust/Clinical Commissioning Group was only funding the use of nine ICU beds when the LoF had raised money to help build 14 beds. It was **agreed** that CS would ask on behalf of members for a post implementation review of the ICU. It was also **agreed** that WM would craft a suitable question for Robin Sutton and/or Jacqui Lytle in respect of the ICU. CS **agreed** to review the original business case as he seemed to remember the Trust bidding for 14 beds so as to future proof the unit.

CS

WM

CS

WM asked for clarification as to how donated assets are utilised and when new equipment is purchased where the financial maintenance is funded from.

WM

GL informed the Committee that CQC are coming next week for a handover meeting with GL and JD and that the next inspection will be an unannounced visit. It was **agreed** that WM would craft a suitable question for all the non-executive directors, asking them whether they felt assured that the plans in place would result in a rating above 'requires improvement' for the several areas outstanding e.g. End of Life.

WM advised that at the last Quality Assurance Committee (QAC) meeting it was

discussed that patient transfers were being recorded as discharges and that Jacqui Lyttle as Chair of this meeting was taking this forward.

WM thanked GL for all her work over the past few years and everyone wished her well in her new role and organisation.

4. Quality update

QL reported on the Quality Accounts informing the Committee that the Trust is still struggling with sepsis and doing timely reviews of drug administration. The Trust failed to do a review this quarter as no one was available. This has been escalated through Jane Viner and the next review will be at the end of September. It was **agreed** that QL would let this Committee know if support is in place to do the review.

QL

5. Feedback from governor observers

5.1 **Safeguarding/Inclusion Group**

It was reported that Sue Whitehead, Governor Observer for this group, has not managed to attend any of the meetings (6 June and 5 September) and that WM would like to review the Terms of Reference (ToR) to ascertain the frequency of the meeting. It was **agreed** JB would request a copy of the ToR and send to WM along with details of next meeting to ensure a governor observer will be in attendance.

JB

5.2 **Quality Improvement Group (QIG)**

WM attended the last meeting for AP and will attend the next meeting if AP not able to attend. There was poor staff attendance at the July and August second element of the meeting from clinicians and WM said she would note attendance at the September meeting. These meetings are an opportunity for round the table discussions with consultants and the meetings are deliberately split to allow clinicians to only attend for an hour and a half.

WM

5.3 **Workforce and Organisational Development Group**

Unfortunately PL has not managed to attend any of these meetings yet (4 May and 13 July). The next meeting is on 14 September which PL is unable to attend – CF offered to cover. (*Post meeting note – after checking diary CF informed FT office that she was unable to attend*).

JB

5.4 **Capital Infrastructure and Environment Group (CIEG)**

CF informed the Committee that this group has an enormous remit and would like to see it broken down into sections. It was **agreed** CS would circulate a structure chart of CIEG sub-groups for governors to have a clearer understanding of the structures.

CS

5.5 **Finance, Performance and Investment Committee (FPIC)**

JS reported that he is in the process of discussing NED attendance with CS and that CS would raise this issue again with the Chairman. JS stated that he had read MH's report and informed the Committee that he was not impressed with its content. Committee members **agreed** they would like the NEDs asked if it has been value for money and what systems and processes have been put in place for the future. CS agreed to action,

CS

CS

PL agreed to attend FPIC with JS as a one-off as part of his induction.

5.6 Quality Assurance Committee (QAC)

WM advised that as part of the governor induction strategy it has been agreed that new governors, as part of their induction, will attend the committees/groups which governor observers currently observe. This opportunity is also available to longer standing governors who, if interested, should contact the current observer who will seek agreement from the committee/group chairs.

5.7 Audit and Assurance Committee

CS reported that Craig Davidson will be standing in as governor observer at the next Audit and Assurance Committee in October.

5.8 Information Management and IT Group

It was noted that there is no governor observer on this group.

CF advised that Annie Hall would like to be a governor observer on a group/committee.

It was noted that nominated governors Simon Wright (South Hams) and Sylvia Russell (Teignbridge) attend constituency meetings but Julien Parrott (Torbay) has only attended one.

5.9 It was noted that the current numbers of governors are insufficient to enable the observer role to be fully compliant as per the strategy and we are currently running with a number of vacancies.

6. Reports from Non-Members

6.1 Infection Prevention and Control Committee (IPCC)

No report for 13 July meeting as apologies were given from David Parsons.

6.2 Disability Awareness Action Group

Report received and noted from Bob Bryant for 23 May meeting.

7. Prepare/discuss report to Council of Governors (CoG) on 22 September 2017

This was discussed earlier in the meeting.

WM would like it noted at CoG that the governor's role is to seek assurance from NEDs.

8. Preparation for joint Board-to-CoG meeting on 25 October 2017

- CQC areas for improvement.
- Appointed governors – more involvement
- Winter plan – assurance regarding beds

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

It was **agreed** to invite Ann Wagner to the first meeting in 2018 to give a remit of

JB

her role. If Ann is available and can attend it was **agreed** to extend the meeting to incorporate Ann and invite all governors to attend the end portion of the meeting.

JB

JB to arrange meetings for 2018.

JB

Details of next meeting

Wednesday 22 November 2017, 10am – 12pm, Boardroom, Hengrave House, Torbay Hospital.

DRAFT

Council of Governors
Friday 22 September 2017

Agenda Item:	10
Report Title:	Membership Group Report
Report By:	Lynne Hookings (Chair of Membership Group)
Open or Closed:	Open under the Freedom of Information Act

1. Summary of Report

- 1.1 Current update on the work of the Membership Group.

2. Background Information

- 2.1 The Membership Group meets on a quarterly basis (February, May, July and November) to consider and take forward the requirements placed on it by the Council of Governors.
- 2.2 Attachment one refers to the draft notes of August's meeting for your reference and information.
- 2.3 A verbal update on progress and outstanding items will be given by the Chair of the Membership Group at the Council of Governors meeting.

3. Recommendations

- 3.1 Council of Governors support the current work of the Membership Group.

4. Decisions Needed to be Taken

- 4.1 Comment and receive the report/attached information.
- 4.2 Approve the recommendation outlined above.

5. Attached to this Report

- Attachment one - Draft notes of August's Membership Group meeting.

NOTES OF THE MEMBERSHIP GROUP MEETING

HELD AT 2PM ON TUESDAY 22 AUGUST 2017

IN THE EXECUTIVE MEETING ROOM, HENGRAVE HOUSE

- * Cathy French (CF)
- * Lynne Hookings (LH) – Chair
- * Mary Lewis (ML)
- * Staff Governor - Catherine Micklethwaite (CM)

* Denotes member present

In attendance

Ann Wagner, Director of Strategy and Improvement (AW)
Richard Scott, Company Secretary (CS)
Monica Trist, Corporate Governance Manager (MT)
Jenness Barber, note taker (JB)

ACTION

1 Apologies

Apologies were received from Claire Rowe.

2 Minutes of the last meeting held on 14 July 2017 and action tracker

The notes of the last meeting held on 14 July 2017 were confirmed as accurate.

See separate action tracker.

3 Matters arising

- The forthcoming Annual Members Meeting was discussed. CF felt that governors needed to engage more with members. ML said that the induction pack circulated in September 2016 should help with this and it was noted that the information may need to be updated having been produced last year. CS reminded members about signposting to the website for things like complaints, feedback, surveys etc. CF suggested having a governor presentation on 22 September between 3.30pm and 5pm. CM will ask the library for use of laptops for interacting with members.
- JB brought an example of a discharge pack which she had received from Cathy Bessent saying that Cathy had suggested moving the 'Dear Patient' paragraph up to make room for the sentence required inviting patients to become members. The group **agreed** to send wording to MT to add on to the discharge pack bearing in mind the change will have to wait until the next print run.
- LH welcomed AW to the meeting.

LH

AW informed the group that she had attended a couple of meetings since last week regarding the 2018/19 plan.

AW aware that reference to the membership survey will be included in the Chairman's letter to all public members.

CF said that she had suggested to the Chairman to have 'on the spot' questions at the Annual Members pre-event. It was **agreed** that CF would provide questions to the FT Office asap that could be responded to by members in the TREC Foyer.

CF/JB

CS said the survey would be going live on 22 September via the public website.

AW/CS

It was **agreed** AW's questions would be included in the membership survey and circulated by email to the Membership Group members for their approval – questions to CS by end of this week.

AW would like to invite governors to feed back at October's Board-to-CoG meeting as some completed surveys would have been received by then.

CF asked about reconfiguring services when looking at the draft plan. AW stated that any significant service change would have to go through a formal public consultation.

CS/JB

LH asked for a timeline for the survey. CS said there will be a three-four week response time, but could be extended if required by governors.

CM suggested sending reminders to 'email members' regarding completion of online survey. It was **agreed** the Foundation Trust Office would send a reminder after the survey had gone live.

CS/JB

CM queried whether the same survey should go to all staff.

CS/JB

CS said that staff members had never had the public membership survey before as some of the questions were more applicable to public members. It was noted that the Group should decide if the questions are right for staff. It was **agreed** to do the staff survey after the members' survey with appropriate questions e.g. just use the questions from AW.

AW said the group needs to be thinking about gathering information from members over the coming years and it was **agreed** that an agenda item for the first meeting in the new year would be to look at the plan and associated timetable.

JB

CM agreed to consult with the other staff governors.

CM

LH thanked AW for attending this meeting.

AW thanked the Group for inviting her and then left at this point to go to the control meeting.

4 Feedback and Engagement Team Report

The group were happy with the report that MT had produced and felt it was easier to read. There was some concern regarding the number of 'attitude of staff' complaints and it was **agreed** that a member of the Feedback and Engagement Team be invited to the next meeting in November.

JB

5 Update from the Working with Us Panel

The report was accepted and it was **agreed** to invite Maureen Quartermaine to the Annual Members event.

JB

6 Membership recruitment

CS showed the various designs to the Group including designs for the poster, banner and credit-card sized hand-outs. LH questioned the credit card size membership card for obtaining NHS discounts. CS said the card would be available to all FT members. The group discussed small designs for business cards and decided on design number four.

7 Annual Plan

It was felt that this subject had been covered earlier in the meeting when AW was present.

8 Preparation for joint Board-to-CoG meeting 25 October 2017

It was **agreed** that 'feedback from members' survey' would be put forward as an agenda item.

JB/CS

9 Healthwatch

The report circulated with the papers was noted.

10 Any Other Business

10.1 - **Chairman's Letter to Members** – the Group reviewed the draft letter and **agreed** a couple of amendments for the CS to take forward with the Chairman.

CS

Details of next meeting

Tuesday 14 November 2017, 2pm-4pm, Executive Meeting Room, Hengrave House, Torbay Hospital

Council of Governors

Friday 22 September 2017

Agenda Item:	11
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 19 July 2017.

2. Main Report

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

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

2.2 **2017 governor observers:** Please be reminded that there are a number of committees/groups that require governor observers. An update on which governor attends which meeting and the current vacancies was circulated in April and again via email in June. The priority meetings that need observers are the Audit and Assurance Committee and Information Management and IT Group. Craig Davidson has offered to cover the Audit and Assurance Committee in October.

2.3 **Staff governor elections:** The election process to find two new community staff governors has finished. Congratulations to Anna Pryor and David Hickman who have been duly elected and commence their three-year term of office with immediate effect.

2.4 **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 8.

2.5 **Interactive session with the Senior Independent Director (SID):** The interactive session with the SID took place on 21 August and Company Secretary understands that draft notes have been circulated.

2.6 **Quality and Compliance Committee / Care Quality Commission (CQC) Development Session:** The development session took place on 6 September 2017 and eight governors were in attendance.

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 held on a Wednesday at 9am in the Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital. Dates for the remainder of 2017 are:

- 4 October;

- 1 November;
- 6 December.

2.8 Draft Process to Appoint the Deputy Lead Governor:

Seven governors responded to the Company Secretary's email about the draft process to appoint a Deputy Lead Governor. Two governors requested the same process as the Lead Governor whereas four governors accepted the draft process. The proposal put forward for the Deputy Lead Governor is therefore described in four, rather than five stages but the Company Secretary accepts that governors may want to discuss whether or not to have candidate presentations.

- a) Company Secretary invites governors to put their name forward for the Deputy Lead Governor role.
- b) Short biography put forward by each candidate including background and experience, contributions to the governor role to-date, what they perceive to be the main challenges facing the NHS and how their role will support the Lead Governor role as outlined in the new Governor Strategy.
- c) Candidate(s) submitting a response respond to the following six questions:
 - 1) Why do you want to become the Deputy Lead Governor?
 - 2) What experience do you have that would enable you to carry out this role effectively?
 - 3) How would you support the Lead Governor?
 - 4) How would you promote or support the Council of Governors to act in the best interest of service users and of the Foundation Trust?
 - 5) How would you encourage more people to become members of the Trust?
 - 6) If you could change one thing about the Trust, what would this be?
- d) Secret ballot at October's Board-to-Council meeting.

2.9 In support of 2.8 above it is suggested that the following timeline be followed for the election of the Deputy Lead Governor:

Date	Action
25 Sep 17	Company Secretary invites governors to put their name forward for Deputy Lead Governor role.
13 Oct 17	Candidate(s) invited to provide a short biography and answer the six questions by 13 October 2017 in support of their nomination.
18 Oct 17	Prior to the Board-to-CoG meeting, the biographies, candidate questions and responses are circulated to all governors as part of the Board-to-CoG meeting papers.
25 Oct 17	Ballot papers circulated for immediate completion.
25 Oct 17	Company Secretary announces the result of the election at the end of the Board-to-Council meeting.

3. Recommendation

- 3.1 In reference to section 2.2, governors who would like to be considered for an observer role are asked to contact the Foundation Trust Office or speak to the Lead Governor.
- 3.2 Approve the Deputy Lead Governor appointment process as outlined in sections 2.8 and 2.9.

4. Decisions Needed to be Taken

- 4.1 Note and comment on the information outlined above.
- 4.2 Governors agree whether or not to have candidate presentations as part of the Deputy Lead Governor appointment process.
- 4.3 Approve the above recommendations.