








Torbay and South Devon NHS Foundation Trust

Public Board of Directors

Board Room, Hengrave House, Torbay Hospital, Torquay, TQ2 7AA
2 May 2018 09:00 - 2 May 2018 11:00

AGENDA

#	Description	Owner	Time
	In case of fire - if the fire alarm sounds please exit the Board Room immediately in a calm and orderly fashion. On exiting, turn left, exit the building through the sliding doors and assemble in Hengrave House Car Park.		
1	User Experience Story Information		
2	Board Corporate Objectives Information  Board Corporate Objectives.pdf 7		
3	PART A: Matters for Discussion/Decision		
3.1	Apologies for Absence - Director of Estates and Commercial Development, Director of Strategy and Improvement, Mrs J Marshall, Councillor J Parrott Note	Ch	
3.2	Declaration of Interests Note	Ch	
3.3	Minutes of the Board Meeting held on the 11th April 2018 and Outstanding Actions Approve  18.04.11 - Board of Directors Minutes Public.pdf 9	Ch	
3.4	Report of the Chairman Note	Ch	
3.5	Report of the Interim Chief Executive Assurance  Report of the Chief Executive.pdf 41	ICE	
3.6	Strategic Issues		

#	Description	Owner	Time
3.6.1	Devon Sustainability and Transformation Partnership Update Report Information/Assurance  Devon STP Update.pdf 51	DSI	
4	Delivery Issues		
4.1	Integrated Quality, Performance, Finance and Workforce Report - Month 12 Assurance  IQPFW Report.pdf 65	DSI/DoF/DW OD	
5	Governance Issues		
5.1	Freedom to Speak Up Guardians Report Information  Report of the Freedom to Speak Up Guardians.pdf 125	ICE	
5.2	Report of the Guardian of Safe Working Hours Assurance  Report of the Guardian of Safe Working Hours.pdf 167	Lead	
6	Governors' Questions Discuss	Ch	
7	PART B: Matters for Approval/Noting Without Discussion		
7.1	Reports from Board Committees Assurance		
7.1.1	Audit and Assurance - 13th April 2018 Information/Assurance  Report of the Audit and Assurance Committee Chai... 173	Ch	
7.1.2	Finance, Performance and Investment Committee - 24th April 2018 Information/Assurance  2018 04 24_FPI_Cttee_Report_to_Board.pdf 175	RS	
7.2	Compliance Issues		

#	Description	Owner	Time
7.3	Any Other Business Notified in Advance	Ch	
7.4	Date of Next Meeting - 1.00 pm, Wednesday 23rd May 2018	Ch	
7.5	Exclusion of the Public	Ch	

INDEX

Board Corporate Objectives.pdf.....	7
18.04.11 - Board of Directors Minutes Public.pdf.....	9
Report of the Chief Executive.pdf.....	41
Devon STP Update.pdf.....	51
IQPFW Report.pdf.....	65
Report of the Freedom to Speak Up Guardians.pdf.....	125
Report of the Guardian of Safe Working Hours.pdf.....	167
Report of the Audit and Assurance Committee Chair - 18.04.13.pdf.....	173
2018 04 24_FPI_Cttee_Report_to_Board.pdf.....	175

BOARD CORPORATE OBJECTIVES

Corporate Objective:

1. Safe, quality care and best experience
2. Improved wellbeing through partnership
3. Valuing our workforce
4. Well led

Corporate Risk / Theme

1. Available capital resources are insufficient to fund high risk / high priority infrastructure / equipment requirements / IT Infrastructure and IT systems.
2. Failure to achieve key performance / quality standards.
3. Inability to recruit / retain staff in sufficient number / quality to maintain service provision.
4. Lack of available Care Home / Domiciliary Care capacity of the right specification / quality.
5. Failure to achieve financial plan.
6. Care Quality Commission's rating 'requires improvement' and the inability to deliver sufficient progress to achieve 'good' or 'outstanding'.

**MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
BOARD OF DIRECTORS MEETING
HELD IN THE BOARD ROOM, HORIZON CENTRE, TORBAY HOSPITAL
ON WEDNESDAY 11TH APRIL 2018**

PUBLIC

Present:	Sir Richard Ibbotson	Chairman	
	Mrs J Lyttle	Non-Executive Director	
	Mr P Richards	Non-Executive Director	
	Mrs J Marshall	Non-Executive Director	
	Ms V Matthews	Non-Executive Director	
	Mr R Sutton	Non-Executive Director	
	Mrs S Taylor	Non-Executive Director	
	Mr J Welch	Non-Executive Director	
	Ms L Davenport	Interim Chief Executive	
	Mr P Cooper	Director of Finance	
	Mrs L Darke	Director of Estates and Commercial Development	
	Dr R Dyer	Medical Director	
	Mr J Harrison	Interim Chief Operating Officer	
	Mrs J Viner	Chief Nurse	
	Mrs A Wagner	Director of Strategy and Information	
	Councillor J Parrott	Torbay Council Representative	
In attendance:	Ms C Carpenter	Member of the Public	
	Mrs S Fox	Board Secretary	
	Ms J Gratton	Head of Communications	
	Mr C Helps	Interim Company Secretary	
Governors:	Mrs W Marshfield	(Lead Governor)	Ms N Amil
	Mr R Bryant	Mr P Coates	Dr C Davidson
	Mrs A Hall	Mrs L Hookings	Mrs B Inger (part)
	Mrs M Lewis	Mrs M Welch	

ACTION

51/04/18 User Experience Story

The User Experience Story was presented by Dawn Thomas the Clinical Lead for the Rapid Assessment Discharge Service (RADS). The service seeks to enable patients (in the main over 65 years old) who present to the Emergency Department and who are medically fit for discharge to either return safely home or into the community. Her story concerned a non-verbal patient who lived with her son on a farm and was bed-bound. The lady came into the Emergency Department and was found to be medically fit to go home. The RADS team, having established a rapport with the lady, worked with a variety

of agencies to ensure the lady could go back home with the support she required in a timely manner.

The Board reflected that this service was able to work so effectively because the Trust was now an ICO and stories such as this needed to be celebrated. Dawn added that the service's links with the intermediate care nursing team were strong and that the teams operated a rotation programme where members of each team swapped roles and worked with each other.

Dawn was thanked for her leadership of the team and commitment to developing a service that made a real difference to the people who use the Trust's services.

52/04/18 **Board Corporate Objectives**

Noted.

PART A: Matters for Discussion/Decision

53/04/18 **Apologies for Absence**

Apologies for absence were received from the Director of Workforce and Organisational Development.

54/04/18 **Declaration of Interests**

Mr Richards briefed the Board on his work with his new employer – TeleTracking. TeleTracking was an American company that managed systems and services for around half of the bed estate in the US. The company ran command centres to ensure beds were used in the most effective and efficient manner both in the acute and community setting. TeleTracking has operated in the UK for around 10 years in a small way and Mr Richards' role was to grow this area of the business and was working with NHSI and other Trusts in this respect. He stated that through his work he has found that some Trusts have managed to operate through the winter period without having to open additional beds.

55/04/18 **Minutes of the Board Meeting held on the 7th March 2018 and Outstanding Actions**

Councillor Parrott asked if the minutes could be amended to reflect his statement at the March meeting in respect of the work the wider social care and domiciliary care sector and care homes undertook with the Trust to support residents in line with the objectives of ICO and how this reflected the wider partnership in the system. This amendment was approved.

PA to CE

56/04/18 **Report of the Chairman**

- ♦ Local Government Chronical Award for Health and Social Care – the Board noted that Torbay Council and the Trust had won the LGC Award for Health and Social Care which reflected the extent and depth of joint working that took place through the ICO.
- ♦ The Chairman thanked the Governors for their support at the recent unveiling of the bronze eagle in memory of Dr David Sinclair.

- ♦ To celebrate the efforts of staff and volunteers during the recent severe weather, several events were being held across the community to enable as many staff as possible to attend.
- ♦ Following approval from the Board, an open letter had been sent to clinicians in respect of the recent legal issues concerning a junior doctor in another Trust. Some positive feedback had been received as a result of the letter.
- ♦ The Chairman reminded the Board that Schwartz Rounds continued to take place and asked that Board members supported them where possible. Details of the rounds is provided below:

Schwartz Center Rounds®

The stresses of today's healthcare system threaten the delivery of compassionate care. Financial pressures and administrative demands means less face to face time with the patient and a focus on diagnostics and treatment rather than the impact of illness on the patient and family.

Many staff feel that there is no structured outlet to express their feelings and little preparation for difficult communication issues that are an inevitable part of patient care.

US lawyer Kenneth B Schwartz founded the Schwartz Center Rounds® following a lung cancer diagnosis as a means of bringing health professionals together to discuss their dilemmas in a mutually supportive way, with a focus on compassionate care. Schwartz Centre Rounds offer healthcare providers a regularly scheduled time during their work lives to openly and honestly discuss social and emotional issues that arise in caring for patients. In contrast to traditional medical rounds, the focus is on the human dimension of medicine.

A hallmark of the programme is interdisciplinary dialogue-across an entire hospital rather than just a clinical team-using real patient cases to enable participants to explore their own responses and feelings. The hour-long confidential sessions, which are open to all staff and have board level support, focus on an anonymised patient case which staff discuss to explore their feelings.

The scheme was initially piloted at the Royal Free and Gloucester Hospitals. One comment from the Royal Free included, ' the rounds help the staff to reconnect with the most valuable aspect of their work - their clinical role - and allows them to witness compassion, care and the humanity that drives healthcare staff to go the extra mile, which is motivating and rewarding in these tough times.'

Details of the rounds (12.45 - 1.45 with lunch provided from 12.15):

Tuesday 24 April	(TREC)
Tuesday 29 May	(Anna Dart Lecture Theatre)
Tuesday 26 June	(Anna Dart Lecture Theatre)
Tuesday 31 July	(Anna Dart Lecture Theatre)

Tuesday 28 August	(Anna Dart Lecture Theatre)
Tuesday 25 September	(Anna Dart Lecture Theatre)
Tuesday 30 October	(Anna Dart Lecture Theatre)
Tuesday 27 November	(Anna Dart Lecture Theatre)
Tuesday 18 December	(Anna Dart Lecture Theatre)

57/04/18 **Report of the Interim Chief Executive**

The Interim Chief Executive drew the following from her report:

- ♦ The Trust has been allocated £13.3m to improve its emergency care pathway. This funding was subject to approval of a full business case and was a positive step to help improve the delivery of emergency care in the system. Dr Kate Lissett would be providing clinical leadership to the work on clinical modelling and then design of the environment. The Interim Chief Executive wished to place on record her thanks to Kevin Foster MP as he has been a keen advocate of the Trust's aspirations to improve the emergency care pathway.
- ♦ The Board's attention was drawn to the success of the Trust's Cell Salvage Scheme which has resulted in it being shortlisted for an HSJ Patient Safety Award.
- ♦ The effect of the prolonged winter period and the two instances of severe weather and how that has affected the Trust's performance and impact on patient experience, in particular those patients who had had elective surgery/appointments cancelled. Lessons from this period of pressure and demand would be used to inform the Winter Plan for next year.
- ♦ The draft report from the CQC following its recent Well-Led inspection was expected early next week. The Interim Chief Executive wished to place on record her thanks to the Chief Nurse and her team for their organisation of the visit.
- ♦ Although it would be discussed later in the meeting, the Interim Chief Executive highlighted the results of the recent Staff Survey which had seen a shift in the feedback from staff reflecting on the Trust's leadership culture and engagement. The Chief Nurse would provide a full briefing on this issue later in the meeting, in the absence of the Director of Workforce and Organisational Development.
- ♦ Work was taking place, including discussions between NHSI and the Board of Directors for both North Devon and the Royal Devon and Exeter Hospitals to consider how leadership can be provided across the footprint of both Trusts following the retirement of North Devon's Chief Executive. This work was building on the work being undertaken as part of the clinical network support and collaborative working. The Trust's Medical Director was involved in the discussions at STP level.
- ♦ On behalf of the Board the Interim Chief Executive wished to place on record her congratulations to the Chief Nurse, Mrs Viner, on her appointment as a Honorary Associate Professor in the University of Exeter Medical School.

The Chairman queried the timescale for the investment in emergency care and the Director of Estates and Commercial Development explained that the funding had to be spent by 2021. It was likely there would be c12 months of planning and then a c18 month build. She reminded the Board that this was subject to the STP Estates Strategy and the Trust was working closely with the STP Estates Team and Directors of Finance to ensure the scheme had STP support.

Councillor Parrott raised the following:

- ♦ To place on record that following the removal of the acute beds in Paignton Hospital and the location becoming a Health and Wellbeing Centre providing integrated care, the very positive impact this has had on services being provided in an integrated way reflecting the care model and that he had not received any complaints from residents about the service provided.
- ♦ A suggestion that it would be helpful to present the Trust's performance figures compared to its neighbours to help with comparison and this was noted.
- ♦ The Council's pay gender gap was 6% which was noted.
- ♦ An issue around Pharmacy support to care homes and that a presentation had been made to the Health and Wellbeing Board on the future delivery of the service and innovative solutions around information sharing. Councillor Parrott said that one of the keys to understanding the impact of deprivation was to understand pharmaceutical usage – for example antidepressants. Councillor Parrott was aware that the Chair of the CCG was taking this forward and was ascertaining if there was a way that information could be shared more widely.
- ♦ Councillor Jackie Stockman has taken over as Chair of the Health and Wellbeing Board which was noted. The Interim Chief Executive and Director of Strategy and Improvement were thanked for their support of the Board.
- ♦ Clarification was sought on a statement in the media that the 'NHS has run out of ICU beds for children over the winter'. The Interim Chief Executive explained that the trust did not have a specialist paediatrics ICU on the site, but did have an adult unit and also a high dependency unit. She added that there had been some pressure over the winter, but the Trust had been able to secure the right level of support when required. The Medical Director added that this was a national problem and was partly due to an unintended consequence of centralisation of paediatrics services – the closest regional centre for this area was Bristol. There has been agreement nationally that decentralisation needed to take place and a Devon/Dorset/Cornwall solution was being considered and it was likely this would be focussed in Plymouth for the Trust's patients.

Mrs Lyttle wished to commend the Trust on being awarded the funding for emergency care – she asked that the Trust ensured that the emergency team was involved in the planning of the modelling. The Director of Estates and Commercial Development explained that funding was for the emergency care pathway and would include the urgent care centre in Newton Abbot and that staff would be leading the work to model the improved pathway before discussions took place around how it would be delivered.

In respect of Councillor Parrott's comment about care homes and clinical pharmacy, Mrs Lyttle stated that she was the lead on the Strategic Medicines Optimisation Group and the group has submitted a bid for national funding to increase clinical pharmacy in the Trust's footprint and the priority for this funding would be care homes. In addition, NICE have agreed to work with the Trust as part of a multi-agency group on a project to improve pharmacy services in the care home sector.

Strategic Issues

58/04/18 Devon Sustainability and Transformation Partnership Update Report

Strategic Context

The Devon Sustainability and Transformation Partnership (STP) provides a single framework through which the NHS, local authorities and other health and care providers work together to transform health and care services. A single board update is now produced monthly following the Programme Delivery Executive Group meetings. This is the fifth update, following the meeting of PDEG on 16 March.

The purpose of this report is to:

- ♦ provide a monthly update that can be shared with Governing Bodies, Board and other meetings in STP partner organisations;
- ♦ ensure everyone is aware of all STP developments, successes and issues in a timely way; and
- ♦ ensure consistency of message amongst STP partner organisations on what has been endorsed at the Programme Delivery Executive Group (PDEG). All partner organisations in the STP are represented at senior level at PDEG.

Key Risks/Issues

Core Content

Items included in this monthly update following the PDEG meeting held on 16 March are as follows:

- ♦ STP strategy update – the strategy update will be completed by 30th April and available to Boards then and should inform and complement the Trusts strategy update

- ♦ 2018/19 operation plan – the plan is being finalised to align with organisational and local system plans
- ♦ Commissioning intentions in Plymouth 2018 – 2020 – The strategic commissioner has published commissioning intentions to drive the Plymouth system as they move towards greater integration. Draft commissioning intentions for South Devon and Torbay are being finalised and will inform the Trust's and local care partnerships plans for 2018/19 and beyond
- ♦ Workforce update – work commenced in December on the refresh of the Devon system workforce strategy. Its focus will be on identifying the future workforce direction and requirements to meet the significant recruitment and retention challenges within the Devon health and care system.

Risk

As previously identified, the main risk to the Trust remains having the leadership and clinical capacity to engage in and inform STP programmes and work streams on top of Trust and local system change programmes – this is being kept under review and a “do it once” approach for Devon is being pursued.

The Board noted in particular that in Plymouth commissioners have published a commissioning intention for Plymouth and Livewell to form an integrated offer. The Trust was working with the CCG to develop the commissioning intentions for South Devon and Torbay for the coming year. Councillor Parrott stated that the correct outcome was important for the Trust's residents.

The Chairman reminded the Board that the best way the Trust could support this process was to deliver against its care model and targets, but that this did not mean the Trust was withdrawing from engagement with the STP, but that by delivering against its targets it was supporting the STP. It was noted that the new STP Interim Chief Executive visited the Trust earlier in the week and met with the Executive team and had a tour of the acute site.

Mr Richards stated that he had not had sight of a STP structure and said he would wish to better understand the structure of the organisation, especially as it had no legal standing. In particular, in respect of the need for the STP Estates Strategy to approve the Trust's bid for the emergency care monies. The funding would be delivered through the CCG to the Trust. It was agreed that the Director of Strategy and Improvement would provide a refresh of the paper she produced last year on the focus and structure of the STP.

DSI

Councillor Parrott stated that the discussion reflected the all-embracing nature of the STP and the diversity of the issues involved. He added that his purpose at STP meetings was to ensure the needs of children was understood and that management of the issues was important.

The Board formally noted the progress of the Devon STP.

Strategic Context

National policy direction for health and social care is very clear - the pursuit of greater integration of health and social care to help frail and older people stay healthy and independent, avoiding hospital stays where possible.

The development of a Local Care Partnership for South Devon and Torbay aligns with the wider system ambition of the Devon Sustainability and Transformation Partnership (STP) where all partners have agreed to an organisational design plan in pursuit of an Integrated Care System for Devon. This plan includes the creation of Local Care Partnerships as the preferred place-based approach to integration and transformation.

The purpose of a Local Care Partnership is to enable commissioners and providers of health and care to work together to better meet the health, care and wellbeing needs of the populations they serve within the resources available. The emphasis is on “Local” with an absolute focus on supporting what is important to local communities.

Moving onto the next stage of integration is a clear aspiration for the Trust and has always been part of our overarching strategy and care model. The establishment of a South Devon and Torbay Local Care Partnership focussed on the population of SD&T will build on our integration efforts and help retain and sustain services for local people. There is an appetite to explore what the potential benefits could be from a strengthened partnership than current working arrangements allow.

The strength in this proposal is that it is underpinned by a collective commitment to prioritise the needs of individuals and the system over the needs of individual organisations

The paper has been developed to create the opportunity for discussion and contribution from local partners and stakeholders as we work together on strengthening our partnership on the next step in our health and care integration journey.

Key Risks/Issues

Executive Directors have identified a number of issues/risks and mitigation to address including:

- ♦ **Capacity to engage** – Directors and their teams are already engaged in several Devon STP programmes as well as local place developments. There is a risk that resources are stretched but the greater risk is that the Trust is not engaged. Influencing the development on the Local Care Partnership is therefore seen as a priority, not a distraction.
- ♦ **From concept to reality** – through the development of the ICO, integrated care model and underpinning risk share agreement, health and care partners across South Devon and Torbay already have strong

working arrangements. A strengthened Local Care Partnership will need to enable more to be achieved than current arrangements allow.

- ♦ **Privatisation fears** – the link to Accountable Care Organisations and national and local concerns regarding privatisation by the back door. There is no change to legislation, statute or constitutions. The partnership is not an organisation and is supported by sovereign organisations including the Foundation Trust who are ultimately accountable for delivery.
- ♦ **Governance arrangements** – form needs to follow function so the outcomes and benefits partners wish to realise need to be determined first before working arrangements can be designed. These will be driven by strategic commissioner commissioning intentions. Having agreed the scale of opportunity and outcomes, partners will then design appropriate working and reporting arrangements that enable greater pace of decision-making and movement of resource in order to get things done.
- ♦ **Role of Local Authority elected member oversight** - The role of the respective Health and Wellbeing Boards will remain and options on governance of these strengthened integrated arrangements will need to be explored. Similarly, the role of overview and scrutiny committees will remain a key function so it is important that elected members are involved in the planning for these integrated arrangements. Overview and Scrutiny committees are being invited to include Integrated Care System and Local Care Partnership governance in their work programmes.

The Director of Strategy and Improvement informed the Board that this paper had been written to so that partner organisations could take it to their respective decision-making meetings. The reason to take forward the LCP was to use it as a framework to enable better delivery of care to the population of South Devon and Torbay and to strengthen partnerships with primary care, the voluntary sector and mental health. The paper asked, at this stage, for a commitment from the Board to continue to explore the opportunity and work up a design for the LCP. The Director of Strategy and Improvement reminded the Board that in the LCP the Trust would remain a sovereign body and would not cede control, but that the LCP would enable strengthened partnerships and was also the direction of travel for the STP.

The Interim Chief Executive stressed that the LCP was building on the work that had already taken place. Councillor Parrott stated that the Overview and Scrutiny Committee was supportive, but wished to place on record their frustration at the time it was taking to realise the LCP and this was noted.

Mr Welch suggested that the Health and Wellbeing Board should be the lead for the LCP and the Director of Strategy and Improvement felt that this was a pertinent question. The Health and Wellbeing Board had a new Chair and was being revitalised and did have the potential to lead. She added that the role of the Health and Wellbeing Board needed to be considered as part of the work to map out the structure of the LCP and how it fitted with the delivery of health and social care.

The Chairman informed the Board that he had discussed with the CCG Chair who should lead the LCP and given that at present it was focussed on commissioning and that successful primary care engagement was necessary they both felt that the CCG Chair should lead the LCP and that he was content if this become the preferred option.

The Board formally agreed that the Trust takes part in a partner workshop being arranged by the CCG in early April to flesh out the detail of the LCP.

60/04/18 **Trust Quality Account**

Strategic Context

The structure and format of the report is prescribed by the NHSE Quality Accounts Regulations (2017) and by the NHSI Quality Accounts reporting arrangements 2017/18. In addition there are two detailed guidance documents:

- ♦ Detailed requirements for quality reports 17/18
- ♦ Detailed guidance for external assurance on quality reports 17/18

This year there have been two significant additions to the reporting requirements:

- ♦ New mandatory disclosure requirements relating to 'Learning From Deaths' to quality accounts from 2017/18 onwards.
- ♦ Providers of acute services are asked to include a statement regarding how they are implementing the priority clinical standards for seven day hospital services

Together these documents mandate the required content and how this should be presented. The report The quality report must contain (in the following order):

Part 1: Statement on quality from the chief executive of the NHS foundation trust

Part 2: Priorities for improvement and statements of assurance from the board

Part 3: Other information and two annexes:

- ♦ statements from NHS England or relevant clinical commissioning groups, local Healthwatch organisations, and overview and scrutiny committees
- ♦ a statement of directors' responsibilities for the quality report.

The report must include an update on the priorities identified in the previous report and set out the priorities for the coming year with rationale and stakeholder / user involvement in the process. A full update of progress on the 2017/18 priorities are included in the document but RAG rated overleaf.

Priority 1	To develop and use a core multidisciplinary standardised risk assessment booklet and nursing care plan assessment booklet for all adult inpatients on any ward in the Trust.	
Priority 2	To redesign outpatients in order to make these services more patient centred and use resources effectively.	
Priority 3	Provide safe, proactive and timely discharge of patients with more patients discharged earlier in the day and reduced delayed transfers of care and reduced length of stay.	
Priority 4	Provide reliable, accurate and timely information at the point of handover on all inpatient wards at Torbay Hospital through the implementation of a new hand held electronic tool called Nervecentre.	
Priority 5	Improve our patient experience measures so they more fully reflect our service users' experience of care in the integrated care organisation	

The priorities for 2018/19 have been determined by Trust strategic priorities including: financial stability, improving emergency flow, CQC compliance and implementation of the care model. In addition, user feedback, engagement and performance have also informed the priorities.

- Priority 1: To understand, learn from and act on the experiences of our local population using our services during the winter period (Dec to March) 2017/18.
- Priority 2: To improve the way inpatient sepsis is recorded on the wards to enable improved identification and treatment of ward-based sepsis
- Priority 3: To redesign outpatients in order to make these services more patient-centred and use resources effectively
- Priority 4: Implement and evaluate NHS Quicker
- Priority 5: Wellbeing and supported self-management: HOPE programme

The Trust annual quality account is a statutory requirement and as part of the report key stakeholders are given an opportunity to comment on the report. To enable this to happen the Board are required to confirm that the report can be released to the key stakeholders. These include Overview and Scrutiny Committees, CCGs, Governors and Health Watch.

Key Risks/Issues

Failure to meet required statutory deadlines.

The Chief Nurse took the Board through the Quality Account and reminded members that the document was prescriptive in terms of structure and how it was populated. New requirements included in the report were a need to provide information around learning from deaths and the Trust was well-placed in this respect due to the work led by the Medical Director through the Mortality Review Group; and 7 day services which again the Trust was placed to provide information on.

The Board noted that it was felt the Trust had achieved 4 of the 5 priorities for 2017/18, and scored amber on the last.

The priorities for the coming year had been determined through engagement with stakeholders and partners and were detailed above.

Mrs Lyttle commended the report and stated that it gave a good summary of the softer qualitative work of the Trust.

Mrs Matthews queried other priorities for the Trust, including IT and it was noted that the Quality Account focused on quality targets and did not include other priorities such as IT.

The Chairman noted that the Quality Account was a look back at performance over the last year, and it was based on the Trust's population figures within its footprint. He stated that the Trust's footprint was changing as new housing was being built and asked if revised figures would be used in the future. The Interim Chief Executive reported that the Joint Strategic Needs Analysis was being updated and that the data in this would drive some of the information required in terms of revised population numbers etc.

The Board formally released the Quality Account to stakeholders for comment.

Delivery Issues

61/04/18 **Integrated Quality, Performance, Finance and Workforce Report – Month 11**

Strategic Context

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 NHS Improvement (NHS I) of achieving a £4.7m surplus by 31st March 2018.

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:

- ♦ 70% is dependent on delivery of the Trust's financial plan to deliver the agreed Control Total; and
- ♦ 30% is dependent on delivery of both (a) A&E performance at Trust and / or STP level and (b) achievement of A&E operational mile stones (such as GP streaming).

These thresholds were met in Quarter 1 and Quarter 2, for performance and year to date for the finance element; resulting in £4.22m secured/ accrued from the STF. The performance element of STF for Quarter 3 and Quarter 4 has not been accrued; the impact for the year is £1.137m.

NHS I are assessing Trust financial performance using the pre STF Control Total position. So the notification of non-achievement at Q3 or self-assessment of non-achievement of Q4 on the performance element of the SFT does not impact on the assessment of financial performance.

Winter funding allocations:

On 15th December the Trust received details of the allocation of winter funding allocations. The funding has been allocated nationally in two tranches. Firstly, acute Trusts will be allocated funds on a 'fair shares' basis to reflect the cost of emergency and urgent elective activity across winter that is already in operational plans and is being incurred by providers. The allocation is based on emergency services activity in Trusts with a Type 1 A&E. This will enable a corresponding improvement in the reported Month 7 forecast outturn financial position.

The second tranche of funding has been the subject of discussions between individual Trusts, their NHS I Regional Director and the National Director of Urgent and Emergency Care. This additional winter funding is for new initiatives to improve A&E performance over winter and should be spent on the specific schemes set out below. Where the schemes involve the purchase of beds either in the acute provider or the community, the level of expenditure has to be agreed with the Regional Director before it is committed.

Table 1 – funding allocated to Torbay and South Devon

	Purpose of funding	Value
Tranche 1	To reflect existing costs of winter in plans. Expectation of corresponding improvement in M7 forecast position	£0.6m
Tranche 2	<i>provide additional Domiciliary Care, additional Rapid Response capacity, and additional voluntary sector capability; up to 15 beds per day released for management of acute patients</i>	£0.396m
	<i>Development of a front door Rapid Assessment and Discharge Service (RADS); 5 per day - based on current performance of 7 patients seen per day and a 70% discharge rate</i>	£0.102m
	In totality we expect the schemes in Tranche 2 to ensure you at least maintain your YTD, 92.4%, performance in Q4	£0.498m

The Trust has received Tranche 1 funding and has confirmed spending of Tranche 2, both these tranches are assumed in the forecast and notified to NHS I as such.

Regulatory Context - NHS I Single Oversight Framework:

The Single Oversight Framework (SOF) 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.

As previously reported NHS I have made changes to the SOF which applied from October 2017 onwards. The underlying framework is unchanged and the performance of providers against the 'Use of Resources' metrics will continue to be made against the five themes set out above. Using this framework NHS I segment providers into one of four segments ranging from Segment One (maximum autonomy) to Segment Four (special measures). The Trust has previously been assessed as being in Segment Two (targeted support), in response to concerns in relation to finance and use of resources. This rating has not changed as a result of the revisions to the SOF.

An additional performance metric, associated with the identification of patients who have dementia, has been added to the framework by NHS I and has been included within the performance dashboard.

Key Risks/Issues

The headlines for Month 11 performance against the financial, operational, quality, change, and workforce frameworks established by the Trust are summarised in Section Two of the attached Integrated Performance Report, with the full performance frameworks being set out in Section Three, and underpinned by the attached Dashboard.

This report has been considered by the Finance, Performance and Investment Committee (27 March) and the Quality Assurance Committee (28 March). The key issues and risks to note are:

Finance:

- ♦ **Overall financial position:** The financial position against NHS I Control Total for the 11 months to 28th February 2018 is a surplus of £1.69m against a planned surplus of £2.83m. In the month of February a surplus of £1.39m has been achieved, which is £0.73m behind plan.(After the income reduction of Q3 and 2 months of Q4 ED STF, 100% of MARS costs incurred and a £0.2m hit on provisions)
- ♦ **Pay expenditure:** Total pay costs are overspent against budget to Month 11 by £0.18m (including the MARS costs of £0.7m).
- ♦ **Cumulative Savings Delivery:** The Trust has delivered £37.7m against our year to date savings profiled target of £37m (including income generation target); resulting in a £0.7m over-delivery.
- ♦ **System Savings Plan Year End Forecast Out-turn Delivery:** To achieve plan, the Trust needs to deliver £40.74m cost reduction target, and a further income generation target of £1.33m (Total £42.1m). At the end of

Month 11, the Trust has identified savings potential of £41.5m resulting in a £0.6m current-year shortfall.

- ♦ Further slippage in Month 12 is expected that will close the gap and potentially deliver a balanced position.
- ♦ **The forecast recurrent delivery Full Year Effect (FYE)** against the 2017/18 projects is £30.1m.
- ♦ **Recovery Plan:** The Trust has been reporting the need to deliver against the Recovery Plan. At Month 11 this stands at £4.5m
- ♦ **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 11, the Trust had an actual use of resources risk rating of 2 (subject to confirmation by NHS Improvement). The Agency risk rating of 1 is a material improvement to the planned rating of 2.
- ♦ **Capital Spend:** The approved capital programme for 17/18 is significantly underspent. The approved budget for 17/18 totals £12.6m. The forecast outturn reported to NHS I during March 2018 now totals £8.2m which includes further slippage of £1.4m in comparison with last month's forecast. The cumulative year to day spend at 28th February totals £4.8m. Forecast expenditure in March includes completion of estates schemes.

Summary of Performance Against Frameworks:

Framework	Number of KPIs	RAG Rating at the end of Month 11			
		Red	Amber	Green	Not Rated
National Performance Standards (trajectory)	5	4	1	0	0
Local Performance Framework	23	11	0	11	1 (no target set)
Community & Social Care Framework	15	2	0	9	4 (no target set)
Quality Framework	19	8	2	7	2 (no target set)
Workforce Framework	4	2	1	1	0

National Performance Indicators

Against the national performance standards, for Month 11 the Trust has delivered the following outcomes:

- ♦ **4 hour ED standard:** In February the Trust achieved 81.1% of patients discharged or admitted within 4 hours of arrival at accident and emergency departments. This is a fall on last month 83.8% and is below the agreed Month 11 Operational Plan trajectory of 92.6% and below the 95% national standard.

Performance has continued to decline in March; the A&E Performance Predictor (which is circulated daily) for March shows 80.31% of patients being discharged or admitted from ED and MIU within 4 hours.

- ♦ **RTT:** RTT performance has marginally declined in February with the proportion of people waiting less than 18 weeks decreasing from 82.5% in January to 82.4% in February. At the end of February 33 people were reported as waiting over 52 weeks against the target of 16. The trajectory to achieve no patient waiting over 52 weeks at the end of March will not be met.

Operational pressures have continued to limit the number of elective inpatient admissions. In February a higher number of elective inpatient operations were stood down, this appears likely to continue whilst the urgent care pressures remain in the system and will be exacerbated by the impact of the recent adverse weather conditions on elective activity.

- ♦ **62 day cancer standard:** The 62 day 95% referral to treatment standard was not met in February (81.1%) – a deterioration from the January position (85.6%). Current forecast for Q4 is 83.1% (subject to further validation).
- ♦ **Diagnostics:** The diagnostics standard was not met with 3.08% of people waiting over 6 weeks within the agreed tolerance of 4%. The greatest number of long waiting patients over 6 weeks are for routine MRI.
- ♦ **Dementia screening:** The Dementia Find standard has improved over last month although is not met in February with 70.8% reported (last month 52.1%). A pilot of having several hours of dedicated HCA support each day to key wards has seen a rapid improvement in reported performance which has improved to 100% in March.

Local quality indicator performance variances to highlight

- ♦ **Delayed Transfers of Care** is becoming an area of national attention and is linked to securing the Better Care Fund. Performance in community hospitals has improved from 272 in January, to 267 in February against a target of 315. The Acute site showed a decrease in delays from 218 in January to 144 in February against a target of 64. Work is continuing with teams to make further improvements and keep delays to a minimum level.
- ♦ **Follow up appointments waiting beyond the planned “to be seen by” date** increased in February with 6,761 compared to 6630 reported in January.

- ♦ **C Difficile infections**; 1 new acute infection is reported in February (0 in the community); this is not reported as a lapse in care.
- ♦ **Bed Closures due to Infection Control** have increased from last month with 544 bed days lost in February from infection control bed closures.

The Director of Strategy and Improvement highlighted the following:

- ♦ The report had been reviewed in detail at the Finance, Performance and Investment Committee at the end of March.
- ♦ Financial performance was green, but performance was red against national standards and targets in part due to the impact of winter and infections across the Trust.
- ♦ During the period of increased demand and pressure the Trust had to cancel procedures and also had bed closures due to infections. This obviously impacted on the quality of care that was provided to the Trust's patients.
- ♦ Staff sickness had increased, which was in the main due to the outbreak of flu.
- ♦ The Board was reminded that it had agreed in 2017/18 to focus on financial delivery and the Committee discussed how the balance between financial and quality performance should be managed in 2018/19. As part of this the Quality Impact Assessments of some of the schemes in 2017/18 were being reviewed to assess if there had been any unintended consequences of the schemes which might have impacted on quality and patient experience.

Councillor Parrott queried the Trust's performance around the completion of care planning summaries within 24 hours and over the weekend, and asked if winter had affected performance. The Interim Chief Operating Officer explained that performance had been affected by the pressures on junior doctors, particularly over weekends. He added that the Medical Director had been undertaking work to try to streamline and increase the speed at which care planning summaries were completed. This included the use of an automatic system which was in the process of being rolled out to teams. The early receipt of care planning summaries by GPs enabled a much safer handover of patients and their care from the hospital.

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

- ♦ Against the Control Total, the Trust was reporting a surplus of £1.69m, against a planned surplus of £2.83m. The reason for this was the lost Emergency Department STF in Quarter 3. It was noted that the Trust had not met the target in months 10 or 11.
- ♦ The factors driving performance were the same as previously reported.

- ♦ In order to deliver the Control Total several things needed to take place – finalisation of agreement with the Trust's auditors about the asset life reassessment; impact of Month 12 additional income agreed with the CCG and STP colleagues; and conclude negotiations with Torbay Council about the use of the Improved Better Care Fund for 2017/18. The Director of Finance was able to report that all of these negotiations had been successfully concluded which meant that the Trust would meet its forecast position apart from receipt of the STF in respect of emergency performance.

Mr Sutton reflected on the effort that it has taken to reach this point and wished to place on record his thanks to staff involved. He asked if the Trust has received any feedback on its appeal on the STF Quarter 3 emergency care payment and it was noted that the appeal was being considered by NHSI.

The Board considered the messaging of the Trust's performance to staff and the positive implications of the Trust meeting its Control Total.

The Board also reflected the changed ways of working over the past year and how teams have changed how budgets and use of resources were managed. This learning would be taken forward in the new financial year to ensure the benefits of the new ways of working were not lost.

The Director of Estates and Commercial Development stated that the Trust's financial performance this year has been helped by the holding of capital spend and that the Trust was carrying a high level of risk as a result and this was acknowledged.

The Director of Finance added that of the £40m financial improvement plan, £20m of it had been delivered through technical accounting; £10m through delivery of the care model following investments made in the previous year; and £10m of cost taken out of the organisation.

The Director of Finance added that it was possible that the Trust could benefit from additional funding from NHSI as a result of the unpaid STF money that was currently being held centrally – and if this was received staff would need to understand the background to receipt of any additional monies.

In terms of performance against quality targets the Interim Chief Operating Officer reported that there had been some improvement in recent weeks in the urgent care system, however the decision made to not outsource work in the current year, as had been done in previous years, had impacted on performance in RTT. It was therefore important the Trust worked to improve performance and phase work over the summer months to allow for the expected dip in performance over the winter.

Mrs Matthews stressed the need for a consistent narrative to staff, and that it should not be changed now that the Trust had met its financial target, which was acknowledged. She also asked if the Trust's performance targets could be flexed so that a higher level of performance was required in the summer and lower in the winter and the Interim Chief Operating Officer confirmed that this was how performance was profiled.

The Interim Chief Executive wished to place on record her thanks to the Director of Finance and his team for the work that had taken place to reach this position, as the amount of work that had taken place should not be underestimated. The Director of Finance also wished to place on record his thanks to Torbay Council for their support, and Councillor Parrott in particular, as he had been instrumental throughout this process.

In terms of workforce data, it was noted that staff sickness had reached 5% and that over 20% of this was due flu amongst staff. The Human Resources team was working hard to reduce sickness with oversight by the Workforce and Organisational Development Committee.

Mrs Marshall queried whether the Human Resources team had the resources to manage their current workload given that performance against sickness in particular had been red for some time. The Chief Nurse informed the Board that the Director of Workforce was in the process of undertaking a restructure of the department to provide stability and resilience to the team to enable them to focus on issues such as sickness and appraisals in the coming year.

The Board formally reviewed the documents and evidence presented.

Governance Issues

62/04/18

Mortality Safety Scorecard

Strategic Context

The Safety Scorecard has been redesigned to provide focus on mortality. Other aspects of safety and quality of care are included in the Integrated Performance Report. This scorecard is reviewed at the Mortality Surveillance Group and is a key part of the assurance provided, alongside a new public facing mortality dashboard which was launched in December 2017. The mortality dashboard will contain the outcomes, learning and actions from individual mortality reviews, including an assessment of 'avoidability' of death. The aim is to include all patients. There is particular focus on patients with mental health problems and learning disability.

There is an expectation of review of the mortality dashboard at Board level on a quarterly basis. A snapshot of the dashboard is included in the body of the report. There was substantial focus on mortality surveillance during the recent CQC Well-led review. Feedback is awaited.

Key Risks/Issues

The Hospital Standardised Mortality Rate (HSMR) and Summary Hospital Mortality Index (SHMI) at TSDFT have been within the desirable range for our population over a prolonged period.

In 2017 a divergence in HSMR and SHMI was identified and detailed analysis of the reasons behind this was undertaken with the support of Dr Foster and NHSI. The outcome of the deep dive, discussed in detail at Quality Assurance Committee (QAC) in June 2017, was that it is likely that a number of factors were affecting the recording of our mortality.

Changes to the denominator of admissions when we became an ICO were likely to be affecting our SHMI data (possibly making it appear better than it was in reality). A change was made to recording of admissions in June 2017. The monthly SHMI data has not changed significantly and still in the desirable range (<90).

Changes in coding of admissions as a result of increasing ambulatory care has resulted in a reduction in coded comorbidities, affecting the standardisation of mortality data (likely to make HSMR appear worse than it is). Improvements in completeness of coding have been made in line with reporting in the other STP acute organisations. This change will take some months to show through in our SHMI and HSMR data because of the lag in mortality reporting. However there is apparent reduction in HSMR for weekday discharges over recent months which may reflect that change.

Overall crude mortality shows a reduction over time, as does the HSMR rolling 12 month data, both of which are encouraging trends.

The snapshot of the mortality website demonstrates that a minority of deaths are being assessed at the present time. This is in line with other Trusts. An action plan is in place to improve completeness of reporting.

The Board noted the Mortality Safety Scorecard and positive performance. It also noted that the issues in respect of data recording that had been reported to the Board last year had been resolved that the accurate data was now being played into the scorecard figures in a positive way.

The Trust Board considered the risks and assurance provided within this report.

63/04/18 **Staff Survey**

Strategic Context

The Staff Survey is one of the most widely used methods for measuring staff engagement. Using the results of the Staff Survey and other performance data, researchers have established a clear link between levels of staff engagement and patient experience. Where staff engagements scores are high, scores are also significantly higher for patient satisfaction and lower for standardised hospital mortality rates. Higher staff engagement scores have also shown significantly higher scores for staff health and wellbeing and lower staff absenteeism, and as such have a positive impact on financial performance

Despite a financially challenging year with significant organisational and service change, the Trust has maintained its performance in 21 of the 32 key findings and has made progress in an additional 4 areas when compared to the national average. Similarly, in comparison to 2016, The Trust has maintained its position in 21 key findings and seen improvement in one. The Trusts score of 3.80 is average when compared to Trusts of a similar type (3.78) but is below that achieved in 2016 (3.88).

We have seen a change in the position in relation to the 10 measures albeit that we don't compare badly with others however as a Trust we have recognised this change, have understood the drivers and are taking action to address these issues.

Key Risks/Issues

If priorities are not progressed there is a risk that the Trust will not fully realise the benefits of a highly engaged workforce.

In the absence of the Director of Workforce and Organisational Development, the Chief Nurse gave the Board the following briefing:

- ♦ The response rate to the survey was lower than in previous years and below the national average. This might be due to how the survey was conducted, but the Trust needed to accept it was lower than in previous years and the response rate was an indicator used by the CQC as a proxy for staff engagement.
- ♦ Overall staff engagement was around the average mark when compared to Trusts of a similar type, but lower than achieved by the Trust in 2016.
- ♦ A dip in engagement had been expected when the Trust became an ICO in 2016 as staff might have felt unsettled, but it was possible this outcome had been delayed until 2017 as the impact of integration was now being felt alongside the difficult national context of austerity and increasing demand.
- ♦ In addition, winter pressures have lasted longer than normal, and it was possible this had affected the responses received and response rate.
- ♦ The report outlined the areas for improvement as a result of the survey, and those that had been identified from the 2016 survey.
- ♦ The report gave the Board a clear message that its staff were feeling disenfranchised and less engaged, despite the work that had taken place to improve engagement. In addition, in some areas it was the second time that staff had highlighted concerns, having done so in the previous survey.
- ♦ Areas that required focus included improved staff engagement; quality of appraisals; and strategic narrative – in particular for acute staff.
- ♦ The reports detailed the actions that were being taken as a result of the survey with a focus on pace of delivery.
- ♦ Areas of focus for the coming year were identified as developing self-managed teams; care model narrative; achievement review; feedback from errors, near misses or incidents; and threatening behaviour.

The Interim Chief Executive said she would echo the comments made by the Chief Nurse, especially around the need for staff to feel engaged with the Trust's narrative and to acknowledge that engagement at present was not achieving the desired outcome. She added that this was acknowledged and accepted by the Executive team.

The Chairman said that the Non-Executive Directors wished to use their collective experience to support the Executives in this work and would be working together to consider how best to do this. He added that he welcomed the work to strengthen human resources capacity, but that the work to improve staff engagement was not just a human resource issue, but one for the Trust as a whole and for the Board to lead.

Mrs Matthews suggested that as part of this work, the Executives needed to ensure that they understood how the actions being taken would address the concerns of staff – for example how does a self-managed team address those concerns – it might be through empowerment and decision-making which would make staff feel more engaged, but this needed to be understood.

The Director of Estates and Commercial Development reported that the Health and Safety Committee was actively engaged with progressing the action plan around violence and aggression. She added that the number of assaults in 2017 was 130 compared to 235 in 2016, so it had reduced. Most of the assaults were physical and due to clinical conditions and were focussed in 4 areas – emergency department; care of the elderly wards; child health; and theatres. The reasons for assaults were mental health; dementia; and recovering from anaesthetic. The Health and Safety Committee was considering mentoring training for known risk areas and also a redesign of the security uniforms to make them less threatening for mental health and older patients.

It was also noted that staff have embraced the coaching initiatives being run by the Trust, and also training for roles such as end of life champions and the Trust needed to make sure it was easy for staff to taken on and be part of such initiative.

Mr Welch stated that he felt very strongly about the results of the staff survey and suggested that performance against the action plan should be reported back to every Board meeting. He added that he felt that over the past few years the results of the survey have been 'explained away', especially when performance was either just above or below the national average. He added that the Trust was at risk of not realising the benefits of a highly engaged workforce, and also that it was at risk of a further deterioration in engagement. He asked, therefore, that the Board receive regular updates on performance against the action plan. It was agreed that this would be discussed with the Director of Workforce and Organisational Development.

Mrs Marshall said she agreed with Mr Welch's comments but added that the outcome of the staff survey needed to be triangulated with other data to ensure the Trust had a comprehensive picture. The Chief Nurse stated that the triangulated data confirmed the data in the staff survey.

The Medical Director added that staff were reporting that they did not now feel able to do the job that they owed to their patients in part due to lack of equipment and some concerns about safety.

The Board formally approved the following recommended areas for focus in 2017/18:

- **Enabling staff to feel they can make improvements in their own work areas and positively act upon staff and patient feedback.**
- **Quality of appraisals – moving from a deficit model to a strength based approach.**
- **Ensuring feedback is provided to staff when they report incidents and that the learning opportunities are maximised.**
- **The development of an authentic and compelling strategic narrative that describes the organisations journey.**
- **Taking action to address physical violence towards staff**

64/04/18 **Governors' Questions**

Mrs Marshfield raised the following:

- ♦ A question had been raised by a South Hams Governor, however it was a question that would be best raised by a Non-Executive Director and therefore Mr Sutton would take it through the Finance, Performance and Workforce Committee for response.
- ♦ A request that Governors were involved in the consultation process on the LCP.
- ♦ Mrs Marshfield stressed the need to consider how the Trust's financial performance was communicated to staff, not only for this year but also next year and also that staff were congratulated on the work it has taken to reach financial balance. She asked that this be done in a way that staff would understand the message and feel valued.

Mr Coates asked if Board papers could be produced and circulated 7 working days before the meeting to give Governors time to read and digest their contents, and the Chairman informed him that, unfortunately, this was not possible.

Mr Coates informed the Board that he had asked the question that was being taken forward by Mr Sutton, and that he felt it had been misunderstood as he was querying the detailed assurance that took place to ensure that the actions to meet financial targets were balanced against patient safety. Mr Coates was assured that this would be taken through the Finance, Performance and Investment Committee.

PART B: Matters for Approval/Noting Without Discussion

Reports from Board Committees

Mrs Lyttle briefed the Board on two issues discussed at the meeting:

- ♦ Agreement that, where appropriate, Charitable Funds could be used to fund revenue funds; and
- ♦ Approve increase in administration/accounting recharge charge for support provided by the Trust.

The Chairman added that he felt it was important that the Trust used its Charitable Funds as flexibly as possible, whilst spend was appropriate and in line with the requirements of the Charities Commission. Mrs Lyttle agreed and said that the strategy of the Committee was to ensure reserves were spent in line with donors' wishes.

The Medical Director added that, given the pressure of the Estates team, it can take some time for work to be completed that was funded by charitable donations and this was acknowledged.

66/04/18 **Finance, Performance and Investment Committee – 27th March 2018**

Noted.

67/04/18 **Quality Assurance Committee – 28th March 2018**

Mrs Lyttle reported that the Committee discussed the Integrated Quality, Performance, Finance and Workforce report to gain more granular assurance against the national key performance indicators. The meeting also discussed the Committee's understanding of the Board Assurance Framework and if it was fit for purpose.

68/04/18 **Audit and Assurance Committee** – Mrs Taylor stated that the Committee was meeting later in the week. She said there was a feeling that the Committee was not benefiting in the right way from the current reporting structure and link to deep dives.

Reports from Executive Directors

69/04/18 **Report of the Interim Chief Operating Officer**

Strategic Context

The report provides the Board of Directors with an update on operational work programmes managed by the Interim Chief Operating Officer.

Key Risks/Issues

Key points of note:

- ♦ **4 Hour Standard** - The operational response detailed in the Trust's Winter Plan continues to be led by the Winter Team on a day to day basis due to the level of operational escalation. January, February and in particular March have seen significantly higher levels of escalation and this has impacted on 4 hour performance.

- ♦ **Staff health and wellbeing-** This level of escalation has put further significant strain on teams and individuals across the Trust. The executives recognise the impact this is having and are seeking to identify ways of supporting individuals and teams at this time.
- ♦ **Referral to Treatment (52 week waits)** – Due to the impact from the operational pressures reported above the forecast is that the Trust will have 30 patients waiting over 52 weeks at the end of March, the plan was zero. The teams have risk assessed the recovery plans and now forecast the number over 52 weeks to reduce to 15 by the end of June. The number is then forecast to reduce steadily to zero over the next quarter (Q2). The long waits will be isolated to Upper GI at this point and all specialties will be seeking to address and reduce the numbers of patients waiting over 40 weeks and incrementally to work down below this.

Operational risks highlighted include:

- ♦ Delivery of NHSI Single Oversight Framework performance standards including 4 hour wait, RTT – 52 week, Cancer 62 day and diagnostic 6 week waits.
- ♦ Care home and domiciliary care capacity to support care at home.
- ♦ Clinical recruitment challenges affecting capacity in specialties including ED, Dermatology, Neurology.
- ♦ Impact of extended hours for the medical take on RTT compliance in some specialties.
- ♦ Delays to follow up - high levels in Ophthalmology, Rheumatology and Cardiology.
- ♦ Delays in mental health pathways (adult and paediatric).

The Board noted the report and in particular that in March the Trust had experienced its longest ever prolonged period of escalation of 29 days at either Opel 3 or Opel 4.

The Board formally considered the assurance provided in the report.

70/04/18 **Report of the Director of Strategy and Improvement**

Strategic Context

It is important the Board is assured that the Strategy and Improvement Directorate is best positioned to create, enable, and add value across the organisation and health and care system in one of the most challenging and complex periods the NHS has ever known. Expertise and capacity within the directorate must be focussed towards the organisation's biggest strategic and delivery challenges to optimise the success of the organisation and support its sustainability.

The Board contributed in March to a Board Development Session that considered the importance of our compelling and authentic narrative that connects and unites our workforce around a story for our future. The Board will play an important role in May when our development session will focus on the next chapter of our strategy that sets the course for our organisation and how we will work as part of an integrated Local Care Partnership serving the population of Torbay and South Devon.

Key Risks/Issues

This report provides the Board with an overview of the key areas of development and activity for the Directorate. It highlights key areas of focus in the first section which include the development of the next chapter of our future strategy and an overview of portfolio changes and the business planning framework.

The second section provides a summary of key outputs for Quarter 4 and a forward view for Quarter 1 for the financial year 18/19, together with key performance indicators that reflect progress against important strategic objectives

The Board is asked to note the continued key risk in accessing the capital and revenue funds required to enable Information Technology Innovations that are critical to achieving our 'tell my story once' vision'.

The Board noted the report and that the Audit Committee, at its meeting later in the week, would be considering a report on compliance with the new Data Protection regulations. The Board noted that to date, no national guidance has been received about the impact on NHS organisations.

The Board formally reviewed the document and evidence presented.

71/04/18 **Report of the Director of Workforce and Organisational Development**

Strategic Context

To update the Board on the activity and plans of the Workforce and Organisational Development (OD) Directorate as reported to and assured by the Workforce and Organisational Development Group. (WODG).

To provide the Board with assurance on workforce and organisational development issues.

Key Risks/Issues

- ♦ **Sickness absence:** The annual rolling sickness absence rate of 4.14% at the end of January 2017 is the second increase in a row to the rolling absence for the year. This is against the target rate for sickness of 3.80%. Flu/colds for the month of January accounted for 20.5% of the calendar days absent for the month against the 12 month average of 9% for Flu/colds so over double the norm and clearly showing the seasonal impact.

- ♦ **Achievement Review:** The achievement review rate for February 2018 is at 78.41% against a target rate of 90% which is a minor decrease from January 2018 (78.46%).
- ♦ **Workforce Plan:** In January 2018 there was a significant increase in the number of staff in post reported against the workforce plan. The workforce plan was set in March 2017 and was based on assumptions on delivery of £40m CIP including system wide savings schemes with increased proportion due to deliver in the latter months of the year. As the plan was not dynamic it did not reflect changes that have happened throughout the year, eg the reduction in system wide savings expectation and additional income provided by the CCG. In addition there were some technical issues with ESR which resulted in delays in information being processed thereby contributing to the differences between the workforce and finance figures. From next month the payroll data will be used to give consistent reporting in the monthly figures.
- ♦ **Risk Register:** Two additional risks will be added to the Workforce & OD risk register, and plans are being developed to minimise the impact of the risks, those being:
 - Staff Survey
 - Succession planning
- ♦ **Clinical Excellence Awards:** There has been national agreement on the future of local clinical excellence awards (LCEA) for consultants. The financial implications of the new arrangements for the Trust are currently being worked through.

The Board noted the report of the Director of Workforce and Organisational Development.

The Board formally considered the assurance provided by the contents of this report.

72/04/18 Report of the Chief Nurse – Safe Staffing

Strategic Context

Significant streams of work continue under the Nursing Workforce Programme to ensure safety, quality and experience are delivered whilst driving forward efficiency.

The key focus over the past month has been to ensure the programme is aligned to the Trust's Corporate Objectives, National Quality Board (NQB) Chief Nursing Officer (CNO) right staff in the right place at the right time, CQC and Lord Carter driving forward productivity and efficiency whilst maintaining safety and quality.

The three key focus areas have been:

- ♦ To monitor & review safer staffing levels
- ♦ Recruitment, career & workforce plans
- ♦ Allocate E rostering system

The report details the streams of work above along with key messages from each section

Key Issues/Risks

- ♦ Increasing patient acuity and dependency
- ♦ Continued escalation and use of Warrington
- ♦ Recruitment challenges
- ♦ Retirement of experienced workforce over the following 5 years
- ♦ Delivering more for less
- ♦ External drivers of change at pace

The Board noted the report of the Chief Nurse.

The Board formally reviewed the document and evidence presented.

73/04/18 **Maternity Services Improvement Plan – Still Birth Cluster**

Strategic Context

As reported in Board papers over the last 6 months, still birth rate in January and February 2017 increased beyond the expected rate. This prompted internal investigation and an external peer review. The peer review report highlighted areas for improvement and a number of recommendations. A Maternity Services Quality Improvement Group (MSIG) was established to deliver the recommendations.

This Executive led group included Consultant representation along with senior Midwives, operational management, quality improvement (QI) and the CCG. NHSI and NHSE dial in to the bi-weekly meetings to gain assurance on progress. Under the guidance of Dr Joanne Watson the QI team have undertaken a review of the action plan to ensure the focus on the recommendations from the peer review are delivered.

In order to demonstrate that improvements are embedded, the Maternity Services Improvement Plan (MSIP) includes measurable outcomes and a programme of sample audits. The action plan provides evidence that the key recommendations have been delivered and measurement of these will be ongoing.

A key element of the improvement plan is a review of team culture. The Human Resource team undertook a series of individual and focus group interviews that highlighted a number of issues regarding, communication, team support, the on shift patterns and the STP maternity services review.

The Academic Health Science Network SCORE survey is currently being undertaken and we await the findings. 56% of staff in the department have responded to the SCORE survey which is higher than the national average and there is confidence that the 60% response target will be reached. A well-

attended QI workshop was held on 22nd February to share the learning from the MSIP and to enable the maternity team to determine their priorities for 2018/19. This was a very positive and productive meeting and provided some evidence that the team are moving forward into a more positive place.

The MSIG have reported monthly to the Quality Improvement Group and to the Quality Assurance Committee. The CCG established a separate Quality Assurance Group that has met every month to monitor progress. This includes NHSE and NHSI representation. At the first meeting there was recognition of the work to date and that the peer review findings can be applied to the STP maternity service improvement work. All three agencies have visited the department to meet senior staff and discuss progress.

The Maternity Services Improvement Plan (MSIP) actions have now been completed and programme of monitoring put in place.

Key Risks/Issues

The pace and progress on the MSIP actions could be lost over the coming months as the KPIs become business as usual. It is proposed that the MSIG meet in 4 months to review progress and to evaluate whether the KPIs have been embedded. The CCG has also arranged a review meeting to take place in April.

Not meeting nationally recommended standards for undertaking fetal growth surveillance – plan in place to address this.

The Chief Nurse stated that the Board, in private session, had received regular updates on the work that had taken place around the Maternity Services Improvement Plan, and she felt it was timely to bring a report in public on that work and to also close off the work as it had become 'business as usual'. It was also acknowledged that there needed to be a clear line between this work and what actions might need to be taken once the CQC report on Maternity was received in the near future.

The Board formally reviewed the document and evidence presented.

74/04/18 **Report of the Director of Estates and Commercial Development**

Strategic Context

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

Key Risks/Issues

Estates Maintenance performance: The provision of the estates maintenance remains a challenge and key performance indicators remain fairly static. A robust risk assessment process continues to provide assurance to the Capital, Environment and Infrastructure Group (CEIG) that significant and high risks continue to be prioritised and actioned. The Estates team remain focussed on the completion of statutory PPMs to ensure the safety of the built environment.

A demand and capacity analysis and review of activity has been completed and will be presented to the senior EFM management team in April. This review and re-prioritisation of tasks will ensure performance will return to expected standards by June 2018 across all parameters.

Estates failures: There were four *critical* estates failures in January and six in February. Critical estates failures remain a significant risk to Trust activity and the quality of the environment and a challenge to the EFM teams.

The Board noted the report of the Director of Estates and Commercial Development.

The Trust Board formally considered the risks and assurance provided within this report.

75/04/18 **Compliance Issues**

Nil.

76/04/18 **Any Other Business Notified in Advance**

Nil.

7/04/18 **Date of Next Meeting – 9.00 am, Wednesday 2nd May 2018**

Exclusion of the Public

It was resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).

BOARD OF DIRECTORS

PUBLIC

No	Issue	Lead	Progress since last meeting	Matter Arising From
1	Detailed report to be provided to February meeting on the STP's demand management strategy	DSI	February Update – the STP had not yet published its demand management strategy. April Update – the strategy had not yet been published.	06/12/17
2	March Board Development Session to include a review of winter.	CEPA	April Update - the review of Winter and the Trust's winter plan was taking place and would be brought to the Board when complete.	07/02/18
3	Check pathway to ascertain whether assessments were carried out for all elderly care patients to ensure they had the capacity for self-care at home following treatment.	CN	Completed – this issue had been raised in respect of an individual case and had been discussed outside of the meeting.	07/03/18
4	Amend March Minutes as requested by Councillor Parrott.	PA to CE	Completed	11/04/18
5	Private refresh of paper on the focus and structure of STP	DSI		11/04/18
6	Consider regular updates to the Board on performance against the Staff Survey action plan	DWOD		11/04/18

MAIN REPORT

Report to	Trust Board
Date	2 May 2018
Lead Director	Liz Davenport, Interim Chief Executive
Report Title	Chief Executive's Business Update

1 Trust Key Issues and Developments Update

Key Trust issues and developments to draw to the attention of the Board since the last Board of Directors meeting held in April are as follows:

1.1 Safe Care, Best Experience

Fire at Annexe Site

We recently suffered a fire at the Annexe site on Newton Road. Thankfully no one was hurt. However, one of the generators was effected which meant a loss to power at the site and also some impact on some phone systems. An internal critical incident was declared to ensure the incident was managed safely, and business continuity plans were swiftly put in place. This enabled services and staff to relocate to other areas of the Trust, whilst our IT and estates staff worked to restore power to the site. Any patients and service users affected were contacted individually, and we had volunteers on site to direct anyone arriving at the Annexe whilst it was closed, along with transport if required.

Continued care model engagement

We are continuing to embed our care model, which cares for more people as close to home as possible, supports people and communities to take a proactive role in wellbeing, and focusses on what is important to individuals. To do this, we are shifting from providing bed-based support in hospitals to partnership working in people's communities, and investing in additional wellbeing, nursing and medical support in local centres.

This month, we are starting to engage with people in Teignmouth on ideas to create a modern health and care centre to support a wide range of health needs in the town. The purpose-built site could see GPs co-located with the multi-disciplinary health and wellbeing team, along with some voluntary sector partners, and a space for some outpatient clinics. For six weeks from 30 April, we will be working with NHS South Devon and Torbay Clinical Commissioning Group (CCG) to discuss with local people the benefits of bringing services closer together. If the proposals go ahead, the new modern centre would be up and running before closure of the current Teignmouth Hospital.

In Dartmouth, we are working with local groups to hold a public meeting about plans for the town's Health and Wellbeing Centre, following the announcement that River View care home is to close. We are running a drop-in event at St Saviour's Church from 1-5pm on Monday 14th May, for people to find out more about: what community health services are currently available in the town, how more people are being supported at home, and plans for the new health and wellbeing centre. This will be followed by a public meeting from 7-8.30pm, where representatives from the

Public

Trust and the CCG will present plans and answer local people's questions. Questions can be submitted in advance to: Pillars (newsagents) , Dartmouth Caring, Old Market Café, Spar (Mayflower Close), Leisure Centre, Lidl.

1.2 Well Led

CQC inspection draft report

We have now received the CQC's draft report, following their targeted inspection of various services and an inspection to determine how the Trust is performing under the 'well-led' domain. We are unable to share the report widely in its draft form, as it is still subject to review, amendment and sign-off before final publication in May, on a date yet to be confirmed.

Our previous CQC inspection rated the Trust outstanding for caring, and we do not expect that to change. Across all our community and hospital services, we are immensely proud of the compassionate and caring approach of our staff, and this is reflected in all the positive feedback we receive from the people we support.

For all other domains (well-led, effective, safe and responsive), the Trust was previously rated as 'requires improvement'. Since that last inspection in February 2016, teams have been working hard to integrate and transform services, with a real drive to improve quality through focussing on a tailored, individual approach. As a result, the inspectors saw a significant improvement since their last visit, and commented on the pride that staff take in their services, and our focus on quality.

Whilst we cannot pre-empt publication of the report, we expect our overall rating to reflect the hard work of our staff teams across the Trust, and the sustained improvement that inspectors commented on at the end of their visit. As soon as the report is made public in May, we will be able to communicate our successes more widely and share our plans for addressing areas identified for improvement.

Delivering Today: 2017/18 Month 12 service delivery and financial performance headlines

Key headlines for financial, operational, local performance, quality and safety and workforce standards/metrics for Month 12 from the integrated performance report to draw to the Board's attention are as follows:

National Performance Indicators

Against the national performance standards, for Month 12 the Trust has delivered the following outcomes:

4 hour ED standard: In March the Trust achieved 80.6% of patients discharged or admitted within 4 hours of arrival at accident and emergency departments. This is a fall on last month (81.1%) and is below the agreed Month 12 Operational Plan trajectory and national standard of 95%. Performance has improved in April; the A&E Performance Predictor (which is circulated daily) for the 16th April shows 87.2% of patients being discharged/admitted from ED and MIU within 4 hours.

RTT: RTT performance has marginally declined in March with the proportion of people waiting less than 18 weeks decreasing from 82.4% in February to 81.6% in March. At the end of March 33 people were reported as waiting over 52 weeks against the target of zero. Operational pressures have continued to limit the number of elective inpatient admissions coupled with the two severe weather incidents in March cancelling elective capacity.

62 day cancer standard: 79.0% (validated 14 April 2018) against the 85% national target is a deterioration on last month (83.1%). Current forecast for Q4 is 82.5%.

Diagnostics: The diagnostics standard is not met with 8.9% over 6 weeks against the standard of 1%. The greatest number of long waiting patients over 6 weeks are for routine MRI. The deterioration being a result of lost capacity for routine patients to support the emergency pathways along with lost capacity in March from the weather related cancellations.

Dementia screening: The Dementia Find standard has improved with 92.7% achieved against the standard of 90% for the first time. This is a significant achievement and aided by the allocation of HCA resource to support the wards over the last two months.

Comment: The unprecedented winter challenges led NHS England to issue a national instruction to providers to cancel all elective activity in January, so that they could concentrate on urgent and emergency care. The severe winter challenges continued into March, with unprecedented severe weather events for Devon, resulting in further loss of elective activity – as well as some activity that would normally be protected as urgent (including some cancer appointments). As well as affecting our performance against targets during the 2017/18 financial year, there will also be an impact in the new financial year, as we now need to 'catch up' with activity that had to be rescheduled. Given the risks to patients relating to long waiting times, reducing treatment times, particularly for people on cancer pathways, continues to be an operational priority for us.

Financial Headlines

Overall financial position: The financial position for the financial year to 31st March 2018 is a surplus of £4.84m against a planned surplus of £4.76m, achieving the Control Total set by NHS Improvement. All actions previously described in the Trust's Financial Recovery plan for 2017/18 have been delivered; the final element, being the receipt of the balance of the Improved Better Care Fund being agreed by Torbay Council in March. This position excludes income in respect of Q3 & Q4 ED STF and includes MARS costs incurred in February. In transacting technical revaluation adjustments, an unconditional Charitable Fund grant and accounting for winter pressure funding, the final published accounts will show a higher surplus. The Trust has yet to hear whether it will be allocated any STF bonus allocation for 2017/18; the final reported position will, again improve in line with the amount, if any, that is received.

Year-end cumulative CIP savings delivery position: The Trust has delivered £45.44m of CIP savings against our target of £42.08m (including income Generation target); resulting in a £3.36m over-delivery.

Capital Spend: The approved capital programme for 17/18 is significantly underspent. The approved budget for 17/18 totalled £13.3m. Actual outturn expenditure totals £6.1m.

Comment: The delivery of the overall financial position, a significant turn-around of the £11m deficit incurred in 2016/17, is a tremendous achievement for the Trust. It reflects a huge amount of hard work put into delivering this result from Clinical, Support and Corporate teams, across the organisation. That effort is both recognised and enormously appreciated by the Board and the wider NHS system. The achievement of such a sizeable CIP target is a significant achievement across both delivery units and support services. The new CIP Programme management arrangements, together with more accurate forecasting methodologies have enhanced delivery assurance throughout the year.

Planning for 2018/19

The national NHS planning guidance released by NHS I on the 2nd February 2018 requires organisations to submit a refreshed narrative plan and financial, workforce and activity templates for 2018/19.

The first draft of our plan was submitted by the 8th March deadline and at that stage advised the Trust was not in a position to accept the £8.3m surplus control total issued by NHS Improvement. Feedback on the draft submission is awaited.

At the time of writing this report teams are working to finalise the next submission in conjunction with partners across the local South Devon and Torbay system and in line with agreed Devon STP approach. The FPIC has been briefed (24 April) on the latest position and has made recommendations to the Board regarding changes and developments that enable the Board confirm acceptance of the control total in the final submission which will have been formally submitted to NHS I by the 30 April deadline.

Directors will update the Board in private session on progress. Key to delivery is the engagement, and ownership of the service delivery groups who will have increased autonomy, investment and support to drive the changes necessary to improve experience of our service users and health and well being of our staff.

1.3 Valuing our Workforce, Paid and Unpaid

Thanking staff for their contribution over the winter

The Chairman and members of the Executive team have been hosting a series of drop-in events to meet informally with staff and thank them for their exceptional contribution over what has been a very challenging winter. We also invited our volunteer 4x4 drivers and governors to these events, which took place in each of our five localities. There are two events remaining, and on behalf of the board, I would like to extend an invitation to any of our amazing volunteers who may be able to join us:

- Tuesday 8 May - 10am-12noon, **Newton Abbot Community Hospital**, room 1
- Tuesday 8 May - 2pm-4pm, **Torbay Hospital**, Bayview Restaurant

Good news stories from our Service Delivery Units

Award for ICU nurses

Our two Intensive Care National Audit and Research Centre (ICNARC) audit nurses Jo Holman and Ali Cornwell received a national award for the quality of their data entry to ICNAR). We are very proud of Jo and Ali for this achievement: their attention to detail ensures that we get really high quality data back from ICNARC, ensuring we can deliver the best care for our patients.

Royal celebrations

Our staff will be represented at some key royal events this summer: Night Manager Sandra Woffindale has been invited to attend the public celebrations in Windsor for the wedding of Prince Harry to American Actress, Meghan Markle. Although she won't be attending the wedding itself, on Saturday, May 19 at St George's Chapel, Windsor, she will be one of the 2,640 people invited to watch the wedding from inside the walls of Windsor Castle. Through NHS Improvement, we

also have invitations for the following staff to attend royal garden parties at Buckingham Palace in the summer: Erica Dunn, Paul Crocker, Sarah Fox.

2 Interim Chief Executive March Internal and External Engagement

Internal	External
<ul style="list-style-type: none"> • Staff Side • Medical Staff Committee • Staff Winter 'Thank You' event at Totnes Hospital • Back to the Floor <ul style="list-style-type: none"> - Biochemistry - Portering - Albany Clinic • Staff Drop in Sessions: <ul style="list-style-type: none"> - Brixham Hospital - Paignton Health and Wellbeing Centre 	<ul style="list-style-type: none"> • STP Chief Executives' Meeting • STP Programme Delivery Executive Group • STP OD Programme Steering Group • Director of Adult Services, Torbay Council • Chief Executive, Torbay Healthwatch • Chief Officer for Adult Care and Health, Devon County Council • STP Chief Executive, Medical Director and Chief Operating Officer meeting • South West Radiology Association Meeting • Deputy Director, PenCLAHRC

3 Local Health and Care Economy Developments

3.1 Partnership updates

Devon Sustainability and Transformation Partnership (STP)

A separate paper included in the Board pack sets out the latest update from Devon STP following the last Programme Delivery Executive Group (PDEG) held on Friday 20 April 2018. Agenda items discussed included:

- System development meeting with Regulators.
- Organisational Development and Design.
- Proposed Devon Strategic Outcomes Framework.
- Health Navigator / economic modelling.
- Acute Services Review:
 - Service Delivery Networks – principles and indicative levels for approval.
 - Acute Service Reviews – guiding principles for agreement.
- STP Estates Strategy – next steps.

Torbay Together

Our Director of Strategy and Improvement, Ann Wagner, represents the Trust on the Torbay Together Partnership. This is a collective of leaders working together to secure additional investment in Torbay and realise its economic potential. As one of the largest employers in Torbay, with ambitious plans to transform health and social care services, we felt it important to be a part of this project – along with Devon and Cornwall Police and Devon and Somerset Fire and Rescue Service (whose boundaries, like ours, are also broader than just Torbay. The group has just produced a lobby document, outlining what the local community will deliver, and the support it is requesting from government. The document includes reference to our plans for transforming urgent and emergency care in Torbay, including plans for a new ED facility at Torbay Hospital.

Public

3.2 Partner updates

CCG leadership

NHS Chief Executive, Simon Stevens, has now authorised Simon Tapley to take up the position of Accountable Officer for NEW Devon and South Devon and Torbay Clinical Commissioning Groups, pending ministerial approval for the appointment of Sophia Christie, who is now providing leadership support on an advisory basis. John Dowell, director of finance for South Devon and Torbay CCG, will also take up the role of interim director of finance for NEW Devon CCG.

RD&E supporting North Devon

Doctors on the Medical Advisory Committee at Northern Devon healthcare NHS Trust have written to the two North Devon MPs to express their 'concern' about the potential shared Devon hospital chief executive job. They also shared their letter with local media, and it is available in full on the Devon Live website. Northern Devon Healthcare NHS Trust and the Royal Devon and Exeter NHS Foundation Trust responded by releasing a joint statement, saying: "As previously confirmed, we are exploring options for leadership support to help secure the long-term clinical sustainability of services in North Devon and these discussions are on-going. We appreciate that staff are anxious to know the details and we will update staff and the community as soon as we reach an agreed position."

Name change for Plymouth

On 1 April 2018, Plymouth Hospitals NHS Trust, which runs Derriford Hospital, changed its name to University Hospitals Plymouth NHS Trust. The change was made to reflect its teaching and research links with the University of Plymouth, the Plymouth University Peninsula Schools of Medicine and Dentistry, the University of Exeter Medical School and Plymouth Marjon University (legally the University of St Mark and St John). Costs associated with the name change are being minimised by replacing only electronic logos initially, with a phased replacement programme as needed for printed material and signage.

Holsworthy bed closure

Beds at Holsworthy community hospital were temporarily closed by Northern Devon Healthcare Trust (NDHT) in March 2017. Two public meetings recently took place in Holsworthy about the continued closure. These were organised by the town council and the CCG presented at the meeting. Having reviewed the latest information provided, the CCG is no longer able to support the temporary closure and has written to NDHT to formally request an implementation programme to re-open the beds. This includes asking the trust how they intend to recruit and what considerations they will give to moving staff from other areas and the risks this may present. Nationally and locally there is a shortage of qualified nursing and physiotherapy staff. Holsworthy hospital is also in a very remote location and this makes it challenging to recruit to. Running parallel to these efforts will be a CCG-led engagement process with local people to think about the long-term future of services in the area. The aim is to develop a series of longer-term options, and consult on these as required.

Tiverton urgent care

A meeting was held with SWAST and the Tiverton Choice Group about the Urgent Care Centre at Tiverton Hospital. An agreement has been reached to continue the GP-led service at Tiverton Urgent Care Centre. Joint funding from the CCG, SWAST and the Tiverton Hospital League of Friends means the service will continue to be delivered for the next 10 months, during which time the CCG will be working with SWAST and other providers to review community urgent care services in light of national guidance.

Diabetes schemes for people at highest risk

Two programmes enabling GPs to refer some people at highest risk of developing diabetes were launched in April. The two schemes are provided by Living Well, Taking Control, a Devon-based health and wellbeing charity.

The schemes will offer eligible people help to get their lifestyle back on track through a combination of diet and exercise, including learning about nutrition, cooking and positive mental health empowering them to take control of their health, make positive changes, feel better and avoid developing Type 2 diabetes.

The National Diabetes Prevention Programme is one of the schemes. It consists of a 9-12 month programme delivering 16 hours of contact time through a minimum of 13 group sessions. This scheme starts in Plymouth before being rolled out across Torbay, Exeter and the rest of Devon.

In addition, a 24-month scheme will be available to people at the highest risk of developing type 2 diabetes and associated long-term illnesses. This longer programme, commissioned through the Public Health team at Devon County Council, is partly funded through the Big Lottery Fund Commissioning Better Outcomes scheme. The programme will include education, healthy eating, and physical activity, to encourage improved positive mental health and wellbeing, as well as better physical health, for patients in the Devon County Council area.

4 National Developments and Publications

Details of the main national developments and publications since the April Board meeting have been circulated to Directors through the weekly developments update briefings. There have been a number of items of particular note that I wish to draw to the attention of the Board as follows:

4.1 Government

NHS patients given control of spending

The Government has announced a major expansion of schemes which see NHS patients given control of spending on their healthcare and home-help needs. Up to 350,000 regular users of healthcare – including people with mental health problems, dementia, physical and learning disabilities, and army veterans – will be given “personal budgets”, using allocations from NHS and council budgets. However patients groups’ expressed concern that the schemes were too easily open to abuse.

More trusts access to £600m 'unearned' STF

NHS Improvement has created a “general distribution” pot for providers that missed their financial control total in 2017-18. Elizabeth O’Mahony said the general distribution fund is to acknowledge providers’ “exceptional efforts” It means trusts that missed their financial target in the year to April will access a greater share of funding. Money will be allocated on a “sliding scale based on distance from control total”. Trusts that met their accident and emergency target in the fourth quarter of last year will also get a bonus payment, the regulator said. NHSI said this would ensure a “higher proportion of providers are able to access a share of the unearned STF resource”.

4.2 NHS England

Traffic lights to flag overstretched hospitals

A traffic light system is to be used by GPs in a bid to ease the pressure on busy hospitals. A red light marks a hospital where capacity is stretched, while a green light highlights ones where there is space. In pilot schemes, red lights cut referrals to full hospitals by almost 40%. NHS England

director Matthew Swindells said it shows how "smarter working and relatively simple innovations" can deliver improved services.

‘Profound’ change in service needed

The new medical director of the NHS has warned that the National Health Service needs to fundamentally change its model. Prof Stephen Powis said the biggest task facing the NHS is to adapt to “profound shifts” in patterns of ill-health, by building community services to keep pensioners healthy and out of hospital. He suggests the current approach is jeopardising the health of the most vulnerable, by “trapping” patients in unsuitable settings, and that health and care services needed to be reshaped to support the needs of individuals, instead of “treating each body part in isolation”.

4.3 NHS Improvement

Trust plans are “unrealistic and unachievable”

NHS I chief Executive, Ian Dalton, has written to all NHS Providers regarding 2018/19 Operational Plan draft submissions. In an email to the sector, Ian Dalton said plans submitted by some trusts are not ‘sufficiently robust’ and further work is needed to address several issues before final submissions are made on 30 April. This includes the need for better read across between activity plans, financial plans and performance trajectories and for more realistic workforce assumptions. He has asked each trust to set out bed numbers, capacity, planned activity, planned financial position and genuinely anticipated performance levels for each month.

4.4 Publications

Attacks on NHS staff increase

Research for Unison has revealed physical assaults on health workers in England rose by almost 10% last year – with a 21% increase at hospitals with an A&E department. The data, from 181 of the NHS's 244 hospital trusts, was reported in the *Health Service Journal* and shows that there were 56,435 physical assaults on staff recorded in 2016/17, up 9.7% on the 51,447 the year before. Mental health units accounted for the majority of incidents, with 33,280 physical assaults reported across 39 organisations.

5 Local Media Update

- **Devon Live and Herald Express** - New state-of-the-art machinery will help Devon cancer patients (*following the publication of our news release about our second LINAC*)
- **BBC Online** - Minor operations were carried out by mobile phone torchlight when **Torbay Hospital's** electricity was knocked out by a fire in a generator room.
<http://mail360.earlymorningmedia.co.uk/emtl/?u=9830567&s=3218&l=http://www.bbc.co.uk/news/uk-england-devon-43800480> (*A BBC employee was undergoing a surgical procedure at the time of the fire in the Annexe generator, resulting in this BBC story*)
- **Teignmouth Post & Gazette** - Scheme to house town's medical care under one roof on the cards: six-week engagement with the public starting on 30 April by South Devon and Torbay CCG and Torbay and South Devon NHS Foundation Trust
- **South Hams Gazette** - Dr Sarah Wollaston MP supports residents in bid for health and wellbeing centre
- **News releases issued:**
 - supporting carers' week (x2)
 - specialist support in the community provided by the MAAT team
 - new LINAC
 - patient blood management team shortlisted for an HSJ award
 - more support for breastfeeding Mums

6 Recommendation

The Board is recommended to **review** the report and **consider** implications on the Trust's strategy and delivery plans.

AW/JG/CF
24/04/18

REPORT SUMMARY SHEET

Meeting Date	2 May 2018		
Report Title	Devon Sustainability and Transformation Partnership Report		
Lead Director	Ann Wagner Director of Strategy and Improvement		
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 / quality 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. 		
Purpose	Information	Assurance	Decision
	✓	✓	
Summary of Key Issues for Trust Board			
Strategic Context	<p>The Devon Sustainability and Transformation Partnership (STP) provides a single framework through which the NHS, local authorities and other health and care providers work together to transform health and care services. A single board update is now produced monthly following the Programme Delivery Executive Group (PDEG) meetings. This is the fifth update, following the meeting of PDEG on 16 March.</p> <p>The purpose of this report is to:</p> <ul style="list-style-type: none"> • provide a monthly update that can be shared with Governing Bodies, Board and other meetings in STP partner organisations; • ensure everyone is aware of all STP developments, successes and issues in a timely way; and • ensure consistency of message amongst STP partner organisations on what has been endorsed at the Programme Delivery Executive Group (PDEG). All partner organisations in the STP are represented at senior level at PDEG. 		
Key Issues/Risks	<p>Core Content</p> <p>Items included in this monthly update following the PDEG meeting held on Friday 20 April are as follows:</p> <ul style="list-style-type: none"> • System development meeting with Regulators • Organisational Development and Design • Proposed Devon Strategic Outcomes Framework • Health Navigator / economic modelling 		

Public

	<ul style="list-style-type: none"> • Acute Services Review <ul style="list-style-type: none"> ○ Service Delivery Networks – principles and indicative levels for approval ○ Acute Service Reviews – guiding principles for agreement. • STP Estates Strategy – next steps <p>Risk As previously identified, the main risk to the Trust remains having the leadership and clinical capacity to engage in and inform STP programmes and work streams on top of Trust and local system change programmes – this is being kept under review and a “do it once” approach for Devon is being pursued.</p>
Recommendations	The Board is asked to note the progress of the Devon STP
Summary of ED Challenge/Discussion	<p>STPs are increasingly being seen by NHSE as the gateway for performance and access to capital and transformation funding. It is essential that the Trust is fully engaged within the Devon STP, influencing and informing STP strategy development and implementation.</p> <p>The STP has been a positive catalyst for Devon. It has helped leaders build a collaborative and system approach across the NHS and local government. The framework of the STP has helped the NHS in Devon to move away from being one of the three most challenged health systems in England to one of 14 systems “making real progress”.</p> <p>All of the Executive director team, together with many of our lead clinicians and heads of service, are involved in some way in the STP – either through direct leadership of programmes or membership of the respective programme boards/workstreams/professional working groups and enabler programmes.</p> <p>The aspirations and ambition of the STP regarding a more Integrated Health and Care System and Integrated Care Model are absolutely aligned with and supported by the Trust’s own strategy and place –based “home first” shared vision.</p> <p>System development meeting with Regulators STP leaders attend regular quarterly review with NHS England and NHS Improvement, and the most recent meeting took place on 11 April 2018 with Sophia Christie and Suzanne Tracey representing the Devon STP. The review was positive and focused on strategic development and some of the challenges we face.</p> <p>Organisational Development and Design A proposal to align system Organisational Design principles and Organisational Development to enable the delivery of an Integrated Care System in Devon was agreed. The suggested approach will help to deliver our system ambition of closer integrated working to improve the health and wellbeing outcomes for the population of Devon, Torbay and Plymouth.</p> <p>Bringing Organisation Design (the physical structures and remits of organisations) and Organisational Development (the cultural and purpose elements of organisations) closer together will increase the pace of change, and ensure that organisational design decisions have integrity with the cultural elements that should be addressed through a new way of working.</p>

	<p>Proposed Devon Strategic Outcomes Framework</p> <p>This framework will complement the functions being developed through the strategic commissioning project, including a combined population profile and needs analysis across the STP (building on the three JSNAs), joint priorities and the development of a patient level data set. It aims to establish a shared set of outcomes to inform working as an integrated care system across Devon. More work is being done to agree the range of indicators that are proposed to be monitored annually and monthly as part of the new Strategic Outcomes Framework.</p> <p>Health Navigator – proactive health coaching</p> <p>Liz Davenport shared the work being done in this Trust with Health Navigators on proactive coaching. Proactive health coaching essentially uses a proactive risk stratification to proactively identify the 1% high users of urgent care that account for 35% of non-elective admissions and 53% of non-elective bed days on a predictive basis (daily) allowing for swift intervention. The service fits strategically with both our prevention and Integrated Care priority STP workstreams and Liz Davenport will lead an STP project. Health Navigator will be commissioned to carry out the detailed planning and produce a service proposal.</p> <p>Acute Services Review</p> <p>The majority of Acute Service Review (ASR) phase one reviews have recommended the development of a ‘network’ solution as being a key enabler to deliver the recommended clinical proposals. PDEG agreed the final recommendations for ‘Service Delivery Networks’. Service Delivery Networks will maintain the original ASR mandate at their core and a standard service level agreement to support these network services has been produced. PDEG also agreed a set of Guiding Principles, which will be used for all future Acute Service Reviews.</p> <p>Estates Strategy Update</p> <p>All STPs have been requested to submit an STP Estates Strategy and Wave 4 Capital Plans to NHS Improvement, NHS England and the Department of Health and Social Care by 16 July 2018. Indications are that they may require submissions earlier on 30 June 2018.</p> <p>It is critical that the STP Estates Strategy is fully integrated with and enables the wider STP service strategy and clinical configuration.</p>
Internal/External Engagement inc. Public, Patient & Governor Involvement	<p>Any requirements for internal and external engagement and consultation arising from the above projects will be led by Andrew Millward, System Lead Director of Communications & Engagement and delivered through the STP Communications and Engagement group. There will be a single, consistent and co-ordinated approach across Devon.</p> <p>Our joint heads of communication, Corinne Farrell and Jacqui Gratton are fully engaged with the work of the STP Communications and Engagement group.</p>
Equality & Diversity Implications	<p>A key principle of the STP is equity of access to health and care for patients across Devon. There is also a focus on achieving parity of mental and physical health considerations.</p>

Update to	Boards, Governing Bodies and Local Authority meetings of Devon STP partner organisations
Date	April 2018
Title	Monthly <u>Update Report</u> on Devon's STP

Introduction

The purpose of this regular report is to:

- ❖ *Provide a **monthly update** that can be shared with Governing Bodies, Board and other meetings in STP partner organisations.*
- ❖ ***Ensure everyone is aware** on all STP developments, successes and issues in a timely way.*
- ❖ ***Ensure consistency of message** amongst STP partner organisations on what has been endorsed at the Programme Delivery Executive Group (PDEG). All partner organisations in the STP are represented at senior level at PDEG.*

Content

This is the sixth Update Report, and covers developments from the **PDEG meeting held on Friday, 20 April 2018**. Key items covered at PDEG this month:

1. System development meeting with Regulators.
2. Organisational Development and Design.
3. Proposed Devon Strategic Outcomes Framework.
4. Health Navigator / economic modelling.
5. Acute Services Review:
 - a. Service Delivery Networks – principles and indicative levels for approval.
 - b. Acute Service Reviews – guiding principles for agreement.
6. STP Estates Strategy – next steps.

1. System development meeting with Regulators

STP leaders attend regular quarterly review with NHS England and NHS Improvement, and the most recent meeting took place on 11 April 2018 with Sophia Christie and Suzanne Tracey representing the Devon STP.

The review was positive and focused on strategic development and some of the challenges we face. The key themes and discussion points were as follows:

Strategic priorities

- Update on progress in establishing a new STP leadership team.

- Acute Service Review: given the positive work done by the Devon STP, there was a request for us to consider working with neighbouring counties to support them in managing resilient clinical delivery.
- There was a challenge for us to demonstrate that we are using best practice from elsewhere, particularly around elective demand management (such as ophthalmology in Oxford).
- While our challenges in primary care are recognised, there is a view that more progress in the roll out of the GP Five Year Forward View may be the solution to some of the problems in our most challenged areas.

Quality and Performance

- It was suggested that a review of what has worked well at Royal Cornwall Hospitals may help support improved A&E performance in Plymouth.
- There were concerns about RTT performance and low rates of dementia diagnosis.

Workforce

- It was felt that work on mental health workforce could benefit from including lessons from good examples in Bristol and Dorset.
- There was a discussion about the use of technology to create capacity and improve access and resilience – particularly for remote areas. There are NHS Global Digital Exemplars that we could learn from, particularly given that some are geographically close to Devon.

Finance

- It was recognised that Devon was building a good track record of developing rigorous and realistic plans, and a history of delivering on them.
- A review of what has worked on across the Devon STP was received positively, and it was suggested that there was value in sharing this across the rest of South West system.
- It was also noted that 'seasonality' was an issue in Devon and that we should clearly indicate where this was having an impact.

2. Organisational Development and Design

A proposal to align system Organisational Design principles and Organisational Development to enable the delivery of an Integrated Care System in Devon was agreed at PDEG. The suggested approach will help to deliver our system ambition of closer integrated working to improve the health and wellbeing outcomes for the population of Devon, Torbay and Plymouth.

Up to this point the focus on Organisation Design (the physical structures and remits of organisations) and Organisational Development (the cultural and purpose elements of organisations) has been kept separately.

Bringing these elements closer together will increase the pace of change and ensure that organisational design decisions have integrity with the cultural elements that should be addressed through a new way of working.

An Organisational Development diagnostic was completed in November 2016 which recommended the alignment of organisational design and organisational

development. The Organisational Design journey has been more visible to senior leaders with a number of workshops at Collaborative Board (January, June, September and November 2017) to define our overall partnership arrangements and our move to a new Accountable Care System.

PDEG endorsed that the Organisational Design Steering Group will agree the approach to align both of these vital areas, and will also design sessions to be held during May 2018, which will be led by an external expert facilitator.

3. Proposed Devon Strategic Outcomes Framework

PDEG were informed about the work to develop an integrated Strategic Outcomes Framework and were asked to agree that it is adopted by partners to be used and further developed during 2018/19.

It will complement the functions being developed through the strategic commissioning project, including a combined population profile and needs analysis across the STP (building on the three JSNAs), joint priorities and the development of a patient level data set. Further work will follow to:

- Agree 3 year trajectories incorporating the 2018/19 NHS operating plan requirements in year 1.
- Implement a reporting cycle for the integrated strategic commissioning group.
- Review the outcome measures incorporated for mental health following completion of the mental health strategy and recommendations of the STP mental health programme.

The intended purpose, method and key features of the integrated Strategic Outcomes Framework are as follows:

- To establish a shared and core set of outcomes to inform working as an integrated care system across wider Devon, including strategic commissioning and all Local Care Partnerships (LCP), on progress against our strategic aims.
- The framework does not replace the accountability of individual organisations and the associated performance mechanisms.
- The strategic outcomes framework will form part of the overall system assurance framework including mechanisms for reporting performance delivery, quality, finance and enable exception reporting to the integrated strategic commissioner.
- The framework will be dynamic with the integrated strategic commissioner determining the priorities and relevant measures.

More work is being done to agree the range of indicators that are proposed to be monitored annually and monthly as part of the new Strategic Outcomes Framework.

4. Health Navigator – proactive health coaching

Torbay & South Devon NHS Foundation Trust has been in contact with Health Navigators to discuss the work they have been undertaking in Sweden for a number of years, and more recently with a number of CCGs in England. Health Navigators

have had good success in enhancing health outcomes as well as making efficient use of health resources.

The Trust invited system colleagues from commissioning and provision to hear to hear more about the work of Health Navigators and discuss the opportunities their approach could have for the Devon System.

Proactive health coaching essentially uses a proactive risk stratification to proactively identify the 1% high users of urgent care that account for 35% of non-elective admissions and 53% of non-elective bed days on a predictive basis (daily) allowing for swift intervention. The service fits strategically with both our prevention and Integrated Care priority STP workstreams.

The evidence from the studies has seen a consistent and material reduction in A&E attendances (36%) and admissions (30%) as well as reduction in elective admissions (21%) for the cohort that were targeted.

The main benefit in 2018/19 is seen as creating capacity to stabilise and improve A&E performance and to reduce disruption to cancer and elective care pathways.

PDEG agreed that Liz Davenport, Interim Chief Executive of Torbay & South Devon NHS Foundation Trust, will lead as senior sponsor, and a project team will be established. Health Navigator will be commissioned to carry out the detailed planning and produce a service proposal.

5. Acute Services Review

Service Delivery Networks – principles and indicative levels for approval

The majority of Acute Service Review (ASR) phase one reviews have recommended the development of a 'network' solution as being a key enabler to deliver the recommended clinical proposals. PDEG agreed the final recommendations for 'Service Delivery Networks', and this is shown in **Appendix One**.

A standard Service Level Agreement to support these network services has been produced. This will be introduced during 2018/19 to support Level 2 and Level 3 Networks. The guiding principle is that the service will be provided in the best interests of current and future patients. This may include:

- Access times.
- Provision to be as local as possible and as specialised as necessary.
- High quality of care and high standards of clinical practice.
- Continuity of care.
- Operational and financial efficiency.
- Service sustainability, including workforce sustainability.

Service Delivery Networks will maintain the original ASR mandate at their core:

- Address inequalities in the health of the population of Devon and improve outcomes via timely and responsive treatment and care that delivers reduced variation in clinical outcomes
- Improve service quality and sustainability in the interest of an equal standard of care (not individual organisational interests).
- Address the current 'post code lottery' where some people in Devon wait longer for treatment and care than others depending on where they live.
- Not focus on the future of individual hospitals in the current system, but will seek to ensure that no single service change destabilises any hospital.

A set of principles developed by key stakeholders, confirm that Network provision should:

- i. Follow the STP guiding principle that services should be provided locally where possible and centrally when necessary to the delivery of 'best care for Devon'.
- ii. The service delivery, if cross organisational, delivers greater benefit in terms of safety, effectiveness and affordability of care than any potential for adverse impact of the essence of vertical integration that has been the cornerstone of the approach to place based delivery of care
- iii. Ensure that service users across all parts of the STP have access to the same established interventions (and new interventions as they are commissioned). Providers in the network who have specialist resource must be willing to share that resource to achieve this, and providers who do not have appropriate specialist skills must develop networked arrangements with other providers so that their patients are not disadvantaged.
- iv. Pre-planning will form the basis of all collaboration unless by exception of requests for short term mutual support.
- v. Each Service Delivery Network will review its services holistically to prioritise the patient/service pathway.
- vi. In any collaborative venture the organisations have a shared responsibility in relation to timely access for the placed based populations which benefit from the service.
- vii. The principles of acute service/hospital collaboration and networking should focus on sustainable and affordable services from a clinical/operational and financial perspective with underpinning good governance to assure safe care.
- viii. All partners will take the learning from previous experiences of what works well, and not so well, when operating cross-organisational service delivery arrangements/networks in order to ensure that future arrangements deliver the maximum benefits.
- ix. The developing mutual aid and network papers will be used as tools to support collaboration.
- x. Service management and infrastructure costs should be reduced as part of the redesign where there is an opportunity to do so.

Guiding principles for future Acute Service Reviews

PDEG also agreed a set of Guiding Principles, which will be used for all future Acute Service Reviews. These 10 principles are as follows:

- i. All Acute Service Reviews will be clinically-led and have at their heart the 'triple aim' of the NHS Five Year Forward View, with an additional 'fourth principle' about improving the experience of our staff :
 - a. Improving the health of the population.
 - b. Improving the quality of care delivery.
 - c. Achieving better value by reducing the cost of care.
 - d. Improving the experience of staff working in our system of care, making their jobs challenging but satisfying and increasing the attractiveness of a career in the Devon health and social care system.
- ii. The managerial lead for the ASR Review will work in an organisationally-neutral way.
- iii. Transparency is important at all stages – trust is fundamental.
- iv. Each review will establish a Working Group which is responsible for ensuring progress is made in accordance with the Project Mandate and for ensuring clinical opinions are fully understood and built into any outcomes.
- v. A clinical lead from each affected provider should be identified at an early stage to act as a key point of contact for that organisation and to be part of the Working Group (although this many of the responsibilities may be delivered via e-mail communication and teleconference rather than creating an excessive burden of meeting attendance).
- vi. A Project Mandate should be produced for each ASR Review and be approved by the Working Group. This will include the scope of the review, outline review timetable and key priorities.
- vii. Reviews will be supported by data rather than opinion. The data requirements should be agreed by the Working Group and noted in the project mandate.
- viii. The STP Technical Variation Group will be used to produce and/or validate activity and performance data (including GIRFT and Right Care) to ensure data quality and consistency. Additional service specific data sources such as national audits may also be used, but these will need to be validated by clinicians within the service. Workforce data should be produced and/or validated by the HR Directors' Group. Financial data will be produced and/or validated by the Deputy Directors of Finance Group.
- ix. Until the Project Mandate is formally approved, those involved should guard against speculation about service reconfiguration. For example, any suggestion that the review might lead to a major relocation of services could set hares running and create unnecessary concern – with no organisational or system wide agreement of this as a possible outcome.
- x. Whilst ASR reviews are across both ASR and planned care programmes some shared functions should support all projects to provide consistency in content and timing. These should be communications and engagement, BI, finance and workforce. Any service reconfiguration proposals should be considered by the ASR programme group and SRO with then a combined process to navigate the NHS England Strategic Sense Check.

Clinical leadership for reviews will be via the designated programme clinical leads however it is recommended that reviews identify:

- A senior clinical leader from within Devon System from outside the clinical specialty area, willing to check and challenge.
- Clinical leads from each STP organisation providing particular service.
- Input from external clinical specialty expert.

- GP representative (provider and commissioner view).

Each review should identify:

- A clinical lead.
- A management lead.
- Project manager/support.
- Business Intelligence, workforce, finance, communications/engagement, digital and quality enabler support to be sourced via main programme.

6. STP Estates Strategy update

All STPs have been requested to submit an STP Estates Strategy and Wave 4 Capital Plans to NHS Improvement, NHS England and the Department of Health and Social Care by 16 July 2018. Indications are that they may require submissions earlier on 30 June 2018.

It is critical that the STP Estates Strategy is fully integrated with and enables the wider STP service strategy and clinical configuration.

The STP capital bid submission also includes the opportunity to submit IT capital bids that would not be covered by the NHS England provider digitisation fund. For this reason it is proposed that a process for developing the Digital strategy and digital capital bids is run in parallel to meet the capital bid submission deadline of 30 June 2018.

Detailed guidance relating to Wave 4 STP bids has been released, and the main points are as follows:

- i. The STP submission will be the single point of access for funding. STPs are to lead in prioritising individual bids as part of an overall STP Estates Strategy submission.
- ii. The STP must submit an STP wide estates strategy with no separate ICS submissions. Any ICS capital bids should be prioritised within the STP Estates Strategy.
- iii. STPs should ensure that all capital projects are included for sign off, regardless of the proposed funding source, even if funding is intended via private finance.
- iv. All schemes where public capital is requested need to be prioritised by the STP, regardless of whether the lead organisation is a Trust, Foundation Trust (including SWAST), CCG, NHS England for primary care, NHS Property Services or Community Health Partnerships.
- v. Capital bids should include primary care projects.
- vi. Capital bids can include equipment and also IT bids which are not covered by provider digitisation. For example, bids for pathology networks or telemedicine are acceptable, but bids relating to Electronic Patient Records are not.
- vii. The STP capital allocation is up to 2022/23 so all the capital should be planned to be spent within this period, with a majority spent by 2021/22.
- viii. Capital will not be made available for those schemes not identified as a priority by the STP.

- ix. Bids for public capital must also include any schemes where funding is intended via Local Authorities or pension funds.
- x. If a scheme is genuinely wholly self-funded and does not require any approval, a capital bid does not need to be submitted. However, the scheme should still be included in the Estates Strategy so that the totality of STP plans can be understood.
- xi. Successful bids will be announced in November 2018 but funding will not be released until 2018/19. It is highly unlikely that many, if any, large schemes with a capital ask > £100m will be approved or announced as part of this process.
- xii. All capital will be subject to business case production and approval (this also applies to Wave 3 bids awarded to T&SDFT and PHNT).
- xiii. All public capital bids will be assessed against six criteria:
 - Deliverability.
 - Patient benefit and demand management.
 - Service need and transformation.
 - Financial sustainability (ability of the STP or organisation to absorb the additional capital).
 - Value for money.
 - Strength of estates strategy (including level of stretch on disposals).
- xiv. Schemes which replace current assets can be transformational. For example theatres and wards as long as the model of care delivered from those is significantly improved through the delivery of the scheme (e.g. length of stay, reduction in referrals).
- xv. Reducing backlog maintenance should be one of the priorities in the STP estates strategy.
- xvi. Schemes will be assessed based on the value for money impact across the entire system, not just on one organisation. Where a provider led scheme has a clear commissioner impact that is not modelled this is likely to be challenged.
- xvii. It is highly unlikely any scheme which does not achieve significant savings will be awarded funding.
- xviii. The level of stretch on land disposals will be a key consideration in the STP bid assessment process.
- xix. Disposals should also account for staff housing needs, in particular delivering the expectation that staff will be offered right of first refusal on affordable housing generated through the sale of surplus NHS land.

A four stage process is proposed for ensuring all documentation is submitted by the 30 June 2018 deadline.

- Stage 1: Paper to April 2018 PDEG requesting confirmation of overall approach and governance.
- Stage 2: Paper to May 2018 PDEG with draft STP Estates Strategy and draft prioritisation of capital bids. PDEG to confirm agreement to prioritisation or make any amendments as necessary.
- Stage 3: Paper to June 2018 PDEG with final STP estates strategy, final prioritised capital programme and draft bid templates completed. PDEG to sign off Estates Strategy, prioritised capital programme and draft bid templates.

- Stage 4: Mid-June to Mid-July 2018: Individual Trust and CCG Board approvals of STP Estates Strategy, prioritised capital programme and final bid templates, prior to 16th July.

A Capital Prioritisation Panel be established which consists of individuals with a broad range of clinical and STP workstream skills who can represent the whole STP rather than individual organisations. This panel will have two specific tasks: placing all STP public capital bids in a numbered priority ranking for submission to the May 2018 PDEG meeting; and undertaking a quality assurance review of the completed bid templates for all prioritised schemes prior to the June 2018 PDEG meeting.

Appendix One

Proposed Levels of Service Delivery Networks

LEVEL 1

Service Quality and Effectiveness Network

All networks include the entire service MDT, representation on the network would be via a designated lead for the service.

Core characteristics:

- Discussion of cases, peer review for specialist advice and support on the care of individual patients.
- Mentor support for learning and improvement for individual clinicians
- Best practice reviews and Guideline development.
- Peer comparison of processes, pathways and outcomes to agreed priority service improvements.
- Consideration of mental health pathways in either support of or an alternative to elements of the current physical health pathways.
- Identification of areas of service which may benefit from more integrated delivery between providers (SOPs to establish process for escalation of identification and process for agreeing any SLA).
- Analysis and benchmarking of financial cost of delivering service at provider and Devon level against upper quartile peer organisations with a continual review of efficiency opportunities.
- Host provider to designate a clinical lead with appropriate administrative support. The clinical lead's Trust would normally host the network and provide appropriate administrative support, with this clinical and administrative time apportioned across the participating Trusts.
- Annual learning and improvement summary (potentially via peer review) to host Trust MD for sharing and discussion through the Medical Directors network meetings and with Commissioner via standard quality assurance processes.
- Accountability for service delivery, performance monitoring and clinical governance of the Trust-specific service retained by the individual Trusts.

LEVEL 2

Service network with cross-site delivery of all or some provision of service

This network would be appropriate where there are services where one or more Trusts do not have the capacity or capability (workforce, infrastructure, etc) needed to deliver that service to the standards required and may have to contract with another Trust to secure that capacity for part or all of the service that they are commissioned to deliver. This may require workforce to travel to provide the service on another site, or patients to travel to another hospital to receive the service.

Core characteristics:

(To include all functions described at Level 1)

Plus:

- The network would develop and broker agreements on the cross site solutions required, which could include joint (cross Trust) appointments and shared rotas.

- A contractual agreement would be put in place between Trusts for provider A purchasing service capacity from provider B.
- Accountability for quality standards, governance, complaints, performance retained by purchasing provider where they provide the majority of the service pathway.
- Collaborative agreement on subspecialty areas for provision on a specified (potentially single) site via a 'host Trust' arrangement for that element of the service – the host Trust then assumes the accountability for and governance of that element of the service and the commissioner contracts for that service element from that Trust.
- Host provider to designate a clinical lead with appropriate administrative support. The clinical lead's Trust would normally host the network and provide appropriate administrative support, with this clinical and administrative time apportioned across the participating organisations.

LEVEL 3

Lead provider network – one budget, full accountability

This network would be appropriate where the total service for Devon is delivered by a single/lead provider and should be commissioned directly from that provider. The specification will detail the access requirements (where to be delivered and how) and the Lead Provider will need to subcontract for the infrastructure required from other Trusts.

Core characteristics:

(To include all functions described at Level 1)

- Contract income for the total service and singular accountability for quality, performance and governance.
- Provided through a single organisation/lead provider.
- Employer of all staff who deliver the service commissioned, and responsible for deploying these staff to meet the access requirements defined in the commissioning specification.
- Directly accountable via Lead Provider to commissioner (Devon-wide Strategic commissioning function).
- Provider will designate a clinical lead with appropriate administrative support. The clinical lead's Trust would normally host the network and provide appropriate administrative support, with this clinical and administrative time apportioned across the participating providers.

REPORT SUMMARY SHEET

Meeting Date	Trust Board: 2 nd May 2018		
Report Title	Integrated Finance, Performance, Quality and Workforce Report: Month 12 (March 2018)		
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. 		
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 NHS Improvement (NHS I) 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; and • 30% is dependent on delivery of both (a) A&E performance at Trust and / or STP level and (b) achievement of A&E operational mile stones (such as GP streaming). <p>These thresholds were met in Quarter 1 and Quarter 2, for performance and year to date for the finance element; resulting in £4.22m secured/ accrued from the STF. The performance element of STF for Quarter 3 and Quarter 4 has not been accrued; the impact for the year is £1.137m.</p>		

NHS I are assessing Trust financial performance using the pre STF Control Total position. So the notification of non-achievement at Q3 or self-assessment of non-achievement of Q4 on the performance element of the SFT does not impact on the assessment of financial performance.

Winter funding allocations:

On 15th December the Trust received details of the allocation of winter funding allocations. The funding has been allocated nationally in two tranches. Firstly, acute Trusts will be allocated funds on a 'fair shares' basis to reflect the cost of emergency and urgent elective activity across winter that is already in operational plans and is being incurred by providers. The allocation is based on emergency services activity in Trusts with a Type 1 A&E. This will enable a corresponding improvement in the reported Month 7 forecast outturn financial position.

The second tranche of funding has been the subject of discussions between individual Trusts, their NHS I Regional Director and the National Director of Urgent and Emergency Care. This additional winter funding is for new initiatives to improve A&E performance over winter and should be spent on the specific schemes set out below. Where the schemes involve the purchase of beds either in the acute provider or the community, the level of expenditure has to be agreed with the Regional Director before it is committed.

Table 1 – funding allocated to Torbay and South Devon

	Purpose of funding	Value
Tranche 1	To reflect existing costs of winter in plans. Expectation of corresponding improvement in M7 forecast position	£0.6m
Tranche 2	<i>provide additional Domiciliary Care, additional Rapid Response capacity, and additional voluntary sector capability; up to 15 beds per day released for management of acute patients</i>	£0.396m
	<i>Development of a front door Rapid Assessment and Discharge Service (RADS); 5 per day - based on current performance of 7 patients seen per day and a 70% discharge rate</i>	£0.102m
	In totality we expect the schemes in Tranche 2 to ensure you at least maintain your YTD, 92.4%, performance in Q4	£0.498m

The Trust has received Tranche 1 funding and has confirmed spending of Tranche 2, both these tranches are assumed in the forecast and notified to NHS I as such.

	<p>Regulatory Context - NHS I Single Oversight Framework:</p> <p>The Single Oversight Framework (SOF) 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.</p> <p>As previously reported NHS I have made changes to the SOF which applied from October 2017 onwards. The underlying framework is unchanged and the performance of providers against the 'Use of Resources' metrics will continue to be made against the five themes set out above. Using this framework NHS I segment providers into one of four segments ranging from Segment One (maximum autonomy) to Segment Four (special measures). The Trust has previously been assessed as being in Segment Two (targeted support), in response to concerns in relation to finance and use of resources. This rating has not changed as a result of the revisions to the SOF.</p> <p>An additional performance metric, associated with the identification of patients who have dementia, has been added to the framework by NHS I and has been included within the performance dashboard.</p>
<p>Key Issues/Risks</p>	<p>The headlines for Month 12 performance against the financial, operational, quality, change, and workforce frameworks established by the Trust are summarised in Section Two of the attached Integrated Performance Report, with the full performance frameworks being set out in Section Three, and underpinned by the attached Dashboard.</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 for the financial year to 31st March 2018 is a surplus of £4.84m against a planned surplus of £4.76m, achieving the Control Total set by NHS Improvement. This excludes atypical items including revaluation benefit, charitable grant and Tranche 1 Winter Pressure monies. All actions previously described in the Trust's Financial Recovery plan for 2017/18 have been delivered; the final element, being the receipt of the balance of the Improved Better Care Fund being agreed by Torbay Council in March. This position excludes income in respect of Q3 & Q4 ED STF and includes MARS costs incurred in February. In transacting technical revaluation adjustments, an unconditional Charitable Fund grant and accounting for winter pressure funding, the final published accounts will show a higher surplus. The Trust has yet to hear whether it will be allocated any STF bonus allocation for 2017/18; the final reported position will, again improve in line with the amount, if any that is received. <p>The delivery of this position, a significant turn-around of the £11m deficit incurred in 2016/17, is a tremendous achievement for the Trust. It reflects a huge amount of hard work put into delivering this result from Clinical, Support and Corporate teams, across the organisation. That effort is both recognised and enormously appreciated by the Board and the wider NHS system.</p>

- **Year-end cumulative CIP savings delivery position:** The Trust has delivered £45.44m of CIP savings against our target of £42.08m (including income Generation target); resulting in a £3.36m over-delivery. This is an impressive position, given the significant target set this year. It represents a significant achievement across both delivery units and support services. The new CIP Programme management arrangements, together with more accurate forecasting methodologies have enhanced delivery assurance throughout the year.
- **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 11, the Trust had an actual use of resources risk rating of 2 (subject to confirmation by NHS Improvement and may change once the Bonus STF is confirmed). The Agency risk rating of 1 is on plan with the budgeted rating of 2.
- **Capital Spend:** The approved capital programme for 17/18 is significantly underspent. The approved budget for 17/18 totalled £13.3m. Actual outturn expenditure totals £6.1m. An assessment will be undertaken during April 2018 by the Executive Directors to determine the value of underspend that needs to be carried forward into 2018/19.

Summary of Performance Against Frameworks:

Framework	Number of KPIs	RAG Rating at the end of Month 12			
		Red	Amber	Green	Not Rated
National Performance Standards (trajectory)	5	4	0	1	0
Local Performance Framework	23	10	0	12	1 (no target set)
Community and Social Care Framework	15	3	1	7	4 (no target set)
Quality Framework	19	6	3	9	1 (no target set)
Workforce Framework	4	2	0	2	0

National Performance Indicators

Against the national performance standards, for Month 12 the Trust has delivered the following outcomes:

- **4 hour ED standard:** In March the Trust achieved 80.6% of patients discharged or admitted within 4 hours of arrival at accident and emergency departments. This is a fall on last month (81.1%) and is below the agreed Month 12 Operational Plan trajectory and national standard of 95%. Performance has improved in April; the A&E Performance Predictor (which is circulated daily) for the 16th April shows 87.2% of patients being discharged/admitted from ED and MIU within 4 hours.
- **RTT:** RTT performance has marginally declined in March with the proportion of people waiting less than 18 weeks decreasing from 82.4% in February to 81.6% in March. At the end of March 33 people were reported as waiting over 52 weeks against the target of zero. Operational pressures have continued to limit the number of elective inpatient admissions coupled with the two severe weather incidents in March cancelling elective capacity.
- **62 day cancer standard:** 79.0% (validated 14 April 2018) against the 85% national target is a deterioration on last month (83.1%). Current forecast for Q4 is 82.5%.
- **Diagnostics:** The diagnostics standard is not met with 8.9% over 6 weeks against the standard of 1%. The greatest number of long waiting patients over 6 weeks are for routine MRI. The deterioration being a result of lost capacity for routine patients to support the emergency pathways along with lost capacity in March from the weather related cancellations.
- **Dementia screening:** The Dementia Find standard has improved with 92.7% achieved against the standard of 90% for the first time. This is a significant achievement and aided by the allocation of HCA resource to support the wards over the last two months.

Local quality indicator performance variances to highlight

- **Delayed Transfers of Care** is becoming an area of national attention and is linked to securing the Better Care Fund. Performance in community hospitals has improved from 267 in February to 206 in March against a target of 315. The Acute site showed a decrease in delays 144 in February to 128 in March against a target of 64. Work is continuing with teams to make further improvements and keep delays to a minimum level.
- **Never event:** In March, one Never event is reported. Full investigation has been completed with the event assessed as low harm.

	<ul style="list-style-type: none"> • Follow up appointments waiting beyond the planned “to be seen by” date increased from 6,761 in February to 7301 reported in March. • C Difficile infections; 1 new acute infection is reported in March (0 in the community); this is not reported as a lapse in care. • Bed Closures due to Infection Control have decreased from 544 in February to 64 bed days lost in March from infection control bed closures.
Recommendations	The Board is recommended to review the documents and review the evidence presented.
Summary of ED Challenge/ Discussion	<p>Executive Directors: Plans to recover key national standards and targets are recognised as a key priority. The winter escalation necessitated cancellations and delays which impacted service user access times and staff health and wellbeing. Additional expenditure has been incurred to cope with additional service pressures and is impacting the financial plan. This can be seen through increased agency spend.</p> <p>Quality and safety: Directors are considering performance overall including the impact of the totality of the Trust and system savings programmes and significant change projects and decisions not to invest on quality, safety, experience and staff wellbeing. Equality and Quality Impact Assessments are being revisited.</p> <p>Performance: Pressures within the urgent care system continue and are illustrated by reduction of performance against the 4 hour wait target, the high level of bed occupancy and reduction in levels of RTT activity as surgical admission have had to be stood down.</p> <p>The exceptional pressures experienced this winter are being reviewed as plans are developed for winter 2018/19. Overall it is noteworthy that despite the pressures the Trust is experiencing there is evidence that the changes in community services are impacting positively and enabling the current pressures to be managed within a changed resource envelop.</p> <p>Following a review at FPIC the following changes were recommended:</p> <ul style="list-style-type: none"> • complete a survey of members of FPIC, Executive, and Non-Executive Directors to comment on the existing format to inform the next iteration; • enhance the focus on Quality in the report; • incorporate ICO care model measures and measurement of person centred care.

Internal/External Engagement inc. Public, Patient & Governor Involvement	<p>This report is shared with Governors and contributes to a quarterly report considered by the Council of Governors.</p> <p>Governors are represented on the Finance, Performance and Investment Committee and Quality Assurance Committee where the integrated performance report is reviewed</p>
Equality & Diversity Implications	N/A

MAIN REPORT

Integrated Finance, Performance, Quality, and Workforce Report

Date of Report: **24th April 2018**

Reporting Period: **Month 12**

Data Up To : **31st March 2018**

Version Control

Version	Meeting	Date of Circulation	Date of Meeting	Owner	This Version
Draft 1	Trust Executive	16/04/18	17/04/18	Paul Procter	<input type="checkbox"/>
Published Report	FPI Committee	20/04/18	24/04/18	Ann Wagner Paul Cooper	<input type="checkbox"/>
Published Report	Trust Board	26/4/18	02/5/18	Ann Wagner Paul Cooper	<input checked="" type="checkbox"/>

Contents

1. Introduction and Contents:	1
2. Performance Headlines:	
▪ Finance Headlines:	2
▪ Operational Headlines:	
▫ NHS Single Oversight Framework	3
▫ Local Performance Indicators	3
▫ Community and Social Care	4
▪ Quality Summary	4
▪ Workforce Summary	5

Attached as **Part 2 of the Report** (in a single PDF):

- Finance Focus
- Operational Performance Focus
- Quality Focus
- Workforce Focus

Attached as **Appendix** (in separate PDF):

- Dashboard

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 Finance, Performance, and Investment Committee (FPIC) to:

- Take a view of overall delivery, against national and local standards and targets, at Trust and Service Delivery Unit (SDU) level.
- Consider risks and mitigations.
- Determine whether the Committee 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

The main detail of the report, which follows from 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 are supported by the following appendices:

- Appendix 1: Board Dashboard (PDF file)
- Appendix 2: Board Databook (PDF file)

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

- Executive Director scrutiny (17th and 24th April 2018)
- Service Delivery Unit Quality and Performance Review meetings (19th April 2018)

- Finance, Performance, Investment Committee (24th April 2018)

Financial Context: Operational and Financial Plan, Control Total and Sustainability and Transformation Fund

For 2017/18 the Trust submitted an Operational and Financial Plan to NHS Improvement (NHS I) confirming our intention to achieve the £4.7m Control Total and deliver required service performance standards to secure our designated share of the national Sustainability and Transformation Fund (STF).

Delivery of the Control Total relies on the Trust, with its system partners, delivering a Systems Savings Plan of £40.7m and an additional Income Plan of £1.3m. This leaves a system deficit of around £13m 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 had to be in place by October 2017.

Regulatory Context: NHS Improvement Single Oversight Framework

The Single Oversight 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 NHS I 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 NHS I 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 was expected to secure its own support for 2017/18 and agreed to continue using Mark Hackett for a time limited period (until end of September 2017) to provide targeted support to the delivery of our 17/18 financial plan. Mark Hackett's assignment has now completed.

Updated Single Oversight Framework

An updated Single Oversight Framework (SOF) was released by NHS I for implementation from M7 and this report has been updated to reflect changes in the SOF. The SOF has been updated to reflect changes in national policy and standards, other regulatory frameworks and the quality of performance data as well as feedback and lessons learned from operating the framework. There are no changes to the underlying framework and the five themes of quality of care; finance and use of resources; operational performance; strategic change and leadership and improvement capability. The only material change is the inclusion of the Dementia Find metric into the list of indicators used to monitor operational performance.

The triggers for potential intervention remain unchanged based on failure of a national operational standard for two or more consecutive quarters, however, where there is an agreed trajectory of improvement this will be taken into account when determining any actual underlying support need.

2. Performance Headlines: Month 12 (March 2018)

Key headlines for financial, operational, local performance, quality, safety, and workforce standards/metrics for Month 12 to draw to the Committee's attention are as follows:

Finance:

- Overall financial position:** The financial position for the financial year to 31st March 2018 is a surplus of £4.84m against a planned surplus of £4.76m, achieving the Control Total set by NHS Improvement. This excludes atypical items including revaluation benefit, charitable grant and Tranche 1 Winter Pressure monies. All actions previously described in the Trust's Financial Recovery plan for 2017/18 have been delivered; the final element, being the receipt of the balance of the Improved Better Care Fund being agreed by Torbay Council in March. This position excludes income in respect of Q3 & Q4 ED STF and includes MARS costs incurred in February. In transacting technical revaluation adjustments, an unconditional Charitable Fund grant and accounting for winter pressure funding, the final published accounts will show a higher surplus. The Trust has yet to hear whether it will be allocated any STF bonus allocation for 2017/18; the final reported position will, again improve in line with the amount, if any that is received.

The delivery of this position, a significant turn-around of the £11m deficit incurred in 2016/17, is a tremendous achievement for the Trust. It reflects a huge amount of hard work put into delivering this result from Clinical, Support and Corporate teams, across the organisation. That effort is both recognised and enormously appreciated by the Board and the wider NHS system.

- **Year-end cumulative CIP savings delivery position:** The Trust has delivered £45.44m of CIP savings against our target of £42.08m (including income Generation target); resulting in a £3.36m over-delivery. This is an impressive position, given the significant target set this year. It represents a significant achievement across both delivery units and support services. The new CIP Programme management arrangements, together with more accurate forecasting methodologies have enhanced delivery assurance throughout the year.
- **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 11, the Trust had an actual use of resources risk rating of 2 (subject to confirmation by NHS Improvement and may change once the Bonus STF is confirmed). The Agency risk rating of 1 is on plan with the budgeted rating of 2.
- **Capital Spend:** The approved capital programme for 17/18 is significantly underspent. The approved budget for 17/18 totalled £13.3m. Actual outturn expenditure totals £6.1m. An assessment will be undertaken during April 2018 by the Executive Directors to determine the value of underspend that needs to be carried forward into 2018/19.

Operational Headlines: NHS Improvement Single Oversight Framework

Against the national performance standards, for Month 12 the Trust has delivered the following outcomes:

- **4 hour ED standard:** In March the Trust achieved 80.6% of patients discharged or admitted within 4 hours of arrival at accident and

emergency departments. This is a fall on last month (81.1%) and is below the agreed Month 12 Operational Plan trajectory and national standard of 95%. Performance has improved in April; the A&E Performance Predictor (which is circulated daily) for the 16th April shows 87.2% of patients being discharged/admitted from ED and MIU within 4 hours.

- **RTT:** RTT performance has marginally declined in March with the proportion of people waiting less than 18 weeks decreasing from 82.4% in February to 81.6% in March. At the end of March 33 people were reported as waiting over 52 weeks against the target of zero. Operational pressures have continued to limit the number of elective inpatient admissions coupled with the two severe weather incidents in March cancelling elective capacity.
- **62 day cancer standard:** 79.0% (validated 14 April 2018) against the 85% national target is a deterioration on last month (83.1%). Current forecast for Q4 is 82.5%.
- **Diagnostics:** The diagnostics standard is not met with 8.9% over 6 weeks against the standard of 1%. The greatest number of long waiting patients over 6 weeks are for routine MRI. The deterioration being a result of lost capacity for routine patients to support the emergency pathways along with lost capacity in March from the weather related cancellations.
- **Dementia screening:** The Dementia Find standard has improved with 92.7% achieved against the standard of 90% for the first time. This is a significant achievement and aided by the allocation of HCA resource to support the wards over the last two months.

Operational Headlines: Local Performance Indicators

In addition to the national operational standards there are a further 23 indicators agreed locally with the CCG, of which 10 were RAG rated RED

in March 2018 (10 RED RAG rated in February). The indicators RAG rated RED are summarised in Table 1:

Table 1: Local Performance Indicators RAG Rated RED

Standard	Standard/ target	Last month Month 11	This month Month 12
Cancer 2ww urgent GP referral	>93%	67.4%	71.7%
RTT waits over 52 weeks:	0	33	34
On the day cancellations for elective operations	<0.8%	1.4%	4.5%
Cancellations not readmitted within 28 days	0	5	21
Ambulance handovers > 30 minutes:	0	172	168
Ambulance delays > 60 minutes	0	20	13
A&E patients (ED only):	>92.9%	72.8%	72.3%
Trolley waits in A&E > 12 hours from decision to admit	0	3	6
Care plan summaries % completed within 24 hrs of discharge weekdays:	>77%	63.5%	60.6%
Care plan summaries % completed within 24 hrs discharge weekend:	>60%	39.1%	28.6%

Of the remaining indicators, 12 were rated GREEN and 1 indicator does not yet have an agreed target.

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 March 2018 (2 in February 2018) as follows:

Table 2: Community and Social Care Framework RAG Rated RED

Standard	Target	Last month Month 11	This month Month 12
Delayed transfers of care bed days (acute)	64 days per month	144	128
Carers Assessment completed year to date	40% (year end)	41.1%	42.2%
Community Hospital – admissions (non-stroke)	None set	223	235

Of the remaining indicators, 7 were rated GREEN, 1 AMBER, and 4 indicators do not yet have an agreed target.

Quality Headlines

There are 19 Local Quality Framework indicators in total of which 6 were RAG rated RED for March (6 RED in February) as follows:

Table 3: Local Quality Indicators RAG Rated RED

Standard	Target	Last month Month 11	This month Month 12
Never Event	0	0	1

Standard	Target	Last month Month 11	This month Month 12
Medication errors resulting in moderate to catastrophic harm	0	3	2
VTE – risk assessment on admission (acute)	>95%	90.8%	86%
VTE – risk assessment on admission (community)	>95%	80%	66.7%
Fracture neck of femur – time to theatre	<36 hours	71%	80%
Follow ups past to be seen date (excluding Audiology):	3,500	6761	7301

Of the remaining indicators, 9 were rated GREEN, 3 AMBER and 1 not rated.

Workforce Headlines

Of the four workforce KPIs on the current dashboard 1 is RAG rated Green, 2 RAG rated Amber and 1 RAG rated Red as follows:

- **Turnover (excluding Junior Doctors): GREEN** - the Trust's turnover rate was 11.25% for the year to March 2018, which is within the target range of 10% to 14%.
- **Staff sickness/absence: RED** - The annual rolling sickness absence rate of 4.18% at the end of February 2018 represents a further deterioration in attendance, and the rate still remains above target. This has been mainly attributed to the seasonal impact and the increase in colds and flu.
- **Mandatory Training rate: GREEN** – At the end of March 2018 the overall mandatory training rate was 85.29% against the target of >85%. The increase is in main due to changes in the

renewal periods for some aspects of mandatory training in line with the national Core Skills Training Framework as part of the NHS Streamlining agenda.

- **Appraisal rate: AMBER** - At the end of March 2018 the appraisal rate was 78.72%, which is a slight increase on the previous month. Appraisal rates remain below the overall target of 90%, consequently further support is being offered to departments and delivery units to help achieve improvements. The accountability and oversight framework will be utilized to support and drive improvements.

In addition to the workforce KPIs there are 2 further workforce indicators that are being tracked to provide assurance to the Board

- **Workforce Plan** - The workforce plan aimed to have 5001.3 staff in post at the end of the financial year. At the end of March 2018 the Trust had achieved an overall workforce reduction of 84.82 wte. The plan for 18/19 is being developed and will be monitored by the Workforce & OD Group.
- **Agency Expenditure** – At the end of the financial year the Trust has over achieved against the NHSI cap by £800K.

This report is currently in a draft format which is still under development, if you have any comments or feedback on the format please contact tsdft.businessplanning@nhs.net

Integrated Performance Report

April 2018 - reporting period March 2018 - Month 12

Section 1 Finance

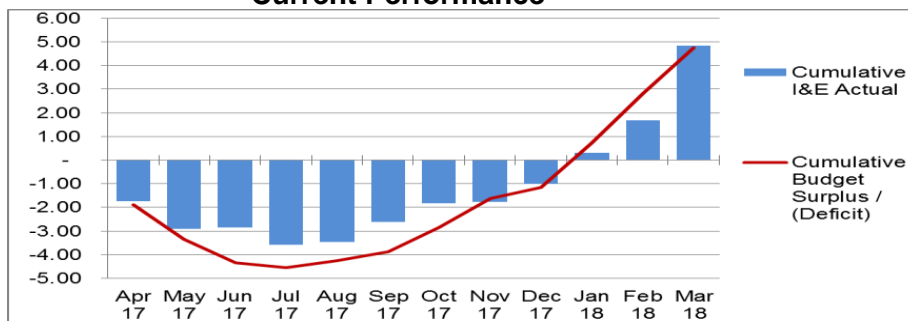
Section 2 Performance
 NHSi performance metrics
 Local performance metrics
 Community and social care metrics
 Quality Metrics
 Workforce metrics

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	Financial Position by SDU
Page 10	Financial Position by SDU (2)
Page 11	Items Outside of EBITDA
Page 12	Balance Sheet
Page 13	Cash
Page 14	Capital
Page 15	Activity
Page 16	Continuous Improvements Program (CIP)

Summary of Financial Performance

Current Performance



	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£M	£M	£M	£M	£M	£M	£M
Income	410.62	5.96	416.58	420.94	4.35	410.62	416.58
Pay	(217.32)	(4.96)	(222.28)	(223.19)	(0.91)	(217.32)	(222.28)
Non Pay	(169.30)	(4.79)	(174.09)	(179.18)	(5.10)	(169.30)	(174.09)
EBITDA	24.00	(3.78)	20.22	18.57	(1.65)	24.00	20.22
Financing Costs	(19.24)	3.78	(15.46)	(13.73)	1.74	(19.24)	(15.46)
SURPLUS / (DEFICIT)	4.76	0.00	4.76	4.84	0.08	4.76	4.76
NHSI Exclusions	(0.17)	0.00	(0.17)	0.39	0.57	(0.17)	(0.17)
Plan Adjusted Surplus / (Deficit)	4.58	0.00	4.58	5.24	0.65	4.58	4.58
Remove STF Income	(5.83)	0.00	(5.83)	(6.41)	(0.58)	(5.83)	(5.83)
Variance to Control Total (Excl STF)	(1.25)	0.00	(1.25)	(1.17)	0.08	(1.25)	(1.25)

Cash Balance	6.17			6.17	0.00	6.17	
Capital Expenditure	29.58	(16.22)	13.36	7.26	(6.10)	29.58	

KPIs (Risk Rating)	YTD Plan	YTD Actual
Indicator	Rating	Rating
Capital Service cover rating	2	3
Liquidity rating	4	3
I&E Margin rating	1	1
I&E Margin variance rating	N/A	1
Agency rating	1	1
Finance Risk Rating	N/A	2

Key Points

- For the financial year ending 31st March 2018, the Trust is reporting a £4.84m surplus, which is £0.08m ahead of budget, excluding atypical items, revaluation benefit, charitable grant and Tranche 1 Winter Pressure monies. Excluding the income and expenditure not used by NHS Improvement in their assessment framework, performance against the published 'Control Total', a surplus of £5.24m is recorded; £0.65m above the budget year to date.
- NHS Improvement are measuring financial performance of the Trust against the Control Total excluding Sustainability and Transformation Fund (STF); on this metric the Trust is £0.08m better than the Control Total. This position does not include any potential STF Bonus income; this is currently being reviewed and calculated by NHSI and will be accrued into the year end final accounts once confirmed.
- Included within this position; the Trust has transacted a revised asset lives valuation improving the position by £2.50m; taken £498k of the Tranche 2 winter pressure monies to offset costs being incurred. Excluded from the position are both Q3 and Q4 A&E performance related elements of the STF income (£525k and £613k respectively), due to the continued high levels of operational escalation seen by the Trust.
- Pay run rates have decreased by £0.09m in month; although M11 contained £150k MARS costs any expected reduction is offset by costs associated with the continuation of the unplanned opening of escalation capacity.
- Non pay expenditure run rates have increased by £1.62m this month; £1.58m is of this within Independent Sector / Continuing Healthcare.
- The CIP target for the financial year to 31 March 2018 is £42.08m, against which a total of £45.44m has been delivered; a favourable variance of £3.36m.
- In addition to this position, the Trust is transacting a revaluation benefit, an unconditional Charitable Fund grant and accounting for Winter pressure funding which will all of which will show in the final published Income and Expenditure account. Some of these items are purely technical, but others will be taken into account by NHS Improvement when confirming STF bonus allocations for 2017/18. The impact of these items is included in the subsequent sections of this report.
- The Trust's Finance Risk Rating remains a 2 at M12, prior to the confirmation of STF bonus allocation.

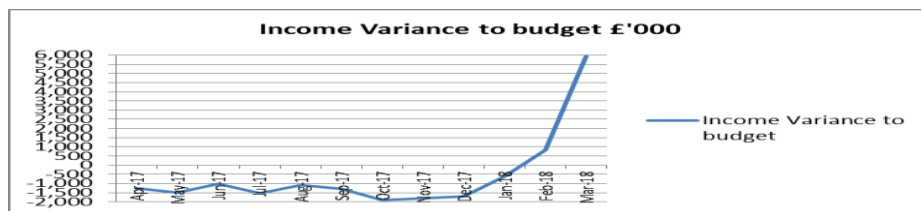
Summary of Financial Performance (Including Atypical Items)

	Month 12					Year to date					Prior Month Variance YTD	Change	Annual Plan	Annual Budget
	Current Month Plan	Re- Categoris- ation of Plan	Current Month Budget	Current Month Actual	Current Month Variance to Budget	Plan for Period YTD	Re- Categoris- ation of Plan	Budget for Period YTD	Actual for Period YTD	Variance to Budget YTD				
	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M
Operating income from patient care activities	29.56	7.75	37.30	39.29	1.99	356.04	15.83	371.86	374.42	2.55	0.56	1.99	356.04	371.86
Other Operating income	4.78	(6.80)	(2.02)	1.11	3.13	54.59	(9.87)	44.72	48.12	3.40	0.27	3.13	54.59	44.72
Total Income	34.34	0.94	35.28	40.40	5.12	410.62	5.96	416.58	422.54	5.95	0.83	5.12	410.62	416.58
Employee Benefits - Substantive	(16.91)	(0.90)	(17.81)	(18.16)	(0.35)	(210.73)	(5.56)	(216.29)	(217.40)	(1.12)	(0.77)	(0.35)	(210.73)	(216.29)
Employee Benefits - Agency	(0.35)	(0.01)	(0.36)	(0.75)	(0.39)	(6.60)	0.61	(5.99)	(5.79)	0.21	0.59	(0.39)	(6.60)	(5.99)
Drugs (including Pass Through)	(2.96)	(0.04)	(2.99)	(2.07)	0.92	(35.62)	(0.43)	(36.05)	(31.23)	4.83	3.91	0.92	(35.62)	(36.05)
Clinical Supplies	(1.92)	(0.08)	(2.00)	(2.14)	(0.14)	(24.11)	(0.89)	(25.00)	(25.06)	(0.06)	0.08	(0.14)	(24.11)	(25.00)
Non Clinical Supplies	(0.40)	(0.01)	(0.41)	(0.45)	(0.03)	(4.86)	0.01	(4.85)	(4.20)	0.65	0.68	(0.03)	(4.86)	(4.85)
Other Operating Expenditure	(8.26)	(0.33)	(8.59)	(11.55)	(2.96)	(104.70)	(3.48)	(108.18)	(118.69)	(10.51)	(7.55)	(2.96)	(104.70)	(108.18)
Total Expense	(30.81)	(1.36)	(32.17)	(35.12)	(2.95)	(386.62)	(9.74)	(396.37)	(402.37)	(6.01)	(3.05)	(2.95)	(386.62)	(396.37)
EBITDA	3.53	(0.42)	3.11	5.28	2.17	24.00	(3.78)	20.22	20.17	(0.05)	(2.22)	2.17	24.00	20.22
Depreciation - Owned	(1.14)	0.30	(0.84)	0.11	0.95	(13.69)	3.57	(10.12)	(7.79)	2.33	1.38	0.95	(13.69)	(10.12)
Depreciation - donated/granted	(0.07)	0.00	(0.07)	0.01	0.08	(0.83)	0.00	(0.83)	(0.57)	0.25	0.18	0.08	(0.83)	(0.83)
Interest Expense, PDC Dividend	(0.48)	0.00	(0.47)	(0.67)	(0.20)	(5.72)	0.09	(5.63)	(5.75)	(0.12)	0.08	(0.20)	(5.72)	(5.63)
Donated Asset Income	0.08	0.00	0.08	0.25	0.17	1.00	0.00	1.00	0.61	(0.39)	(0.55)	0.17	1.00	1.00
Gain / Loss on Asset Disposal	0.00	0.12	0.12	0.16	0.04	0.00	0.12	0.12	0.22	0.10	0.06	0.04	0.00	0.12
Impairment	0.00	0.00	0.00	5.98	5.98	0.00	0.00	0.00	5.92	5.92	(0.06)	5.98	0.00	0.00
SURPLUS / (DEFICIT)	1.93	(0.00)	1.92	11.11	9.19	4.76	0.00	4.76	12.80	8.04	(1.15)	9.19	4.76	4.76
Adjusted Plan Position														
Donated Asset Income	(0.08)	0.00	(0.08)	(0.25)	(0.17)	(1.00)	0.00	(1.00)	(0.61)	0.39	0.55	(0.17)	(1.00)	(1.00)
Depreciation - Donated / Granted	0.07	0.00	0.07	(0.01)	(0.08)	0.83	0.00	0.83	0.57	(0.25)	(0.18)	(0.08)	0.83	0.83
Impairment	0.00	0.00	0.00	(5.98)	(5.98)	0.00	0.00	0.00	(5.92)	(5.92)	0.06	(5.98)	0.00	0.00
Adjusted Plan Surplus / (Deficit)	1.91	(0.00)	1.91	4.87	2.96	4.58	0.00	4.58	6.84	2.25	(0.71)	2.96	4.58	4.58
NHSI Adjustment to Control Total														
Remove STF Income	(0.68)	0.00	(0.68)	(0.48)	0.20	(5.83)	0.00	(5.83)	(6.41)	(0.58)	0.93	0.00	(5.83)	(5.83)
Variance to Control Total Excluding STF	1.23	(0.00)	1.23	4.39	3.16	(1.25)	0.00	(1.25)	0.43	1.68	0.22	2.96	(1.25)	(1.25)

- The Income and Expenditure account above includes atypical items relating to the revaluation of assets, unconditional grant and Tranche 1 Winter Pressure monies, but at this stage excludes STF bonus allocations awaiting confirmation.
- The position for Month 12 is a surplus of £11.11m, which is £9.19m ahead of the budgeted position (£1.93m surplus) before NHSI exclusions. £5.93m relates to a technical benefit in terms of asset revaluation.
- Cumulatively the Trust surplus is £12.80m against a budget surplus of £4.76m.
- Income is ahead of budget by £5.12m in Month 12 and ahead of budget cumulatively by £5.95m, with the majority of this relating to additional income received as part of the recovery plans plus additional Sustainability Transformational Fund (STF) income; (this gain is netted down by the loss of the Performance STF at Q3 and Q4).
- Pay expenditure is £0.73m higher than budget in Month 12 and £0.91m higher than budget cumulatively. This reflects the phasing of budgets and savings targets, as well as the full cost of MARS.
- Non-pay expenditure is £2.22m higher than budget in Month 12 and £5.10m higher than budget cumulatively, again reflecting phasing of budgets and savings targets.

Income (Includes Atypical Items)

Current Performance



Operating Income	Year to Date - Month 12					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Budget - (adv)/+fav	Change
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Contract Healthcare	300.94	10.74	311.67	312.62	0.94	(0.18)	1.11
Council Social Care (inc Public Health)	43.13	4.83	47.97	49.60	1.64	0.74	0.89
Client Income	9.58	0.24	9.82	9.72	(0.09)	(0.07)	(0.02)
Private Patients	1.68	0.03	1.72	1.66	(0.05)	(0.01)	(0.04)
Other Income	0.71	(0.02)	0.69	0.81	0.12	0.08	0.04
Operating income from patient care activities	356.04	15.82	371.86	374.42	2.56	0.57	1.99
Other Income	40.23	(10.36)	29.87	32.58	2.71	1.09	1.62
Research and Education	8.53	0.49	9.02	9.14	0.12	0.11	0.00
Sustainability & Transformation funding	5.83	0.00	5.83	6.41	0.58	(0.93)	1.51
Other operating income	54.59	9.87	44.72	48.12	3.40	0.27	3.13
Total	410.62	5.95	416.58	422.54	5.96	0.84	5.12

Contract income by Commissioner	Year to Date - Month 12					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Budget - (adv)/+fav	Change
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
South Devon & Torbay Clinical Commissioning Group	167.07	10.64	177.71	178.99	1.28	0.87	0.42
North, East & West Devon Clinical Commissioning Group	5.14	0.01	5.15	6.09	0.94	0.73	0.20
NHS England - Area Team	7.85	0.09	7.94	8.06	0.12	(1.07)	1.19
NHS England - Specialist Commissioning	30.31	0.15	30.46	29.57	(0.90)	(1.23)	0.34
Other Commissioners	7.24	(0.02)	7.22	6.60	(0.63)	0.43	(1.06)
South Devon & Torbay Clinical Commissioning Group (Placed People and Community Health)	80.75	0.09	80.83	80.85	0.01	0.01	0.00
Other Commissioners	2.57	(0.22)	2.35	2.47	0.12	0.09	0.03
Operating Income from patient care activities	300.94	10.74	311.67	312.62	0.94	(0.18)	1.12

MEMO - CCG Block Adjustment	Year to Date - Month 12					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Plan - (adv)/+fav	Change
	£m			£m	£m	£m	£m
CCG Block adjustment	(8.91)	0.47	(8.44)	(5.95)	2.50	2.29	0.21

Key points

- Overall Operating Income from Patient Care Activities is ahead of plan by £2.56m. This has changed from £0.57m above plan in month 11, showing a £1.99m improvement in total.
- The reasons for this movement are:-
 - Net c£1m additional income from Torbay Council relating to iBCF.
 - £0.3m additional SSP income from South Devon and Torbay CCG.
 - £0.2m New Devon, including Cancer transformation funding.
 - £0.3m SCG to match year end income expectation
 - £0.2m other small variances within Commissioner contracts.
- The large c£1.1m movement between NHSE Area Team and Other Commissioners is just the recategorisation of Winter Pressure funding between areas to reflect the recording in the year end accounts.

Income (Includes Atypical Items)

Other Operating Income	Year to Date - Month 12					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Plan - (adv)/+fav	Change
	£m	£m	£m	£m	£m	£m	£m
R&D / Education & training revenue	8.53	0.49	9.02	9.14	0.12	0.11	0.00
Site Services	2.20	0.06	2.26	2.27	0.01	0.02	(0.00)
Revenue from non-patient services to other bodies	5.40	(1.53)	3.87	4.02	0.15	(0.02)	0.17
Sustainability Transformational Funding (STF) Income	5.83	0.00	5.83	6.41	0.58	(0.93)	1.51
Risk Share Income	3.50	(3.50)	0.00	0.00	0.00	0.00	0.00
Misc. other operating revenue	29.13	(5.39)	23.74	26.29	2.55	1.10	1.45
Total	54.59	(9.87)	44.72	48.12	3.40	0.27	3.13

Other Operating income is ahead of annual budget by £3.40m.
Key variances are:

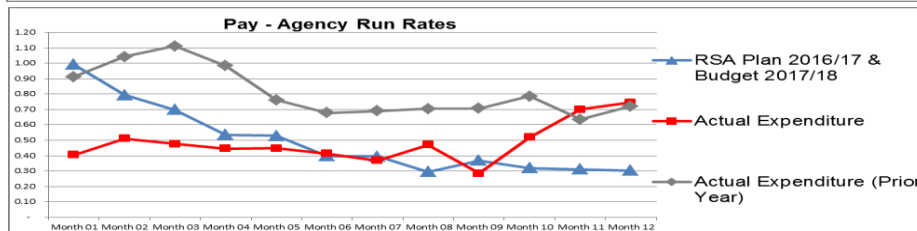
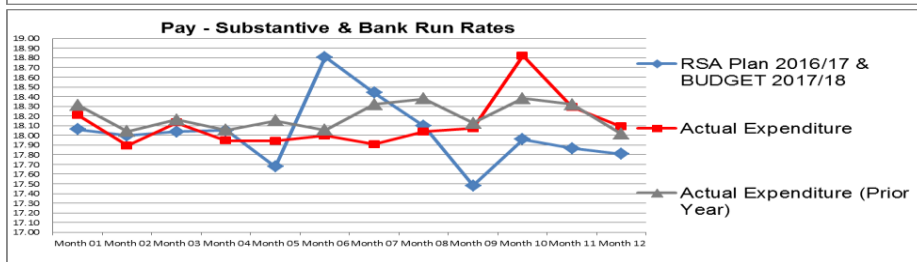
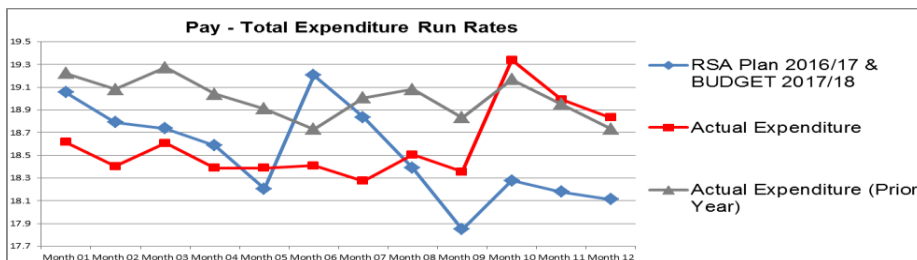
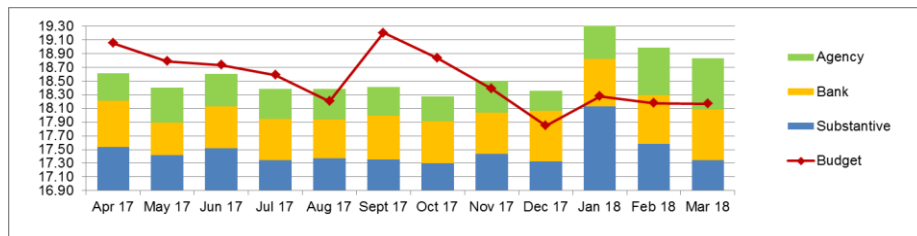
- Systems Savings plan income now forms part of Operating Income from patient care activities
- Income earned by Torbay Pharmaceuticals is £790k less than budget.
- R&D and Education income ahead of budget by £115k
- CAMHS income above budget by £217k due to external funding of placements
- Additional Better Care Fund income £104k from Torbay Council
- STF income ahead by £575k
- E Prescribing income received is £18k more than planned
- Overachievement of CIP £1.43m

At year end, the Trust has received a £1.0m unconditional grant from Charitable Funds which has benefited the income position.

STF funding of £4.69m has been accrued and included in the position, reflecting anticipated receipt for Months 1 to 12. This excludes the Q3 A&E income of £525k (the loss of which is being appealed), and Q4 A&E income £613k. The Trust has also accrued for £1.712m additional STF Incentive Fund income.

Pay Expenditure

Current Performance



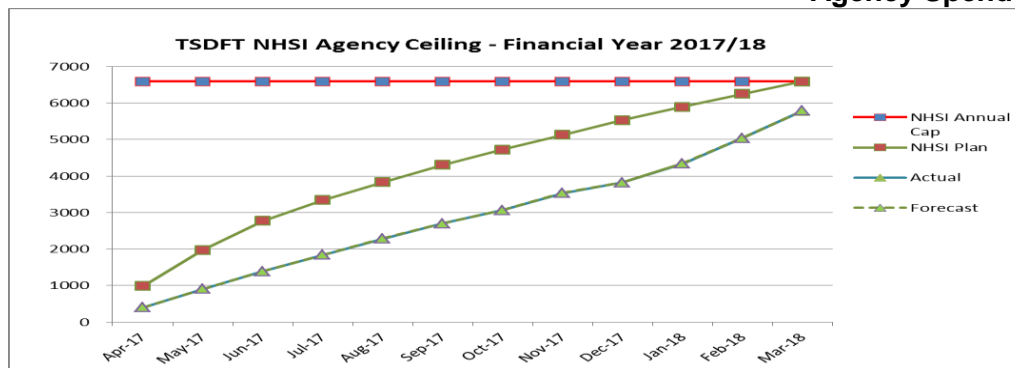
	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£M	£M	£M	£M	£M	£M	£M
Medical and Dental	(55.23)	2.98	(52.24)	(50.52)	1.73	(55.23)	(52.24)
Nursing and Midwifery	(91.62)	0.58	(91.04)	(89.31)	1.73	(91.62)	(91.04)
Other Clinical	(47.33)	(1.98)	(49.30)	(45.82)	3.49	(47.33)	(49.30)
Non Clinical	(23.14)	(6.54)	(29.69)	(37.47)	(7.79)	(23.14)	(29.69)
Total Pay Expenditure	(217.32)	(4.96)	(222.28)	(223.12)	(0.84)	(217.32)	(222.28)

Key points

- To reflect the latest budgeted position, there has been an annual adjustment of £4,900k to reduce the SSP savings target categorised as pay in the annual plan, and which is now replaced with additional income following conclusion of Risk Share Agreement negotiations. The chart to the left therefore presents a more realistic reflection of the extent to which run rates of expenditure are needed to reduce for target to be achieved.
- Based on this, total pay costs are showing an overspend against budget for the financial year to date by £0.91m and over spent by £0.73m in Month 12.
- Substantive and Bank pay costs are overspent by £1.12m, and agency costs are underspent by £0.21m.
- 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 (SDU) level, there are underspends within most SDUs except in Research and Development which is £0.08m overspent, Medical Services, £2.12m overspent in all areas and Independent Sector £0.14m overspent.
- The agency underspend is reflected in Reserves, offset by overspends in all areas of Medicine (£2.37m), Community / Hospital Services (£0.94m) mainly in Public Health CAMHS, Women and Child's Health (£0.55m) and Surgical Services (£0.31m). 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 decreased overall by £0.13m from the previous month (substantive decreased £0.17m and bank increased £0.04m).
- Agency run rates have increased during March by £0.04m, mainly within registered nursing staffing in Medical Services.

Pay Expenditure

Agency Spend Cap



Agency staff costs in Q4 across all staff groups is £1.97m, and £5.79m year to date. This is £0.80m lower than the NHSI cap of £6.59m however costs has been increasing in the last three months.

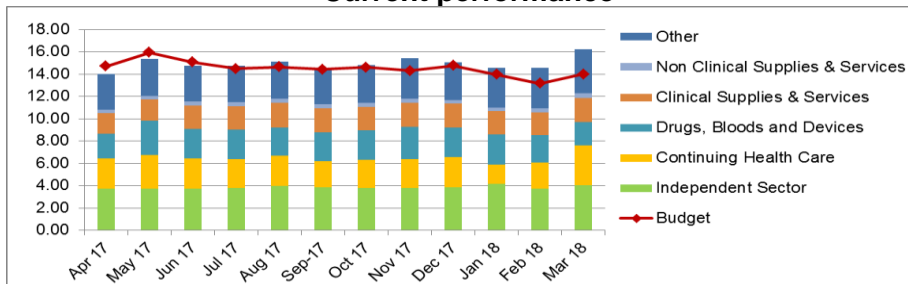
- Medical agency spend is £2.88m year to date which is £0.17m higher than the £2.71m plan.
- Nursing Agency spend year to date is £1.75m, being £1.40m lower than the £3.15m plan. Spend in month has again increased by £0.1m due to opening of Warrington Ward, operational pressures and use of more expensive agencies.
- The Agency value in M12 is £0.75m which is the highest level in FY 17/18 with Nursing agency cost accounting for more than half of the spend for this period (mainly A&E).
- The Agency cost increased in the last three months due to escalation, operational pressures and use of more expensive Agencies. This is being reviewed whilst managing the ongoing pressure within the Trust.
- Although the Trust remains within the agency cap overall, individual price rates for Nursing and Medical staff are all above NHSI individual shift rates.
- Actual staff cost for purposes of calculating the NHSI agency cap is based on pay amount of £223.19m (gross amount before deducting capitalised staff cost).

Agency - All Staff Groups	Q1	Q2	Q3	Q4	YTD 2017-18
	£m	£m	£m	£m	£m
Agency Plan 2017/18 (NHSI Ceiling)					
Planned Agency Cost	(2.78)	(1.53)	(1.22)	(1.06)	(6.59)
Total Planned Staff Costs	(56.96)	(54.75)	(53.64)	(51.98)	(217.32)
% of Agency Costs against Total Staff Cost	5%	3%	2%	2.0%	3.0%
Agency Actual Costs 2017/18					
Agency Cost	(1.39)	(1.31)	(1.12)	(1.97)	(5.79)
Actual Staff Cost	(55.82)	(55.48)	(55.28)	(56.61)	(223.19)
% of Agency Costs against Total Staff Cost	2%	2%	2%	3.5%	2.6%
Agency Cost vs Plan	1.39	0.22	0.10	(0.90)	0.80
% of Agency Costs against Total Staff Cost	-2%	0%	0%	1.4%	-0.4%

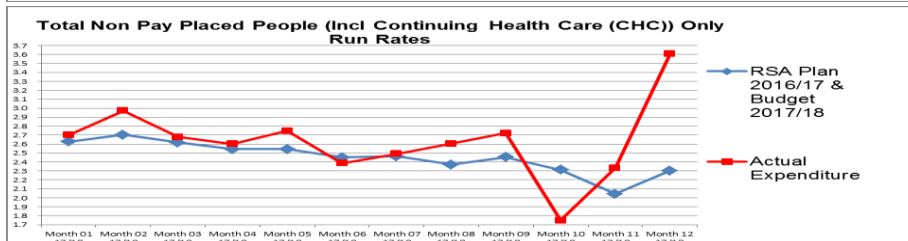
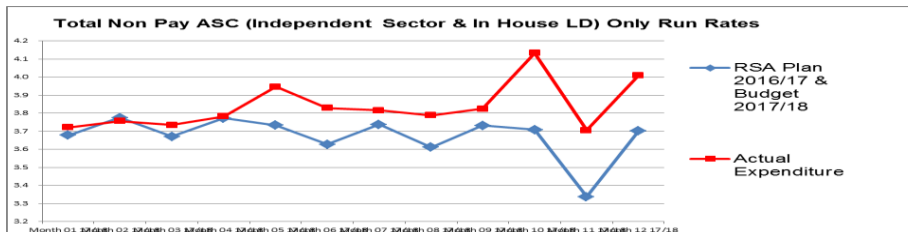
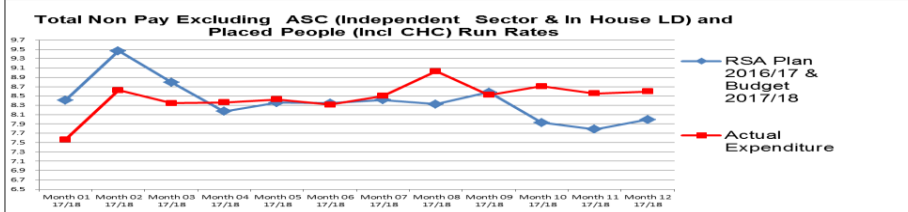
Agency - Nursing	Q1	Q2	Q3	Q4	YTD 2017-18
	£m	£m	£m	£m	£m
Agency Nurse Staff Cost	(0.40)	(0.22)	(0.28)	(0.86)	(1.75)
Actual Registered Nurse Staff Cost	(13.59)	(13.15)	(13.34)	(14.25)	(54.33)
% of Agency Costs against Nursing Staff Cost	3%	2%	2%	6%	3%

Non Pay Expenditure

Current performance



	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Drugs, Bloods and Devices	(35.62)	(0.43)	(36.05)	(31.23)	4.83	(35.62)	(36.05)
Clinical Supplies & Services	(24.05)	(0.89)	(24.94)	(25.01)	(0.08)	(24.05)	(24.94)
Non Clinical Supplies & Services	(4.85)	0.01	(4.84)	(4.19)	0.65	(4.85)	(4.84)
Other Operating Expenditure	(28.74)	(5.99)	(34.73)	(41.11)	(6.37)	(28.74)	(34.73)
ASC (Independent Sector & In House LD)	(44.51)	0.42	(44.09)	(46.05)	(1.96)	(44.51)	(44.09)
Placed People (Incl Continuing Healthcare)	(31.52)	2.09	(29.43)	(31.60)	(2.16)	(31.52)	(29.43)
Total Non Pay Expenditure	(169.30)	(4.79)	(174.09)	(179.18)	(5.10)	(169.30)	(174.09)



Key Points

- Drugs, Bloods and Devices - Underspent by £4.83m mainly due to pass through £3.58m for which income is similarly reduced for NHS England/ NEW Devon CCG related items.
- Clinical Supplies – Total overspend of £0.08m; underspends in Surgery and Hospital Services offset with overspends £0.14m in Community Services for Intermediate Care Beds, overspends in estates Contract Maintenance and Torbay Pharmaceuticals. Although underspent against budget, previous reports have highlighted an increase in run rates since the beginning of the financial year. Run rates have stabilised somewhat, with expenditure £14k above budget in the month.
- Non Clinical Supplies – Total underspend of £0.65m; £0.45m in Estates, £0.07m Hospital Services and £0.19m Health Informatics Team. Run rates have increased by £0.07m on the previous month, mainly in Estates, External Service agreements and Provisions in Medical Services and Estates.
- Placed People (including Continuing Healthcare) - Over spent by £2.16m, mainly in Adult Individual Patient Placements and reflecting an unachieved savings target.
- Adult Social Care - Over spent by £1.96m mainly as a result of a shortfall in the delivery of the Systems Savings Plan and overspend within the Torquay Zone area placements.
- Other Operating Expenditure - Over spent by £6.37m reflecting:
 - Premises overspent by £0.31m, with run rates decreasing by £0.17m on last month, mainly within utilities and engineering materials.
 - Purchase of social care overspent by £2.94m due to Systems Savings Plan shortfall (savings target phased from month 4 onwards).
 - Other £3.93m overspent – allocation of cost pressures savings targets (£2.71m), Torbay Pharmaceuticals miscellaneous expenditure (£0.25m), Estates Legal Costs (£95k), Women and Child's Health (£0.15m), Surgical Services (£0.17m) and Medical Services (£0.15m).
 - Purchase of Healthcare £0.42m overspent - Women and Child's Health for Radiology and Lab Test outsourcing (£0.24m) and Community Service intermediate care (£0.35m), with an overall increase in Purchase of Healthcare run rate of £0.08m from the previous month.
 - Underspends in Education and Training £0.67m; Bad debt Provision £0.49m, Establishment £0.18m (mainly office stationery, telephone, marketing, postage & Clinical Governance).

Financial Position by SDU (Includes Atypical Items)

Key Drivers

	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Trust Total Position							
Income	404.36	7.24	417.43	423.15	5.15	404.36	417.43
Pay	(222.84)	(0.06)	(222.90)	(223.19)	(0.29)	(222.84)	(222.90)
Non Pay	(174.82)	(1.27)	(179.15)	(179.18)	(3.09)	(174.82)	(179.15)
Financing Costs	(20.24)	3.78	(16.46)	(7.98)	8.48	(20.24)	(16.46)
SSP Plans	18.30	(9.69)	5.84	0.00	(2.21)	18.30	5.84
Trust Surplus / (Deficit)	4.76	0.00	4.76	12.80	8.04	4.76	4.76
NHSI Exclusions	(0.16)	0.00	(0.16)	0.28	0.25	(0.17)	(0.17)
Variance Against Plan Surplus / (Deficit)	4.60	0.00	4.60	13.08	8.29	4.58	4.58

The year to date position is a surplus of £12.80m against a budget surplus of £4.76m.

This position includes a financing cost benefit to 2017/18 due to the revaluation following re life of assets.

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

	Plan for Period	Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Community							
Income	0.97	(0.10)	0.87	1.72	0.85	0.97	0.87
Pay	(41.83)	0.72	(41.11)	(39.09)	2.02	(41.83)	(41.11)
Non Pay	(10.99)	2.98	(8.01)	(8.88)	(0.86)	(10.99)	(8.01)
Financing Costs	(1.81)	0.15	(1.66)	(1.65)	0.01	(1.81)	(1.66)
Surplus / (Deficit)	(53.66)	3.75	(49.91)	(47.90)	2.01	(53.66)	(49.91)

Underspend is related to the in year over achievement of savings from the decommissioning of Community Hospitals, vacancy slippage, lower than anticipated IC bed placement numbers and non recurrent income benefit.

	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
ASC (Independent Sector & In House LD)							
Income	9.90	(0.00)	9.90	10.03	0.13	9.90	9.90
Pay	(1.31)	0.28	(1.02)	(1.25)	(0.22)	(1.31)	(1.02)
Non Pay	(44.51)	0.42	(44.09)	(46.05)	(1.96)	(44.51)	(44.09)
Surplus / (Deficit)	(35.92)	0.71	(35.21)	(37.26)	(2.05)	(35.92)	(35.21)

£2m overspend entirely ASC driven with £1m of this due to unachieved TWIP. Difference of another £1m is now largely driven by overspends across residential and nursing care, themselves driven by price based pressures from a large backdated fee uplift. Income to partially offset this is captured in support & reserves.

	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Placed People (includes Continuing Healthcare)							
Income	0.02	0.00	0.02	0.01	(0.01)	0.02	0.02
Pay	(1.24)	0.25	(0.99)	(0.92)	0.07	(1.24)	(0.99)
Non Pay	(31.52)	2.09	(29.43)	(31.60)	(2.16)	(31.52)	(29.43)
Surplus / (Deficit)	(32.74)	2.35	(30.40)	(32.50)	(2.10)	(32.74)	(30.40)

Unachieved TWIP of £1.7m is the key driver behind the £2.1m overspend where adverse market conditions has made it very difficult to achieve any price based savings. In addition to this, Adult IPPs is overspent by almost £820k entirely due to growth in the number of high cost cases. Non-residential care however has overspent by circa £800k across CHC. The above has been partially offset by savings in CHC South Nursing Homes (£1m) and Intermediate Care (£165k)

Financial Position by SDU (Includes Atypical Items)

Key drivers

	Plan for Period	Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget	
	£'M	£'M	£'M	£'M	£'M	£'M	£'M	
Medical Services								
Income	91.47	(0.92)	90.56	88.76	(1.80)	91.47	90.56	
Pay	(41.84)	0.15	(41.70)	(46.19)	(4.49)	(41.84)	(41.70)	
Non Pay	(29.66)	2.16	(27.49)	(26.07)	1.42	(29.66)	(27.49)	
Surplus / (Deficit)	19.98	1.39	21.37	16.49	(4.87)	19.98	21.37	Continued overspends within clinical ward areas, which include costs associated with specialising/increased ward dependency and the flu escalation ward which has remained open during March. On-going cover of vacancies and sickness with bank and agency at a premium cost which has deteriorated further in the quarter 4 with greater reliance on agency workers at premium rates. Some underspending pay budgets converted to recurring TWIP schemes in year now leaving vacancy factor largely unachieved. Underspends against pass through drugs and devices are offset with an underachievement of contract income.
	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget	
	£'M	£'M	£'M	£'M	£'M	£'M	£'M	
Surgical Services								
Income	79.12	(5.98)	73.14	72.59	(0.55)	79.12	73.14	
Pay	(48.28)	0.65	(47.64)	(47.33)	0.31	(48.28)	(47.64)	
Non Pay	(18.59)	(3.43)	(22.02)	(20.69)	1.34	(18.59)	(22.02)	
Surplus / (Deficit)	12.24	(8.76)	3.48	4.57	1.09	12.24	3.48	Clinical Contract income down due to continued reduced levels of elective surgery and ICU still not yet fully operational to planned level. Ward overspends within clinical ward areas, primarily on specialising costs and sickness. This partially offset with underspends in ICU and Theatres. Non pay underspend in PTP drugs and clinical supplies. Underspends include our over delivery of TWIP and vacancy factor achievement.
	Plan for Period	Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget	
	£'M	£'M	£'M	£'M	£'M	£'M	£'M	
Women's, Children's, Diagnostics and Therapies								
Income	47.38	(2.20)	45.18	45.28	0.10	47.38	45.18	
Pay	(38.31)	1.36	(36.96)	(37.49)	(0.53)	(38.31)	(36.96)	
Non Pay	(8.68)	0.14	(8.54)	(9.28)	(0.74)	(8.68)	(8.54)	
Financing Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Surplus / (Deficit)	0.39	(0.70)	(0.32)	(1.49)	(1.17)	0.39	(0.32)	Unachieved SSP savings targets partially offset by continued underspends against vacant posts mainly in Radiology & therapies that are difficult to recruit to. Radiology consultant vacancies partially offset by outsourcing services to external providers shown against non pay.
	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget	
	£'M	£'M	£'M	£'M	£'M	£'M	£'M	
Corporate Services								
Income	175.49	16.44	191.93	198.35	6.42	175.49	197.76	
Pay	(50.03)	(3.47)	(53.49)	(50.93)	2.57	(50.03)	(53.49)	
Non Pay	(30.86)	(5.64)	(36.50)	(36.62)	(0.12)	(30.86)	(36.50)	
Financing Costs	(18.44)	3.63	(14.80)	(6.33)	8.47	(18.44)	(14.80)	
Surplus / (Deficit)	76.17	10.96	87.13	104.48	17.35	76.17	92.96	Additional Clinical income received from CCG, Council and other sources circa £4m. Favourable income variances within Education, Health Informatics, and Donated Income are covering the under recovery within Research and Torbay Pharmaceuticals. Pay underspends across corporate areas (including Reserves) due to vacancies being held. These reduced underspends and non pay underspends are contributing to the achievement of TWIP targets. The rate of non pay underspending has slowed, due to increased expenditure within Health Informatics projects, and net increase of circa £200k in provisions. At M12 Financing cost is showing favourable variance relating to Depreciation totalling £2.6m and Impairment amounting to £5.9m.
	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget	
	£'M	£'M	£'M	£'M	£'M	£'M	£'M	
SSP Plans								
Income	7.26	(1.27)	5.99	6.41	0.42	7.26	0.16	
Pay	5.52	(4.90)	0.62	0.00	(0.62)	5.52	0.62	
Non Pay	5.52	(3.51)	2.01	0.00	(2.01)	5.52	2.01	
Surplus / (Deficit)	18.30	(9.69)	8.61	6.41	(2.21)	18.30	2.78	SSP income ahead of planned year to date position by £0.42m Pay and non pay forecast adverse variance due to original SSP target £11m; £3.06m of non pay budget has now been transferred to Independent Sector / CHC.

Items Outside of EBITDA (Includes Atypical Items)

	Year to Date - Month 12			Previous Month YTD	
	Plan	Actual	Variance	Variance	Movement in Variance
	£m	£m	£m	£m	£m
Operating income/expenditure outside EBITDA					
Donated asset income	1.00	0.61	(0.39)	(0.55)	0.17
Depreciation/Amortisation	(14.52)	(8.37)	6.15	4.83	1.32
Impairment	0.00	5.92	5.92	(0.06)	5.98
Total	(14.52)	(2.44)	12.08	4.77	7.31
Non-operating income/expenditure					
Interest expense (excluding PFI)	(1.68)	(1.59)	0.08	0.07	0.01
Interest and Contingent Rent expense (PFI)	(1.81)	(1.77)	0.04	0.04	0.00
PDC Dividend expense	(2.24)	(2.42)	(0.17)	0.04	(0.22)
Gain/loss on disposal of assets	0.00	0.22	0.22	0.06	0.16
Other	0.00	0.02	0.02	0.01	0.01
Total	(5.72)	(5.54)	0.18	0.22	(0.04)
Total items outside EBITDA	(20.24)	(7.98)	12.26	4.99	7.27

Key points

- Donated asset income is £0.4m adverse to plan, due to a lower level than planned of these capital projects. This variance does not affect performance against the control total.
- Depreciation/Amortisation is £6.2m favourable to plan, largely due to the reassessment of asset lives in 2016/17, the reduced level of capital expenditure in 2017/18 and the adoption of the Alternative Useful Life Methodology of the RICS.
- The Trust does not plan for impairment, which is unpredictable and can be positive or negative. Therefore, the 2017/18 impairment reversal of £5.9m results in a favourable variance.

Balance Sheet (Includes Atypical Items)

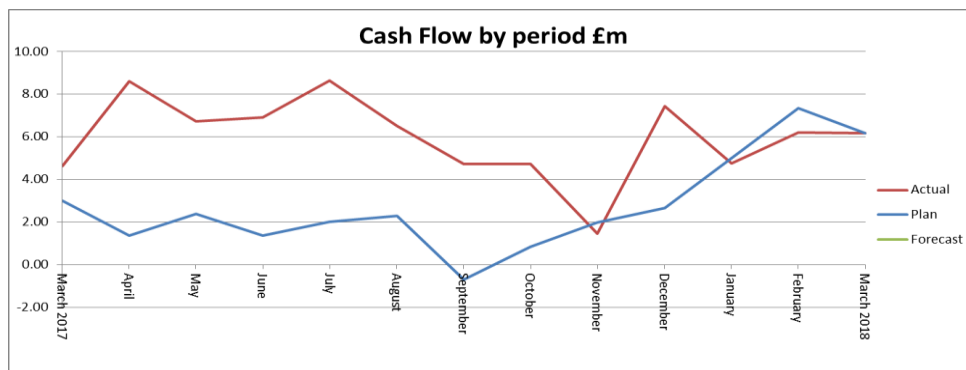
	Year to Date - Month 12			Previous Month YTD	
	Plan	Actual	Variance	Variance	Movement in Variance
	£m	£m	£m	£m	£m
Non-Current Assets					
Intangible Assets	11.41	5.23	(6.19)	(2.46)	(3.73)
Property, Plant & Equipment	175.33	167.81	(7.52)	(20.71)	13.19
On-Balance Sheet PFI	18.16	15.15	(3.00)	(3.46)	0.46
Other	1.89	2.37	0.48	0.51	(0.03)
Total	206.80	190.57	(16.23)	(26.12)	9.89
Current Assets					
Cash & Cash Equivalents	6.17	6.17	(0.00)	(1.13)	1.13
Other Current Assets	25.03	32.18	7.15	4.67	2.48
Total	31.20	38.35	7.15	3.54	3.61
Total Assets	237.99	228.91	(9.08)	(22.58)	13.50
Current Liabilities					
Loan - DH ITFF	(7.12)	(6.90)	0.22	0.22	0.00
PFI / LIFT Leases	(0.75)	(0.78)	(0.04)	(0.04)	0.00
Trade and Other Payables	(30.08)	(31.81)	(1.73)	0.53	(2.26)
Other Current Liabilities	(1.76)	(1.85)	(0.09)	(0.32)	0.23
Total	(39.71)	(41.35)	(1.64)	0.39	(2.03)
Net Current assets/(liabilities)	(8.52)	(3.01)	5.51	3.93	1.58
Non-Current Liabilities					
Loan - DH ITFF	(70.99)	(57.14)	13.85	12.62	1.23
PFI / LIFT Leases	(19.52)	(19.51)	0.00	0.00	(0.00)
Other Non-Current Liabilities	(3.94)	(4.85)	(0.91)	(0.62)	(0.29)
Total	(94.45)	(81.50)	12.94	12.01	0.94
Total Assets Employed	103.83	106.05	2.22	(10.19)	12.41
Reserves					
Public Dividend Capital	61.87	62.83	0.96	0.65	0.30
Revaluation	46.23	39.03	(7.21)	(10.10)	2.89
Income and Expenditure	(4.27)	4.20	8.47	0.40	8.07
Total	103.83	106.05	2.22	(10.19)	12.41

Key Points

- Non-current assets are £16.7m lower than planned, principally due to asset revaluation and reduced levels of capital expenditure.
- Cash is in line with Plan, as explained in the commentary to the cash flow statement.
- Other Current Assets are £7.2m higher than Plan, largely due to income received in arrears £4.3m (STF £3.1m, SCG £1.1m), charitable grant £1.0m and fixed assets held for sale £0.8m.
- Trade and Other Payables are £1.7m higher than Plan, largely due to income received in advance from the CCG £1.5m and trade creditors £2.8m, partly offset by the paying down of the capital creditor £2.1m.
- DH loans (non-current) are £13.9m lower than Plan, largely due to the delay in obtaining approval for new loans.
- PDC reserves are £1.0m higher than plan due to receipt of PDC relating to the GP streaming project.

Cash

Current Performance



Key points

- The actual opening cash balance was £1.6m favourable to the planned opening cash balance.
- Capital-related cashflow is £4.2m favourable due to capital expenditure £22.3m favourable, partly offset by loan movements £13.8m, delays to disposals of assets £3.0m and the paying down of the capital creditor £1.5m.

Other elements:

- Cash generated from operations is £3.8m adverse, reflecting the variance relating to non-cash depreciation of £6.2m offset by a £2.2m overall favourable variance against control total.
- Working Capital debtor movements is £6.5m adverse, mainly due to income received in arrears £4.3m (STF £3.1m, NHSE £1.2m) and charitable grant £1.0m.
- Working Capital creditor movements is £2.9m favourable, mainly due to income in advance from the CCG £1.5m and increases in Accounts Payable.
- Other is £1.4m favourable, largely due to receipt of PDC relating to the GP streaming project £1.0m.

	Year to Date - Month 12			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Opening Cash Balance (incl Overdraft)	3.00	4.64	1.64	1.64	0.00
Capital Expenditure (accruals basis)	(29.57)	(7.26)	22.32	22.11	0.21
Capital loan drawdown	14.71	0.67	(14.04)	(12.81)	(1.23)
Capital loan repayment	(5.02)	(4.75)	0.27	0.27	0.00
Proceeds on disposal of assets	4.01	1.00	(3.01)	(3.37)	0.36
Movement in capital creditor	0.00	(1.52)	(1.52)	(2.21)	0.69
Other capital-related elements	1.00	1.19	0.19	0.03	0.17
Sub-total - capital-related elements	(14.88)	(10.66)	4.22	4.02	0.20
Cash Generated From Operations	24.00	20.17	(3.83)	(5.58)	1.75
Working Capital movements - debtors	2.79	(3.75)	(6.54)	(3.94)	(2.59)
Working Capital movements - creditors	(0.27)	2.66	2.93	1.32	1.61
Net Interest	(2.95)	(2.89)	0.06	0.36	(0.30)
PDC Dividend paid	(2.24)	(2.10)	0.15	0.10	0.05
Other	(3.27)	(1.90)	1.37	0.95	0.41
Sub-total - other elements	18.05	12.19	(5.86)	(6.79)	0.93
Closing Cash Balance (incl Overdraft)	6.17	6.17	(0.00)	(1.13)	1.13

Capital

Current Performance

	Year to date Mth 12 - Based upon Operational Plan (March 17)				
	Plan	Budget	Actual	Variance to Plan	Variance to Budget
	£m	£m	£m	£m	£m
Capital Programme	29.58	13.36	7.26	(22.32)	(6.10)
Significant Variances in Planned Expenditure by Scheme:					
HIS schemes	7.38	3.20	1.19	(6.19)	(2.01)
Estates schemes	19.03	6.15	3.16	(15.87)	(2.99)
Medical Equipment	1.46	1.66	1.23	(0.23)	(0.43)
Other	0.00	0.91	0.75	0.75	(0.16)
PMU	1.16	1.19	0.93	(0.23)	(0.26)
Contingency	0.55	0.25	0.00	(0.55)	(0.25)
Anticipated slippage	0.00	0.00	0.00	0.00	0.00
Prior Year schemes	0.00	0.00	0.00	0.00	0.00
Total	29.58	13.36	7.26	(22.32)	(6.10)
Funding sources					
Secured loans	0.00	0.67	0.67	0.67	0.00
Unsecured loans	14.71	0.00	0.00	(14.71)	0.00
Finance Leases	0.00	0.00	0.69	0.69	0.69
Disposal of assets	4.00	0.61	0.92	(3.08)	0.31
PDC	0.00	0.89	0.96	0.96	0.07
Charitable Funds	1.00	0.92	0.61	(0.39)	(0.31)
Internal cash resources	9.87	10.27	3.41	(6.46)	(6.86)
Total	29.58	13.36	7.26	(22.32)	(6.10)

Key Points

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

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

Outturn position: -

- Asset disposal proceeds in 2017/18 were less than planned.
- Forecast underspend in (non-cash) depreciation charge has been used to offset other cost pressures which have cash requirements.
- Planned loans were not secured.
- Consequently, in order to maintain solvency, the Trust's actual capital expenditure in 2017/18 was substantially less than that planned.
- Value of approved schemes to date totals £13.4m.
- Full year forecast expenditure reported to NHSI during March 18 totalled £8.2m. £7.3m spend represents a £0.9m variance to this forecast. Underspend against approved budget totals £6.1m

Actions outstanding

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

Activity

				Cumulative variance Current Month	Cumulative variance Previous Month	% variance to plan
setting	Annual Plan	YTD Plan	YTD Actual			
Day Case	31,721	31,342	31,578	236	342	1%
Elective	4,560	4,191	3,386	-805	-729	-19%
Non-Elective Emergency	28,344	28,344	29,203	859	865	3%
Non-Elective Non-Emergency	3,479	3,479	3,189	-290	-272	-8%
Non-Elective CDU	3,930	3,930	4,432	502	463	13%
Non-Elective AMU	1,648	1,648	3,171	1,523	1,315	92%
TOTAL APC	73,682	72,934	74,959	2,025	1,984	3%
New	103,112	103,112	105,472	2,360	1,778	2%
F-Up	275,127	275,127	252,147	-22,980	-20,431	-8%
TOTAL OPA	378,239	378,239	357,619	-20,620	-18,653	-5%
A&E	76,280	76,280	78,282	2,002	2,411	3%

Activity variances to plan -Month 12

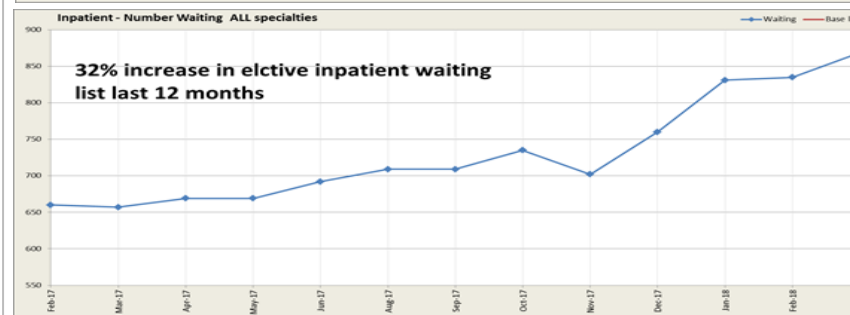
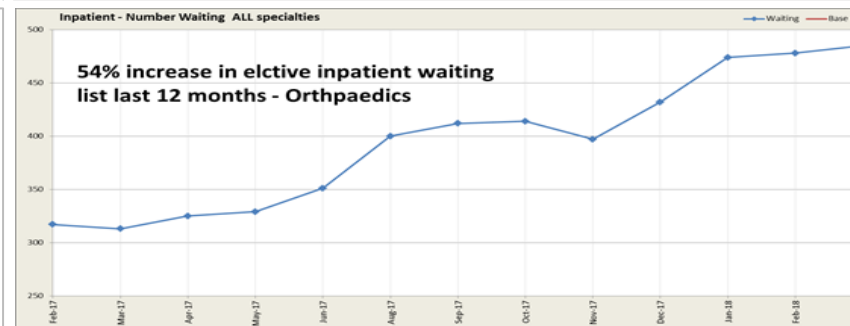
Activity variances for M12 and M11 against the contract activity plan are shown in the table opposite. In M12, elective activity broadly matched plan but, F-ups activity dropped 2,500 behind plan, News activity reduced by 582. The main variation is against elective inpatients (19% behind plan, 19% last month) and outpatient follow up appointments (8% behind plan, 8% last month).

At treatment function level the greatest variance is in Orthopaedics with 259 inpatient cases behind plan (£1.243m). This position reflects the continuing focus to reducing costs and limiting activity to workforce plan. 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.

For follow ups, the specialty with greatest variance against plan is Dermatology 4,046 appointments behind plan (£517k).

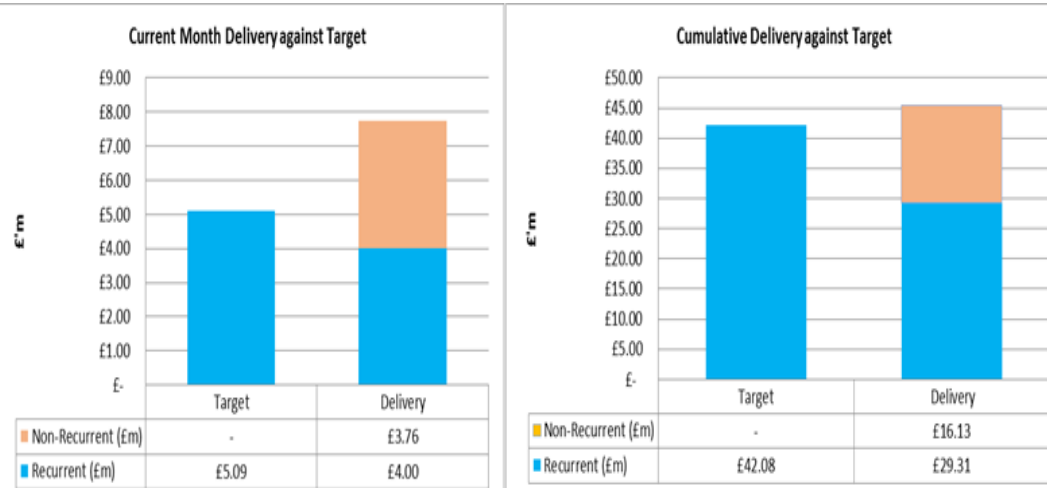
The underperformance against commissioned elective activity plan has been escalated as a concern. The underperformance is one of the factors behind the deteriorating RTT performance. This is currently being reviewed. **The committee is asked to note:**

- The activity plan in 17_18 is based on the assessment of actual capacity and therefore does not include any historical waiting list initiative activity.
- Risk Share Agreement mitigates any immediate income risk of underperformance to plan.
- Activity underperformance has contributed to cost savings on non pay consumable items however waiting times have increased over the year end this is seen in the deterioration in the reported RTT performance.
- The RTT risk and assurance group maintain performance oversight with the RTT position and forecast reviewed at individual team level. The plan for 18_19 is to maintain the current level of waiting lists and RTT performance (82%)
- To achieve this activity will need to increase above the 17_18 run rate.
- Referrals over a rolling 12 month period are remaining at historical levels.
- The winter escalation to limit routine elective inpatient admissions to support emergency capacity has impacted on elective activity in the last 4 months.
- Overall waiting list number for inpatients have increased over the year linked to this underperformance in activity.



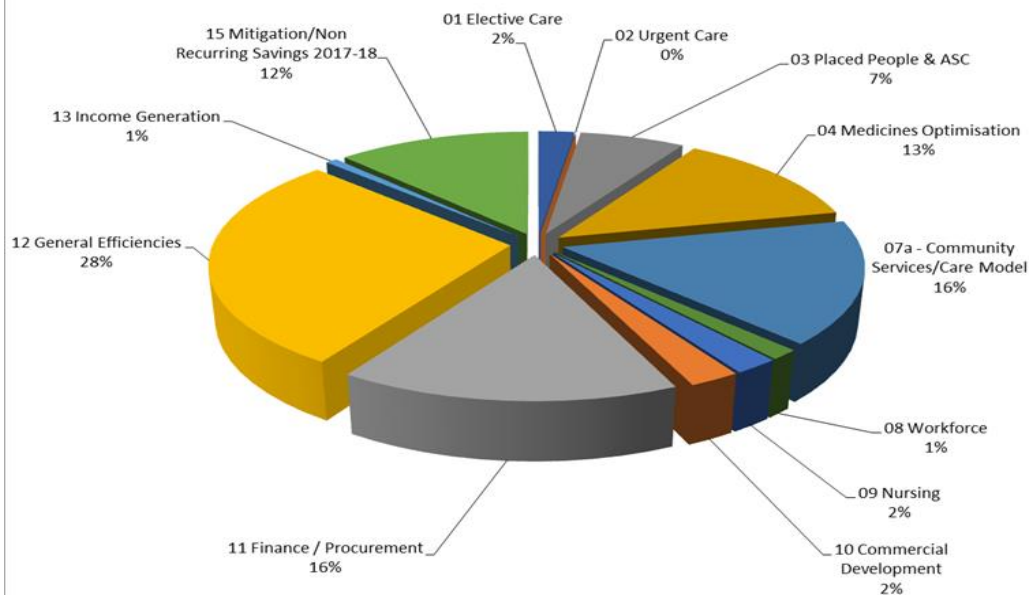
CIP Delivery: Current Mth, Cumulative & Forecast

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



b) How the savings were achieved, by CIP Workstream.

17/18 Actual Savings Achieved by Workstream £'m



a) Current Month Delivery against Target

Summary>

-Current Month Surplus: £2.67m

-Cumulative Surplus: £3.36m

Commentary>

Current month position

The current month CIP Target was over-delivered by £2.67m and was mainly due to a Month 12 technical accounting benefit transacted as a result of a recurrent underspend on Depreciation following a District Valuer assessment.

Cumulative position

The Trust has overdelivered it's £42.1m CIP target by £3.36m, which is an impressive position, given the significant target set.

The hard work put into delivering this result from staff across the organisation is gratefully recognised and appreciated by the executive board, especially when there have been so many clinical delivery challenges to meet.

The CIP delivery assurance and forecasting methodology has proven to be very robust this year thanks to the combined efforts of the Finance Business Support team and the newly established Programme Management Team.

Operational Performance Focus

Month 12 - March 2018

Page 2	Summary of Performance
Page 3	RTT (Referral to Treatment Time)
Page 4	4 hour Standard for time spent in the Emergency Department and MIU's
Page 5	Cancer Standards
Page 6	Diagnostic Waits
Page 7	Other Performance Exceptions
Page 8	Social Care Performance Metrics
Page 9	Community Metrics

Performance Summary

STP / NHSI operational plan - Monitored indicators

Indicator	National Standard	Operational plan trajectory (M12)	Trust performance (M12)
A&E 4hr waits (STF)	95%	95.0%	80.6%
RTT 18 week waits	92%	90.00%	81.6%
62 day Cancer waits	85%	85.0%	79.0%
Diagnostics waits < 6 weeks	99.0%	No trajectory	91.1%
Dementia Find	90%	No trajectory	92.7%

NHSI Operational Plan indicators (Month 12)

A+E: The STF operational performance trajectory in March is **not met**. The target set for winter incentive funding is an aggregate level of 92.4% in Q4 and 95% in March for STF operational performance payment.

RTT: The RTT trajectory is **not met** - The continued cap on elective activity is a significant factor is not maintaining the 82% as planned to end of March 2018.

Cancer: The standard for urgent suspected cancer referral and treatment within 62 days is **not met** in February.

Diagnostics: The diagnostics standard is **not met and deteriorated in M12** to 8.9% of waiting list over 6 weeks against a target of 1%

Dementia: The Dementia find standard is **met** in March for the first time.

4 hour ED standard: In March the Trust achieved 80.6% of patients discharged or admitted within 4 hours of arrival at accident and emergency departments. This is a fall on last month (81.1%) and is below the agreed Month 12 Operational Plan trajectory and National Standard of 95%.

RTT (Target 92% / Trajectory 90.0%): RTT performance has been affected by the continued cap on elective capacity and diversion of clinical capacity to support the OPEL 4 escalation on non elective pathways. The two serious weather events in March have also impacted on capacity and contributed to the revised trajectory of 82% not being met.

Patients waiting over 52 weeks: The number of very long wait patients has not reduced as planned with 33 reported waiting over 52 weeks at the end of March the same as February against plan of Zero. The impact of having reduced elective capacity to support bed escalation has delayed the booking and treatment of longest waiting patients. A revised trajectory for 18_19 has now been submitted for sign off with clearance of all 52 week wait patients by M10. Trajectories will be finalised once planning submissions have been agreed for the 30th April submission.

62 day cancer standard: The 62 day referral to treatment standard was not met in March at 79.0% (validated 11th April 2018). Current forecast for Q4 is 80.7% (subject to further validation). The adverse weather has been a factor resulting in cancellations across the cancer pathways and continued capacity challenges across several specialties including Lower GI, Urology, Lung and Dermatology/Plastics.

Diagnostic waits: The number of patients with a diagnostic wait over 6 weeks increased in March to 380 (8.9%) from 125 (3.08% of total waiting) in February.

Due to the lack of capacity within CT and MRI services, waiting time compliance is regularly borderline. The recent loss of considerable activity through snow has thus pushed waiting times into a poor position which is difficult to recover within local service capacity constraints.

The greatest number of long waits are for routine MRI. Additional capacity and reliance on outsourcing is needed to recover this lost capacity and continue to meet the underlying increasing demand being experienced.

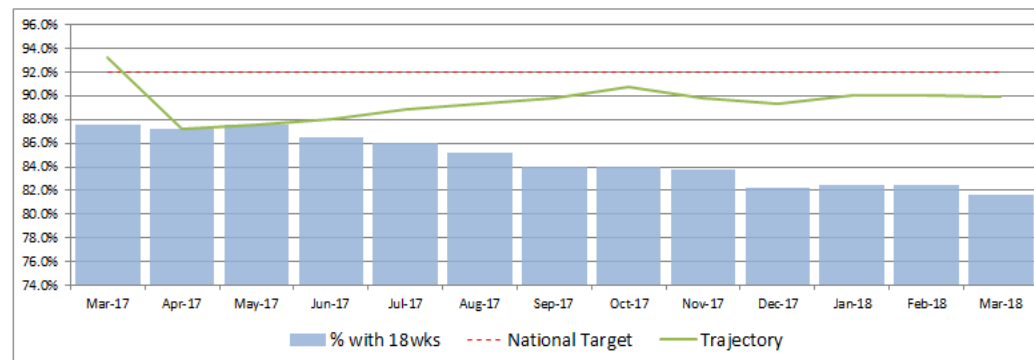
NHSI Indicator - Referral to Treatment

Specialties with highest numbers of patients over 18 weeks RTT

Submitted Spec	Incomplete RTT >18weeks			
	IPDC	OP	% < 18wk	Grand Total
Trauma & Orthopaedics	473	89	72.23	562
Urology	231	125	71.72	356
Ophthalmology	267	52	85.64	319
Upper Gastrointestinal Surgery	198	59	64.21	257
Gastroenterology	145	66	85.69	211
Cardiology	17	192	80.88	209
Oral Surgery	100	103	84.61	203
Respiratory Medicine		202	71.39	202
Pain Management	54	141	65.79	195
Neurology	3	157	71.07	160
Gynaecology	71	74	84.67	145
Colorectal Surgery	83	50	79.6	133
Rheumatology	10	122	76.6	132

Referral to Treatment - Incomplete pathways

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Incomplete <18wks	14630	15333	15526	15000	15140	15579	15403	15713	14945	14669	14752	14952	15386
Incomplete >18wks	2082	2245	2219	2353	2448	2711	2932	2985	2902	3173	3127	3186	3473
% with 18wks	87.5%	87.2%	87.6%	86.4%	86.1%	85.2%	84.0%	84.0%	83.7%	82.2%	82.5%	82.4%	81.6%
National Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Trajectory	93.3%	87.2%	87.5%	88.0%	88.9%	89.4%	89.8%	90.7%	89.9%	89.3%	90.1%	90.0%	90.0%



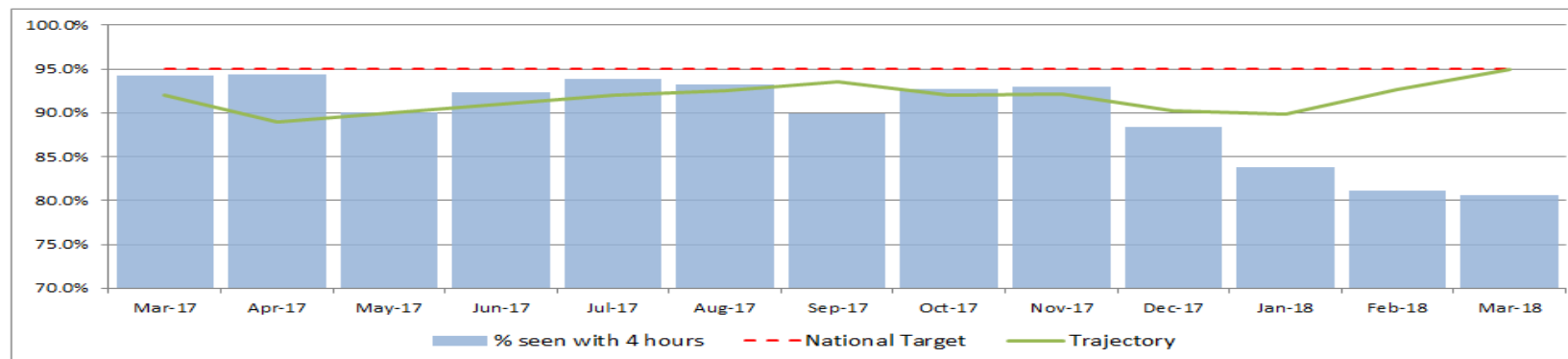
At the end of March 81.6% (82.4% last month) of patients waiting for treatment had waited 18 weeks or less at the Trust from initial referral for treatment. This is assessed as RED; the stabilisation in performance seen in recent months has slipped, however, there are a number of patient outcomes following being seen that have yet to be recorded and records are not all fully validated. Improvements have been seen across the non-admitted (outpatient) pathways whilst the impact from reduced admissions for routine elective inpatient admissions remains a risk for upper GI, Urology and Orthopaedics.

As part of the STP planning guidance a revised M12 performance of 82% has been agreed and this is to be used as the baseline of activity forecasts in 2018/19. An assessment has been made by specialty and this confirms that the revised trajectory can be achieved from current plans, however, there is an increased risk due to the continued operational pressures from emergency admission pathways to these plans.

Monitoring patients waiting longer than 52 weeks: At the end of March, 34 patients (target 10) were waiting longer than 52 weeks (33 in February). The plan to treat all patient waiting over 52 weeks by the end of March has not been achieved. Teams remain committed to achieving no patients waiting over 52 weeks. Plans are being reviewed to be implemented as soon as the continued elective capacity controls for inpatient admission are lifted. The current forecast is that the number of patients waiting over 52 weeks will reduce to 15 by the end of June. However this is subject to the elective capacity controls being relaxed to enable flexibility to schedule additional lists.

Governance and monitoring: All RTT delivery plans are reviewed at the bi-weekly RTT and Diagnostics Assurance meeting chaired by the Interim Chief Operating Officer (ICOO) with the CCG Commissioning Lead in attendance.

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



The STF trajectory for Accident and Emergency waiting times is not achieved in March with 80.6% of ED and MIU attenders discharged or transferred within 4 hours against the trajectory of 95.0%. Thresholds for access to performance related (tranche 2) winter funding allocations and STF operational performance threshold for Q4 (95%) have not been met.

March performance was impacted by continued winter pressures with the urgent care system being in escalation of OPEL 3 or higher for 24 days compared to just 4 days in November (pre winter pressures). Patient flow and access to inpatient beds being the critical constraint. The escalation ward consisting of 22 beds has been used at times of escalation during March and into April.

Escalation status										
Opel status	June	July	August	September	October	November	December	January	February	March
Opel 1	15	30	15	4	12	15	6	0	0	2
Opel 2	10	1	11	9	14	11	11	2	2	5
Opel 3	5	0	4	17	5	4	13	23	24	14
Opel 4	0	0	1	0	0	0	1	6	2	10

Management of flu across inpatient wards remained a challenge with numbers significantly higher than last year, however, with early testing the impact has been managed well along with on-going infection control measures. The additional domiciliary care capacity commissioned in December continues to support timely discharge and on-going support of patients at home. Intermediate care bed capacity and home support has been maintained at planned levels. Operational pressures and escalation have continued into April 2018 with operational performance of 87.2% to 16th April 2018.

12 hour Trolley wait - In March, 6 patients are reported as having a trolley wait from decision to admit to admission to an inpatient bed of over 12 hours. A full harm review and Root Cause Analysis has been completed and no harm found.

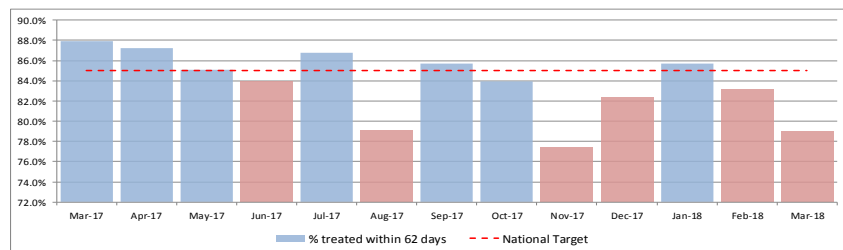
Review of Winter performance - A review has been started to look at the operational performance and demand within the emergency care system. This review will inform the NHSI plan submission for winter planning that all trusts are required to make by 30th April 2018. Further details of findings and recommendations will be shared with the Board once this work is completed. The NHSI planning parameter for 18_19 is to achieve no worse performance each quarter to that achieved in 17_18 with a minimum level of 90% and to achieve 95% in March 2019.

Cancer treatment and cancer access standards

CWT Measure	Target	March 2018				Quarter 4 Total			
		Within Target	Breached Target	Total	Performance	Within Target	Breached Target	Total	Performance
14 Day - 2ww referral	93%	743	292	1035	71.8%	2252	852	3104	72.6%
14 Day - Breast Symptomatic referral	93%	86	5	91	94.5%	238	11	249	95.6%
31 Day 1st treatment	96%	164	3	167	98.2%	468	25	493	94.9%
31 Day Subsequent treatment - Drug	98%	61	0	61	100.0%	221	1	222	99.5%
31 Day Subsequent treatment - Radiotherapy	94%	48	0	48	100.0%	166	5	171	97.1%
31 Day Subsequent treatment - Surgical	94%	39	0	39	100.0%	106	2	108	98.1%
31 Day Subsequent treatment - Other		27	0	27	100.0%	88	0	88	100.0%
62 day 2ww / Breast	85%	77	20.5	97.5	79.0%	227	48	275	82.5%
62 day Screening	90%	9	0	9	100.0%	25	2	27	92.6%

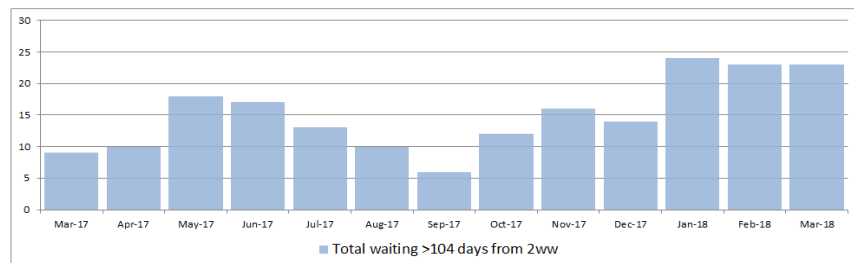
Cancer - 62 day wait for 1st treatment from 2ww referral

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
1st treatments (from 2ww)	83	62.5	97.5	106	94.5	120	98	84	97.5	85	94.5	83	97.5
Breaches of 62 day target	10	8	14.5	17	12.5	25	14	13.5	22	15	13.5	14	20.5
% treated within 62 days	88.0%	87.2%	85.1%	84.0%	86.8%	79.2%	85.7%	83.9%	77.4%	82.4%	85.7%	83.1%	79.0%
National Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



Cancer - Patients waiting >104 days from 2ww

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Cancer not discounted	n/a	n/a	n/a	n/a	9	6	4	7	12	13	15	15	11
Confirmed cancer	n/a	n/a	n/a	n/a	4	4	2	5	4	1	9	8	12
Total waiting >104 days from 2ww	9	10	18	17	13	10	6	12	16	14	24	23	23



Cancer standards - Table opposite shows the March performance (at 10th April validation point): *Note these figures are provisional and may change as final validation and data entry is completed for national submission, 25 working days following the month close.*

Two cancer treatment time standards have not been met in March.

Urgent cancer referrals 14 day 2ww: At 71.8% this position is a improvement from last month (70.4%). Dermatology is the main specialty that requires improvement. Locum cover is now in place to support additional urgent clinics.

NHSI monitored Cancer 62 day standard: The 62 day referral to treatment standard was not met in March at 79.0% (validated 11th April 2018). Current forecast for Q4 is 82.5% (subject to further validation). This is due to the adverse weather, resulting in cancellations across the cancer pathways and continued capacity challenges across several specialties including Lower GI, Urology, Lung and Dermatology/Plastics.

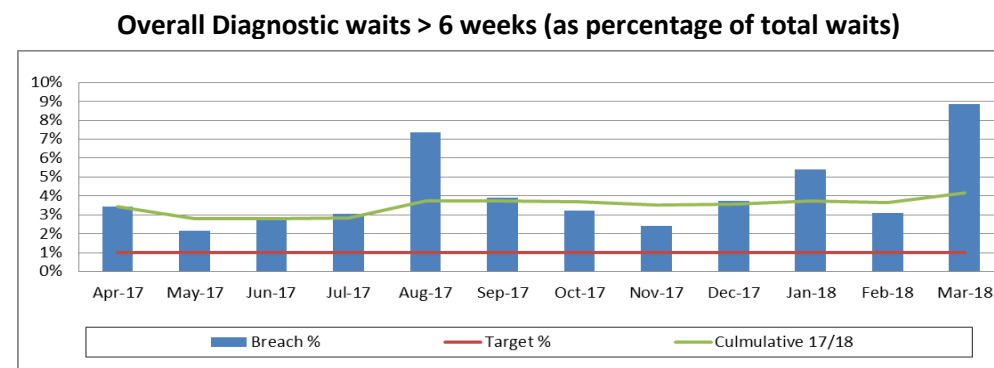
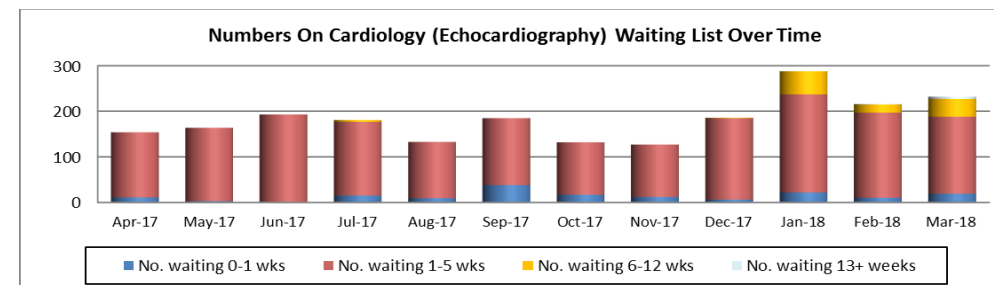
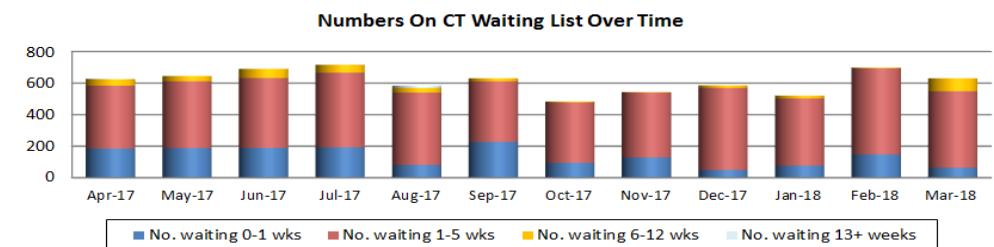
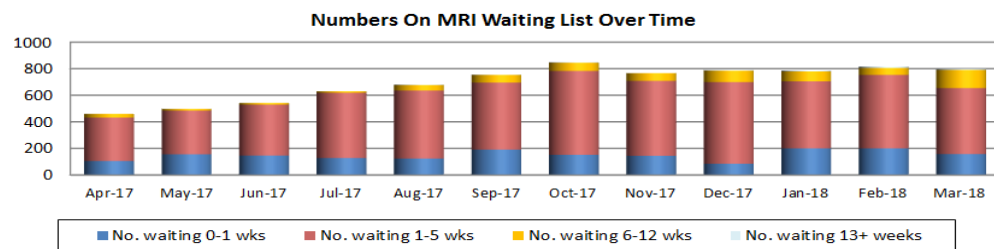
Plans are in place to support reduction in wait time across the Lung and Urology pathways through pathway redesign and reducing diagnostic phase of pathway. However the Trust is seeing an increase in number of 2ww referrals to Urology and LGI, which will impact on the ability to achieve the time to treatment targets in coming months.

Longest waits greater than 104 days

The most recent guidance from NHS E 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 the 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. This validation and escalation process is seeing a reduction in the longest waits with confirmed cancer, however, there remain pathways greater than 104 days being tracked from urgent referral where cancer has not been ruled out. At the end of March 23 patients waiting over 104 days with confirmed or suspected cancer diagnosis. In March, 4 patients recieved traetment having a waiting time over 104 days (2 urology 1 lung 1 skin).

NHSI indicator - Patients waiting over 6 weeks for diagnostics



The number of patients with a diagnostic wait over 6 weeks increased in March to 380 (8.9%) from 125 (3.08% of total waiting) in February.

Due to the lack of capacity within CT and MRI services, waiting time compliance is regularly borderline. The recent loss of considerable activity through snow has thus pushed waiting times into a poor position which is difficult to recover within local service capacity constraints.

The highest number of patients with long waits have been identified in MRI with 143 (64 last month) patients over 6 weeks.

The continued mobile MRI van visits have helped to stabilise the number waiting and prior to snow events in March, was starting to see an overall reduction. Mobile services will be booked monthly for at least the next 6 months, the position will be monitored weekly.

CT has seen an overall increase to 81 (4 last month) patients over 6 weeks. There is no capacity within the system to manage this and increased outsourcing to both Mount Stuart and Mobile CT services are required.

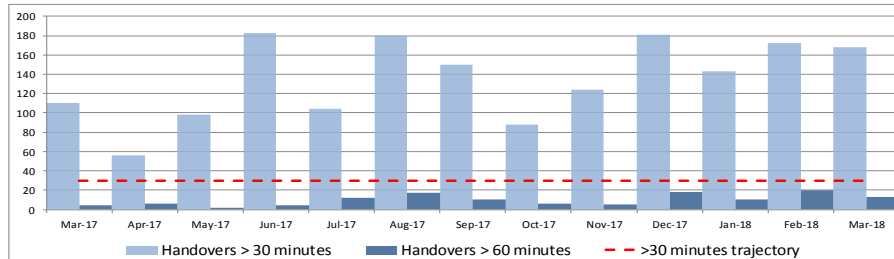
Echocardiography waiting numbers have increased to 44 over 6 weeks from 19 last month.

There continues to be pressures from increasing demand across many areas with demand management and options to increase capacity reviewed as part of 2018/19 business planning.

Other Performance Exceptions

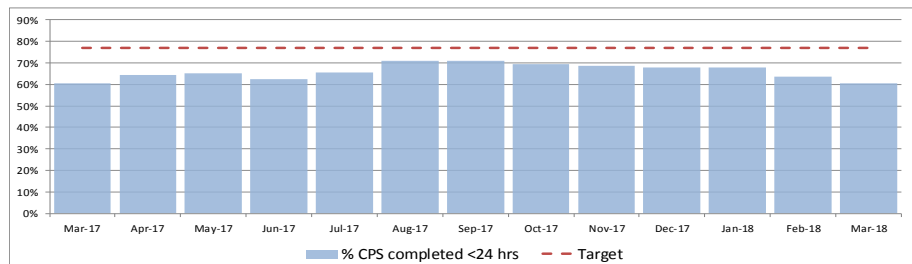
Ambulance handovers

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Handovers > 30 minutes	110	56	98	183	104	180	150	88	124	181	143	172	168
Handovers > 60 minutes	4	6	2	4	12	17	10	6	5	18	10	20	13
>30 minutes trajectory	30	30	30	30	30	30	30	30	30	30	30	30	30



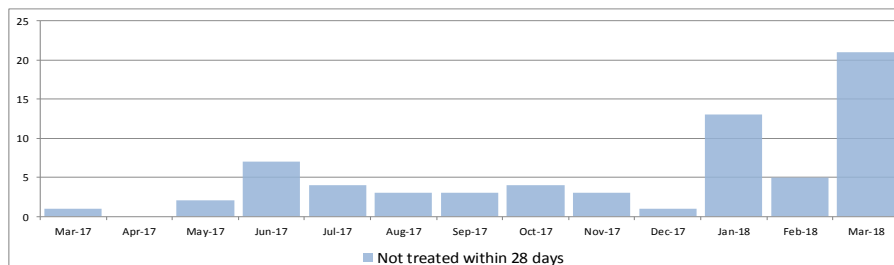
Care Plan Summaries completed with 24 hours of discharge - Weekday

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Discharges	1355	1079	1239	1204	1179	1268	1239	1269	1251	1104	1161	959	1017
CPS completed within 24 hours	2234	1674	1905	1925	1803	1787	1746	1825	1821	1625	1716	1511	1677
% CPS completed <24 hrs	61%	64%	65%	63%	65%	71%	71%	70%	69%	68%	68%	63%	61%
Target	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%



Cancelled patients not treated within 28 days of cancellation

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Not treated within 28 days	1	0	2	7	4	3	3	4	3	1	13	5	21



Ambulance Handover

The number of ambulance handovers delayed over 30 minutes remains above planned levels. The high levels of delays is a reflection of pressures on patient flow across the system with patients being held in the Emergency Department waiting for admission to hospital beds.

Regular meetings with the Ambulance Trust continue to manage these operational challenges. We routinely validate delays and these are now being reflected in the published data received from SWAST.

The longest delays being those over 60 minutes are being managed with clinical prioritisation and escalation processes in place.

Care Planning Summaries (CPS)

Improvement remains a challenge to complete CPSs within 24 hours of discharge, 61% achieved in March for weekday discharges against the internal target for improvement of 77%. The challenges remain with the manual processes and duplication of information already recorded. The strategy is to reduce the manual entry requirements and demands on junior doctor time by increasing the automatic transfer of data from existing electronic records.

The current performance remains at the same level over the same period last year.

Cancelled operations

The weather events in March had a big impact on the number of cancelled operations cancelled on the day of surgery (114) along with the number of patients reported as waiting beyond 28 days to be readmitted following on the day cancellation. This is expected to remain high next months as there is a backlog of patients to bring back in.

Social Care and Public Health Metrics

Social Care Programme Board					
2017/18 Performance Scorecard to 31 March 2018					
Torbay Social Care KPIs		2017/18 full year target	2017/18 YTD target	Outturn YTD	Comment
ASC-1C pt1	% clients receiving self-directed support	92%	92%	93%	On target
ASC-1C pt2	% clients receiving direct payments	28%	28.0%	26.2%	Below target. Performance has improved since start of year but not met increased target. Performance expected to improve through use of 'My Support Broker' and work with the voluntary sector.
D-40b	% clients receiving a review within 18 months	93%	93%	87%	Below target. 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 also done in the most efficient order rather than date order.
NI-132	Timeliness of social care assessment	70%	70%	79%	On target
LI-404	No. of permanent care home placements (snap shot)	617	617	604	On target
ASC-2A pt2	Permanent admissions (65+) to care homes per 100k population (BCF) (rolling 12 month)	599.0	599.0	467.9	On target
NI-135	Carers receiving needs assessment, review, information, advice, etc.	43%	43.0%	42.2%	Within agreed tolerance
ASC-1C pt1b	% carers receiving self directed support	85%	85%	84%	Within agreed tolerance
QL-18	% of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual	100%	100%	100%	On target
TCT-14b	% Repeat safeguarding referrals in last 12 months	8.0%	8.0%	7.1%	On target
ASC-1E	% Adults with learning disabilities in paid employment	4.0%	4.0%	3.3%	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. This KPI involves a relatively small number of clients and around 4 additional people in paid employment would meet target.
ASC-1G	% Adults with learning disabilities in settled accommodation	75%	75%	75%	On target
BCF-04a	Number of days of delayed transfers of care (BCF)	2,439	1,859	2,932	Below target. These are delays for Torbay residents by any NHS organisation with around 60% reported by TSD NHS Trust. Torbay continues to perform well compared to National and regional benchmarks.

The Social Care and Public Health metrics relate to the Torbay LA commissioned services. Comments against indicators are shown in the dashboard above. The metrics and exceptions are reviewed at the Torbay Social Care Programme Board (SCPB), monthly Executive Quality and Performance Review meetings and Community Board. The headline risks currently being managed are:

- Nursing and residential home market and capacity;
- Domiciliary care provider not meeting service level demand and contract queries raised;
- Continuing Health Care (CHC) for placed people volume and price pressures.

	17/18 Year End Target	17/18 YTD Target	17/18 YTD Actual	YTD Variance	
				No.	%
Public Health Services					
CAMHS - % Urgent referrals seen within 1 week	68%	68%	88%	20	29%
CAMHS - % patients waiting under 18 weeks at month end [B]	92%	92%	98%	6	7%
% of face to face new birth visits within 14 days *	95%	95%	88%	7	8%
Children with a child protection plan * [B]		..	160
4 week smoking quitters Q3 ** [B]		150	232	82	55%
Opiate users - % successful completions of treatment Q3 ** [B]		8.2%	7.8%	0	5%

Public Health: The headline messages for Public Health performance are:

- CAMHS - waiting times from referral to assessment and commencement of treatment remain good.
- Health visiting - The metric is reporting 88% compliance however the service confirm that no new birth visits have been missed. Babies in the Special Care Unit may not be reviewed. The team are continuing to work to improve the reporting with the use of the new PARIS system.

Community Services

Community Hospital Dashboard - Summary of Key Measures - March-18

	Act. 15/16 Outturn	16/17 Year End Target	Target Mar-18	Mar-18	Total	YTD Target	Cum. Direction of Travel
Admissions / Discharges							
Total Admissions (General)	1,830	2,520	212	235	2,866	2,520	↑
Direct Admissions (General)	292	252	22	16	274	252	→
Transfer Admissions (General)	1,538	2,268	190	219	2,592	2,268	↑
Stroke Admissions	277	281	22	23	301	266	↑
Transfers from CH to DGH	258	124	13	6	52	124	↓
Beds							
Bed Occupancy ¹	84.5%	90.0%	90%	92.6%	90.9%	90.0%	↑
Bed Days Lost to Delays ²	2,472	1,274	118	206	3,190	1,310	↑
Bed Days Lost to Bed Closure	901			38	99		
Length of Stay							
Delayed Discharges				24	455		↓
Average Length of Stay - Overall (General)	14.5			11.4	11.0		↓
Average Length of Stay - Direct Admissions	9.6	12.0	12.0	8.6	8.4	12.0	↓
Average Length of Stay - Transfer Admissions	15.2	12.0	12.0	11.7	11.4	12.0	↓
Average Length of Stay - Stroke	18.1	18.0	18.0	14.8	15.1	18.0	↓
Long LoS (>30 days)	201	56	24	16	171	288	↓
MIUs							
Total MIU Activity ³	32,696	40,479	3,140	2,919	39,138		→
New MIU Attendances	27,037	34,746	2,691	2,504	33,429	34,746	↓
All Follow Up Attendances	3,559	5,733	110	415	5,709	5,733	↓
Planned Follow Up Attendances ⁴	2,401	4,969	392	343	4,885	4,969	↓
Unplanned Follow Up Attendances ⁴	1,158	764	57	72	824	764	↑
MIU Four Hour Breaches	3	1	0	0	2	1	
Average Waiting Time (Mins) - 95th Pctile	41	45	45	45	45	45	

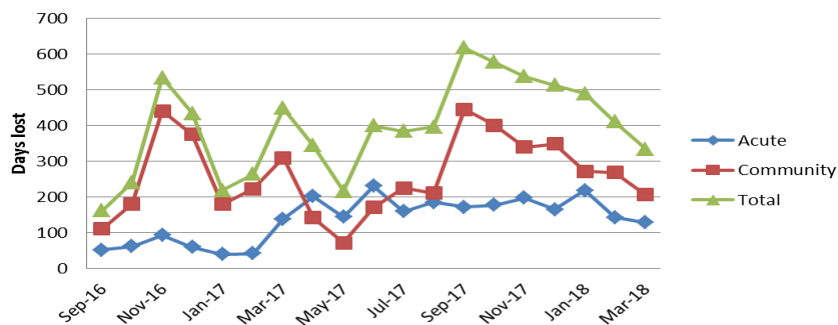
¹ RAG criteria for Bed Occupancy is: Green: 80% to 90%; Amber: 77% to 80% or 90% to 93%; Red: < 77% or > 93%; Purple: >=110%

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.

	17/18 Year End Target	17/18 YTD Target	17/18 YTD Actual	YTD Variance	
				No.	%
Community Based Services - March 2018					
Nursing activity (F2F)	199,889	199,889	204,385	4,496	2%
Therapy activity	74,545	74,545	65,415	9,130	12%
Outpatient activity	98,399	98,399	97,385	1,014	1%
No. intermediate care urgent referrals [B]	3,041	3,041	2,183	858	28%
No. intermediate care placements	1,665	1,665	1,282	383	23%
Intermediate Care - placement average LoS [B]	12	12	17.8	6	48%

Delayed Transfers of Care



The Community Hospital Dashboard highlights

Community Hospital admissions remain over plan and in line with previous year prior to bed closures. The bed occupancy is 92.6% (above target) and length of stay remaining constant at 11 days being ahead of target. The impact from the overall reduction in bed numbers in both the acute and community settings is being closely monitored. Winter resilience planning includes programmes to increase the use of intermediate care and support the domiciliary care capacity to support timely discharge and alternatives to community and acute bed based care. It is noted that delayed discharges from community setting has reduced from a peak in September however remain above previous years level.

Minor Injury Unit (MIU) attendances are in line with plans. There have been no unexpected consequences following the closure of Paignton and Brixham MIUs. Waiting times in MIUs are being maintained with a median time of 45 minutes.

Community based services highlights

Nursing Community nursing and community outpatients activity is tracking the same levels of activity as last year, in line with target. The variances to plan for Therapy and Intermediate Care urgent referrals is being looked into as part of the target setting for 18_19.

Intermediate Care (IC) placements The year to date average length of stay in IC placements remains above target and remains at 17 days. This reflects the acuity and dependency of patients now being managed outside a hospital bed base setting. Teams have been focusing on reviewing all patients with a longer length of stay. 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. It is noted that the number of intermediate care placements remain lower than plan.

Delayed Transfers of Care (DToc)

March is reporting a seventh consecutive month of reducing delays. Maintaining low levels of delayed discharges remains a key operational goal and is a good indicator that system process to discharge patients from a hospital setting continue to work well.

Quality Focus

Page 11	Summary Of Quality
Page 12	Mortality
Page 14	Infection Control
Page 15	Incident Reporting
Page 16	Exceptions

Quality and Safety Summary

The following areas of performance are noted:

1. The Hospital Standardised Mortality Rate (HSMR) remains in a positive position for the months of February to December (please note Dr Foster has a three month data lag). Decembers' data has a mortality rate of 82.3 which is good and remains below the 100 average line. This may amend over the next month as Dr Foster processes more data. The overall yearly mortality is in keeping with the Unadjusted Mortality and the DH's Summary Hospital Mortality Index (SHMI).

As well as viewing the top line mortality figure any Dr Foster mortality alerts are also reviewed on a monthly basis, firstly between Coding and Clinical Risk at a pre-arranged meeting and subsequently at the Mortality Surveillance Group and Quality Improvement Group (QIG).

2. Incident reporting continues to be well supported and all areas of the Trust are reporting within expectations. Themes and issues are collated on a monthly basis and can be viewed via the Trust wide QIG Dashboard. The information collected helps inform the five point Safety Brief and internal Clinical Alert System. A new monthly Datix Digest has also been produced and includes a top 10 themed review of each SDU. This is also sent out via ICO News to the ICO. These augment the QIG dashboard which is also sent out and available on Safebook.

3. Never event - In March one Never event is reported - Wrong (right) side saphenous nerve block for orthopaedic procedure. Saphenous block subsequently performed on correct (left) side, plus popliteal nerve block. Following the investigation the event assessed as Low Harm.

4. STEIS - March reported 5 Strategic Executive Information System (STEIS) reportable incidents which are being investigated. The details are outlined in the following report. All serious incidents are reported on STEIS and via the National Reporting and Learning System upload. All Serious Incidents (SIs) are managed in the Service Delivery Units and are presented to the Serious Adverse Events Group for learning and sharing Trust wide. This group has links with the Improvement and Human Factors teams.

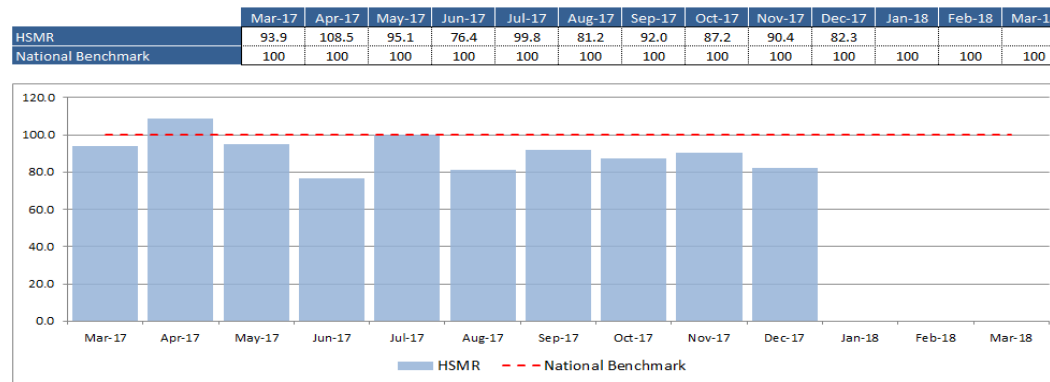
5. Infection Control are reporting a decrease in the number of bed days lost from infection control measures with 64 bed days lost in March. This reflects where there have been bays closed on wards due to norovirus and flu containment.

6. The Venous Thromboembolism (VTE) drop in compliance has been noted and escalated to the Medical Director and will be included for discussion at the forthcoming Quality and Performance Review meeting.

7. Clinic Follow ups - the number of follow up appointment waiting 6 weeks or more beyond the intended appointment date has increased in March

Quality and Safety - Mortality

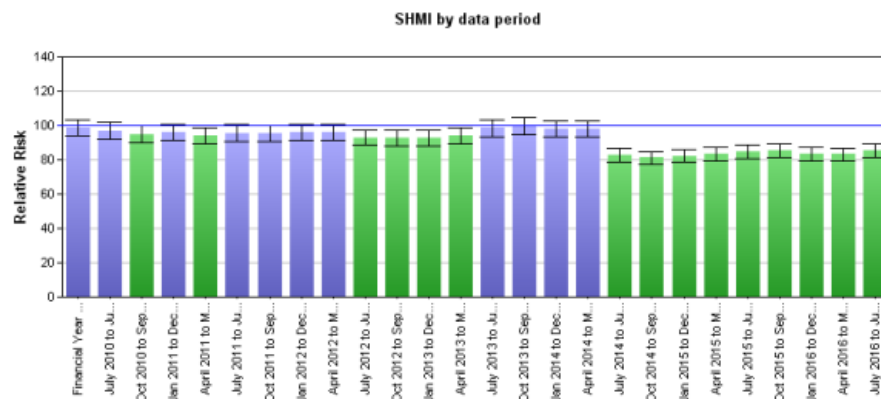
Hospital Standardised Mortality Rate (HSMR) national benchmark = 100



Trust wide mortality is reviewed via a number of different metrics, however, Dr Foster allows for a standardised rate to be created for each hospital and, therefore, this is a hospital only metric. This rate is based on a number of different factors to create an expected number of monthly deaths and this is then compared to the actual number to create a standardised rate. This rate can then be compared to the English average, the 100 line. Dr Foster's mortality rate runs roughly three month in arrears due to the national data submission timetable and, therefore, Dr Foster mortality has to be viewed with the Trusts monthly unadjusted figures.

The latest data for Dr Foster HSMR is showing a low relative risk of 82.3, which is positive and mirrors the general trend of the Trust. Mortality does have a cyclical nature and tends to rise during the colder months. In this financial year, these being January and February 18 and will have to wait to

Summary Hospital Mortality indicator (SHMI)



The SHMI data reflects all deaths recorded either in hospital or within 30 days of discharge from hospital.

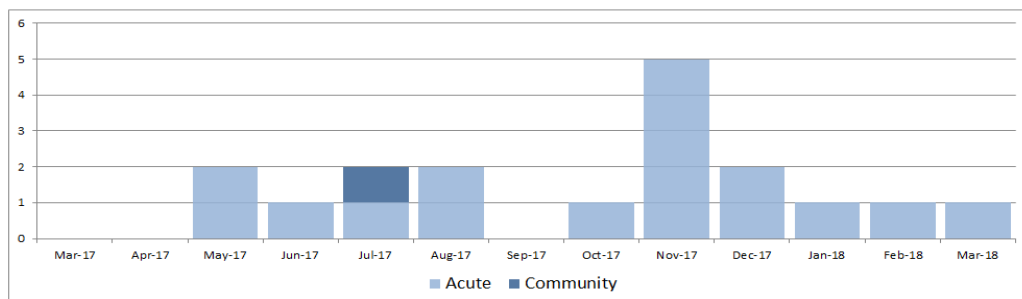
The data is released on a quarterly basis and the latest data release from the DH is July 16 - June 17 and records the Trusts at 83.9. The SHMI has remained low for a sustained period of time.

A score of 100 represents the weighted population average benchmark.

Quality and safety - Infection control

Number of Clostridium Difficile cases

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Acute	0	0	2	1	1	2	0	1	5	2	1	1	1
Community	0	0	0	0	1	0	0	0	0	0	0	0	0



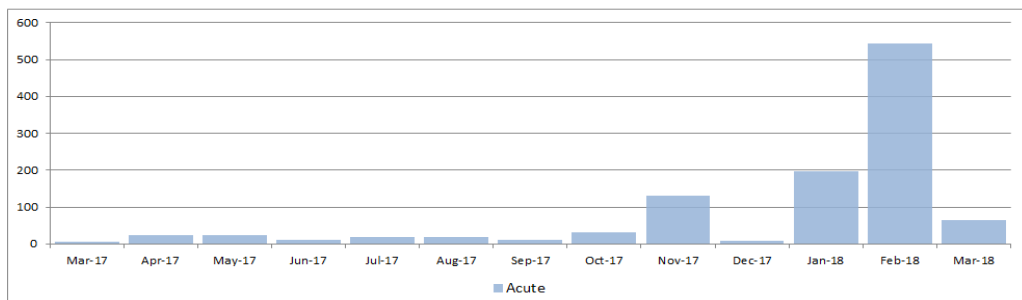
In March there is one Cdiff reported, this is not a lapse in care (acute).

For the year to date of the 18 total cases reported 10 have been assessed as a lapse in care.

Each reported case of Cdiff undergoes a Root Cause Analysis. Learning from these is used to inform feedback to teams and review of systems and processes.

Infection Control - Bed Closures (acute)

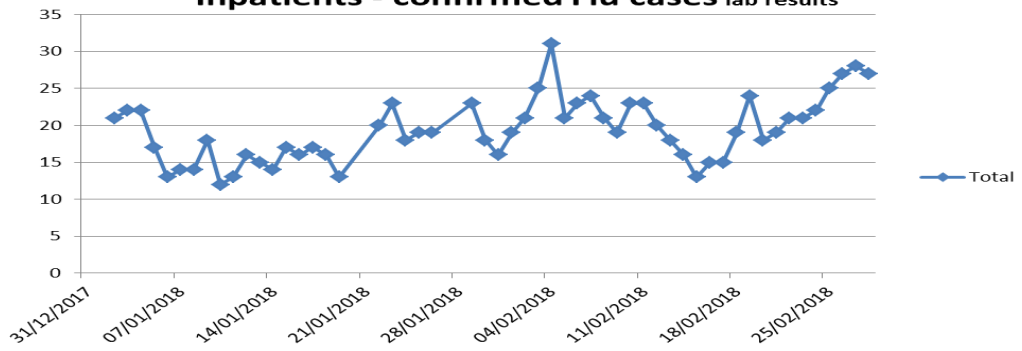
	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Acute	6	24	24	12	18	18	12	30	130	8	198	544	64



The Infection Control Team continue to manage all cases of potential infections with individual case by case assessment and control plans.

In March there has been a number of ward bays closed due to infection control measures as seen in the graph opposite.

Inpatients - confirmed Flu cases lab results

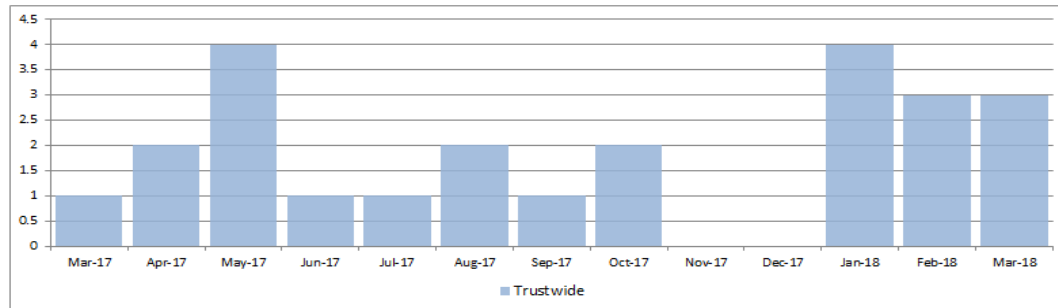


The number of patients in hospital with confirmed flu are reported as part of the winter reporting to NHSI. The graph opposite summarises the daily submissions. The opening of Warrington Ward as part of the winter escalation plans together with its allocation as dedicated flu ward over New Year made a significant contribution to the containment of flu cross infection.

Quality and safety - Incident Reporting and Complaints

Reported Incidents - Major and Catastrophic

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Trustwide	1	2	4	1	1	2	1	2	0	0	4	3	3



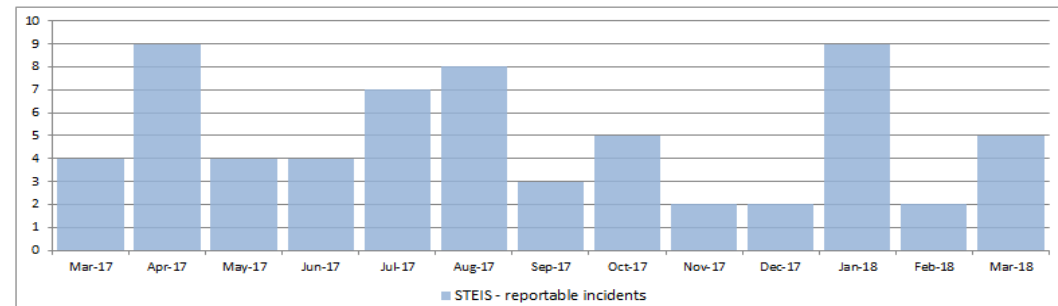
March 2018 the Trust recorded 3 serious incidents which are currently under investigation:

- 1: Obstetrics related
- 2: Stroke - clinical assessment
- 3: Death in own home - care and ongoing monitoring

Please note the severity of an incident may change once investigated.

STEIS Reportable Incidents

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
STEIS - reportable incidents	4	9	4	4	7	8	3	5	2	2	9	2	5

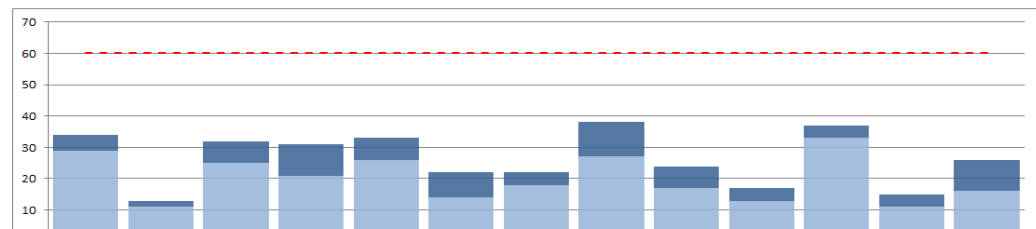


The Trust reported 5 incidents on the Strategic Executive Information System (StEIS). The incidents are:

- 1: Never Event - wrong site surgical block
- 2: Paracetamol incorrect weight/dose paediatrics
3. CAMHS incident
4. Fall fractured neck of tib/fib
5. Alleged abuse of patient

All incidents are being investigated for learning and sharing and have followed the Duty of Candour process .

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Acute	29	11	25	21	26	14	18	27	17	13	33	11	16
Community	5	2	7	10	7	8	4	11	7	4	4	4	10
Total	34	13	32	31	33	22	22	38	24	17	37	15	26
Target	60	60	60	60	60	60	60	60	60	60	60	60	60



In March the Trust received 26 formal complaints.

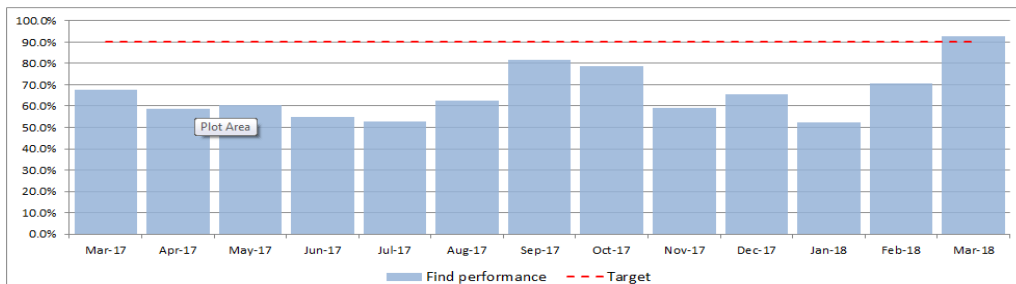
The number of formal complaints are shown in the table opposite. The main themes from the complainants are funding allocations, communication, attitude of staff, and treatment.

All complaints are investigated locally and shared with area/locality for learning.

Quality and Safety - Exception Reporting

Dementia - Find

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Numerator	461	323	424	372	308	360	455	301	230	285	256	269	279
Denominator	613	499	632	603	496	520	536	383	390	435	491	380	301
Find performance	67.8%	58.9%	60.6%	54.9%	52.8%	62.4%	81.8%	78.6%	59.0%	65.5%	52.1%	70.8%	92.7%
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%



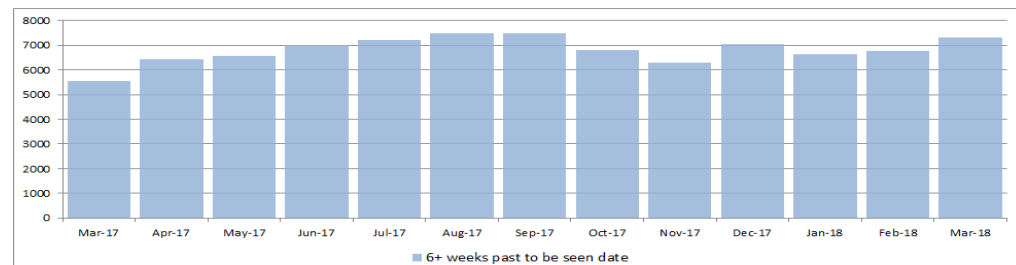
Dementia Find: The NHS I Single Oversight Framework (SOF) includes Dementia screening and referral as one of the NHSI priority indicators.

The Dementia Find in March improved to 92.7% from 70.8% in February.

The improvement achieved with support from an HCA tasked to support wards.

Follow ups 6 weeks past to be seen date (excluding Audiology)

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
6+ weeks past to be seen date	5548	6429	6550	6999	7209	7496	7477	6790	6308	7041	6630	6761	7301



Follow ups: The number of follow up patients waiting for an appointment greater than six weeks past their 'to be seen by date' increased in March to 7301 (6761 last month).

Agreed actions to target the areas with the greatest number are being monitored through the RTT Risk and Assurance Group.

The Quality Assurance Group are maintaining oversight on processes to identify and mitigate clinical risk against patients waiting beyond their intended review date.

Specialties with the greatest numbers of patients waiting longer than six weeks are shown in the table opposite with Ophthalmology having the highest number. These are across a number of common disease pathways and appropriate clinical risk and review measures are in place.

Specialty	Over 6 weeks past date
Ophthalmology	3229
Rheumatology	1017
Audiology	757
Dermatology	441
Paediatrics	408
Urology	392
Orthoptist	365
Cardiology	245
Colorectal Surgery	182
Orthopaedics	146
Respiratory Medicine (Chest)	132
Oral Surgery	129
Pain Management	124

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 five years by staff group.

This plan takes into account the effect of the care model, Trust wide improvement programmes, reductions in the vacancy factor etc.

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	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	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	1,068.99	1,068.87	1,068.71	1,068.52	1,068.33	1,068.10	1,067.88	1,067.66	1,067.50
Administrative and Clerical	1,290.56	1,287.98	1,285.41	1,282.83	1,278.65	1,275.20	1,271.76	1,266.60	1,261.44	1,256.28	1,250.27	1,244.25	1,239.22
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	1,175.14	1,171.75	1,167.46	1,162.37	1,157.28	1,151.20	1,145.27	1,139.34	1,133.36
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	297.23	296.89	294.47	298.28	286.21	286.06	278.68	286.70	281.92	292.11	289.95	297.48
Additional Clinical Services	1,073.29	1,070.59	1,075.01	1,076.72	1,068.81	1,070.32	1,068.69	1,059.85	1,055.60	1,059.49	1,091.59	1,079.62	1,080.69
Administrative and Clerical	1,292.95	1,268.78	1,265.77	1,267.43	1,258.83	1,259.13	1,256.09	1,244.10	1,244.19	1,230.87	1,250.64	1,252.45	1,241.09
Allied Health Professionals	405.45	401.10	402.55	400.26	401.56	403.33	403.50	396.19	395.15	391.76	404.09	403.18	398.95
Estates and Ancillary	392.86	380.83	378.78	375.22	375.56	372.50	368.07	363.74	368.03	365.91	368.77	368.04	362.10
Healthcare Scientists	91.85	92.27	91.47	90.47	91.13	88.13	89.13	94.23	85.93	86.93	85.77	85.77	84.17
Medical and Dental	435.50	456.88	452.43	451.28	488.13	468.13	467.03	465.11	463.99	458.94	465.75	468.89	469.83
Nursing and Midwifery Registered	1,196.66	1,178.26	1,174.32	1,173.08	1,161.42	1,161.89	1,166.97	1,168.77	1,160.94	1,154.69	1,168.25	1,177.70	1,166.40
Students	1.50	2.50	2.00	2.00	2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Actual Substantive Staff Total WTE	5,185.53	5,148.43	5,139.21	5,130.91	5,145.74	5,111.65	5,105.54	5,070.66	5,060.52	5,030.52	5,126.97	5,125.60	5,100.71

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	-4.07	-3.84	-1.53	-5.41	6.59	6.37	13.65	5.52	10.19	-0.12	1.98	-5.55
Additional Clinical Services	-3.75	-1.23	-5.75	-7.59	0.18	-1.45	0.02	8.67	12.74	8.62	-23.70	-11.96	-13.18
Administrative and Clerical	-2.39	19.20	19.64	15.41	19.82	16.07	15.67	22.50	17.26	25.41	-0.37	-8.20	-1.86
Allied Health Professionals	-1.70	2.48	1.08	3.37	1.90	0.13	-0.04	7.11	8.15	11.54	-0.98	-0.07	4.10
Estates and Ancillary	-2.20	7.26	6.75	7.74	3.23	2.87	3.87	3.06	-6.37	-9.39	-18.24	-23.50	-22.57
Healthcare Scientists	-0.39	-0.81	-0.01	1.00	0.33	3.33	2.33	-2.77	5.53	4.53	5.69	5.69	7.29
Medical and Dental	-1.77	-23.15	-18.70	-17.55	-54.40	-34.40	-33.30	-31.38	-30.26	-25.21	-32.02	-35.16	-36.10
Nursing and Midwifery Registered	-6.85	6.60	7.91	5.46	13.72	9.86	0.49	-6.40	-3.66	-3.49	-22.98	-38.36	-33.04
Students	-0.01	-1.01	-0.51	-0.51	-0.51	-0.51	1.49	1.49	1.49	1.49	1.49	1.49	1.49
Variance Substantive Staff Total WTE	-21.26	5.27	6.58	5.79	-21.15	2.49	-3.10	15.94	10.40	23.68	-91.23	-108.08	-99.43

Medical and Dental staff numbers from April 2017 includes the adjustment for hosting a cohort of GP Trainees

Total year reductions to date are 84.82 as at the end of March against the 162.99 target by the end of March 2018 which is 99.43 behind original plan

The table opposite shows the planned substantive WTE changes from the opening position at the 31 March 2017 for each month of the financial year until the 31 March 2018.

The plan is to reduce the overall headcount to 5001 WTE substantive staff in post at the end of the financial year.

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

The outcome at the end of March 2018 for substantive WTE staff is a reduction of 84.82 FTE for the year against the target of 162.99 by the end of March 2018. This is 99.43WTE behind the original plan.

The increase in Medical and Dental staff numbers from April 2017 includes the adjustment for hosting a cohort of GP Trainees.

Workforce - by staff group

Staff in Post by staff Group

Table 1

Staff Group	2015 / 09	2016 / 03	2016 / 09	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03
Add Prof Scientific and Technic	274.87	270.11	282.27	295.47	297.23	296.89	294.47	298.28	286.21	286.06	278.68	286.70	281.92	292.11	289.95	297.48
Additional Clinical Services	1,016.24	1,039.05	1,058.88	1,073.29	1,070.59	1,075.01	1,076.72	1,068.81	1,070.32	1,068.69	1,059.85	1,055.60	1,059.49	1,091.59	1,079.62	1,080.69
Administrative and Clerical	1,345.55	1,342.79	1,340.26	1,292.95	1,268.78	1,265.77	1,267.43	1,258.83	1,259.13	1,256.09	1,244.10	1,244.19	1,230.87	1,250.64	1,252.45	1,241.09
Allied Health Professionals	403.03	398.12	397.08	405.45	401.10	402.55	400.26	401.56	403.33	403.50	396.19	395.15	391.76	404.09	403.18	398.95
Estates and Ancillary	389.95	389.27	399.86	392.86	380.83	378.78	375.22	375.56	372.50	368.07	363.74	368.03	365.91	368.77	368.04	362.10
Healthcare Scientists	92.69	91.59	93.75	91.85	92.27	91.47	90.47	91.13	88.13	89.13	94.23	85.93	86.93	85.77	85.77	84.17
Medical and Dental	425.99	414.22	437.41	435.50	456.88	452.43	451.28	488.13	468.13	467.03	465.11	463.99	458.94	465.75	468.89	469.83
Nursing and Midwifery Registered	1,182.09	1,197.97	1,192.73	1,196.66	1,178.26	1,174.32	1,173.08	1,161.42	1,161.89	1,166.97	1,168.77	1,160.94	1,154.69	1,168.25	1,177.70	1,166.40
Students	5.69	5.09	3.90	1.50	2.50	2.00	2.00	2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Total	5,136.11	5,148.21	5,206.14	5,186.13	5,148.43	5,139.21	5,130.91	5,145.74	5,111.65	5,105.54	5,070.66	5,060.52	5,030.52	5,126.97	5,125.60	5,100.71

Table 2

Staff Group	2015 / 09	2016 / 03	2016 / 09	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03
Bands 1 - 7	4461.09	4492.38	4531.51	4525.20	4467.81	4462.16	4456.01	4434.46	4421.27	4418.27	4385.30	4376.00	4353.44	4453.69	4473.39	4418.62
Band 8 and Above	249.02	241.61	237.22	225.36	223.74	224.62	223.62	223.15	222.15	220.25	220.25	220.53	218.13	207.53	183.33	212.26
M&D	425.99	414.22	437.41	435.57	456.88	452.43	451.28	488.13	468.23	467.03	465.11	463.99	458.94	465.75	468.89	469.83
Grand Total	5,136.11	5,148.21	5,206.14	5,186.13	5,148.43	5,139.21	5,130.91	5,145.74	5,111.65	5,105.54	5,070.66	5,060.52	5,030.52	5,126.97	5,125.60	5,100.71

Table 3

Staff Group	2015 / 09	2016 / 03	2016 / 09	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03
Bands 1 - 7	86.86%	87.26%	87.04%	87.26%	86.78%	86.83%	86.85%	86.18%	86.49%	86.54%	86.48%	86.47%	86.54%	86.87%	87.28%	86.63%
Band 8 and Above	4.85%	4.69%	4.56%	4.35%	4.35%	4.37%	4.36%	4.34%	4.35%	4.31%	4.34%	4.36%	4.34%	4.05%	3.58%	4.16%
M&D	8.29%	8.05%	8.40%	8.40%	8.87%	8.80%	8.80%	9.49%	9.16%	9.15%	9.17%	9.17%	9.12%	9.08%	9.15%	9.21%
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 4

Staff Group	2015 / 09	2016 / 03	2016 / 09	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03
Non-Executive Directors	14.00	6.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	8.00	8.00	8.00
Grand Total	14.00	6.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	8.00	8.00	8.00

Table 5

Staff Group	2015 / 09	2016 / 03	2016 / 09	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03
Chief Executive	2.00	1.00	1.00	1.00	1.00	1.00	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	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	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	1.00	1.00	1.00	1.00	1.00
Other Directors	3.00	4.50	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Grand Total	9.00	8.50	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00

Notes: In addition to the 9.00 WTE Executive Directors shown above in 2015/09 there were 2 further

Senior Managers as TSDHCT acting in Executive Director Roles and remunerated accordingly.

A further 2 Directors from SDHFT at 2015/09 were also covering Director Roles at TSDHCT

At 2015/09 the role of Medical Director at TSDHCT was vacant

In total across SDHFT and TSDHCT there would normally have been a compliment of 14.00WTE Executive Directors

Medical and Dental staff numbers from April 2017 includes the adjustment for hosting a cohort of GP Trainees

Total year reductions to date are 84.82 as at the end of March against the 162.99 target by the end of March 2018 which is 99.43 behind original plan

The tables opposite show the WTE in post figure by staff group back to September 2015, the month before the Integrated Care Organisation (ICO) commenced, up to March 2018.

Table 1 shows current whole time equivalent staff in-post by staff group from September 2015 (prior to the ICO commencing) to February 2018.

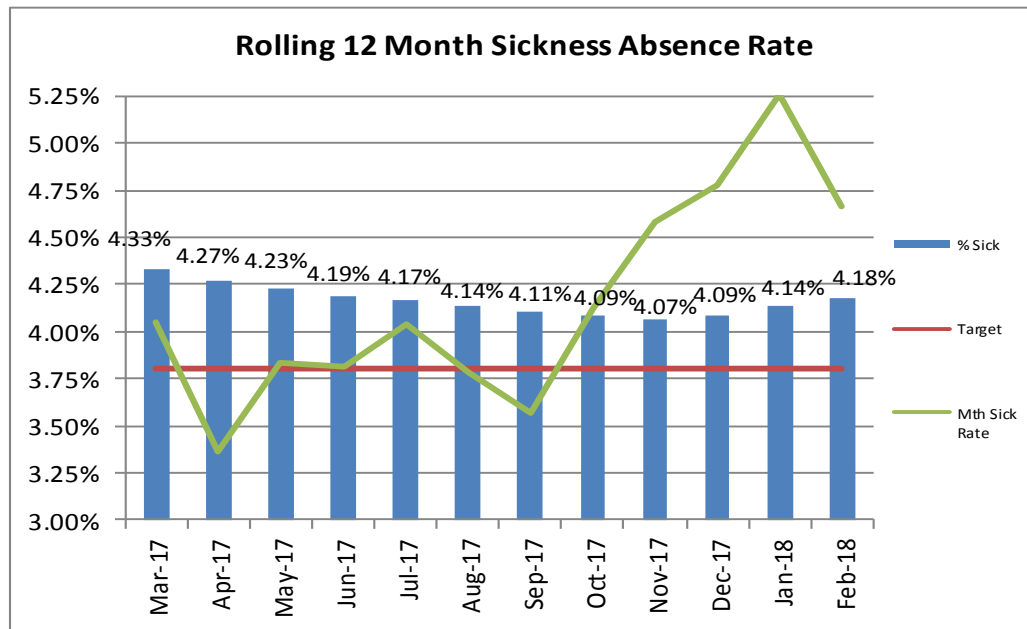
Table 2 shows the number of staff by pay bands. Those staff in Band 8 are predominantly in management roles.

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 - (reported one month in arrears)

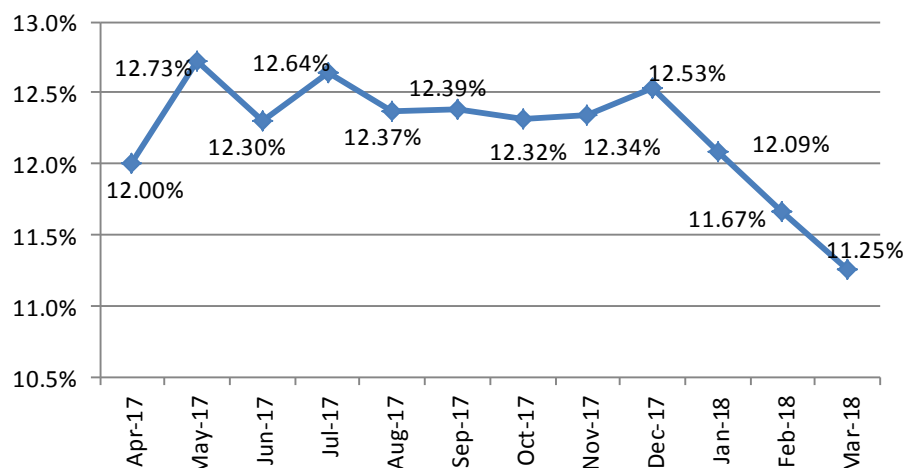


- The annual rolling sickness absence rate of 4.18% at the end of February 2017 is the third increase in a row to the rolling absence for the year. This is against the target rate for sickness of 3.80%.
- The sickness figure for February was 4.66% which is a reduction from the 5.26% in January but continues to be higher than the average due to the seasonal impact.
- The Attendance Policy has been ratified and a programme of training for managers and awareness sessions for staff will be rolled out.
- A Health & Wellbeing Charter is being developed.
- The Absence Action Plan is reviewed and monitored by the Workforce & OD Group.

Workforce - Turnover

All Staff Turnover

All Staff (excl Jnr Docs) Rolling 12 Month Turnover Rate



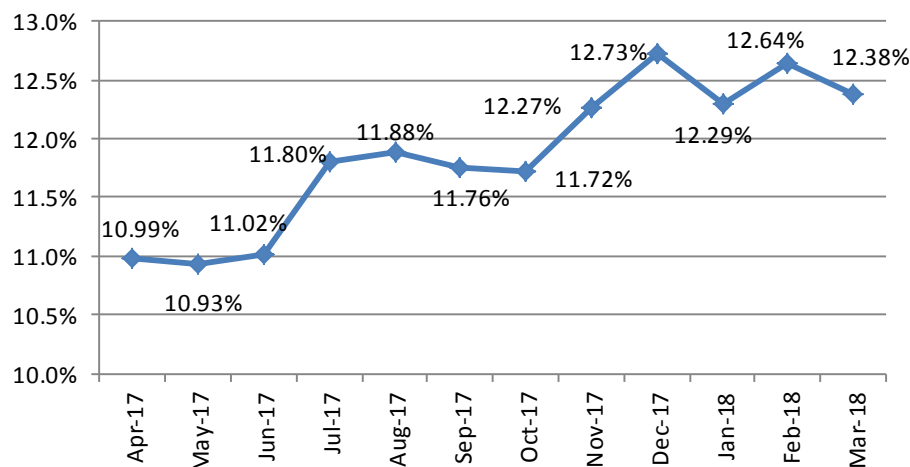
All Staff Rolling 12 Month Turnover Rate

The following graph shows that the Trusts turnover rate was 11.25% for the year to March 2018. This is a reduction from last month's 11.67% and within the target range of 10% to 14%.

The recruitment challenge to replace leavers from key staff groups remains significant.

RGN Turnover

RGN Rolling 12 Month Turnover Rate



RGN Rolling 12 Month Turnover Rate

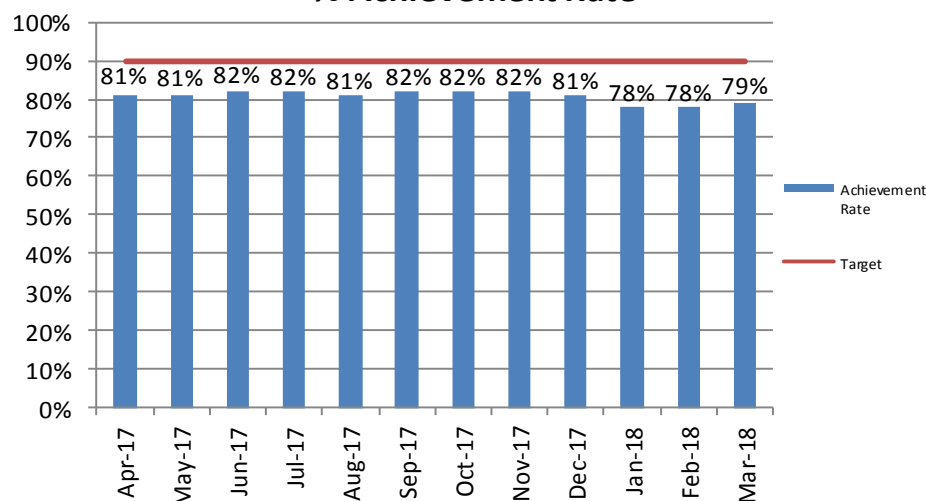
This recruitment challenge includes Registered Nurses due to the supply shortage as reported elsewhere and for which the Trust has a long term capacity plan to address, which maximises the use of all supply routes including overseas recruitment, return to nursing, growing our own etc.

The turnover rate for this staff group has continued to stay within the target range of 10% to 14% and reduced from February's 12.64% to 12.38% in March.

The overall turnover for RGN's is aligned to the 12 month plan of 56.5 FTE reduction in RGN's with the actual reduction being 30.26 FTE as at the end of March.

Workforce - Appraisal and training

% Achievement Rate

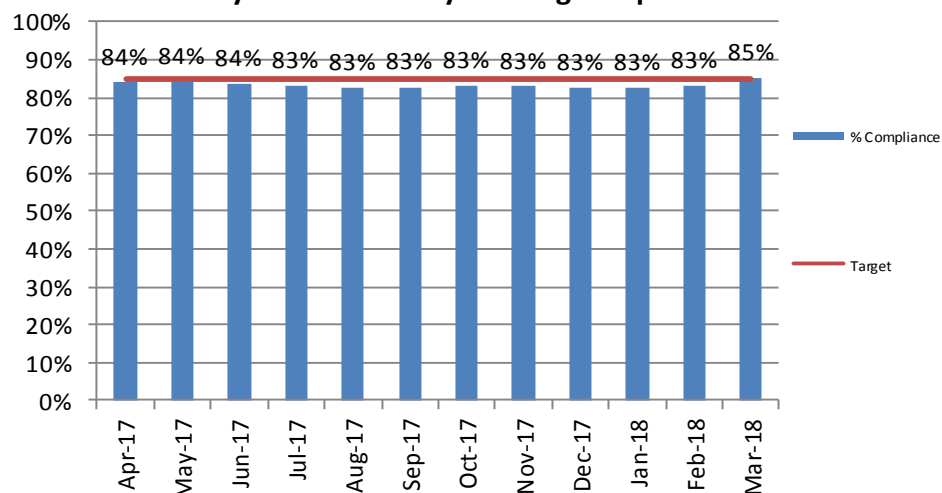


Achievement Review (Appraisal) The Achievement Review rate for March is at 78.72% against a target rate of 90% which is an increase from February's 78.41%. Managers are provided with detailed information on performance against the target.

Members of the HR team are contacting individual managers to discuss progress in areas that are particularly low and offer additional support.

Achievement Review rates are also an agenda item for discussion at senior manager meetings and Quality and Performance Review meetings.

Statutory and Mandatory Training Compliance % Rate



Statutory and mandatory training The Trust has set a target of 85% compliance as an average of nine key statutory and mandatory training modules. The graph shows that the current rate has increased from 83.24% for February to 85.29% in March which is now above target. The increase is in main due to changes in the renewal periods for Fire which has increased from 76.89% to 93.75% and Manual Handling which has increased from 76.20% to 81.05%. This is to align with the Core Skills Training Framework as part of the NHS Streamlining agenda.

An action plan to further improve the rate has been developed and progress against plan will be monitored through the Workforce and OD Group.

Individual modules that remain below their target are detailed in the table below:

Module	Target	Performance
Information Governance	95% and above	74.49%
Conflict Resolution	85% and above	81.46%

Workforce - Agency

Agency Spend as at Month 12: The Trust's annual cap for agency spend, set by NHSI, is £6.58m per year. Originally this cap was going to be applied for two years, however, the figure for 18/19 has been revised and the agency cap will be £6.18m. The table below shows the current agency spend by staff group for 2017/18 compared to the total agency expenditure plan. As the end of Month 12 the Trust overachieved against the cap by £800k.

FINANCIAL YEAR 2017/18 - ACTUAL SPEND														
	2017/18 Target	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD M12
Plan - Total Agency		991	984	801	568	485	479	415	410	394	364	356	339	6586
Total Medical and Dental	3,211,963	213	293	246	287	277	227	208	271	112	214	246	285	2880
Consultants		156	213	157	197	222	185	203	217	104	172	192	173	2191
Career/Staff Grades		0	0	0	0	0	0	0	0	0	0	0	0	0
Trainee Grades		57	80	89	90	55	42	5	54	8	42	54	112	689
Total Registered Nurses	2,786,595	112	136	147	63	71	86	92	103	86	187	292	378	1753
Total Scientific, Therapeutic and Technical	317,033	38	50	54	74	74	72	61	72	90	102	134	49	869
• Allied Health Professionals		11	10	1	6	9	9	7	6	8	11	10	2	90
• Other Scientific, Therapeutic and Technical Staff		7	22	28	44	42	40	34	39	42	52	72	10	440
• Health Care Scientists		20	18	25	24	23	23	20	27	32	39	52	37	340
Total Support to clinical staff	36,000	1	0	0	0	0	0	0	0	0	0	0	0	1
• Support to nursing staff		1	0	0	0	0	0	0	0	0	0	0	0	0
• Support to Allied Health Professionals		0	0	0	0	0	0	0	0	0	0	0	0	0
Total Non-Medical, Non-Clinical Staff Agency	199,750	37	30	33	22	26	28	6	11	10	16	29	35	283
TOTAL PAY BILL AGENCY AND CONTRACT	6,586,000	401	509	481	446	448	413	367	457	298	519	701	747	5786
Over (Under) Spend		-590	-475	-320	-122	-37	-66	-48	+47	-96	+155	+345	+408	-800

Scientific, Therapeutic and Technical Agency: The largest use of agency in this staff group is CAMHS, which is currently part of a national project, which includes funding for agency staff. The other areas using agency include cardiology, radiography, and mortuary. In Cardiology there has been increased levels of sickness and vacancies within the team which has required additional hours of locum cover.

Medical and Dental Agency: The use of medical agency is mainly attributable to a number of consultant vacancies and gaps in the junior doctor rotas. All medical agency workers are engaged through Direct Engagements which means that the Trust is compliant with HMRC IR 35 requirements. The Medical Bank is supporting the gaps in the junior doctors rotas, which has reduced the cost of agency for this staff group. The Trust is also part of the STP Medical Agency Group which is reviewing the number of agencies used (currently in the region of 50) in order to reduce and then actively work with those agencies to reduce rates. In addition the Trust/STP is working with a recruitment agency to support with 'hard to fill' posts.

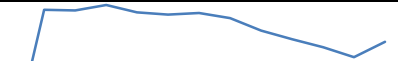

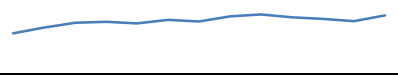
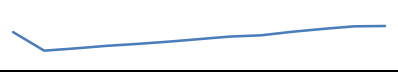


Nursing & HCA: Bank and Agency Usage												
	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
WTE Requested	210	218	224	229	238	248	242	186	192	231	276	295
WTE Covered by Bank	178	183	194	200	206	209	200	154	153	176	191	204
WTE Covered by Agency	17	18	15	13	9	9	12	12	14	24	44	44
WTE Unassigned	15	18	15	16	23	29	30	21	26	30	41	48
Total WTE Covered	195	200	209	213	215	218	212	166	166	201	235	248

Nursing and HCA Bank and Agency

The table above shows the split between agency and bank for Nursing and HCA shifts. The use of nursing agency increased significantly over the winter months, primarily due to the operational winter pressures, which included an additional ward being opened. This included the use of high cost off-framework agency, which has now been scaled back. In addition during March 18 the equivalent of 71.4 WTE Bank RGNs were used. All HCA shifts are filled through the internal bank. In January 2018 the equivalent of 133.2 WTE Bank HCAs were used across the Trust.

Corporate Objective		Target 2017/2018	13 month trend	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year to date 2017/18
NHS FINANCE AND USE OF RESOURCES																	
4	Capital Service Cover	2		4	4	4	4	4	4	4	4	4	4	3	3	3	3
	Plan			3	4	4	4	4	4	4	4	3	3	3	2		2
4	Liquidity	4		3	4	4	4	4	4	4	4	4	4	3	3		3
	Plan			2	4	4	4	4	4	4	4	4	4	4	4		4
4	I&E Margin	1		4	4	4	4	4	4	4	3	3	3	2	2		1
	Plan			2	4	4	4	4	4	4	4	3	3	2	2		1
4	I&E Margin Variance from Plan			4	1	1	1	1	1	1	1	1	1	2	2		1
4	Variance from agency ceiling	1		3	1	1	1	1	1	1	1	1	1	1	1		1
	Plan			1	4	4	4	4	3	3	2	2	2	2	2		1
4	Overall Use of Resources Rating			4	3	3	3	3	3	3	3	3	3	2	2		2

FINANCE INDICATORS LOCAL

4	EBITDA - Variance from PBR Plan - cumulative (£'000's)			-15310	-173	-261	389									-4464	-5587	
4	Agency - Variance to NHSI cap			-1.27%	3.03%	2.72%	2.38%	2.00%	2.00%	1.41%	1.27%	1.09%	1.05%	0.89%	0.65%			
4	CIP - Variance from PBR plan - cumulative (£'000's)			-2430	-562	1093	1392	822	1942	1475	3114	3711	2813	2263	1565			
4	Capital spend - Variance from PBR Plan - cumulative (£'000's)			17324	2116	4021	6106	7708	9560	11689	13770	14723	17672	19886	22110			
4	Distance from NHSI Control total (£'000's)			-9549	234	581	1696	1247	997	1503	1201	89	495	-15	-674			
4	Risk Share actual income to date cumulative (£'000's)			9107	-236	-579	-192	-124	-98	0						0		

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

NOTES

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

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

Corporate Objective		Target 2017/2018	13 month trend	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year to date 2017/18
NHS OPERATIONAL PERFORMANCE (NEW SINGLE OVERSIGHT FRAMEWORK FROM OCTOBER 2017)																	
1	A&E - patients seen within 4 hours [STF]	>95%		94.2%	94.4%	90.1%	92.3%	93.9%	93.2%	89.9%	92.8%	92.9%	88.3%	83.8%	81.1%	80.6%	89.7%
	A&E - trajectory [STF]	>92%		92.0%	89.0%	90.0%	91.0%	92.0%	92.5%	93.5%	92.0%	92.2%		89.9%	92.6%		95.0%
1	Referral to treatment - % Incomplete pathways <18 wks	>92%		87.5%	87.2%	87.6%	86.4%	86.1%	85.2%	84.0%	84.0%	83.7%	82.2%	82.5%	82.4%		81.6%
	RTT Trajectory			93.3%	87.2%	87.5%	88.0%	88.9%	89.4%	89.8%	90.7%	89.9%	89.3%	90.1%	90.0%		90.0%
1	Cancer - 62-day wait for first treatment - 2ww referral	>85%		88.0%	87.2%	85.1%	84.0%	86.8%	79.2%	85.7%	83.9%	77.4%	82.4%	85.7%	83.1%		83.1%
1	Diagnostic tests longer than the 6 week standard	<1%		1.7%	3.4%	2.2%	2.8%	3.0%	7.3%	3.9%	3.2%	2.4%	3.7%	5.4%	3.1%		4.2%
1	Dementia - Find - monthly report	>90%		67.8%	58.9%	60.6%	54.9%	52.8%	62.4%	81.8%	78.6%	59.0%	65.5%	52.1%	70.8%		64.8%








LOCAL PERFORMANCE FRAMEWORK 1

1	Number of Clostridium Difficile cases - Lapse of care - (ICO) *	<18 (year)		0	0	2	0	1	2	0	0	3	2	0	0		10
1	Cancer - Two week wait from referral to date 1st seen	>93%		98.0%	83.6%	81.8%	86.5%	74.3%	65.3%	61.1%	63.1%	70.4%	76.0%	77.7%	67.4%		73.1%
1	Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	>93%		96.2%	54.8%	97.8%	94.8%	74.0%	17.1%	69.7%	94.7%	95.1%	93.2%	94.6%	97.6%		82.7%
1	Cancer - 31-day wait from decision to treat to first treatment	>96%		99.4%	99.2%	99.4%	97.1%	98.8%	98.6%	98.9%	95.5%	95.0%	98.0%	90.8%	96.1%	98.20%	97.1%
1	Cancer - 31-day wait for second or subsequent treatment - Drug	>98%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	99.8%
1	Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	>94%		96.2%	96.4%	100.0%	98.3%	95.3%	100.0%	98.1%	95.2%	100.0%	97.7%	96.3%	95.1%	100.0%	97.7%
1	Cancer - 31-day wait for second or subsequent treatment - Surgery	>94%		100.0%	96.9%	93.5%	97.0%	97.2%	100.0%	91.1%	95.8%	94.6%	100.0%	97.1%	97.1%	100.0%	96.5%
1	Cancer - 62-day wait for first treatment - screening	>90%		100.0%	100.0%	87.0%	100.0%	100.0%	100.0%	100.0%	87.1%	100.0%	100.0%	66.7%	100.0%	100.0%	95.9%
1	Cancer - Patient waiting longer than 104 days from 2ww				10	18	17	13	10	6	12	16	14	24	23	23	23
1	RTT 52 week wait incomplete pathway	0		17	18	18	21	15	19	16	26	36	42	29	33	34	34
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%		0.6%	0.9%	1.4%	0.6%	0.7%	0.6%	1.0%	1.1%	0.7%	1.6%	0.9%	1.4%	4.5%	1.3%
1	Cancelled patients not treated within 28 days of cancellation *	0		1	0	2	7	4	3	3	4	3	1	13	5	21	66

Corporate Objective		Target 2017/2018	13 month trend	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year to date 2017/18
LOCAL PERFORMANCE FRAMEWORK 2																	
1	Ambulance handover delays > 30 minutes	0		110	56	98	183	104	180	150	88	124	181	143	172	168	1647
	Handovers > 30 minutes trajectory *			30	30	30	30	30	30	30	30	30	30	30	30	30	360
1	Ambulance handover delays > 60 minutes	0		4	6	2	4	12	17	10	6	5	18	10	20		123
1	A&E - patients seen within 4 hours DGH only	>95%		91.5%	91.8%	85.1%	88.1%	90.5%	89.9%	85.5%	89.7%	90.0%	84.0%	77.2%	72.8%	72.3%	85.0%
1	A&E - patients seen within 4 hours community MIU	>95%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
1	Trolley waits in A+E > 12 hours from decision to admit	0		0	0	0	0	0	0	0	0	0	1	8	3		18
1	Number of Clostridium Difficile cases - (Acute) *	<3		0	0	2	1	1	2	0	1	5	2	1	1	1	17
1	Number of Clostridium Difficile cases - (Community)	0		0	0	0	0	1	0	0	0	0	0	0	0	0	1
1	Care Planning Summaries % completed within 24 hours of discharge - Weekday	>77%		60.7%	64.5%	65.0%	62.5%	65.4%	71.0%	71.0%	69.5%	68.7%	67.9%	67.7%	63.5%	60.6%	66.5%
1	Care Planning Summaries % completed within 24 hours of discharge - Weekend	>60%		23.7%	27.9%	33.4%	28.1%	33.6%	33.8%	38.5%	25.1%	35.9%	25.6%	28.0%	39.1%	28.6%	31.2%
1	Clinic letters timeliness - % specialties within 4 working days	>80%		86.4%	72.7%	81.8%	81.8%	86.4%	86.4%	90.9%	86.4%	90.9%	90.9%	81.8%	90.9%	86.4%	85.6%

Corporate Objective		Target 2017/2018	13 month trend	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year to date 2017/18
QUALITY LOCAL FRAMEWORK																	
1	Safety Thermometer - % New Harm Free	>95%		98.0%	97.3%	96.1%	97.3%	95.9%	96.3%	96.0%	97.2%	96.4%	97.1%	96.2%	96.4%	97.8%	96.6%
1	Reported Incidents - Major + Catastrophic *	<6		1	2	4	1	1	2	1	2	0	0				23
1	Avoidable New Pressure Ulcers - Category 3 + 4 * (1 month in arrears)	9 (full year)		0	0	1	1	0	2	0	0	1	1	2	0		8
1	Never Events	0		0	0	0	0	0	0	0	0	0	0	0	0		1
1	Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	0		4	9	4	4	7	8	3	5	2	2	9	2		60
1	QUEST (Quality Effectiveness Safety Trigger Tool) - Red Rated Areas / Teams	0		0	1	0	0	0	0	0	0	0	1	1			3
1	Formal Complaints - Number Received *	<60		34	13	32	31	33	22	22	38	24	17	37	15		310
1	VTE - Risk assessment on admission - (Acute)	>95%		94.7%	93.4%	93.7%	93.6%	92.4%	92.9%	88.0%	92.3%	92.6%	88.9%	93.0%			91.5%
1	VTE - Risk assessment on admission - (Community)	>95%		96.1%	97.6%	96.5%	100.0%	96.9%	94.7%	80.0%	100.0%	100.0%	69.4%	92.1%	80.0%		
1	Medication errors resulting in moderate to catastrophic harm	0		1	1	1	0	1	0	0	0	0	0				
1	Medication errors - Total reported incidents (trust at fault)	N/A		64	51	76	37	64	43	68	63	48	42	54	53		
1	Hospital standardised mortality rate (HSMR) - 3 months in arrears	<100%		93.9%	108.5%	95.1%	76.4%	99.8%	81.2%	92.0%	87.2%	90.4%	82.3%				
1	Safer Staffing - ICO - Daytime (registered nurses / midwives)	90%-110%		96.2%	97.2%	100.0%	100.8%	98.4%	95.5%	100.0%	104.3%	104.2%	106.6%	105.2%	104.3%	104.3%	101.7%
1	Safer Staffing - ICO - Nighttime (registered nurses / midwives)	90%-110%		95.5%	94.4%	97.4%	98.5%	95.6%	101.6%	101.4%	100.4%	101.7%	105.6%	105.8%	100.4%	100.4%	100.2%
1	Infection Control - Bed Closures - (Acute) *	<100		6	24	24	12	18	18	12	30	130	8	198	544	64	1082
1	Hand Hygiene	>95%		94%	97%	99%	91%	96%	95%	99%	98%	96%	95%	89%	96%	91%	95%
1	Fracture Neck Of Femur - Time to Theatre <36 hours	>90%		76.1%	69.2%	79.3%	86.1%	82.4%	71.0%	73.5%	68.6%	76.3%	71.4%	75.6%	71.0%	80.0%	75.3%
1	Stroke patients spending 90% of time on a stroke ward	>80%		89.1%	89.2%	57.1%	84.5%	95.6%	86.0%	77.1%	79.4%	83.3%	72.5%	84.4%	66.7%	92.3%	80.5%
1	Follow ups 6 weeks past to be seen date (excluding Audiology)	3500		5548	6429	6550	6999	7209	7496	7477	6790	6308	7041	6630	6761	7301	7301

Corporate Objective		Target 2017/2018	13 month trend	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year to date 2017/18
COMMUNITY & SOCIAL CARE FRAMEWORK																	
1	Number of Delayed Discharges (Community) *	16/17 Avg 315		310	142	72	261	225	211	445	401	340	348	272	267	206	3190
1	Number of Delayed Transfer of Care (Acute)	16/17 Avg 64		138	202	144	230	159	185	172	177	197	165	218	144	128	2121
1	Timeliness of Adult Social Care Assessment assessed within 28 days of referral	>70%		71.2%	78.8%	72.9%	73.9%	74.6%	75.9%	77.2%	78.3%	79.1%	79.1%	79.0%	78.5%	79.0%	
3	Clients receiving Self Directed Care	>90%		92.0%	92.0%	92.8%	92.6%	92.8%	92.9%	93.6%	93.1%	93.2%	92.8%	92.3%	92.5%	92.6%	
2	Carers Assessments Completed year to date	40%		38.3%	4.4%	8.7%	17.0%	20.7%	24.8%	31.1%	33.9%	34.5%	35.9%	38.1%	41.1%	42.2%	41.1%
	Carers Assessment trajectory	(Year end)		40.0%	3.6%	7.2%	10.8%	14.3%	17.9%	21.5%	25.1%	28.7%	32.3%	35.8%	39.4%	43.0%	43.0%
3	Number of Permanent Care Home Placements	<=617		642	634	629	619	634	637	638	632	637	634	629	608	604	604
	Number of Permanent Care Home Placements trajectory	(Year end)		617	639	637	635	633	631	629	627	625	623	621	619	617	617
1	Children with a Child Protection Plan (one month in arrears)	NONE SET		219	231	240	239	238	248	254	235	198	176	160			160
3	4 Week Smoking Quitters (reported quarterly in arrears)	NONE SET		272			80			156			232				232
3	Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	NONE SET		7.8%			8.4%			7.9%			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%		88.2%	89.7%	91.3%	88.4%	80.7%	89.2%	93.2%	92.7%	93.2%	92.4%	93.1%	95.0%	92.6%	95.0%
1	CAMHS - % of patients waiting under 18 weeks at month end	>92%		96.3%	88.7%	83.7%	94.1%	92.0%	100.0%	98.4%	100.0%	100.0%	98.9%	100.0%	98.3%	97.9%	98.3%
1	DOLS (Domestic) - Open applications at snapshot	NONE SET		597	603	601	599	608	574	579	596	603	609	610	597	569	597
1	Intermediate Care - No. urgent referrals	113		149	164	179	181	182	181	151	200	204	171	222	187	161	2183
1	Community Hospital - Admissions (non-stroke)	NONE SET		258	205	241	247	225	253	242	241	224	252	278	223	235	2866

Corporate Objective		Target 2017/2018	13 month trend	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year to date 2017/18
WORKFORCE MANAGEMENT FRAMEWORK																	
2	Staff sickness / Absence (1 month arrears) Rolling 12 months	<3.8%		4.33%	4.27%	4.23%	4.19%	4.17%	4.14%	4.11%	4.09%	4.07%	4.09%	4.14%	4.18%		4.18%
2	Appraisal Completeness	>90%		81.40%	81.42%	81.00%	81.66%	81.66%	81.00%	82.00%	82.00%	82.00%	81.00%	78.00%	78.00%		79.00%
2	Mandatory Training Compliance	>85%		84.90%	84.00%	84.00%	83.86%	83.00%	83.00%	83.00%	83.00%	83.00%	83.00%	82.79%	83.24%	85.00%	85.00%
2	Turnover (exc Jnr Docs) Rolling 12 months	10% - 14%		12.66%	12.00%	12.73%	12.30%	12.64%	12.37%	12.39%	12.32%	12.34%	12.53%	12.09%	11.67%		11.25%
CHANGE FRAMEWORK																	
3	Number of Emergency Admissions - (Acute)			3155	2840	3148	3101	3111	3040	3030	3232	3130	3175	3258	2913	3149	37127
3	Average Length of Stay - Emergency Admissions - (Acute)			3.0	2.9	3.0	2.9	2.7	2.9	2.9	2.8	2.7	2.7	3.1	3.2	3.1	2.9
3	Hospital Stays > 30 Days - (Acute)			25	7	32	21	24	19	32	34	28	28	41	38	30	334

REPORT SUMMARY SHEET

Meeting Date	2 nd May 2018		
Report Title	Freedom to Speak Up Guardians Update		
Lead Director	Chief Executive		
Corporate Objective	<p>Safe, quality care and best experience</p> <p>Valuing our workforce</p> <p>Well led</p>		
Corporate Risk/ Theme	<p>Failure to achieve key performance / quality standards.</p> <p>Inability to recruit / retain staff in sufficient number / quality to maintain service provision.</p> <p>Lack of available Care Home / Domiciliary Care capacity of the right specification / quality.</p> <p>Failure to achieve financial plan.</p> <p>Care Quality Commission's rating 'requires improvement' and the inability to deliver sufficient progress to achieve 'good' or 'outstanding'.</p>		
Purpose	Information	Assurance	Decision
	✓	✓	
Summary of Key Issues for Trust Board			
Strategic Context	<p>As a Trust we are committed to ensuring all our staff members have a safe and supportive working environment. Every employee should feel able to raise concerns, confident in the knowledge that they will be listened to, that action will be taken and that they will be thanked and acknowledged for living the values of the NHS.</p> <ul style="list-style-type: none"> • Guardians operate in a genuinely independent capacity • Staff can raise concerns in confidence • Guardians have been appointed to provide an independent, confidential and accessible route to raise concerns from any member of staff • Raising concerns can save lives, jobs and money as well as the reputation of professionals and the organisation. • Raising concerns contributes to quality care and compassion along with staff and patient wellbeing 		
Key Issues/Risks	Since the last report to the Board in November 2017, 13 concerns have been raised through the Guardians.		
Recommendations	To note the contents of the report.		

Summary of ED Challenge/Discussion	EDs noted the report and ongoing work to support the Freedom to Speak Up Guardian roles.
Internal/External Engagement inc. Public, Patient & Governor Involvement	Engagement with Trust staff.
Equality & Diversity Implications	Nil.

MAIN REPORT

Report to	Trust Board of Directors
Date	2 nd May 2018
Lead Director	Chief Executive
Report Title	Freedom to Speak Up Guardians Update

1. Purpose

To provide an update on the activities of the Freedom to Speak Up Guardians

2. How the Guardians Work

The Freedom to Speak Up Guardians (FTSUG) are currently advertising for a Community based Guardian to complement the current network of 5 who are predominantly based on the acute site. There will be a fair and transparent recruitment process with shortlisting coming from expressions of interest. The Guardians will be involved in the recruitment processes alongside the Chief Executive and NED for whistleblowing.

Bi weekly meetings are held with all available Guardians attending and we now have monthly meetings with the Chief Executive. We plan to meet quarterly with the NED for whistleblowing.

Within the FTSUG we continue to work with our specific skills and develop roles for the group members building on everyone's strengths. Sarah Burns continues to represent the trust at the regional guardian meetings and feeds back to the group and our sponsor. Due to the guardian role becoming more involved with concerns being raised by departments and increased time being required to respond to this, Sarah has been given 2 dedicated days per week by the Chief Executive for a 12 month trial period. Julia Pinder has been actively updating the FTSUG confidential database and our dedicated Speak Up site as well as developing our posters; Julian Wright continues to support the roll out of the See Something Say Something Anonymous boxes and additional logo needed. We regularly present at the Trust Induction and continue to support the Chairman and Chief Executive engagement sessions to encourage staff to speak up.

3. How the Champions work

Our network of 9 Speak Up Champions are from cross organisational areas of work and we have recently held our first quarterly meeting to support them in their role, share experiences, gain any soft intelligence and identify any training needs. We have written a role descriptor for the champions and they are part of our terms of reference. We have reinforced the escalation process for champions who receive any concerns. Moving forward there will be 4 champions meetings per year with an expectation that a minimum of 3 will be attended. Letters requesting managers' support for the champions in performing the role were sent by the Chief Executive after their recruitment in November 2017.

Public

4. Self –assessment against National Guardian recommendations

The Trust's FTSUG role is clearly aligned to the updated National Guardian Office job description and purpose of the role. The network of Guardians is of key importance in keeping the momentum of the role and helping to embed the culture this Trust aspires to – that staff are confident to raise concerns, that they are listened and supported when they do and that improvement happens as a result. The role is not to find solutions but to support staff and be assured that actions are taking place.

The development of the Freedom to Speak Up Guardian role was a recommendation made by Sir Robert Francis in "Freedom to Speak Up" in 2015. Organisations have been able to implement the role in a way that is right for them and allowed for it to be integrated into the priorities of individual trusts. However the National Guardian Office have been struck by the wide range of approaches that organisations have taken in implementing the role and the recent findings and recommendations from The Freedom to Speak Up Guardian Survey 2017 (Appendix 1) have focused on ensuring that, amongst all the variation, a consistent core to the guardian role is maintained. Investment in the guardian role includes the support and commitment of senior leaders to do their job and sufficient time to be reactive and proactive in culture change.

The local network of Freedom to Speak Up Guardians have benchmarked against these recommendations (Appendix 2). We are confident that we meet most of the recommendations but there is still progress to be made with:

- s **Communication and Training** – more work to do to communicate and raise awareness with front line and community staff. Managers training in responding to concerns requires action.
- s **Partnership** - some progress made with partnerships including staff governors, PALS, Acceptable Behaviour Advisors but work to be done to triangulate information particularly in relation to patient safety incidents
- s **Feedback** – need to put process in place to obtain feedback from line managers and partners
- s **Time** - commitments from our substantive roles have increased over the last 6 months and it has become increasingly difficult to be both proactive and reactive as the FTSUG role requires. The National Guardians office recommends adequate ring fenced time to be able to undertake the role fully and be responsive to the needs of staff.

5. Concerns Raised since 01/11/2017

A summary of concerns brought to the Guardians is detailed in the table below:

Case Number		Concern	Details	Status
81	23/11/17	Lack of IT access	Unable to access payslips. Complete exit interview	Work on going
82	28/11/17	Other	Dignity at work – availability of uniforms	Closed
83	19/12/17	Management	Grievance	Closed
84	21/12/17	Culture	Leadership/safe staffing	Work on going
85	29/12/17	Acceptable behaviour	Disciplinary process/training	Work on going
86	05/1/18	HR Process	AfC process	Closed
87	15/1/18	Patient safety	Patient Falls/reporting	Open
88	21/2/18	Management/Acceptable behaviour	Processes	Work on going
89	13/3/18	Culture	Patient safety/staff well being	Work on going
90	17/3/18	Culture/acceptable behaviour	Team relationships	Work on going
91	19/3/18	Disability	Reasonable adjustments	Closed
92	21/3/18	Acceptable behaviour	Management issues	Open
93	29/3/18	Management	Leadership/processes	Open

We are continuing to see departments raising concerns with FTSUG as for some it is unclear who they can raise concerns to and have confidence that their voice will be heard. We are continuing to actively raise awareness of the role and signpost individual staff to the most appropriate service. The first report from the FTSUG into departmental concerns within Hotel Services was presented to the Executive Director for Estates and Commercial Development in January 2018. This followed a 6 month engagement period listening to staff, identifying common themes/concerns and raising them by way of a formal report. All domestic staff received a copy of the report and regular meetings with senior management continue in order to gain assurance that there are actions planned and in progress in response to the concerns. There is positive action in progress regarding to:

- Group formed to discuss and trial new ways of working with additional roles
- Access to bespoke IT training for all domestic staff to include email and access to payslips being rolled out
- Focus on the important role of supervisor and the introduction of local induction and training for new staff
- Greater visibility from senior management

6. Update on previous actions and recommendations

Action Plan 2016

Item	Achieved?
Agreement to designated time for the role rather than the role being in addition to a current post – this may need reviewing	Partly
Monthly meetings with agreed standard agenda items – now bi weekly	✓
Monthly meetings with the Chief Executive to update on progress and review concerns raised – not formalised but meet as required – there have been a number of meetings held with the Chief Executive, with us on an individual and collective basis and is available to any Guardian as required. The Chief Executive has also attended F2SUG meetings.	✓
Confidential Guardian database	✓
Protection to speak out is clearly evident in each Guardian's job description – (appointment letter acts as sub clause in contract	✓
Standard Operating Procedures – achieved (process wheel)	✓
Escalation process - achieved (process wheel)	✓
Establishing regular events which are an open forum for staff to raise concerns	x
Staff update on quarterly basis to highlight number of issues raised, themes and actions	X
6 monthly board report – achieved	✓
Communication Plan	See below
Quarterly meetings arranged for networking with similar groups– partially achieved	Partly
Integrate and include in management training programmes in how to respond to concerns raised	X

Action Plan – 2017

Item	Achieved?
Continue to develop a Communication Plan (yes) to include briefings at Induction (yes) and All Managers (agreed with CEO), payslip message inclusion to explain role and contact details (no longer applicable - electronic payslip), on-going 'Spotlight' Messages on Intranet (yes), Social Media (no) and FTSUG 'Blog' (no), mapping of organisation areas to inform future targeting of staff to raise awareness (partly), posters to be displayed in staff areas (yes), All Staff events, focus groups, further awareness weeks to be arranged across organisation (partly).	Partly
Continue to develop quarterly meetings arranged for networking with similar groups, PALS, Acceptable Behaviour Champions, Health and Wellbeing, Patient Safety, Equality and Diversity, Just Ask, Junior Doctors Exception reporting, staff governors	Partly
Establishing regular events/focus groups which are an open forum for staff to raise concerns:	x
Co-ordinate a regular programme of visiting areas across the organisation to raise awareness and confidence in raising concerns	Partly
To be a highly visible network of Guardians to all staff, particularly to those on the frontline	✓
Develop a staff update on a quarterly basis to highlight number of concerns raised, themes and actions	X
Develop a staff barometer on where the organisation is on staff being able to raise concerns and identifying key areas highlighted as hotspots in the Staff Survey, Friends and Family test reports, incident and complaints trends, CQC report and	X

Public

action plans	
Integrate and include in management training programmes in how to respond to concerns raised	X
To raise the profile of the F2SUG further during unprecedented times of organisational change	✓

Action plan - 2018

- 1) Communication Plan: to continue to promote FTSU through all appropriate channels and continued roll out of the SSSA boxes across the organisation.
- 2) To develop quarterly meetings for networking with similar groups, PALS, Acceptable Behaviour Champions, Health and Wellbeing, Patient Safety, Equality and Diversity, Just Ask, Junior Doctors Exception reporting, staff governors
- 3) Integrate and include in management training programmes in how to respond to concerns raised – to be co-ordinated through the organisational development team
- 4) Develop a staff update on a quarterly basis to highlight number of concerns raised, themes and actions – with the approval of the Board in April 2017 for See Something Say Something Anonymously this action was held over as it will form an integral part of SSSA with roll out complete during the summer of 2018.
- 5) To work with the executive team to ensure that staff members are confident that the Staff Survey is truly anonymous
- 6) For staff to have access to and confidence in completing exit interviews. To work with the Workforce Information team to streamline and increase accessibility.

7. Risks and Issues

Although the Guardians have been able to achieve elements of the action plan, we still have much work to do in being visible to staff across the whole organisation and actively participate in the regional and national network of Freedom to Speak Up Guardians. There is an expectation that data generated is fed back formally to the National Guardian Office who are also there for support and advice. We are keen to make sure the Trust is delivering the intention of the national policy and would ask that the Board take note of our benchmarking against the National Guardian Office recommendations and those that are only partly achieved. In order for us to move forward and implement our action plan we would ask for support and commitment from the Board for us to meet the needs of staff in raising concerns. The guardian role is not an easy one but is a potential powerful force for change. We ask for sufficient ring fenced time to move from a voluntary role to one that is more substantive and would require an increased level of commitment not only from us but also the organisation if we are serious about culture change.

8. Recommendations

To note the content of the report.

National Guardian

Freedom to Speak Up

Freedom to Speak Up Guardian Survey 2017

Findings and recommendations



The National Guardian's Office

Introduction



The requirement for trusts and foundation trusts to have a Freedom to Speak Up Guardian has been in place since October 2016, just as I took up post as National Guardian.

The National Guardian's Office set out its expectations about the role early on but I have been struck by the wide range of approaches that organisations have taken in implementing the role. This survey has given us the first opportunity to quantify some of this variation.

Enabling organisations to implement the role in a way that is right for them is important as no two organisations are the same. The new role allows for it to be integrated into the priorities of individual trusts. The diverse occupations and professional backgrounds of those in the guardian or champion / ambassador role has also proven to be a great source of strength. We have built up a unique network of individuals where traditional barriers between grade and profession simply do not exist and where everyone can draw upon the experience and expertise of everyone else. I am proud to lead this network and see it as a potentially powerful force for change and a source of skill, commitment, and knowledge that I hope others in and around the healthcare system can draw upon.

Consistency in approach does, however, have a part to play. I want everyone working in the health system to know that they can go to a Freedom to Speak Up Guardian for support and advice about speaking up and for their expectations to be met, no matter which organisation they are in. Some of the recommendations in this report therefore focus on ensuring that, amongst all the variation, a consistent core to the guardian role is maintained.

The guardian role is not an easy one. Our expectations are high and broad and, as patient safety and staff wellbeing are at its heart, we believe that it is a role in which it is well worth investing. Investment includes support and guardians need the support and commitment of their senior leaders to do their job and sufficient time to be reactive and proactive in culture change. The recommendations, drawn from the experience of guardians will enable trusts and foundation trusts to ensure that this role will meet the needs of all their staff.

I hope that senior leaders, guardians, champions, ambassadors and all those with an interest in speaking up will welcome this report. It is an honest reflection of how this new role is developing at the start of the Freedom to Speak Up journey, and I look forward to repeating this exercise next year to see how the recommendations have been implemented.

Dr Henrietta Hughes, National Guardian for the NHS

Background and summary

The development of the Freedom to Speak Up Guardian role was a recommendation made by Sir Robert Francis in “Freedom to Speak Up” in [2015](#). The standard NHS contract requires all trusts and foundation trusts to nominate a Freedom to Speak Up Guardian by October 2016.

Guidance on the role including a job description was issued by the National Guardian’s Office, initially in April 2016, with a revised form being issued in June 2016. Support was given to guardians and trusts throughout 2016 /17, including foundation training and the development of regional networks to promote local learning and sharing of good practice.

Whilst the overall requirements of the role have been published, the role is not centrally funded, with trusts being expected to implement the role according to local need and resources. As this is a new initiative, and one that requires a broad range of skills and qualities, up until this point the National Guardian’s Office has not issued detailed guidance on the grading of the role, where the role should fit in within organisational structures, or how the role should be resourced.

This survey is intended to provide a more systematic understanding of how the role has been implemented, who is being appointed to the role and, for the first time, ask the new network of guardians for their thoughts on Freedom to Speak Up within their trusts.

Ensuring that the needs of staff are met and that Freedom to Speak Up develops in a way that responds to local circumstances, are fundamental principles of the role. The results of this survey have helped identify some potential issues. These are highlighted and trust and foundation trust leadership teams are encouraged to reflect on these and, where necessary, make changes to ensure that the guardian role is properly resourced, embedded and used as the source of support, learning and improvement that it is intended to be.

The questions included in the survey can be found in the **Annex** to this report. These are divided into broad groups looking at how the guardian role has been implemented, who is in the role, and perceptions of Freedom to Speak Up. Respondents were also asked to consider what support they felt they needed from the National Guardian’s Office and for examples of success and challenges that they face.

The survey was distributed to 493 email addresses and was open between 12 June and 30 June 2017. A total of 234 responses were received (a 47% response rate).

Key findings and recommendations (1-4)

#	AREA	RECOMMENDATION
1.	Appointment	We recommend that appointment of guardians is made in a fair and open way, and that senior leaders assure themselves that workers throughout their organisation have confidence in the integrity and independence of the appointee.
2.	Potential conflicts of interest	<p>We recommend that all guardians / ambassadors / champions reflect on the potential conflicts that holding an additional role could bring and that they devise mechanisms to ensure that there are alternative routes for Freedom to Speak Up matters to be progressed should a conflict become apparent when supporting someone who is speaking up.</p> <p>We see particular potential for conflicts to arise where a guardian also has a role as a human resources professional and recommend that guardians do not have a role in any aspect of staff performance or human resources investigations.</p>
3	Local networks	We recommend that all trusts consider developing a local network of ambassadors / champions, depending on local need, to help provide assurance that all workers have appropriate support and opportunities to speak up, and to give guardians alternative routes to pursue speaking up matters should they be faced with a real or perceived conflict. Members of a local network could also cover the guardian role when the guardian is absent, on leave etc.
4	Diversity	<p>We recommend that all trusts take action to ensure that all workers, irrespective of their ethnicity, age, sexuality or other diversity characteristics, have someone they feel able to go to for support in speaking up.</p> <p>Guardians should consult with relevant representative groups in developing their approach on this matter. Guardians should also take action to assure themselves that any potential barriers to speaking up that particular groups face are understood and tackled.</p>

Key findings and recommendations (5-10)

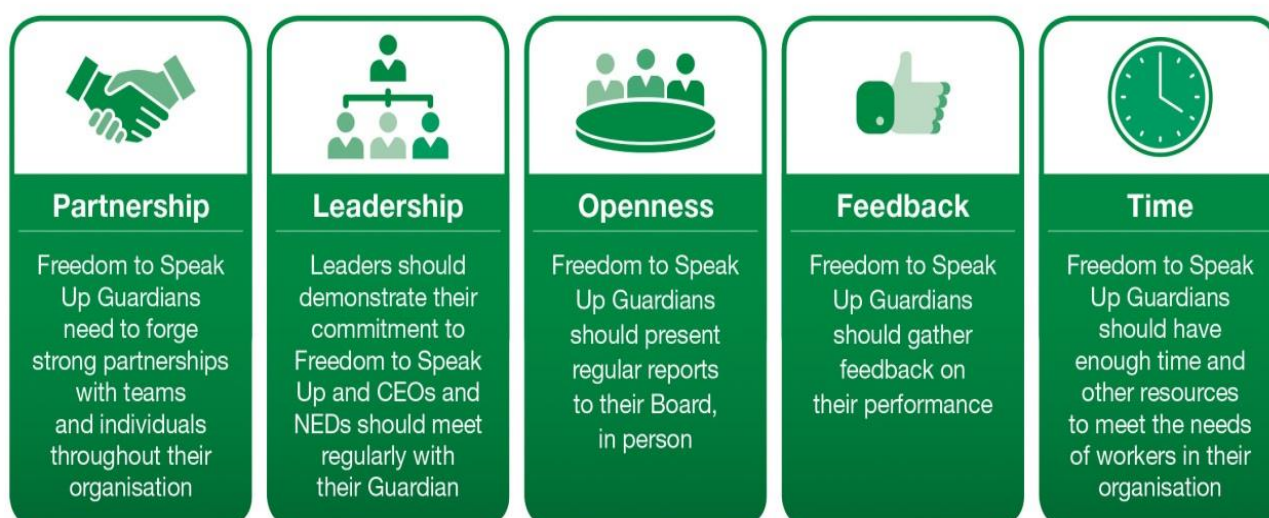
#	AREA	RECOMMENDATION
5	Communication and training	<p>We recommend that all guardians use all appropriate communication channels to ensure that all staff know of their role, and work with colleagues to ensure that Freedom to Speak Up is incorporated in all relevant staff training and development programmes, and particularly in staff inductions.</p> <p>In conjunction with the relevant parts of their organisation, guardians should monitor the effectiveness of their communication and training activities. Guardians should ensure that the language and message of communications and training are consistent with national guidance.</p>
6	Partnership	We recommend that all guardians continue to develop working partnerships with all relevant parts of their organisation.
7	Access to senior leadership	We recommend that all guardians have direct and regular access to their chief executive and non-executive director with responsibility for speaking up.
8	Board reporting	We recommend that guardians or a representative from a local network of champions / ambassadors personally presents regular reports to their board. Board reports should include measures of activity and impact and, where possible, include 'case studies' describing real examples of speaking up that guardians are handling.
9	Feedback	We recommend that guardians always gather feedback on their performance, from their line managers, the partners they work with, and from those they are supporting.
10	Time	We strongly recommend that all trusts provide ring-fenced time for anyone appointed as a guardian / ambassador / champion to carry out their role and attend training, regional and national network meetings, and other events.



Freedom to Speak Up Guardian Survey 2017

10 principles for the role.

These principles are derived from the findings of our 2017 Freedom to Speak Up Guardian Survey.



Detailed findings and discussion

1. How the Freedom to Speak Up Guardian role has been implemented

Appointment to the role

At the time of the survey, the requirement to have nominated a guardian had been in effect for nine months, though we know that many trusts had taken early action in response to the Francis recommendations. It is not surprising, therefore, to note that **59%** of respondents had been in post for over 6 months, with **17%** being in post for 18 months or longer.

We asked how individuals were appointed to the guardian / champion / ambassador role. **60%** of respondents had been personally approached, volunteered, or were nominated. Whilst **56%** of this group were also interviewed as part of the process, this illustrates the 'personal' nature of many of the appointments.

The guardian role is one that requires a high degree of personal integrity, and the individual in the role needs to work alongside senior leaders whilst also capturing the confidence of staff throughout the organisation. In addition, the person needs to be able to act independently and under their own initiative. Given this, we see potential difficulties if appointments are made to the role without a transparent, fair and open process and we would always recommend that appointments are made in this way. To give further confidence that appointees have the confidence of workers, we know of some trusts where the appointment process has incorporated staff elections, values based recruitment, and other elements where staff representatives can be involved in the process.

#1. Appointment

We recommend that appointment of guardians is made in a fair and open way and that senior leaders assure themselves that workers throughout their organisation have confidence in the integrity and independence of the appointee

The survey did not specifically address the appointment of Freedom to Speak Up ambassadors / champions who usually play a supporting role to the guardian and who are often employed to increase the 'reach' of Freedom to Speak Up across a trust. Whilst appointments to these roles clearly need to meet local needs we would encourage them to be made upholding the same principles we recommend in relation to the appointment of guardians.

Who is in the role?

The vast majority of respondents (**84%**) indicated that they held another role alongside that of guardian or champion / ambassador. This 'other' role includes a broad range of clinical and non-clinical roles (table 1.1).

1.1 Other role	% respondents
Nurse	23%
Corporate Services	18%
Allied Healthcare Professional	11%
Administrative / clerical	7%
Human Resources	6%
Organisational Development	6%
Governor	6%
Doctor	5%
Safety	4%
Midwife	2%
Chaplaincy	2%
Healthcare Assistant	1%
Therapist	1%
Maintenance / ancillary	0.5%
Other*	28%

*responses include: company secretary, adult safeguarding lead, front of house manager, non-executive director, IT director, oral health promoter, listening into action lead, staff side chair

We think that this variety brings richness to the network of guardians and ensures that there is a wide range of peer-support available for guardians. This diversity brings a broad breadth of knowledge, insight and experience to bear on the guardian role, which will help ensure that it continues to develop to reflect the needs of all NHS workers.

However, carrying out two (or more) roles does not come without its challenges, both in terms of ensuring that enough time is given to the guardian role, and in managing potential conflicts of interest and perceptions of the ability of a guardian to act independently.

#2. Potential conflicts of interest

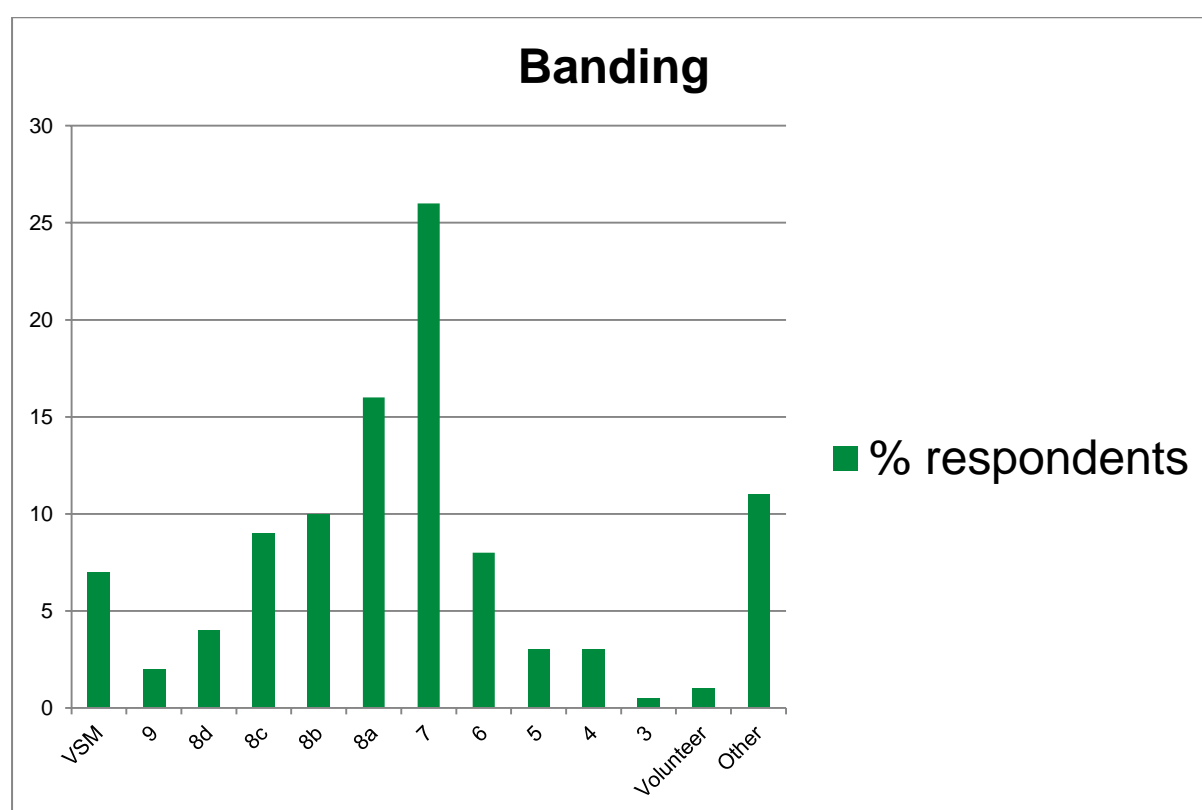
We recommend that all guardians / ambassadors / champions reflect on the potential conflicts that holding an additional role could bring and that they devise mechanisms to ensure that there are alternative routes for Freedom to Speak Up matters to be progressed should a conflict become apparent when supporting someone who is speaking up. We see particular potential for conflicts to arise where a guardian also has a role as an HR professional and recommend that guardians do not have a role in any aspect of staff performance or HR investigations.

The development of a local network of ambassadors / champions can help provide alternative routes to avoid conflict when a speaking up matter is being pursued, whilst also increasing 'reach' across larger or widely dispersed organisations. A network can also provide a diverse range of individuals for staff to seek support from. It is encouraging to see that **63%** of respondents said that they were part of a local network of this type.

#3. Local networks

We recommend that all trusts consider developing a local network of ambassadors / champions, depending on local need, to help provide assurance that all workers have appropriate support and opportunities to speak up, and to give guardians alternative routes to pursue speaking up matters should they be faced with a real or perceived conflict. Members of a local network could also cover the guardian role when the guardian is absent, on leave etc.

As with professional background, a similarly broad range of grading / band is also represented within the guardian network (see below)



1.2 Band / grade	% respondents
Very Senior Manager	7%
9	2%
8d	4%
8c	9%
8b	10%
8a	16%
7	26%
6	8%
5	3%
4	3%
3	0.5%
Volunteer	1%
Other*	11%

*responses include: non-executive director and independent / self-employed role

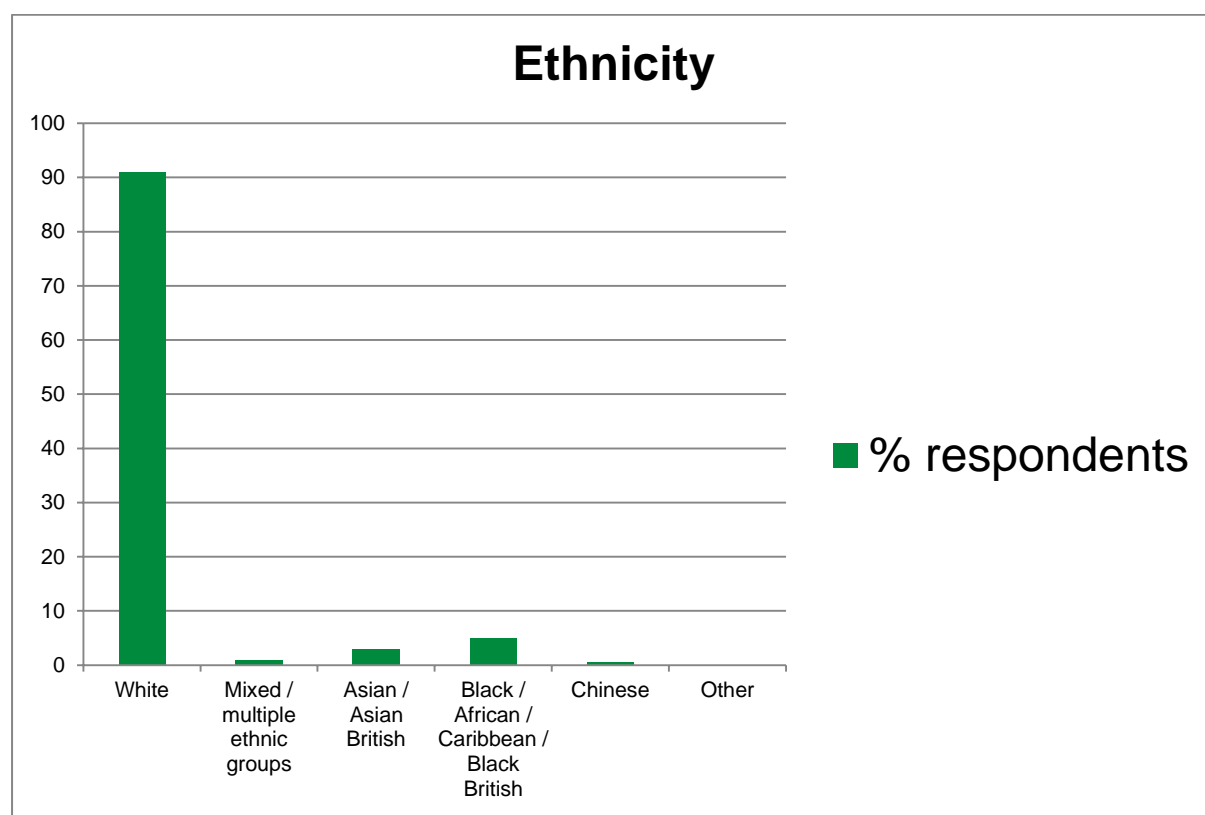
The guardian role is a broad one that requires reach and credibility from the frontline to the board and, most importantly, the ability to support, encourage, and capture the trust of any worker within an organisation (table 1.2). Given that, we see this wide range of banding as a strength. However, we do appreciate that it may be more difficult for individuals in lower banded roles to gain the confidence of, and challenge, senior leaders. Similarly, those in higher banded roles may be faced with barriers that being further up the 'hierarchy' can bring when trying to capture the trust and confidence of staff at lower grades. Nevertheless, we are reassured by the experiences of our guardians and those who are speaking up to them that these barriers are being overcome.

We continue to believe that appointments to a guardian role need to have the personal qualities of individuals front and centre, rather than focussing on banding. However, when this area is being considered we would encourage trusts to look at the job description in the round and ensure that whoever is in the role is appropriately rewarded for their work.

Building on this, it is clearly helpful if guardians have experience of speaking up themselves, and we note with interest that **42%** of respondents said that they had. Respondents provided us with a wide range of examples illustrating their experience, these included matters of abuse in a residential care setting, unsafe staffing levels, staff being pressurised to make decisions outside their area of competence, lack of support for vulnerable groups, challenging decisions made by senior leaders, fraud, and reports of bullying behaviour amongst senior colleagues.

It is essential that all workers in an organisation feel able to speak up and able to access the support of a guardian / ambassador / champion should they need it. To do this, they need to be able to turn to someone whom they can trust. We therefore note with interest the demographic profile of respondents to the survey.

91% of respondents are white (table 1.3), **79%** are women (table 1.4), **44%** are between 45 – 54 years old (table 1.5), **91%** did not consider themselves to have a disability (table 1.6), and **88%** are straight / heterosexual (table 1.7).



1.3 Ethnicity	% respondents
White	91%
Mixed / multiple ethnic groups	1%
Asian / Asian British	3%
Black / African / Caribbean / Black British	5%
Chinese	0.5%
Other	0%

1.4 Gender	% respondents
Male	20%
Female	79%
Prefer not to say	1%

1.5 Age	% respondents
16 – 34	6%
35 – 44	24%
45 – 54	44%
55+	24%
Prefer not to say	2%

1.6 Response to the question “Do you consider yourself to have a disability?”	% respondents
Yes	6%
No	91%
Prefer not to say	3%

1.7 Sexuality	% respondents
Bisexual	1%
Gay man	4%
Gay woman / lesbian	0.5%
Heterosexual / straight	88%
Prefer not to say	7%

Whilst none of these factors should present a barrier to workers speaking up to guardians, we are aware that they may do so for some and therefore recommend that all trusts take action to assure themselves that all staff have a range of individuals they can go to for support in speaking up, including individuals of differing diversity characteristics. We would also encourage guardians to forge close working partnerships with staff diversity networks and consider recruiting and training members of these groups as champions / ambassadors, or developing some other means of partnership working so that the trust has the assurance that all workers feel supported and able to speak up.

#4. Diversity

We recommend that all trusts take action to ensure that all workers, irrespective of their ethnicity, age, sexuality or other diversity characteristics, have someone they feel able to go to for support in speaking up. Guardians should consult with relevant representative groups in developing their approach on this matter. Guardians should also take action to assure themselves that any potential barriers to speaking up that particular groups face are understood and tackled.

2. Freedom to Speak Up Guardian activities

In addition to one-to-one support for people speaking up, guardians are engaged in a wide range of communication and engagement activities

2.1 Activity	% respondents
Communication of role internally	88%
Communication of role externally	11%
Involvement in staff induction	62%
Involvement in other staff training	52%
Attending team meetings	65%
Carrying out surveys	16%
Other*	25%

*responses include: developing steering and other working groups, back-to-floor visits, attending out-of-hours services, taking part in leadership programmes

A wide range of partnerships are also being forged

2.2 Partnership	% respondents
Senior leaders / the Board	83%
HR	82%
Organisational Development teams / similar	50%
Communications teams	73%
Training and Development teams	49%
Unions / staff-side	54%
Staff diversity networks	36%
Patient representative groups	18%
Internal Audit	15%
Other*	15%

*responses include: patient experience teams, safety and quality teams, occupational health, information governance and guardians in other trusts

We think this broad range of activities (table 2.1), and developing partnership working (table 2.2), is encouraging. We would advocate that all guardians continue to communicate their role, work with colleagues to ensure that Freedom to Speak Up messages are incorporated into staff training and development programmes (particularly staff inductions), and continue to forge working relationships throughout their organisation.

#5. Communication and training

We recommend that all guardians use all appropriate communication channels to ensure that all staff know of their role, and work with colleagues to ensure that Freedom to Speak Up is incorporated in all relevant staff training and development programmes, and particularly in staff inductions. In conjunction with the relevant parts of their organisation, guardians should monitor the effectiveness of their communication and training activities. Guardians should ensure that the language and message of communications and training are consistent with national guidance.

#6. Partnership

We recommend that all guardians continue to develop working partnerships with all relevant parts of their organisation.

The relationships between a guardian and their chief executive and non-executive director with responsibility for speaking up are particularly important ones. A guardian needs to support their senior leaders in creating a culture where speaking up can flourish whilst also maintaining their independence to enable confidential investigations to happen and, if appropriate, to step outside of their organisation's leadership altogether. We are therefore pleased to note that **86%** of respondents said that they had direct access to their chief executive (with **14%** saying that they did not), and **76%** of respondents said that they have direct access to their non-executive director with responsibility for speaking up (with **24%** saying that they did not). We believe, however, that all guardians should have this direct access.

#7. Access to senior leadership

We recommend that all guardians have direct and regular access to their chief executive and non executive director with responsibility for speaking up.

Boards need to be kept abreast of all matters related to speaking up. This encompasses being sighted on both the issues being raised, and apparent barriers to speaking up. Board members also need to model speaking up behaviours, demonstrate their responsiveness and, in particular, provide feedback so that people who are speaking up are assured that they are being listened to and that action is being taken. In addition, so that Freedom to Speak Up messages can be taken to the board in an unfettered manner, and so that the independence of a guardian can be seen in practice, we believe it is important that guardians present regular reports to their board in person. We are therefore disappointed to note that only **55%** of respondents said that they present reports to board meetings in person.

#8. Board reporting

We recommend that guardians or a representative from a local network of champions / ambassadors personally presents regular reports to their board.

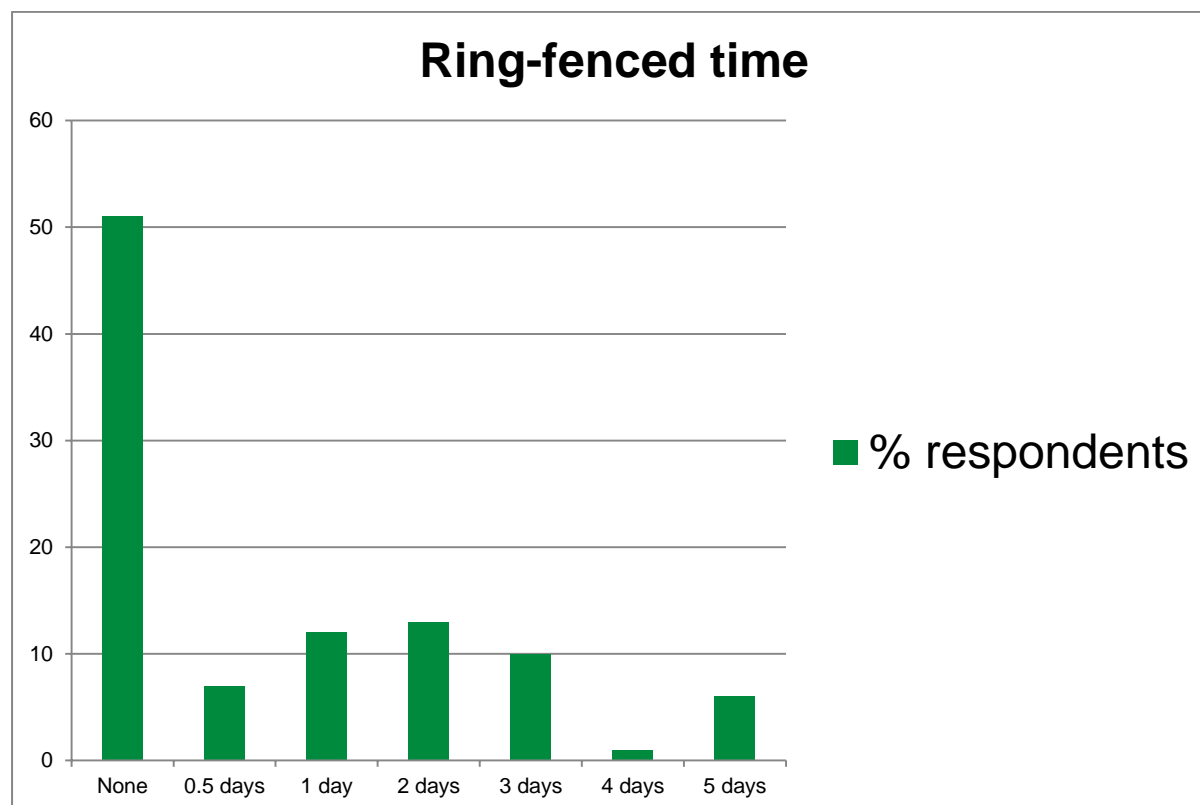
Asking for, receiving, and acting on feedback is a central aspect of an effective speaking up process with a lack of feedback being a significant barrier to encouraging workers to speak up in the first place. We therefore see it as essential that guardians role-model this behaviour by always asking for feedback, both from the people who speak up to them (guardians have been provided with a standard from of wording to use when asking for this feedback), and from others who can comment on their performance more generally. However, only **46%** of respondents said that they gathered feedback on their performance (with **54%** saying that they don't).

#9. Feedback

We recommend that guardians always gather feedback on their performance, from their line managers, the partners they work with, and from those they are supporting

3. Implementation of and support for the role

51% of respondents said that they didn't have any ring-fenced time for the guardian role and the total proportion of respondents who had one day or less assigned to the role was **70%**.



3.1 Amount of ring-fenced time	% respondents
None	51%
Up to 0.5 days / week	7%
Up to 1 day / week	12%
Up to 2 days / week	13%
Up to 3 days / week	10%
Up to 4 days / week	1%
Up to 5 days / week	6%

Whilst we do see that some aspects of the role can be carried out alongside other work, and that many respondents are part of a local network of champions / ambassadors which widens the opportunities for speaking up, the general lack of time ring-fenced for the role is a cause for concern (table 3.1). The guardian role includes both proactive and reactive elements and time is needed to communicate the role, engage with staff, form partnerships across the organisation, consider and triangulate data that might indicate barriers to speaking up, and report to and engage with the board and the wider network of guardians. This is in addition to supporting

people who wish to speak up and ensuring that each issue that is brought up is properly handled, that feedback is given, and that any lessons that should be learnt are learnt. We therefore strongly recommend that every trust sets aside ring-fenced time for guardians to carry out their role.

#10. Time

We strongly recommend that all trusts provide ring fenced time for anyone appointed as a guardian / ambassador / champion to carry out their role and attend training, regional and national network meetings, and other events.

How much time that should be set aside will need to consider local circumstances and, of course, guardians / champions / ambassadors who are already in the role will be able to offer their own thoughts and advice.

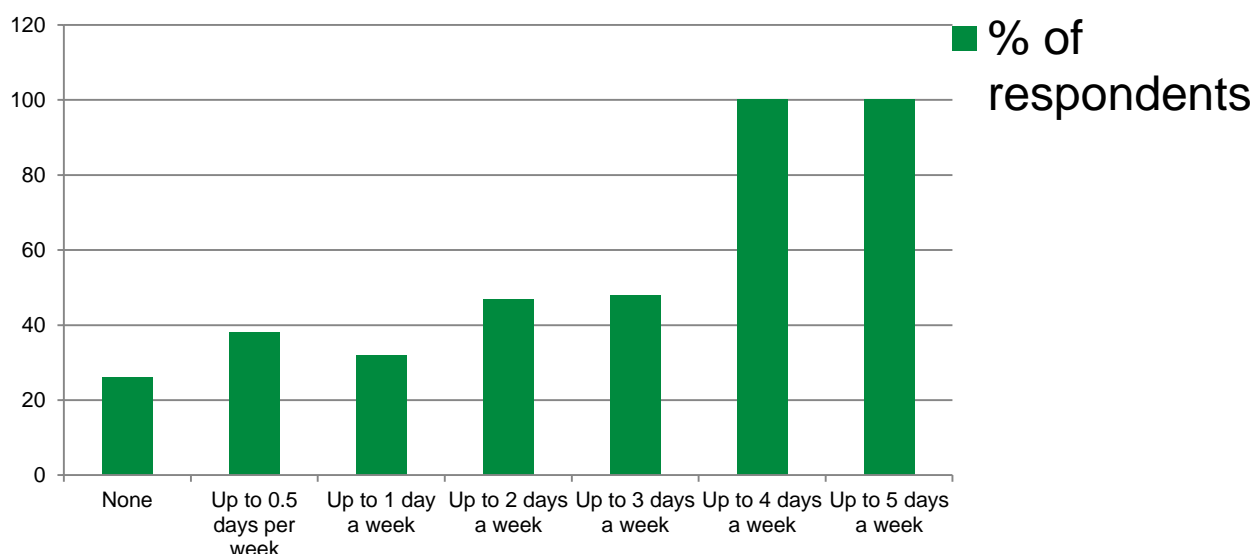
We asked whether respondents felt that they had sufficient time for the guardian role (table 3.2). **38%** agreed or strongly agreed with the statement 'I have sufficient time to carry out the guardian role appropriately for my organisation', **38%** disagreed or strongly disagreed, and **25%** neither agreed nor disagreed.

3.2 Response to the question 'I have sufficient time to carry out the guardian role appropriately for my organisation'	% respondents
Strongly agree	12%
Agree	26%
Neither agree nor disagree	25%
Disagree	30%
Strongly disagree	8%

The proportion of respondents agreeing or strongly agreeing with this statement varied depending on how much time was ring-fenced for the guardian role (table 3.3).

3.3 Time ring-fenced for the guardian role	Proportion of respondents agreeing or strongly agreeing with the statement 'I have sufficient time to carry out the guardian role appropriately for my organisation'
None	26%
Up to 0.5 days per week	38%
Up to 1 day a week	32%
Up to 2 days a week	47%
Up to 3 days a week	48%
Up to 4 days a week	100%
Up to 5 days a week	100%

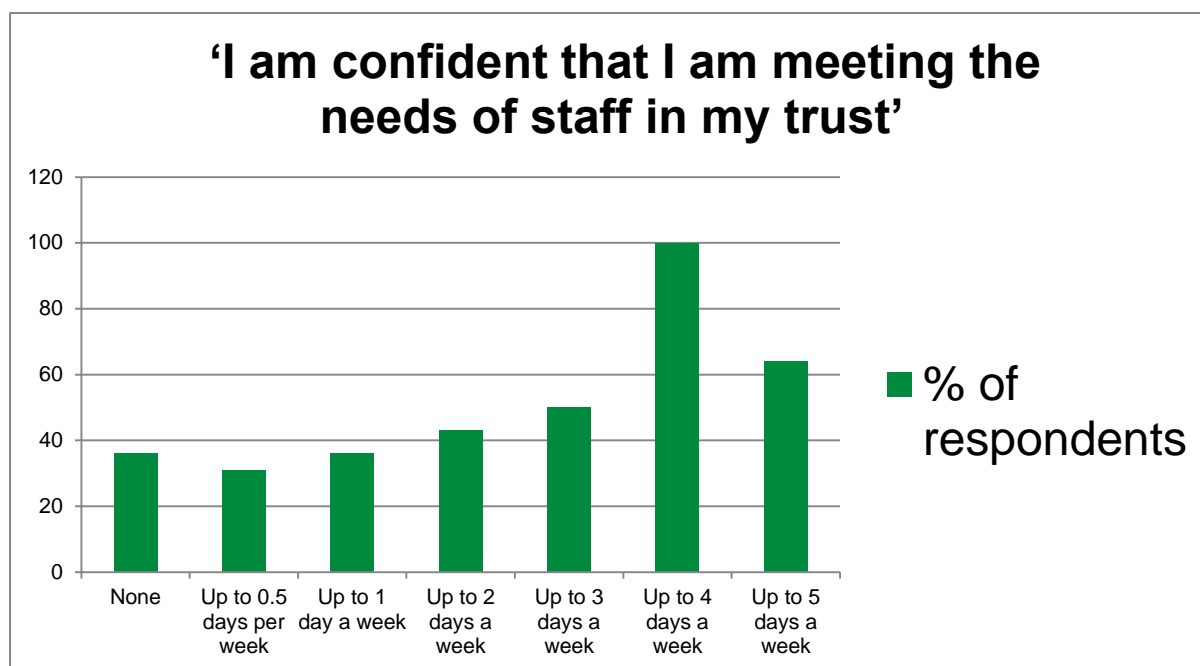
'I have sufficient time to carry out the Freedom to Speak Up Guardian role appropriately for my organisation'



We also asked respondents for their thoughts on how confident they were about meeting the needs of their staff. Overall, **41%** of respondents agreed or strongly agreed with the statement 'I am confident that I am meeting the needs of staff in my trust', **37%** neither agreed nor disagreed, and **22%** disagreed or strongly disagreed.

3.4 Response to the question 'I am confident that I am meeting the needs of staff in my trust'	% respondents
Strongly agree	4%
Agree	37%
Neither agree nor disagree	37%
Disagree	17%
Strongly disagree	5%

Again, the response to this question varied depending on the amount of time ring-fenced for the guardian role.



3.5 Time ring-fenced for the guardian role	Proportion of respondents agreeing or strongly agreeing with the statement ‘I am confident that I am meeting the needs of staff in my trust’
None	36%
Up to 0.5 days per week	31%
Up to 1 day a week	36%
Up to 2 days a week	43%
Up to 3 days a week	50%
Up to 4 days a week	100%
Up to 5 days a week	64%

Whilst the numbers of respondents having 4 or 5 days a week ring-fenced for the role are low, and therefore the reliability of this analysis is limited, these apparent trends are interesting and not unexpected. Setting time aside to allow an individual to carry out Freedom to Speak Up work not only allows them to get that work done but, potentially, increases their confidence in their ability to meet the needs of staff.

Looking at budgets, **67%** of respondents indicated that there was no specific non-pay budget set aside for Freedom to Speak Up activities (though we do note that **24%** of respondents didn’t know whether a budget had been set aside or not).

3.6 Non-pay budget for Freedom to Speak Up activities	% respondents
There is no specific budget set aside	67%
Less than £500	1%
Over £500 but less than £1,000	1%
Over £1,000 but less than £2,000	1%
Over £2,000 but less than £5,000	3%
Over £5,000 but less than £10,000	2%
Over £10,000	1%
Don't know	24%

We also asked whether respondents felt that they had access to the budget that they need. **28%** agreed or strongly agreed with the statement 'I have access to the budget I need', **44%** neither agreed nor disagreed and **29%** disagreed or strongly disagreed.

3.7 Response to the question 'I have access to the budget I need'	% respondents
Strongly agree	8%
Agree	20%
Neither agree nor disagree	44%
Disagree	21%
Strongly disagree	8%

Common sense suggests that Freedom to Speak Up activities require some budgetary investment though, given its cross-cutting nature, this may not always translate into the requirement to have a specific budget set aside and, depending on local change initiatives and other campaigns, Freedom to Speak Up messages can be incorporated in other activities.

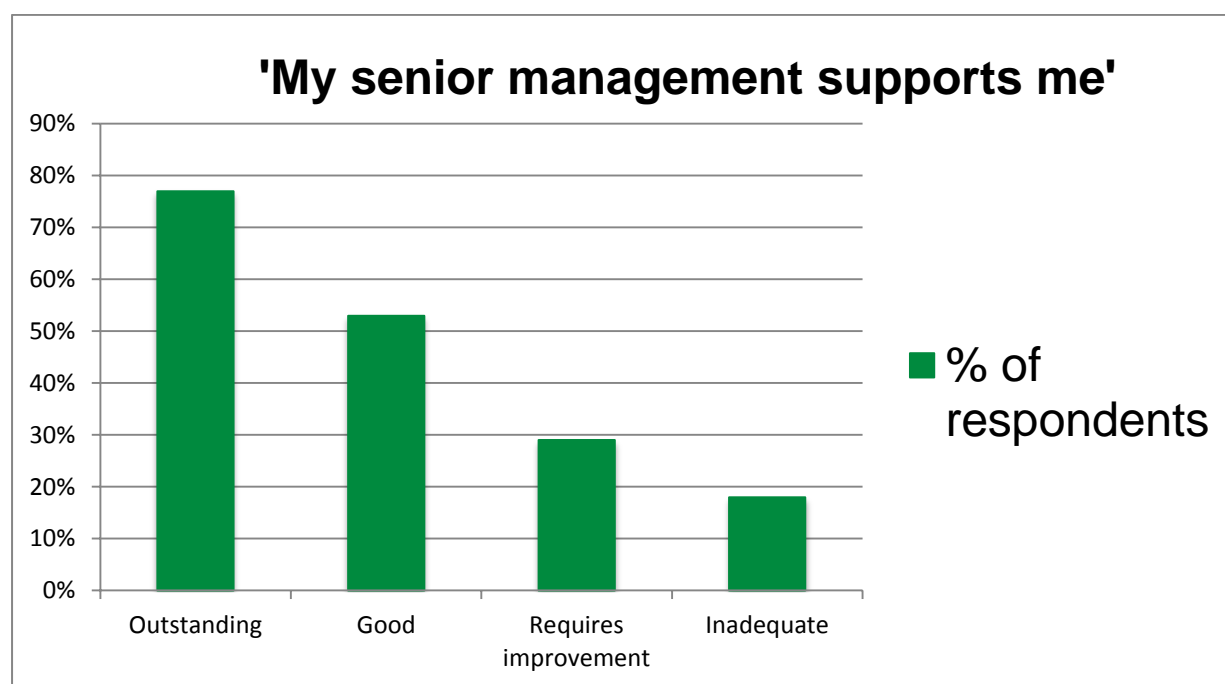
We asked respondents whether they felt supported by their chief executive and senior management team and the response was encouraging:

3.8	"My senior management team supports me"	"My chief executive supports me"
Proportion of respondents agreeing or strongly agreeing with the statement	81%	85%
Proportion of respondents neither agreeing nor disagreeing	16%	12%
Proportion of respondents disagreeing or strongly disagreeing	3%	3%

We hope this support continues. Whilst Freedom to Speak Up, by its nature, can be challenging and can shine a light on sometimes uncomfortable truths, we would encourage all senior leaders to think of the issues it raises as opportunities for improvement and for all those involved to seek to continue to pursue the agenda in an open and transparent way, acknowledging issues and promoting the changes that we know organisations can and do make in response to them.

Freedom to Speak Up is now an integral part of the well-led domain of Care Quality Commission (CQC) inspections. Whilst this is a recent initiative, listening and responding to people who speak up, and tackling the barriers to speaking up, is a natural ingredient of good leadership, which itself has always been a significant element of the CQC-rating process. It is therefore with interest that we observed the apparent correlation between CQC-rating and perceptions of the support that respondents felt they received from senior managers and chief executives.

3.9 CQC rating	Proportion of respondents agreeing or strongly agreeing with the statement “My senior management team supports me”	Proportion of respondents agreeing or strongly agreeing with the statement “My Chief Executive supports me”
Outstanding	92%	92%
Good	84%	89%
Requires improvement	83%	84%
Inadequate	54%	64%



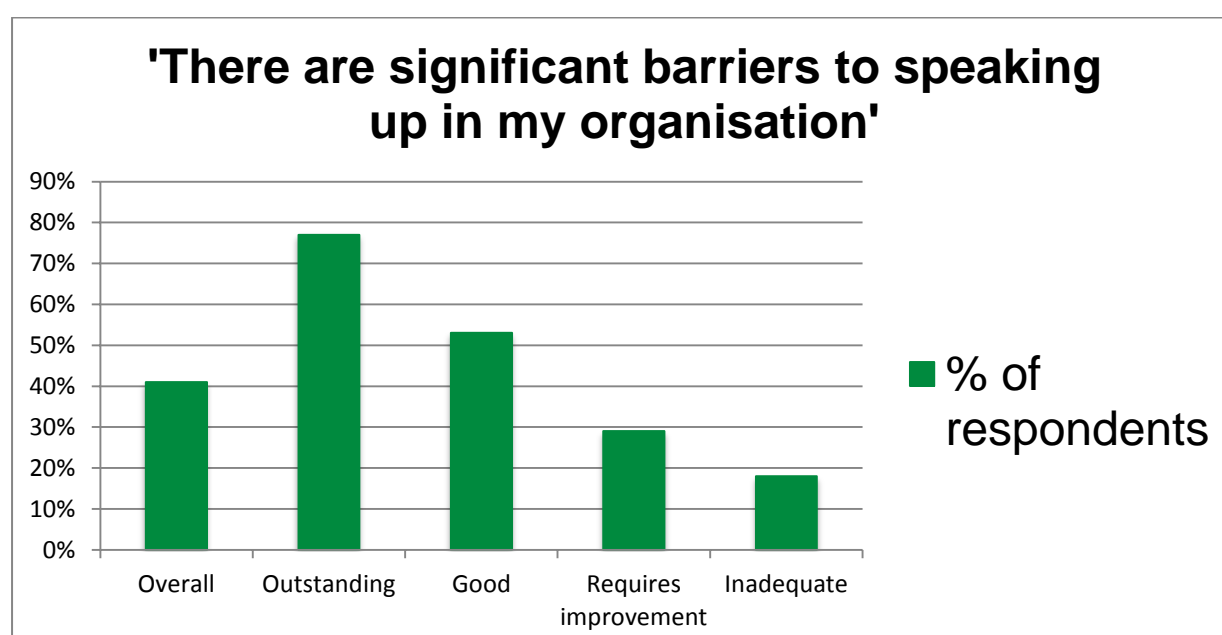
Whilst we have not carried out any analysis beyond looking at this simple trend, this result does suggest that trusts and foundation trusts which have higher CQC-ratings do tend to be the ones that support their guardians most, and emphasises the correlation between Freedom to Speak Up and the general quality of service that an organisation delivers.

With regard to support more generally, **78%** of respondents agreed or strongly agreed with the statement 'I have access to the support I need', **15%** neither agreed or disagreed, and **8%** disagreed or strongly disagreed.

3.10 Response to the question 'I have access to the support I need'	% respondents
Strongly agree	34%
Agree	44%
Neither agree nor disagree	15%
Disagree	8%
Strongly disagree	0%

Again, there may be a correlation between CQC rating and perceived levels of support with a higher proportion of respondents in outstanding trusts responding positively to this question:

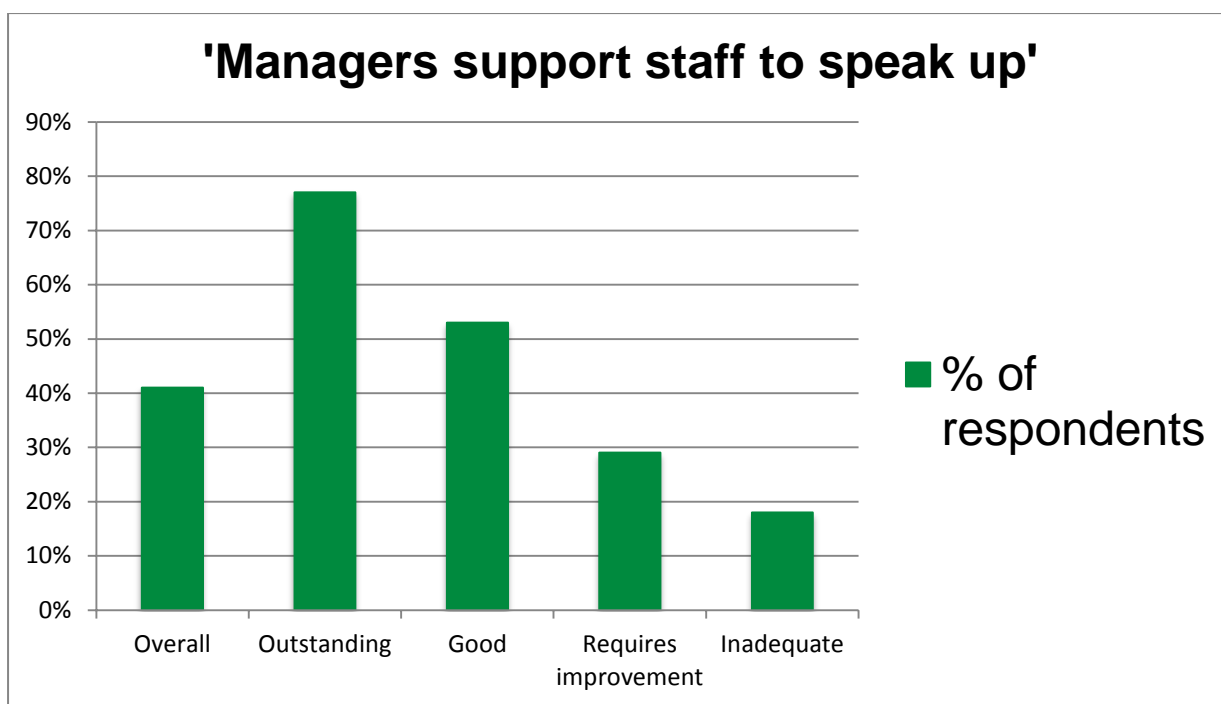
3.11 CQC rating	Proportion of respondents agreeing or strongly agreeing with the statement "I have access to the support I need"
Outstanding	92%
Good	77%
Requires Improvement	77%
Inadequate	72%



4. Perceptions of Freedom to Speak Up

We asked respondents for their opinions about a number of elements of speaking up

4.1 Statement	Proportion of respondents agreeing or strongly agreeing with the statement				
	CQC rating				
	Overall	Outstanding	Good	Requires improvement	Inadequate
The guardian role is making a difference	60%	70%	51%	66%	54%
My organisation has a positive culture of speaking up	55%	77%	65%	43%	45%
Speaking up is taken seriously in my organisation	72%	84%	81%	68%	36%
There are significant barriers to speaking up in my organisation (graph p.22)	25%	0%	21%	27%	45%
My organisation is actively tackling barriers to speaking up	70%	85%	72%	71%	45%
People in my organisation do not suffer detriment as a result of speaking up	43%	62%	54%	34%	27%
Managers support staff to speak up (graph p.24)	41%	77%	53%	29%	18%
Senior leaders support staff to speak up	67%	85%	78%	55%	45%
My organisation sees speaking up as an opportunity to learn and improve	75%	69%	81%	71%	64%



Overall these results indicate that there is a way to go in creating the culture change that we wish Freedom to Speak Up to generate, particularly in relation to perceptions of the support that managers give to speaking up. However, there are some encouraging responses: **72%** of respondents agree or strongly agree with the statement “speaking up is taken seriously in my organisation”; **70%** of respondents agree or strongly agree with the statement “my organisation is actively tackling barriers to speaking up” ; and **75%** agree or strongly agree with the statement “my organisation sees speaking up as an opportunity to learn and improve”. Our ambition is that responses to these questions will become more positive as the guardian role becomes embedded into the fabric of the NHS.

Whilst the trend towards more positive responses being given by trusts that are rated as ‘outstanding’ is of interest, we should note that the numbers of responses received from outstanding (and inadequate) trusts is small compared to trusts rated as good or requiring improvement.

Looking at these responses based on the services provided by an organisation, it is interesting to note that guardians / ambassadors / champions that work in organisations that provide mental health services tend to respond most positively to the questions we asked about Freedom to Speak Up culture, with those who work in ambulance services responding the most negatively.

4.2 Statement	Proportion of respondents agreeing or strongly agreeing with the statement				
	Services provided				
	Acute	Community	Mental Health	Ambulance	Specialist
The guardian role is making a difference	57%	65% +	65% +	61%	50% -
My organisation has a positive culture of speaking up	48%	59%	66% +	44% -	52%
Speaking up is taken seriously in my organisation	66%	73%	82% +	44% -	62%
There are significant barriers to speaking up in my organisation	25%	29%	23% +	39% -	32%
My organisation is actively tackling barriers to speaking up	68%	69%	74% +	50% -	64%
People in my organisation do not suffer detriment as a result of speaking up	35%	41%	44% +	23% -	28%
Managers support staff to speak up	36%	38%	39% +	33% -	36%
Senior leaders support staff to speak up	62%	69%	75% +	55% -	64%
My organisation sees speaking up as an opportunity to learn and improve	73%	76%	80% +	55% -	66%

+ most positive response

- least positive response

5. Successes and challenges

We asked respondents to provide examples of success and challenges. Whilst many respondents felt it was too early to give specific examples, there were some clear themes.

Successes: The most common examples of success were around communication where successful awareness campaigns had been run and messages sent out in corporate communications. There were also common themes around staff confidence and supporting staff with guardians having examples of feedback to suggest that they had given individuals more confidence to speak up and being thanked for the support they had given individuals at a difficult time.

Other successes included the emergence of strong leadership for speaking up amongst senior leaders, the development of good partnership working, a sense of achievement from making progress with individual cases, and comments about how Freedom to Speak Up has supported more general change in an organisation.

Challenges: By far the most cited challenge was around not having sufficient time to do all that the role encompasses. Compounding challenges were ones of geography, where services are spread out and delivered in a large number of sites, and the need to balance the workload against pressures of another role that a guardian may hold.

Other sources of challenge were lack of support or general wariness of managers, potential conflicts with other responsibilities that a guardian may hold, general feelings of a lack of support (particularly amongst senior managers), and an existing lack of confidence amongst staff about speaking speaking up.

Other: We asked respondents whether they had been on the introductory / foundation training for the guardian role, how supported they felt by the National Guardian's Office, and what other training and support they felt that they needed. **70%** of respondents had attended introductory / foundation training, with **47%** of respondents also attending other training connected to the role. Respondents gave a range of opinions on their requirements for further training and guidance. The National Guardian's Office will continue to offer foundation training sessions and move to a model where initial training can be delivered at the regional level.

The National Guardian's Office will also work with Health Education England and the NHS Leadership Academy to source appropriate training and development to help to continually develop and improve the skills that individuals in the guardian network possess. Respondents gave a range of suggestions about how the National Guardian's Office can better support the guardian network. It will look into those suggestions and work with the network to ensure that all guardians receive the support they need.

Annex

Survey questions

A. ABOUT YOU AND WHAT YOU DO

B.

1. How were you appointed?

- I was personally approached and interviewed
- I was personally approached but was not interviewed
- I volunteered and was interviewed
- I volunteered but was not interviewed
- I was elected and interviewed
- I was elected but was not interviewed
- I was nominated and interviewed
- I was nominated but was not interviewed
- I was recruited internally through open competition
- I was recruited externally through open competition
- I work for an external provider
- Other (please specify)

2. How long have you been in post?

- Not yet started
- Less than 3 months
- 3 – 6 months
- 7 – 12 months
- 13 – 18 months
- 18 months or longer

3. Do you have another role?

- Yes
- No

4. If yes, please select from the following which best describes you

- Doctor
- Nurse
- Healthcare Assistant
- Midwife
- Dentist
- AHP
- Healthcare Scientist
- Therapist

- Admin & Clerical
- Maintenance / Ancillary
- Technician
- HR
- Corporate Services
- OD
- Safety
- Chaplain
- Governor
- Other (please specify)

5. What grade or band are you?

- VSM
- 9
- 8d
- 8c
- 8b
- 8a
- 7
- 6
- 5
- 4
- 3
- 2
- Volunteer
- Other (please specify)

6. How much time is ring-fenced for you to carry out the guardian role?

- None
- Up to 0.5 days per week
- Up to 1 day per week
- Up to 2 days per week
- Up to 3 days per week
- Up to 4 days per week
- Up to 5 days per week

7. Are you part of a network of guardian champions / ambassadors (or similar) in your organisation?

- Yes
- No
- Don't know

8. Do you have a Freedom to Speak Up Guardian 'buddy'?

- Yes
- No
- Don't know

9. What communication and training activities do you carry out as part of your role?

- Communication / publicity of your role through internal channels (e.g. staff newsletters)
- Communication / publicity of your role externally (e.g. local press, speaking engagements)
- Attending or incorporating Freedom to Speak Up messages in staff inductions
- Attending or incorporating Freedom to Speak Up messages in other staff training
- Attending team meetings
- Carrying out surveys about Freedom to Speak Up
- Other (please specify)

10. Which parts of your organisation do you regularly work with?

- Senior leaders / the Board
- HR
- Communication teams
- Organisational Development teams (or similar)
- Training and development teams
- Union / staff side representatives
- Staff diversity networks
- Patient representative groups
- Other (please specify)

11. Do you have direct access to my CEO?

- Yes
- No
- Don't know

12. Do you have direct access to the Non-Executive Director who has speaking up as part of their portfolio?

- Yes
- No
- Don't know

13. Do you present reports to Board meetings in person?

- Yes
- No
- Don't know

14. Do you gather feedback on your performance?

- Yes
- No

15. What non-pay budget is there for guardian activities in your trust (budget per annum)?

- There is no specific budget set aside for guardian activities
- Less than £500
- Over £500 but less than £1000
- Over £1000 but less than £2000
- Over £2000 but less than £5000
- Over £5000 but less than £10,000
- More than £10,000
- Don't know

16. Do you have personal experience of speaking up?

- Yes
- No

It would be helpful to know a little more of your experience if you are willing to describe it below. This information will be used to help the NGO understand the speaking up experience that exists within the guardian network

C. ABOUT YOUR ORGANISATION

17. What service/s does your trust provide (select all that apply)?

- Acute
- Community
- Mental Health
- Ambulance
- Specialist
- Other (please specify)

18. Approximately, how many staff are employed in your Trust?

19. On how many sites?

- 1
- 2 – 3

- 4 – 7
- 8 – 10
- More than 10 sites

20. What is your organisation's current CQC rating?

- Outstanding
- Good
- Requires improvement
- Inadequate

D. YOUR THOUGHTS ON YOUR ROLE AND YOUR ORGANISATION

21. How far do you agree or disagree with the following statements:

- I have sufficient time to carry out the guardian role appropriately for my organisation
- I am confident that I am meeting the needs of staff in my trust
- My senior management team supports me
- My Chief Executive supports me
- I have access to the support I need
- I have access to the budget I need

22. How far do you agree or disagree with the following statements:

- The guardian role is making a difference
- My organisation has a positive culture of speaking up
- Speaking up is taken seriously in my organisation
- There are significant barriers to speaking up in my organisation
- My organisation is actively tackling barriers to speaking up
- People in my organisation do not suffer detriment as a result of speaking up
- Managers support staff to speak up
- Senior leaders support staff to speak up
- My organisation sees speaking up as an opportunity to learn and improve

E. TRAINING

23. Have you attended the introductory guardian-training workshop? (tick one)

- Yes
- No
- Don't know

**24. Have you attended any other training connected to your guardian role?
(tick one)**

- Yes
- No

25. What other training and support would you find helpful

- None
- Influencing skills
- Equality / diversity training
- Presentation skills
- Listening skills
- Report writing / general writing skills
- Dealing with difficult conversations training
- Personal resilience
- Network building
- Other (please specify)

26. On a scale of 0 to 10 where 0 is 'not at all' and 10 is 'fully supported' please indicate your response to the following statement: I am sufficiently supported by the National Guardian's Office?

27. What further support from the National Guardian's Office would you find helpful?

F. SUCCESSES AND CHALLENGES

28. What success have you had in your guardian role? Please describe your achievements so far.

29. What are the most challenging aspects of your role?

G. PERSONAL DETAILS

30. What is your age?

- 16-34
- 35-44
- 45-54
- 55+
- Prefer not to say

31. Do you consider yourself to be disabled?

- Yes
- No

- Prefer not to say

32. What is your ethnic group? Please choose an answer that best describes your ethnic group or background

- White
- Mixed / multiple ethnic groups
- Asian / Asian British
- Black / African / Caribbean / Black British
- Chinese
- Other ethnic group

33. What is your religion or belief?

- No religion
- Buddhist
- Jewish
- Muslim
- Agnostic
- Christian
- Sikh
- Hindu
- Prefer not to say
- Other

34. What is your sexuality?

- Bisexual
- Gay man
- Gay woman / lesbian
- Heterosexual / straight
- Prefer not to say
- Other

35. Are you

- Single
- Separated
- Divorced
- Widowed
- Married or in a civil partnership
- Prefer not to say

36. What is your gender?

- Male

- Female
- Prefer not to say
- Other

37. Is your gender the same as the gender identity that you were born with?

- Yes
- No
- Prefer not to say

38. Are you currently pregnant or have you been pregnant in the last year?

- Yes
- No
- Prefer not to say

39. Have you been on maternity leave within the past year?

- Yes
- No
- Prefer not to say

AREA	RECOMMENDATION	where are we	improvements required	comments
1 Appointment	We recommend that appointment of guardians is made in a fair and open way, and that senior leaders assure themselves that workers throughout their organisation have confidence in the integrity and independence of the appointee.	Achieved		All initial Freedom to Speak Up (FTSU) applicants were interviewed by Staff side chair and HR Manager; Diversity and Inclusion Guardians (DIG) were interviewed by the Chairs of the LGBT & BME forums and Trust Well Being lead. Shortlisted candidates attended an interview with CEO, Whistleblowing NED with support from HR Manager. Speak Up Champions are interviewed by a minimum of 2 of the FTSU guardians.
2 Potential conflicts of interest	We recommend that all guardians / ambassadors / champions reflect on the potential conflicts that holding an additional role could bring and that they devise mechanisms to ensure that there are alternative routes for Freedom to Speak Up matters to be progressed should a conflict become apparent when supporting someone who is speaking up.	Achieved		As a network we are able to refer any concerns to other guardians when there is a potential for conflict of interest e.g. concern raised from within own area
	We see particular potential for conflicts to arise where a guardian also has a role as a human resources professional and recommend that guardians do not have a role in any aspect of staff performance or human resources investigations	Achieved		Note - we do have a Guardian who is a union representative. We ensure that this Guardian is not involved in any formal processes connected with contact as a Guardian.
3 Local networks	We recommend that all trusts consider developing a local network of ambassadors / champions, depending on local need, to help provide assurance that all workers have appropriate support and opportunities to speak up, and to give guardians alternative routes to pursue speaking up matters should they be faced with a real or perceived conflict. Members of a local network could also cover the guardian role when the guardian is absent, on leave etc.	Partially Achieved	To continue to appoint work place Speak Up Champions (currently 9)	We are an established network of Guardians from a range of staff groups who continue to strengthen the network through the appointment of Speak up Champions (SUC). Although it could be argued that we have already achieved this recommendation there is a current advert for a community based FTSUG to complete the network.
4 Diversity	We recommend that all trusts take action to ensure that all workers, irrespective of their ethnicity, age, sexuality or other diversity characteristics, have someone they feel able to go to for support in speaking up.	Achieved		2 Guardians have the specific remit of DIG in addition to FTSU
	Guardians should consult with relevant representative groups in developing their approach on this matter. Guardians should also take action to assure themselves that any potential barriers to speaking up that particular groups face are understood and tackled.	Achieved		The DIGs are members of the Equality Business Forum regularly discuss and address potential barriers to speaking up
5 Communication and training	We recommend that all guardians use all appropriate communication channels to ensure that all staff know of their role, and work with colleagues to ensure that Freedom to Speak Up is incorporated in all relevant staff training and development programmes, and particularly in staff inductions.	Partially Achieved	FTSU posters to be updated and display both these and the DIG posters	Currently very digital media based; we have comprehensive web pages and utilise the Communications Team in promoting us via screensavers, front page messages on the Intranet and through the staff bulletin. The current FTSU posters were designed with photos and contact numbers of individual Guardians and with the changes in the make up of the Guardians these have become obsolete. We need to ensure that we are also promoting ourselves in such a way that staff members who do not have easy access to the Trust intranet are aware of us and are able to contact us
			More work to be done to communicate with front line staff particularly non-acute	Attending Induction, team meetings etc. Work in progress to be included in Mandatory training and alternative induction sessions for junior doctors and student nurses.
			Offer open forums for speaking up	Not started due to time constraints.
			Managers training in responding to concerns still in development.	Mandated training on raising concerns we cover Induction and H&S update but need this to become ingrained within the individual educators as good examples of when and how you can speak up. Consideration being given to Buzz video and workbook already used by other FTSUG in other Trusts.
	In conjunction with the relevant parts of their organisation, guardians should monitor the effectiveness of their communication and training activities. Guardians should ensure that the language and message of communications and training are consistent with national guidance	On-going		This will always be seen by us as an on-going action
6 Partnership	We recommend that all guardians continue to develop working partnerships with all relevant parts of their organisation.	Partially Achieved	PALS/DATIX/HR	Staff Side (FTSU), Staff governors & Volunteers (SUC)– direct in feed. Theme based concerns from Acceptable Behaviour Advisor and PALS. Work to do regards receiving patient safety concerns via DATIX for more accurate triangulation of information.
7 Access to senior leadership	We recommend that all guardians have direct and regular access to their chief executive and non-executive director with responsibility for speaking up.	Achieved	Scheduled attendance at FTSU meetings	Regular monthly meeting with Chief Executive, quarterly meeting with NED for whistleblowing
8 Board reporting	We recommend that guardians or a representative from a local network of champions / ambassadors personally presents regular reports to their board. Board reports should include measures of activity and impact and, where possible, include 'case studies' describing real examples of speaking up that guardians are handling.	Achieved		
9 Feedback	We recommend that guardians always gather feedback on their performance, from their line managers, the partners they work with, and from those they are supporting	Partially Achieved	Need to put process in place to obtain feedback from line managers and partners	Currently receive feedback from concern raisers only - work to do on this
10 Time	We strongly recommend that all trusts provide ring-fenced time for anyone appointed as a guardian / ambassador / champion to carry out their role and attend training, regional and national network meetings, and other events.	Partially Achieved	Additional protected time is requested in order for Guardians to be both proactive and reactive in promoting a culture of speaking up.	Combining the Freedom to Speak Up role with a substantive role has caused some challenges for individual guardians however attendance at regional and national events has mainly been supported. Although we have ring fenced time for our guardian work SB 15hrs for 12 months, JW & LT 4hrs each) or local arrangements with line managers (JP; AF). Demands from substantive roles has had an impact on what the network has been able to achieve and limits the reactive and proactive nature of the FTSUG role.

REPORT SUMMARY SHEET

Meeting Date	2 nd May 2018		
Report Title	Report of the Guardian of Safe Working of Junior Doctors Hours		
Lead Director	Medical Director		
Corporate Objective	<ul style="list-style-type: none"> • Safe, quality care and best experience • Valuing our workforce • Well led 		
Corporate Risk/ Theme	<ul style="list-style-type: none"> • Failure to achieve key performance / quality standards. • Inability to recruit / retain staff in sufficient number / quality to maintain service provision. • Failure to achieve financial plan. • Care Quality Commission's rating 'requires improvement' and the inability to deliver sufficient progress to achieve 'good' or 'outstanding'. 		
Purpose	Information	Assurance	Decision
	✓	✓	
Summary of Key Issues for Trust Board			
Strategic Context	<p>The new Junior Doctor contract was implemented in the Trust in line with the national implementation plan between August 2016 and August 2017. All junior doctors are now working on the terms and conditions of the new contract (with the exception of Trust doctors).</p> <p>The Guardian of Safe Working Hours is a mandated post designed to provide support around implementation of the new contract and independent assurance in relation to the impact of the changes. A report of the Guardian is required at Trust Board on a quarterly basis.</p>		
Key Issues/Risks	<ul style="list-style-type: none"> • The report contains information with regard to exception reporting by junior doctors on the terms and conditions of the new contract. • The level of reporting has fallen. The reasons for this change are discussed in the paper. The Guardian will develop a strategy for increasing reporting and other intelligence in relation to junior doctors' hours compliance. The level of completion of actions from the exception reporting is very low. An action plan will be drawn up by the new Guardian to improve completion. • The Guardian of Safe Working Hours (GOSWH) post has been filled by Mr Shah Punwar, Consultant Orthopaedic Surgeon. He is completing a period of induction to the role. 		

Public

	<ul style="list-style-type: none"> • The Guardian has been focussing on the general surgical 'hotweek' which has been highlighted as the cause of a significant proportion of non-compliance with the new contract hours of working. Trials of new ways of working are in progress. • Failure to recruit junior doctors, sickness and other absence or inability of some junior doctors to fulfil on-call commitments are also contributing to exception reporting. The education and medical HR departments are working together to mitigate the impact of those shortages.
Recommendations	The Trust Board is asked to consider the risks and assurance provided within this report and to agree any further action required.
Summary of ED Challenge/Discussion	<p>The executive team requires ongoing assurance with regard to the validity of exception reporting and triangulation with other intelligence around rota compliance.</p> <p>The executive team has requested an assessment of the impact of changes to the surgical 'hotweek' in relation to junior doctors' hours but also the benefits and costs of the reorganisation (from the Surgical SDU). The new Guardian will continue to explore the reasons for the low levels of completion of exception reports and develop an action plan for improvement.</p>
Internal/External Engagement inc. Public, Patient & Governor Involvement	<p>The Chair of the Trust provides non-executive Board level support to the Guardian of Safe Working.</p> <p>The Guardian links with other Guardians through a NHS England network.</p>
Equality & Diversity Implications	It is recognised at a national level that the new junior doctor contract is disadvantageous to women

MAIN REPORT

Report to	Trust Board
Date	2 May 2018
Lead Director	Medical Director
Report Title	Report of the Guardian of Safe Working of Junior Doctor Hours

1. Introduction

This report covers a period of two months and will be the first report from the newly appointed Guardian of Safe Working Hours and Champion of Flexible Training.

2. Provenance

This report is collated from data produced by the office of the GOSWH:

- Data is collected and managed on the national dedicated IT system
- Support for interpretation and qualitative information and validation of themes is achieved through the Guardian Oversight Group which has representation from junior doctors' groups, the Guardian and his team, medical education and medical HR.
- The Guardian receives regular updates from NHS England and has sight of regional and national trends in reporting through attendance at regular the regional Guardian forum.

3. Exception Reports

From 24 January 2018 –19 April 2018

Total number of reports		67
Number by specialty/ rota	Surgery (F1s)	27
	Surgery (F2s)	1
	Medicine (F1s)	13
	Medicine (F2s)	25
	T&O (ST3)	1
Nature of exception		
	Additional hours	53
	Missed training opportunities	3
	Variation in rota pattern	11
Outcomes		
	Time off in lieu (TOIL)	29
	Overtime payment	31
	No further action	4
	Prospective changes to work schedules	2
	Request for more information	1

Public

Whilst noting a shorter reporting period of two months, there has been a significant decrease in the numbers of submitted Exception Reports. Reasons for this decrease may include:

- Lack of understanding around the Exception Reporting system
- Dissatisfaction with the software system
- Issues with contacting Educational Supervisors to discuss reports
- Perceived discouragement from senior staff around Exception Reporting

The Guardian will discuss, with the Medical Director, means of communication to junior and senior medical staff in relation to the importance of exception reporting. He will also seek qualitative information from the oversight groups and other junior doctor contacts.

A trend for F1 exception reporting being generated during Surgical Hotweek has been noted. Reasons for this include the perceived need to come in early and update the patient list to make sure it is ready for the morning meeting.

4. **Engagement with Doctors**

The Guardian attended the Junior Doctor Wellbeing Forum on 27 March 2018 which was organised by the BMA. Strategies to cope with fatigue and burnout were discussed. The Guardian is keen to support these sessions where possible.

The Guardian is planning to attend LNC meetings, the Junior Doctor Forum and junior doctors' induction sessions.

Dates for the Guardian Oversight Group meetings have been set with the next meeting scheduled for 26th April 2018.

5. **Engagement with Practice Managers and other Key Persons**

The Guardian has met with the General Surgical Practice Manager and one of the Surgical Consultants to discuss issues with Surgical Hotweek (on-call system for general surgery). Solutions for the Hotweek system have been proposed and are now being trialled. A key development is the planned recruitment of an admin person to help the Hotweek F1 in preparing the patient list using existing IT software and a mobile IT solution is being tested to support this role. There are now two surgical consultants on duty, first and second on-call, providing more senior leadership to the junior team. The Surgical Practice Manager is leading the pilot.

Meetings are scheduled with the Medical HR Manager, Medical Director, Trust Chairman and the Freedom to Speak Up Guardians. Future meetings are planned with the Director of Medical Education and Junior Doctor Co-ordinator for Medicine.

6. **Engagement with the wider Guardian Community**

The Guardian will attend the Peninsula Trust Guardian Forum.

7. **Rota Gaps**

The following outlines the gaps in junior doctor rotas in this rota cycle. These gaps, due to failure to recruit, maternity leave or sickness have significant impact on the hours of work and pressure on junior doctors in post. The number of unfilled posts at this Trust is broadly in line with other Trusts in the South West. The pattern of vacancies and other gaps will cause significant difficulties in some specialties over the next 4 months, e.g. Paediatrics. This is likely to have an impact on exception reporting over the period.

7.1 **Vacant posts at present**

2 x Trust Doctor in ED – 6 months – 100% clinical - Feb 2018 – Aug 2018 – currently being advertised on NHS jobs

1 x LAS Registrar in Vascular Surgery – from 4 October 2017 for 6 months – currently being advertised on NHS jobs

1 x LAS Registrar in Obs & Gynae – from present for 12 months

2 x LAS Registrars in Gastroenterology – currently being advertised on NHS jobs

1 x LAS Registrar in Respiratory - currently being advertised on NHS jobs

1 x LAS Registrar in Anaesthetics – 8 months from June 2018 – January 2019 - currently being advertised on NHS jobs

1 x Upper GI Fellow – from January 2018 – July 2018 – currently advertised on NHS jobs – re-advertised on NHS jobs

7.2 **Vacant posts from August 2018**

Recruitment continues to posts vacant from August 2018:

2 x Trust Doctor Fellows in Acute Medicine

3 x Trust Doctors in Acute Medicine

2 x Trust Doctor Fellows in Emergency Medicine

3 x Trust Doctors in Emergency Medicine

2 x Trust Doctor Fellows in General Surgery

4 x Trust Doctor Fellows in T & O

3 x Trust Doctors in Critical Care

1 x Trust Doctor in ENT

8. **Summary**

The new Guardian will continue to actively promote Exception Reporting within the Trust and will continue to report analysis to establish trends and identify rota issues. He will work closely with Medical HR, Junior Doctor representatives and Clinical Leads in an independent role facilitating work schedule reviews as appropriate. The Guardian Oversight Group would continue to monitor issues affecting the Junior Medical staff.

The Surgical Hotweek has already been identified as a focus for intervention. Several developments are already being implemented to try and resolve the exception reporting issues related to this on-call system. There is confidence that changes to the Hotweek system will reduce pressure on junior doctors and time-related non-compliance. The Guardian will continue to monitor exception reporting generated from Hotweek.

Future plans are to engage further with the Medical teams, to understand the reasons behind Medical Exception Reporting.

Shah Punwar
Guardian of Safe Working Hours and Champion of Flexible Training
19 April 2018

Report of Audit and Assurance Committee Chair to TSDFT Board of Directors

Meeting date:	13 April 2018
Report by + date:	Sally Taylor, 25 April 2018
This report is for: (please select one box)	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 [S43 – commercial interests]

Key issue(s) to highlight to the Board:-

1. The Committee received a report on the Trust's preparedness for GDPR. There is no NHS specific guidance but good progress is being made on mapping data flows and communication. The Trust will not be fully compliant by the May deadline but everything is on track and we are at a similar stage to other NHS organisations. Internal Audit are validating progress on an on-going basis. There was discussion on physical security of data, paper systems and the ability to share data - particularly with GP s and across the STP.
2. The Committee received a report on Cybersecurity. Recent CQC and NHS Digital interviews indicate no major concerns and recruitment of additional staff and licensing are in progress. However, there are still risks as not all Trust systems are currently supported or patched. It is likely to take two years to complete all the work required.
3. The Committee discussed the report on delayed transfers of care (DToC). Limited assurance could be taken from the Internal Audit report as some inconsistent reporting had been identified as a result of the introduction of Nervecentre and a requirement to update reporting protocols. It appears that reporting processes have failed to pull through data that has been recorded after the event, but assurance was received that actions are underway to address the above issues. The impact will include some under-reporting of DToC data, although this is unlikely to be a significant number, as length of stay numbers remain consistently low.

It was confirmed that identification of DToC cases in line with interpretation of guidance agreed with the Council, and reports made, are subject to routine scrutiny by senior officers at both Devon County and Torbay councils. Assurance was also provided that Council colleagues had been briefed on this issue.

4. The committee received an update on Individual Patient Placements which had been raised as an issue following an Internal Audit report. Full risk assessments, care plans and regular reviews are now in place for all patients. Some concerns remain with individual providers but these are being carefully monitored. The team are looking at alternatives to out of area locked unit placements.
5. External Audit reported on progress to date of the year end audit. There are two main areas of discussion to finalise the review of asset lives and the donation to the Trust from Charitable Funds.

6. The Committee received a report on the processes supporting winter planning which provided good assurance around the processes of planning, managing and learning from the winter experience. In particular, it was noted that there had been no need for handovers from the domiciliary care provider at Christmas; all appropriate community patients had been supported over the snow days; no wards had had to be closed for flu despite the Trust experiencing very high levels of staff sickness in January. It was also noted that despite the pressures on targets in ED, a safe service had been maintained for patients.

Key Decision(s)/Recommendations Made:

The Committee received revised Terms of Reference and members were asked to comment on these to the Interim Company Secretary

The Board is asked to note the contents of this report

Name: Sally Taylor (Committee Chair)

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

Meeting date:	24 April 2018
Report by + date:	Robin Sutton, 25 April 2018
This report is for: (please select one box)	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 checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" 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"/>

Key issue(s) to highlight to the Board (Month 12):

- For assurance the Committee reviewed the Month 12 financial performance.
Overall financial position: The financial position for the financial year to 31 March 2018 is a surplus of £4.84m against a planned surplus of £4.76m, achieving the Control Total set by NHS Improvement (NHSI). This excludes atypical items including revaluation benefit, charitable grant and Tranche 1 Winter Pressure monies. All actions previously described in the Trust's Financial Recovery plan for 2017/18 have been delivered; the final element being the receipt of the balance of the Improved Better Care Fund being agreed by Torbay Council in March. This position excludes income in respect of Q3 and Q4 ED STF and includes MARS costs incurred in February. In transacting technical revaluation adjustments, an unconditional Charitable Fund grant and accounting for winter pressure funding, the final published accounts will show a higher surplus. The Trust has yet to hear whether it will be allocated any STF bonus allocation for 2017/18: the final reported position will again improve in line with the amount, if any bonus is received. The delivery of this position, a significant turn-around of the £11m deficit incurred in 2016/17, is a tremendous achievement for the Trust. It reflects a huge amount of hard work put into delivering this result from Clinical, Support and Corporate teams, across the organisation. That effort is both recognised and enormously appreciated by the Board and the wider NHS system.
Year-end cumulative CIP savings delivery position: The Trust has delivered £45.44m of CIP savings against our target of £42.08m (including Income Generation target); resulting in a £3.36m over-delivery. This is an impressive position, given the significant target set this year. It represents a significant achievement across both delivery units and support services. The new CIP Programme management arrangements, together with more accurate forecasting methodologies have enhanced delivery assurance throughout the year.
Use of Resources Risk Rating: NHSI no longer publish a planned risk rating for Trusts, due to changes they have made to the risk rating calculation. However, at Month 12, the Trust had an actual use of resources risk rating of 2 (subject to confirmation by NHSI and may change once the Bonus STF is confirmed). The Agency risk rating of 1 is on plan with the budgeted rating of 2.
Capital Spend: The approved capital programme for 17/18 is significantly underspent. The approved budget for 17/18 totalled £13.3m. Actual outturn expenditure totals £6.1m. An assessment will be undertaken during April 2018 by the Executive Directors to determine the value of underspend that needs to be

carried forward into 2018/19.

2. For assurance, the Committee reviewed the Month 12 Performance Standards.
4 hour ED standard: In March the Trust achieved 80.6% of patients discharged or admitted within 4 hours of arrival at A&E departments. This is a fall on last month (81.1%) and is below the agreed Month 12 Operational Plan trajectory and national standard of 95%. Performance has improved in April: the A&E Performance Predictor (which is circulated daily) for the 16 April shows 87.2% of patients being discharged/admitted from ED and MIU within 4 hours.
RTT: RTT performance has marginally declined in March with the proportion of people waiting less than 18 weeks decreasing from 82.4% in February to 81.6% in March. At the end of March 33 people were reported as waiting over 52 weeks against the target of zero. Operational pressures have continued to limit the number of elective inpatient admissions, coupled with the two severe weather incidents in March which resulted in cancelled elective capacity.
62 day cancer standard: 79.0% (validated 14 April 2018) against the 85% national target is a deterioration on last month (83.1%). Current forecast for Q4 is 82.5%.
Diagnostics: The diagnostics standard was not met with 8.9% over 6 weeks against the standard of 1%. The greatest number of long waiting patients over 6 weeks are for routine MRI. The deterioration arose as a result of lost capacity for routine patients to support the emergency pathways along with lost capacity in March from the weather-related cancellations.
Dementia screening: The Dementia Find standard has improved with 92.7% achieved against the standard of 90%, for the first time. This is a significant achievement and aided by the allocation of HCA resource to support the wards over the last two months.
3. The Committee reviewed and discussed the latest version of the 2018/19 Business Plan and recommends that the Board supports this plan for submission to NHSI and NHSE. This plan accepts the Control Total of £4m, agrees a CIP target of £26.9m, invests £12.5m as described in the plan and endorses the management approach that is described in the plan.
4. The Committee agreed that a written response would be prepared to the Governor's question regarding Capital Expenditure.
5. For assurance, a monthly Deep Dive was undertaken by the Committee into the Trust's joint venture Health and Care Videos, the Committee was pleased to see a break-even position had been achieved and wished to consider progress in 9-12 months' time.
6. No business cases were submitted to the Committee for consideration.
7. The Torbay Pharmaceuticals financial report for March 2018 was reviewed by the Committee for assurance.
8. Updates to the Finance Risk Register were provided for information.
9. The IS report was provided for information.
10. EDG and SBMT meetings for April 2018 were mentioned, the emphasis had been

on the 2018/19 Business Plan at both meetings.

Key Decision(s)/Recommendations Made:

1. The Committee reviewed and discussed the latest version of the 2018/19 Business Plan and recommends that the Board supports this plan for submission to NHSI and NHSE. This plan accepts the Control Total of £4m, agrees a CIP target of £26.9m, invests £12.5m as described in the plan and endorses the management approach that is described in the plan.

Name: Robin Sutton (Committee Chair)