










Torbay and South Devon NHS Foundation Trust
Public Board of Directors Meeting
TSDFT Board of Directors

Board Room, Hengrave House, Torbay Hospital, Lowes Bridge, Torquay, TQ2 7AA
4 March 2020 09:00 - 4 March 2020 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.		
	User Experience Story Information		
1	Board Corporate Objectives Information  Board Corporate Objectives.pdf		7
2	PART A: Matters for Discussion/Decision		
2.1	Apologies for Absence Note	Ch	
2.2	Declaration of Interests Note	Ch	
2.3	Minutes of the Board Meeting held on the 5th February 2020 and Outstanding Actions Approve  20.02.05 - Board of Directors Minutes Public.pdf	Ch	9
2.4	Report of the Chairman Note	Ch	
2.5	Report of the Chief Executive Review  Report of the Chief Executive.pdf	CE	29
2.6	Integrated Performance Report - Month 10 Receive and Note  Integrated Performance Report - Month 10.pdf	DTP	39

#	Description	Owner	Time
2.7	<p>Report of the Guardian of Safe Working Hours - Doctors and Dentists in Training</p> <p>Information</p> <p> Report of the Guardian of Safe Working Hours.pdf 99</p>	MD	
2.8	<p>Quality Account Priorities 2020/21</p> <p>Approve</p> <p> Quality Account Priorities 2020-21.pdf 107</p>	CN	
3	PART B: Matters for Approval/Noting Without Discussion		
3.1	Reports from Board Committees		
3.1.1	<p>Finance, Performance and Digital Committee - 25th February 2020</p> <p>Information</p> <p> 2020.02.25_FPD_Cttee_Report_to_Board.pdf 111</p>	Ch	
3.2	Reports from Executive Directors		
3.2.1	<p>Safe Staffing and Nursing Work Programme</p> <p>Receive and Note</p> <p> Safe Staffing and Nursing Work Programme.pdf 113</p>	CN	
3.2.2	<p>Chief Operating Officer Report</p> <p>Receive and Note</p> <p> Report of the Chief Operating Officer.pdf 127</p>	COO	
4	Compliance Issues		
5	Any Other Business Notified in Advance	Ch	
6	Date of Next Meeting - 9.00 am, Wednesday 1st April 2020	Ch	
7	Exclusion of the Public	Ch	

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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 of 'good' and the ability to maintain sufficient progress to retain 'good' and achieve 'outstanding'.

**MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
PUBLIC BOARD OF DIRECTORS MEETING
HELD IN THE BOARD ROOM, TORBAY HOSPITAL
ON WEDNESDAY 5TH FEBRUARY 2020**

PUBLIC

Present:	Sir Richard Ibbotson Professor C Balch Mrs J Lyttle Mrs V Matthews Mr R Sutton Mr P Richards Mrs S Taylor Mr J Welch Ms L Davenport Mrs L Darke Dr R Dyer Mrs J Falcao Ms A Jones Mr D Stacey Mrs J Viner Mrs J Stockman	Chairman Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Estates and Commercial Development Medical Director Director of Workforce and Organisational Development Director of Transformation and Partnerships Chief Finance Officer Chief Nurse (part) Torbay Council Representative (part)
In attendance:	Ms C Borgstein Mrs J Downes Mrs S Fox Mrs S Leather Mr W Thomas	University Student Company Secretary PA to Chief Executive STP Chair Liaison
Governors:	Mr G Goswell-Munro Mrs E Welch	Mrs L Hookings Mrs M Lewis

The Chairman commenced the meeting by welcoming Dame Suzi Leather, Mr Stacy and Ms Borgstein to the meeting.

		ACTION
01/02/20	Board Corporate Objectives	
	The Board noted the Corporate Objectives.	

The User Experience Story was presented by Liz Wardle, Head of Nutrition and Dietetic Services.

Ms Wardle explained that a pilot had been taking place in Newton Abbot and Torquay, alongside the Integrated Service Units, to try to improve the timeliness of referrals and avoid hospital admissions with interventions at an early stage.

Newton Abbot referred a 99-year-old gentleman to the service due to concerns around unintentional weight loss. The gentleman was falling regularly and there was a view that he would need a care home placement.

Following investigation and diagnosis, the dietician liaised with the gentleman's GP to arrange medication, however the GP wished to refer the gentleman to the Gastroenterology Services at Torbay Hospital. The dietician liaised with Gastroenterology, who supported her diagnosis and approved the proposed medication.

Within three weeks of taking the medication the gentleman's weight had increased, he had stopped falling and was sleeping better. He had avoided both an unnecessary hospital appointment and potential care home placement.

The Dietetic Team was in the process of liaising with other locality managers to ascertain if funding could be made available so that the same model could be used across the rest of the system.

Ms Wardle added that the team was aiming to secure funding to run a dietetic-led coeliac clinic for children to reduce the consultant workload and they were also running a hydration project in six care homes looking to promote hydration in care homes to avoid admission to hospital.

The Director of Transformation and Partnerships said that this model of working was fundamental to the integrated care model and the Trust needed to consider how to make funding available to support initiatives that reduced hospital admissions. She added that there was a need to ensure activity such as this was correctly coded so that the benefits could be easily identified. It was agreed that the Director of Transformation and Partnerships and Ms Wardle would discuss this issue further outside of the meeting.

The Chief Executive echoed the views of the Director of Transformation and Partnerships around the need to ensure the model promoted activity that was best for the patient, and reduced admissions where appropriate. She added that the STP was working with the Nuffield Trust to evidence how investment in the integrated care model was helping to reduce admissions.

The Director of Estates and Commercial Development asked Ms Wardle what the Board could do to support her work and Ms Wardle said permanent funding for more dieticians in the community would be a priority as locality managers were struggling to find funding.

DTP

At this point the Chief Nurse left the meeting and Mrs Stockman joined the meeting.

PART A: Matters for Discussion/Decision

03/02/20 Apologies for Absence

Apologies for absence were received from the Chief Operating Officer.

04/02/20 Declaration of Interests

There were no declarations of interest.

05/02/20 Minutes of the Meeting held on the 4th December 2019 and Outstanding Actions

The minutes of the meeting held on the 4th December 2019 were approved as an accurate record with the following amendments:

- Mrs Lyttle was in attendance
- Wording on page 16, fifth paragraph commencing 'The Chief Operating officer' be amended to read 'The Chief Operating Officer advised he was currently seeking clarification on this, and would arrange to bring an update to February Board. Mr Balch, as Chair of Finance, Performance and Digital committee (FPDC), confirmed that a good report had recently provided the committee with assurance on Diagnostics, the measures now in place and progress being made to improve the current position.'

06/02/20 Report of the Chairman

The Chairman briefed the Board as followed:

- A Governor Network meeting was held on the 12th December. These meetings were well-received by Governors. It was agreed it would be helpful for NEDs to attend future meetings. PA to CE to circulate dates.
- The Trust's Deputy Chief Nurse (Cathy Bessent) retired on the 12th December and the Chairman wished to record his thanks for her guidance and support whilst at the Trust.
- With the Chief Executive, the Chairman attended a meeting in London where Sir Simon Stevens, Chief Executive of the NHS presented. Learning from that event would be applied across the Trust.
- In early January the Trust hosted the PACES (Practical Assessment of Clinical Examination) exams for aspiring consultants. Feedback from the examining body was very positive and it was noted that they hoped to use the Trust to host more exams in coming years. The Chairman said that hosting the exams helped to raise awareness of the Trust amongst junior doctors.

CEPA

- Towards the end of January, the Chairman attended a Torbay Together Workshop, membership of which included many local organisations and was supported by Torbay Council. The Board noted that the forum would support the Trust in delivery of integration across the Torbay footprint.
- The Chairman took the opportunity to record his thanks to Mrs Marshfield, Lead Governor, as she would be standing down from her role on the 29th February. He said Mrs Marshfield had been a staunch supporter of the Trust and he wished to place on record his and the Boards thanks for her support and guidance whilst a Governor at the Trust.
- The Chairman visited the Lescaze Offices recently, one of the bases for the Children and Family Health Devon (CFHD) Service. He said that he found the staff to be very enthusiastic however, he had witnessed difficulties with having staff from previously separate organisations finding it difficult to work together as one organisation. The Chairman said he had witnessed examples of social care, mental health and CAMHS teams working for the same client, but not in a joined-up way. He said that he was aware this was in the process of being addressed by the Director of Workforce and Organisational Development.
- The Board acknowledged that the location of the Lescaze offices could make staff feel isolated and agreed that it would be helpful for Board members to visit the teams working there on a more regular basis.

07/02/20 **Report of the Chief Executive**

The Chief Executive briefed the Board as follows:

- The Trust was experiencing a very challenging winter in terms of pressure on capacity. The Trust was working with its system colleagues to manage demand and as part of this process the Trust had moved to an internal major incident earlier in the day to ensure the right action was being taken to protect patients and support staff. The current level of demand reflected the ongoing challenge at this time of year and the importance of driving delivery of the integrated model to increase the way that patients can be supported at home.
- The Chief Executive wished to place on record her thanks to Trust staff who have worked hard to provide safe care during this period of unprecedented pressure on services.
- Mrs Stockman informed the Board that had been a patient in the Trust over the Christmas period and said she could not speak more highly of the staff in terms of the care provided; attitude and professionalism whilst under huge stress and pressure.
- The Chief Executive reflected that the current position was not sustainable and that it was important as a Board to drive the Trust's strategy. An enabler to this was the confirmation that the Trust would receive the first tranche of HIP2 seed funding to enable the system to

work to provide a sustainable solution to meet the health and care needs of its population.

- The Chief Executive recently met with the Regional Director of NHSE/I where the importance of the system was discussed and the need for the Trust to have a plan that met both financial and performance targets, and which went further than the one the Board had already approved.
- The Trust would receive its Use of Resources review on the 12th February as part of the overall Care Quality Commission (CQC) inspection process.
- The outcome of the Coroner's Inquest held in December into the death of Alice Solman had been received. The process had been very difficult however the outcome reflected investigations already undertaken by the Trust. It did state that the organisations involved in Alice's care were lacking in not having recognised her underlying condition.
- The Chief Executive thanked the Director of Estates and Commercial Development for the work undertaken to develop the plans for the new Health and Wellbeing Centre which demonstrated the Trust's commitment to the population of Dartmouth. Concern still remained however around the perception of a need for beds and a MIU in Dartmouth and the Chief Executive would use the opportunity to brief the new MP for South Hams on the background to the decisions made when she met with him later in the month. Mrs Matthews reflected on the need to take learning from the Dartmouth process to other community consultation and this was acknowledged.
- The Board noted that both the Chairman and Chief Executive had a series of meetings programmed with each of the Trust's local MPs at Westminster in the near future.
- The Trust had responded to the need to plan for a potential Coronavirus outbreak and had put in place plans based on guidance received from NHSE/I. Mrs Stockman queried the Coronavirus plans and asked where patients would be quarantined. The Chief Executive explained that it was important to note that the plans to manage Coronavirus were part of the Trust's overall infection prevention and control plans and built on work already in place. She added that patients would be quarantined in an environment in line with guidance and that an assessment pod was in place in the Emergency Department.
- Ruth May, NHSE/I Chief Nurse, recently visited the Trust and took the opportunity to present members of staff with Silver Awards.
- The Director of Estates and Commercial Development voiced her concern around the apparent separation of the One Public Estates structure lead by Devon County Council and the STP model of care and the need for this work to be undertaken in a joined-up manner. The Medical Director stated that he was experiencing some frustration

around the digital agenda and the need for integration between Councils and the STP. The Chief Executive said she would take this issue forward outside of the meeting.

- The Director of Transformation and Partnerships informed the Board that agreement had been reached about the Local Care Partnership and meetings were taking place to agree membership. She said that Executive Directors had agreed to align themselves to a particular community to help gain a deeper understanding of the issues and concerns of that community and also support local ownership. This would help form part of the work to deliver the LTP. It was agreed that a report detailing the framework would be presented to the Board at its meeting at the beginning of April.
- The Chief Executive reminded the Board that the Trust was unique in how it was able to deliver services and build on the benefits of partnership working with organisations such as fire and police. This collective effort would support providing placed-based services. She added that as part of her involvement in the National Leadership Centre, these was the opportunity to test the benefits of this concept locally.
- Mrs Lytle said that at a recent Aging Well Programme Board it was recognised that the work being undertaken by the Trust to support communities had supported the local Aging Well organisation to far exceed its targets.

The Board of Directors received and noted the report of the Chief Executive.

08/02/20 Integrated Performance Report – Month 9

Financial performance against 2019/20 plan

The financial performance as at 31st December 2019 (month 9) was a £10.14m deficit, which was £3.27m adverse to the phased plan of £6.87m deficit, prior to sustainability funding.

Although the position at month 9 showed a small positive variance (£352k) to forecast, it was expected that the year-end variance to control total would remain £15.0m.

The deficit year to date was driven by under-performance; pay and non-pay overspends. It was noted that CIP had under-delivered and there was a reliance on bank and agency staff to cover sickness and staff turnover. In addition, the loss of Theatres A and B for a significant part of the year and adult social care costs both impacted negatively on financial performance. The Board noted that the Trust currently spent £1m a week on adult social care against a budget of £850,000.

At 31st December, the year to date capital expenditure was £7.14m and the full year forecast was £18.74m. Between now and the end of the year, it was expected that the Trust would spend £11.6m for the following schemes: purchase of high value medical equipment £4.1m, continuation of Theatres upgrade and refurbishment of £3.3m, material investment in IT of £3.6m

namely purchase of PC's and upgrade of Microsoft licenses and Torbay Pharmaceutical (TP) equipment lease of £0.6m.

The projected year end spend was based on the assessment of project scheme leads and was reviewed on a monthly basis. Any change was reported to the NHSE/I and the Trust Board.

Mrs Lyttle queried the accuracy of coding as the Trust had the Risk Share Agreement in place the need to accurately code work was not as important as it might be. The Chief Financial Officer agreed and said that it was an area that needed to be addressed so that the cost of the Trust's activity could be properly understood.

Mrs Lyttle assured the Board that the Quality Assurance Committee had reviewed Trust activity and those areas that were not meeting target and also received assurance around the purchase of new MRI and CT scanners.

Mrs Stockman informed the meeting that it was possible the Council could lose £3.5m of adult social care funding and the Chief Finance Officer said that he was aware of this issue.

The Medical Director noted that the number of outpatients follow ups had begun to increase and this highlighted the need for the Outpatient transformation work that was taking place. He reflected on the length of time for ambulance handovers and said that this was partly due to the number of ambulances arriving at the Trust, which was higher than other Trusts, but also the poor environment in the Emergency Department. The Medical Director added that the establishment as a Surgical Assessment Unit which help resolve some of the issues.

Performance: Against the national NHS I Single Oversight Framework

A&E patients seen within 4 hours: Rag rating RED
STF Trajectory (92%) not met - performance for December at 79.9%.

The Director of Transformation and Partnerships noted that the Accident and Emergency target had not been met and it was likely the January target would also be missed. She said that the Trust was working to ensure patients remained safe and that there would be a focus on reducing the time taken for ambulance handovers. As part of the system reset work was taking place to understand the reasons for delayed discharges and increased lengths of stay in the community. The Board noted that a month-long piece of work would be taking place to design a data driven approach to redesign of urgent care services.

Referral to Treatment (RTT) – people waiting for treatment that have waited less than 18 weeks: Rag rating RED
RTT performance had seen little change in December with 79.4% of people waiting less than 18 weeks, behind the Operational Plan trajectory of 82%. Against 52 weeks the Trust had seen a slight increase from 69 patients waiting last month to 71 patients this month; this was within planned trajectory of 80 and then reduction to zero by end of March. The teams have highlighted a risk of 20 patients who might choose to wait longer than 52 weeks for their treatment at end of March 2020 and this had been discussed

with regulators.

An insource model had been agreed to support meeting the 52 week wait target. It was noted that 20 patients had chosen not to have their surgery within the 52-week timescale, which would affect the Trust's performance.

Mr Welch suggested a reminder was put in place to celebrate when the Trust reached the zero 52 week wait target and it was noted that the Trust needed to continue to work to find solutions to meet the target and also look at other measures of success alongside this one to support the Trust's transformation plan.

Cancer – 62 day wait for first treatment: Rag rating **GREEN**

National standard **met** in December with 85.4% against standard 95%.

Diagnostic tests longer than the 6-week standard: Rag rating **RED**

Trajectory is **not met** with 7.9% of patients waiting over 6 weeks. This was outside of the Trust's recovery trajectory to deliver improved performance in December to achieve 7.3% against the National standard of 1%.

Dementia Find: Rag rating **RED**

Standard was reported at 88.7%, therefore, **not achieving** the 90% standard.

Operational performance headlines:

Over the Christmas and New Year period the urgent care system had experienced continued pressure on critical staffing, bed occupancy, and care package capacity as can be seen in the increase across a number of metrics including:

- times spent in our emergency department;
- ambulance handover delays;
- corridor care,
- numbers of delayed discharges.

The increase in delayed discharges indicated the pressures across adult social care in providing timely assessment and packages of care. Maintaining workforce capacity through these extended holiday periods remained a challenge and highlighted the Trust's reliance on temporary bank and agency staffing. A system response from the "silver reset" launched in December had been implemented and the daily review of all long stay patients has been successful in reducing the number of our longest ward stay patients.

Against elective care, the Trust remained confident of reducing the number of longest waiting patients as against 52 weeks RTT and diagnostic tests as a result of additional investment in capacity solutions.

Across Adult Social Care the Trust continued to manage the challenges and constraints of the market capacity to rapidly respond to variances in demand with a programme of improvement being delivered through the Adult Social Care Programme Board.

Workforce

In Month 9 there had been a continued improvement in mandatory training and appraisal, however, Registered General Nurse turnover rate had reached a two-year high at 13.6%.

Agency spend as at Month 9 was £2.205m above plan. Medical and Dental agency spend had decreased in recent months, however, was £1.651m over budget.

The Board noted that the People Committee, at its meeting earlier in the week, had a robust debate around sickness and noted that 11 of the last 12 months experienced a higher average of sickness than in the last 10 years. The Trust was not an outlier compared to the rest of the NHS, but current sickness levels were of concern.

It was noted that sickness was a proxy indicator of staff experience and engagement and the Trust needed to pay attention to performance and work to improve staff engagement and experience. It was acknowledged that, given the current demands on the service, staff were very tired and one way of this being reflected was in staff sickness.

There had been a slight improvement in appraisal performance over the last month, and it was noted that the People Committee would undertake a deep dive into appraisals at its April meeting. The need to ensure that the appraisal process added value and was linked to talent management; career progression and succession planning was noted.

Good mandatory training performance was recognised, despite current operational pressures.

The level of agency and bank usage was highlighted and the plans to reduce reliance included recruitment of nurses, with an additional 71 nurses commencing with the Trust over the next six months.

There had been some success in reducing locum spend with appointments being made to some long-standing vacancies. Work also continued to establish an internal medical bank which would now be rolled out across the system.

There had been good joined up workforce planning as part of the business planning process and as part of this the need to work creatively to fill long-standing vacancies was recognised. The need for network solutions to fill some vacancies was discussed and it was noted this would form part of the business and operational planning report to the Board at its March meeting.

Quality

Detailed review of safety metrics was undertaken each month at the Quality Improvement Group and Quality Assurance Committee. The Month 9 metrics in the IPR highlight an increase on the number of patients with overdue outpatients follow up and that the fractured neck of femur quality standard for timely access to theatre within 36 hours was not being met.

The Board of Directors received and noted the Integrated Performance Report.

The Director of Workforce and Organisational Development presented the Staff Experience Report and highlighted the following to the Board:

- The report had been considered by the People Committee earlier in the week.
- The Plan would be aligned to the Trust's People Plan which in turn needed to be aligned to the national People Plan.
- There was good infrastructure in place to support staff experience including a Staff Experience Group which would take forward actions from the Staff Survey.
- As part of the Trust's talent management structure applications for the Leadership Programme would be open from March, and it was noted that the Devon STP system was the first to provide a system-wide high potential programme.
- The Trust has signed up to a Disability Confident Scheme which supported organisations to successfully recruit and retain disabled people and those with long-term conditions.
- The Trust had begun to provide support for staff who had concerns about their financial well-being.
- Work continued to highlight the need for the flu vaccine with current performance at 62%, which was an improvement on last year's uptake.
- An action plan was in place that detailed all staff engagement initiatives taking place over the course of the year and the People Committee had felt that there might be too many initiatives taking place. The Director of Workforce and Organisational Development had been asked to evaluate staff engagement activities over the last two years and highlight those where it was felt there would be value in continuing.
- The Chief Executive stated that she felt the Trust needed to undertake additional work around the Trust's workforce race equality standards to ensure the Trust's workforce reflected the community it served. It was noted this would be achieved through the work of the People Committee.
- The Chairman informed the Board that as part of an interview with Exeter University who were undertaking some work funded by NHSE/I gaining information about Trust Boards, he was asked why the Trust did not have any BME representation on the Board and he acknowledged this was a valid point.
- Mr Sutton raised the percentage of staff who reported experiencing harassment and bullying and asked if the Trust was outlier. The Director of Workforce and Organisational Development said that the Trust was not an outlier, but it was important to understand and respond. She added that bullying and harassment meant different

things to people, and that in some cases it could relate to a member of staff being performance managed; a poor working relationship with a colleague; or poor behaviour due to staff being under stress. The Director of Workforce and Organisational Development said that more work needed to be undertaken to understand the reasons for the level of bullying and harassment being reported so that plans could be appropriately addressed.

- In respect of violence and aggression in the Trust, the Director of Estates and Commercial Development reported that the Health and Safety Committee was overseeing a detailed action plan to address this issue and in particular hot spots across the Trust.
- Mrs Taylor took the opportunity to highlight the work of the HeArts Committee which was promoting arts in health and the work to date around the Gallery in the Level 4 Main Entrance and support for the wellbeing calendar.

The Board received and noted the Staff Experience Report.

10/02/20 Mortality Safety Scorecard

The Board received the Mortality Safety Scorecard and noted that, following assurances that external funding would be available, six members of staff had been appointed to undertake the role of Medical Examiner. The Medical Director said that the post gave a strong message around the importance placed on the role in identifying any aspects of care that might have contributed to the death of a patient. The Medical Director said that examination of deaths would commence in a shadow form from March with formal roll out commenced in April with a plan for full coverage by the end of the financial year.

The Board received and noted the Mortality Safety Scorecard.

11/02/20 Assurance Framework for Seven Day Hospital Services

The Board noted the report on the progress made by the Trust in relation to seven-day hospital services (7DS). The programme supported providers of acute hospital services to tackle variation in outcomes for patients admitted to hospitals in an emergency, at the weekend and during weekdays.

This work was built on 10 clinical standards developed by the NHS Services, Seven Days a Week Forum in 2013. Four of these clinical standards were made priorities for delivery to ensure patients admitted in an emergency receive the same high-quality initial consultant review, access to diagnostics and interventions, and ongoing consultant-directed review at any time on any day of the week.

In addition to the 7DS clinical standards for all emergency patients, there were five urgent network clinical services which have been given priority: hyperacute stroke, paediatric intensive care, STEMI heart attacks, major trauma and emergency vascular surgery. The Trust has reported on hyperacute stroke and STEMI heart attacks. Other urgent networked clinical services were provided by neighbouring Trusts.

The Medical Director informed the Board that this initiative was being led by the Acting Medical Director and that the areas currently red rated were as a consequence of capacity at weekends and the difficulty in providing a daily review of patients.

The Chief Nurse joined the meeting.

The Chief Executive asked the Medical Director if there were any implications for the Trust in terms of non-compliance and he explained that the Trust's mortality rate had never suggested that patients came to more harm over weekends compared to week days, and that a number of reviews had taken place over the past few years to examine clustering of incidents, the outcome of which had never suggested any cause for concern.

The Medical Director added that consultants on call used to have the time to see patients on wards, but as numbers in the Emergency Department increased the ability to do this had reduced. He added, however, that significant changes to surgical rotas and recruitment had resulted in improvements. The Board noted that the Trust benchmarked around average in this respect across the NHS.

Mrs Lyttle welcomed the report and the clarity in describing current performance She also provided assurance that this issue had been discussed at the Quality Assurance Committee.

The Board noted the contents of the Assurance Framework for Seven Day Hospitals and the risks and assurance highlighted and approved the monitoring of 7-day services as described in the report with reporting to the Board to be undertaken on a bi-annual basis.

12/02/20 **Maternity Governance Safety Report**

The Chief Nurse informed the Board that the report detailed performance against the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme standards. Last year the Trust met all standards and received a CNST rebate based on performance.

It was noted that the standards had been updated for the current year and areas of challenge for the Trust included environmental issues however the report provided assurance that the team was well-sighted on the standards and a good foundation for progress towards meeting as many as possible.

Mrs Lyttle commenced the work of the Maternity team, acknowledging that they were challenged by the current environment.

The Trust Board of Directors received and noted the Maternity Governance Safety Report and supported the process to review reports on a quarterly basis.

There were clear standards for effective midwifery workforce planning. NICE guidance, NG4 (2015) recommended that the midwifery establishment was reviewed at Board Level at least every six months. This had been achieved through quarterly meetings between the Chief Nurse, System Director of Nursing and the Head of Midwifery and through inclusion in the Chief Nurse's six-monthly Midwifery staffing report taken to the Board.

The maternity service produced a monthly report summarising the staffing establishment, sickness rates, red flag issues, escalation and actions. A copy of this is sent to the Chief Nurse.

The Clinical Negligence Scheme for Trusts (CNST) maternity incentive, Year 3, set out clear expectations in relation to demonstrating an effective system of midwifery workforce planning. The required standards are as follows:

- a) A systematic, evidence-based process to calculate midwifery staffing establishment is complete
- b) The midwifery co-ordinator in charge of labour ward must have supernumerary status (defined as having no caseload of their own during a shift) to ensure there is an oversight of all birth activity within the service
- c) All women in active labour receive one-to-one care
- d) Submit a bi-annual midwifery staffing oversight report that covers staffing / safety issues to the Board.

This report covers the time period July 2019 to December 2019 and detailed compliance with the above standards.

The Chief Nurse reported that over the last 10 years the profile of maternity services has been highlighted nationally, including what was considered safe staffing of a department. The Trust's Head of Midwifery and Gynecology regularly reviewed staffing, and conscious decisions were made to ensure staffing was safe when red flags were triggered.

Sickness had been as high as 8% due to some long-term sickness, however this was now reducing.

The Chief Nurse held monthly formal meetings with the team and said she was assured of the process to ensure staffing in the department was safe and that mitigations were put in place when necessary.

The Chief Executive said that the Trust could learn from the work undertaken in the Maternity Department around skill mix of the workforce to manage new and emerging needs and also that the department had been integrated with community for much longer than the rest of the Trust.

The Board received and noted the Midwifery Staffing Oversight Report.

14/02/20 **Care Quality Commission Update**

The report aimed to maintain the Board's awareness of current CQC matters and provide early signalling of areas requiring action to improve the healthcare service provided.

The Board noted the work to date to meet CQC 'must do' and 'should do' recommendations and also learning from other 'outstanding' rated Trusts.

Areas of learning from other Trusts included:

- Leadership
- Culture- the Trust had undertaken a lot of work over the past two years around culture
- Vision and values
- Patient and public involvement and how to engage the public in conversations (not just consultations)

The report also detailed a self-assessment against achieving a Well-Led 'outstanding' assessment, identifying gaps in the assessment and the work taking place to mitigate against the gaps.

The Chief Executive thanked the Chief Nurse for her leadership of this area of work and reflected on the need for honesty with the Trust's staff and stakeholders around the vision and strategy for the Trust. She added that the Trust would go into the assessment well-prepared and with an acknowledgement that not everything could be resolved.

The Board received and noted the Care Quality Commission Update report.

15/02/20 **Quality Assurance Committee Terms of Reference**

It was deemed good practice to review Terms of Reference on an annual basis to ensure they remained appropriate and reflected current practice.

The Quality Assurance Committee have undertaken a review of the Terms of Reference and were agreed at the committee meeting held on 22 January 2020.

The Board of approved the Quality Assurance Committee Terms of Reference.

PART B: Matters for Approval/Noting without Discussion

Reports from Board Committees

16/02/20 **Quality Assurance Committee – 3rd December 2019 and 22nd January 2020**

Mrs Lyttle reported that the meeting held in December was not quorate. She said that the January meeting considered the impact on long stays for patients with mental health needs, the patient and staffing experience and to ensure patients and staff were not coming to harm. It was noted that a report

would be presented to the Board of Directors in the near future on this issue.

17/02/20 **People Committee – 9th December 2019 and 3rd February 2020**

Mrs Matthews informed the Board that the main areas discussed at the above meetings had already been highlighted at the meeting.

18/02/20 **Finance, Performance and Digital Committee – 17th December 2019 and 28th January 2020**

The Board noted the report of the Chair.

Reports from Executive Directors

19/02/20 **Safe Staffing and Nursing Work Programme**

The Board received the regular Staff Staffing and Nursing Work Programme update.

The Board received and noted the Staff Staffing and Nursing Work Programme Report.

20/02/20 **Trust Quality Accounts**

The Trust Quality Accounts report provided an update against the three agreed Trust Quality Account priorities which were published as part of the Trust Annual Report and Account:

Priority 1: EPMA (Patient safety)

Priority 2: Community IT system rollout (Clinical effectiveness)

Priority 3: Carers and the urgent and emergency care pathway (Patient experience)

The Chief Nurse highlighted the difficulties in meeting the EPMA target and this was noted.

The Board received and noted the Trust Quality Accounts report.

21/02/20 **Report of the Chief Operating Officer**

The Board noted the content of the Chief Operating Officer report.

The Board received and noted the report of the Chief Operating Officer.

22/02/20 **Report of the Director of Workforce and Organisational Development**

The Board received the update the activity and plans of the Workforce and Organisational Development (OD) Directorate as reported to People Committee.

The Board received and noted the Report of the Director of Workforce and Organisational Development.

The report of the Director of Estates and Commercial Development provided an update to the Board on EFM key issues, performance and compliance for November and December 2019.

Top Line Briefs

EFM Performance

EFM key performance indicators remained good across all areas with all estates statutory and mandatory planned preventative maintenance completed to plan.

The age of the estate continued to represent a significant risk. There were eight critical estate failures in November and December 2019 a number of which adversely affected activity and staff and patient experience:

- Top of Acute Site Heating failed - pipe collapsed but repaired.
- Low Humidity in Theatres - issues continue and being managed by mechanical and clinical teams as problems arise.
- Tower Block Lift C failed – motor drive system repaired.
- Multiple critical area leaks following prolonged heavy rain – significant capital investment required to replace roofing.
- Hetherington (G) – hot water BMS control unit failed one replaced one modified to manual control (base unit obsolete).
- Fire Hydrant out of action near Bayview – hydrant isolated awaiting a complex repair. Limited risk as there was another adjacent hydrant. Fire service aware.
- Cadwell Entrance street lighting – existing (concentric) cabling has a fault and required replacement.

Commentary on EFM Compliance

- **Fire** - The Authorised Engineer (Fire) would be on site week commencing 27th January 2020 to revalidate fire compartmentation across the acute site. This would identify any residual remedial works required around fire dampers and fire doors. An action plan would be produced on completion of the Authorised Engineer findings and managed through the EFM Compliance Group.
- **PAT Testing** - Annual PAT Testing within the Trust would commence on the 1st February 2020 and complete April 2020.
- **Generator Testing** - Monthly site load tests are in date and all generators are functional. Totnes Hospital Generator work completed 8th December and capital approval requested for Sub-Station 2 Enclosure and Exhaust repair. The annual servicing and load performance tests (due for eight of the 13 generators) would be carried out in December 2019 / January 2020.
- **Waste** - The Trust was currently on incineration only for all clinical waste due to issues with segregation of waste streams. An action plan was in place and for additional assurance an external waste consultant had been commissioned to review all waste processes and policies within the Trust.
- **Sharps** - The trial of Biosystems (reusable sharp containers) commenced on the 6th January 2020 which would aid the reduction of single use plastic and improve waste segregation.

New Ways of Working Trial

In collaboration with staff and staff side colleagues, a co-designed new way of working has been developed to address staff concerns, cleaning hours and dedicated catering responsibilities. A trial commenced on Midgely Ward on the 6th January 2020. The trial included the implementation of a bespoke catering role and additional cleaning resources at ward level to manage discharge cleans, instead of referring to the centralised deep cleaning team. It was anticipated that this model would prove a more efficient use of resources. Outcome measures i.e. food safety standards, speed of cleaning and turnaround of side rooms and bed spaces are all positive within two weeks of the trial starting.

The clinical team have responded very favourably to the changes. An unsolicited e-mail from the Sister on Midgley says:

“Midgley ward has felt amazing during this last 2 weeks with the new way of working with the Domestics.

Several staff have said how much cleaner and tidier the ward feels. I feel there is notably less stress from the Domestics around meal times which has a positive outcome with the patients.

We have had our siderooms deep cleaned and turned around in 30 minutes which is good for patient flow.

Lynn (Northcott the EFM Manager leading the change) has been a positive influence throughout and has encouraged her team to push through any anxiety they have, to see the benefits to themselves and the ward.”

The Board received and noted the top line briefs for EFM for the months of November and December and EFM Compliance and Performance Reports and exceptions.

24/02/20 Compliance Issues

There were no compliance issues raised.

25/02/20 Any Other Business Notified in Advance

Performance

Mr Welch reflected on the statements made during the meeting in terms of performance and the Trust not being an outlier when benchmarked against the rest of the NHS. He said that the Trust should not be complacent and should aim to do as well as it could, accepting the difficulties in so doing.

Section 106

The Director of Estates and Commercial Development informed the Board that Section 106 was a STP-wide initiative that would support additional revenue for the Trust. It was noted that this initiative could help support the Trust's relationships with local Councils.

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.	Speak to Cllr Stockman regarding comparison of 2019 and 2018 financial position	Int DoF	Completed	4/12/19
2.	Report back to February Board on 2019 and 2018 inpatient and outpatient activity levels	COO	Close – information to be included in the Integrated Performance Report.	4/12/19
3.	Review Safe Working Hours report re Haematology and report back	Acting MD	Close – to be included in the next Guardian of Safe Working Hours report.	4/12/19
4.	Review Dementia Find data and report back	CN	Completed	4/12/19
5.	Discuss coding of dietetic work with the Trust's Head of Nutrition and Dietetic Services.	DTP		05/02/20
6.	Raise the need for joined up working in terms of One Public Estates and STP model of care and digital agenda at system level.	CE		05/02/20

Report to the Trust Board of Directors				
Report title: Chief Executive's Report		Meeting date: 4 March 2020		
Report appendix	n/a			
Report sponsor	Chief Executive			
Report author	Director of Transformation and Partnerships Joint Heads of Communication			
Report provenance	Reviewed by Executive Directors 25 February 2020			
Purpose of the report and key issues for consideration/decision	To provide an update from the Chief Executive on key corporate matters, local system and national initiatives and developments since the previous Board meeting.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board are asked to receive and note the Chief Executive's Report			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	X
	Improved wellbeing through partnership	X	Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score	25
	Risk Register	X	Risk score	25
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation	X
	NHS Improvement	X	Legislation	
	NHS England	X	National policy/guidance	X
<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. • Failure to achieve financial plan. 				

Report title: Chief Executive's Report		Meeting date: 4 March 2020
Report sponsor	Chief Executive	
Report author	Director of Transformation and Partnerships Joint Heads of Communication	

1 Trust key issues and developments update

Key developments to draw to the attention of the Board since the last Board of Directors meeting held on 5 February 2020 are as follows:

1.1 Safe Care, Best Experience

1.1.1 Coastal consultation

In Torbay and South Devon, we have a history of leading the way in integrating health and care services in order to improve people's experience of care. Nationally, the NHS is now moving towards a delivery model of place-based care, in which organisations collaborate with other NHS organisations, local authorities, and the voluntary sector to address the challenges and improve the health of the populations they serve. As we work much more closely with our partners, we are also delivering more services in community settings, and key to the delivery of this is the creation of Health and Wellbeing Centres at the heart of communities across our area.

On 27 February 2020, the Governing Body of NHS Devon Clinical Commissioning Group approved the launch of a public consultation process to take place from 10 March 2020..

The NHS is set to build a new £8 million health and wellbeing centre in the centre of Teignmouth to provide modern, environmentally sustainable and fit-for-purpose accommodation for GP and other health and care services. **Under the proposal, no services would be stopped and all the services currently provided in Teignmouth Community Hospital would stay in either Teignmouth or Dawlish.**

The building, in Brunswick Street, would house the town's GP practices, the local health and wellbeing team, charity Volunteering in Health (which helps deliver local care), and a pharmacy. Although the CCG would not be consulting on building the new centre itself, the facility provides an opportunity to consider the best location for local services. The CCG would therefore be asking local people what they think of a proposal, made up of four elements:

- Move high-use community clinics from Teignmouth Community Hospital to a new health and wellbeing centre in the centre of Teignmouth. These clinics make up 73% of outpatient appointments at the hospital
- Move specialist outpatient clinics from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away. These clinics make up 27% of outpatient appointments at the hospital

- Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital. These are minor procedures that require a specific treatment room. About 14% of these appointments are attended by people living in Teignmouth or Dawlish.
- Continue with the current model of community-based intermediate care, reversing a 2015 decision to establish 12 rehabilitation beds for patients from across South Devon in Teignmouth Community Hospital.

Comment: Our coastal locality was the first to move towards our new care model of delivering more services in people's homes and communities, working with GP partners and the voluntary sector to focus on what is important to people and wrap services around their individual needs. The model has been working extremely well and we have demonstrated that we can care for our patients in their own community, using the beds we already have available, without the need for additional rehabilitation beds.

We have worked closely with the CCG to engage stakeholders in plans for further integrating health and care services in our coastal locality, and fully support the proposals which will further embed primary care at the heart of community services.

1.1.2 Ongoing winter escalation challenges

On Wednesday 5 February, the Trust declared an internal major incident in response to a significant increase in pressures right across our health and care system. Declaring an internal major incident allowed us to de-escalate and ensure staff were able to continue delivering services in a safe and sustainable way. Teams across our acute hospital, community hospitals and community teams responded positively and we were able to de-escalate from the internal major incident the same day.

We want all our patients and their families have the best possible experience, so our operational teams across our five Integrated Service Units are working together to continue the momentum. For the first time this winter, we were able to declare OPEL 1 (the lowest level of escalation) on Sunday 16 February. We have implemented a wide range of measures over the winter to make best use of our ED and assessment spaces, to increase our bed capacity and to maintain discharges, so that we can support people in the lowest clinical environment appropriate for their individual needs. This support recovery and re-ablement as well as freeing up acute beds for those who are most seriously ill and in need of specialist support.

Our Chief Operating Officer wrote to staff to thank them for their incredible hard work. We expect our system to remain under pressure over the coming weeks, and are grateful to all our teams for their support over a very challenging period

1.1.3 Hydration awareness aims to reduce residents' falls

The Trust has been awarded £10,000 by the Improved Better Care Fund from local authorities in Devon and Torbay Group to run a five-month project to improve the health of care home residents. The project will run in six local care homes and aims to reduce fall injuries and illnesses by improving hydration awareness and practices among care home residents and staff and ensuring residents drink enough. As well as contributing to our overall aim to keep people well and at home, the aim is to help alleviate demand for stretched hospital and community services, especially during winter. So far the results are encouraging in all homes, with a reduction in falls measured in at least one home. This is very good for the residents because it improves their quality of life - they

are happier and healthier. The project also hopes to alleviate the demand pressures on hospitals A&E and GPs by reducing GP call outs and hospital admissions.

1.1.4 Saving lives through foot care screening

We are one of only three centres in the country running a pilot programme to identify heart problems through routine foot checks provided by our podiatry team. The tests can pick up an irregular heartbeat, which may indicate someone is at a higher risk of stroke. The data is then shared with GPs, who can then carry out further tests and identify whether treatment is needed. This programme has the potential to save many lives, by intervening before strokes occur, and as a result also save the NHS hundreds of thousands of pounds.

1.1.5 Coronavirus

The situation regarding COVID-19 (novel coronavirus) has been rapidly evolving and the Trust receives daily updates from Public Health England and NHS. We are well prepared for managing outbreaks of infectious disease, as well as ensuring our staff are well trained and fully protected and equipped for testing people for the virus. We have shared important general guidance about COVID-19 with our staff and posted government advice for the public around our sites.

1.2 Well Led

1.2.1 HIP2 Seed funding

We have now had confirmation that we will receive £3.7m of 'seed funding' to develop a strategic outline business case to transform our estate. This will allow us to build on our transformative plans to provide the best possible care for local people. Currently key parts of our estate, particularly Torbay Hospital, are not fit for purpose in the delivery of modern healthcare. The support we have received from our staff and partners has helped us secure this funding, which will enable us to work with our local communities and partners across Devon STP to plan and build facilities that meet the needs of our local population for the next 30 years and beyond. We will receive the seed funding from April 2020 and expect to spend it developing our plans over the 2020/21 financial year in collaboration of our partners.

1.2.2 High scoring maternity service

The Trust's maternity services are continuing to perform well in comparison to other NHS Trusts across the country, according to an annual national survey. The survey shows that the Trust's Maternity Services has responded especially well to the wishes of new mothers for extra post-natal support, with partners or a supporter now able to stay with them 24 hours a day. The 'Maternity Services Survey' is commissioned by the independent health and social care watchdog the Care Quality Commission (CQC). It provides NHS Trusts with feedback about how well maternity services are meeting important performance targets and gives vital insight into the experience of new mothers.

1.3 Valuing our Workforce, Paid and Unpaid

1.3.1 Partnership venture wins award

Health and Care Innovations (HCI), a partnership between Rocklands Media Limited and the Trust has recently been recognised with an award from Medilink South West for partnership with the NHS. The award recognises the innovative joint-venture model, as well as the work HCI is doing with other trusts across the country to transform pathways

of care. Winning this award is the first stage in a larger national process and HCI now goes forward to the National Awards' night in Birmingham on 1 April.

2. Chief Executive Engagement: February

I continue to meet with external stakeholders and partners. Meetings I have attended during February are shown below.

Internal	External
<ul style="list-style-type: none"> • Staff Side • Staff Heroes Event • Patient Safety Walkaround – George Earle Ward • Freedom to Speak Up Guardians • Video blog sessions: <ul style="list-style-type: none"> ○ Talking Point ○ Modern Slavery ○ Staff Engagement ○ Patient Access Centre 	<ul style="list-style-type: none"> • Chief Officer for Adult Care and Health, DCC • Children and Young Persons Partnership Board • STP Chief Executives' Meeting • STP Programme Delivery Executive Group • Devon ICM Workshop • ICO Partnership Meeting • Chair and Chief Executive, Royal Devon and Exeter NHS FT • Torbay Hospital League of Friends Business Breakfast • Deputy Chief Executive, Academic Health Science Network • Accountable Officer, NHS Devon CCG • Anthony Mangnall MP • YES Brixham • South West Leadership Academy Board Meeting • CCG Governing Body Board Meeting

3. Local Health and Care Economy Developments

3.1 Partner and partnership updates

3.1.1 New Director of Children’s Services for Torbay Council

Torbay Council has appointed Nancy Meehan as Director of Children’s Services. This appointment follows her interim role as Director of Children’s Services. Leader of Torbay Council, Cllr Steve Darling, welcomed her appointment, saying: “The Director of Children's Services provides valuable leadership in delivering our priorities which ensure partners work together for positive outcomes for the children of Torbay. Nancy’s experience and time spent in her interim role has already demonstrated that she can

help to bring about positive change for our local children and young people. I wish her every success in her new role.”

3.1.2 Ageing Well Torbay nominated for awards

Ageing Well Torbay has made it through to the semi-finals of this year's Outstanding Care Awards - recognising the dedication and care individuals and organisations provide throughout Devon and Cornwall. The **Community Engagement Award**, is awarded to services who have actively connected with and worked alongside the communities they champion - valuing their needs and input. The **Outstanding Contribution to Health and Social Care**, is awarded to individuals and/or services who have shown a long-running dedication to health and social care. The Outstanding Care Awards will be presented in June this year.

4.1 Care Quality Commission

4.1.1 CQC visit dates confirmed

We have received notification of our forthcoming CQC inspections. 36 inspectors will be visiting the Trust to inspect nine core services. The core services will be inspected for five elements: are they safe, caring, effective, responsive and well-led?

On 10, 11 and 12 March 2020, the following core services will be inspected:

Acute	Community
Urgent and Emergency Care	Adults
Medical Care	Inpatients
Surgery	End of Life Care
Children and Young People	
Maternity	

On 31 March, 1 and 2 April 2020, diagnostic imaging will be inspected and our well-led inspection will take place.

Comment: We welcome the inspection and look forward to the final report which will provide a valuable insight into the safety, quality, effectiveness of the services we provide. Staff are well briefed that if an inspector visits their team, they should just be themselves, and welcome them as they would welcome any other visitor. Our focus is on being open, being proud of what we do and sharing successes.

4.2 NHS England

4.2.1 NHS Staff survey results

The 2019 NHS Staff Survey results were published on 18 February, following the annual data collection exercise across all NHS trusts and foundation trusts late last year.

Key headlines from the results are shown below, with the Trust figures in brackets immediately after the national figures:

- 63.3% (65.2%)of staff would recommend their organisation as a place to work – a 2% increase from 2018
- 38% (38.9%) of staff are satisfied with their pay – a 2% increase and the highest level in past five years

- there has been no significant decrease in the proportion of staff reporting bullying and harassment from colleagues (19.1%), (18.1%) or their immediate manager (12.3%) (9.9%)
- far too many staff (14.9%) (14.1%) still experience violence and discrimination from patients and service users – with a small increase on last year’s findings.
- there remains a disparity between white staff and BME staff in feelings of receiving equal opportunity, with BME staff 16% less likely to feel they are offered an equal shot at career progression or promotions.
- 59.5% (57.6%) of staff looking forward to going to work, and 74.5% (73.4%) are often or always enthusiastic about their jobs – both small increases from 2018.
- only 22.9% (23.8%) of staff never or rarely suffer from unrealistic time pressures at work.

Comment: Whilst the results above show that our Trust performs marginally better than the national results, one area in which we have seen a local deterioration is around staff engagement. The planned engagement around the co-creation of the Trust’s People Plan and the work to connect staff with the Trust strategy, are both ways in which we are seeking to improve this position.

In terms of the specific BME issue our Trust has made significant progress - In 2018, 77.1% BME staff believed there was equal opportunity for career progression this has improved to 81.7% in 2019 and compares to 85.7% for white staff. Therefore whilst there is still a disparity this is much smaller at 4% compared with the national 16% disparity.

Sir Simon Stevens wrote a letter to all NHS staff in which he thanked them for their hard work and promised to ‘clamp down on abuse and aggression in all its forms’. We have been provided with the full data-set for our organisation and are currently analysing the results in detail so that we can prepare a full action plan, which will be shared with the board once complete.

4.2.2 Latest data on equality for BME staff published

The Workforce Race Equality Standard (WRES) was introduced in 2015 to hold a mirror up to the NHS and spur action to close gaps in workplace inequalities between our black and minority ethnic (BME) and white staff. The 2019 report presents four years of data for all nine WRES indicators. It shows both advances being made, and real challenges that remain. NHS employers are making genuine progress towards equalising core HR processes of recruitment and selection, training opportunities, and disciplinarys. And, over the last four years, the number of BME very senior managers has increased by 30%. However, the latest data found that black and ethnic minority staff continue to be underrepresented in the most senior jobs in NHS trusts, although there are signs of some improvement. In 2019, black and ethnic minority (BME) staff made up 19.7% of the NHS trust workforce in England however, only 8.4% of them were members of trust boards. Ethnic minority staff are also significantly underrepresented in senior pay bands. WRES indicators relating to staff perceptions of discrimination, bullying, harassment and abuse, and on beliefs regarding equal opportunities in the workplace, have not changed for either BME or white staff.

Comment: The Workforce Race Equality Standard (WRES) requires the Trust to self-assess against 9 standards of workplace experience and opportunity – four of these standards are taken from the NSS.

Data in the 2019 WRES report shows a slight increase in the percentage of our BME staff experiencing bullying, harassment and aggression in the workplace – from patients, public and staff. However, it is important to state that the data is based on responses submitted to the national staff survey of 2018.

We launched an action plan in 2019 to tackle this, in response to the 2018 staff survey results and data from the 2019 staff survey indicates our Trust has made significant progress.

In 2018, 77.1% BME staff believed there was equal opportunity for career progression this has improved to 81.7% in 2019 and compares to 85.7% for white staff. Therefore whilst there is still a disparity this is much smaller at 4% compared the national 16% disparity. Significant progress has been made in improving experience and reducing disparity between BME and white staff. At 81.7%, there has been a 4% improvement in the percentage of BME staff who believe there is equal opportunity for career progression and compares to 85.7% for white staff. There has been a 6.7% reduction in the percentage of BME staff who have experienced discrimination at work. There has also been a 3% improvement in the percentage of BME staff who have experienced bullying, harassment or abuse (BHA) from colleagues and at 20.7%, this is now lower than the 22.1% reported by white staff.

Reflecting the national picture, a concern locally is the percentage of all staff groups who are experiencing BHA from patients and service users. Significant work is also required in a number of areas to improve experience and reduce disparity for our disabled members of staff.

5 Local Media Update

5.1 News release and campaigns highlights include:

- Lee Baxter, who is Associate Director and Operational Manager for Moor to Sea, and Assistant Director Social Care services for South Devon, Devon County Council, featured in the Devon STP first staff bulletin, talking about the benefits, challenges and successes in working across organisational boundaries
- Continued information to the public on how best to be prepared if they need to access services and which ones will be best to meet their needs, as well as encouraging staff to have their flu vaccination even this late in the
- Promoting the pharmacy first campaign: community pharmacists can offer clinical advice and over-the-counter medicines to effectively and safely manage a range of minor illnesses
- Valentine's Day celebrations of the love our nursing staff have for their roles as part of the Year of the Nurse and Midwife
- A presentation to Dartmouth Town Council on plans for the new Health and Wellbeing Centre – including how careful design meant that there would be no net loss of car parking spaces on the site, which is the town's overflow park and ride site
- Nurse Recruitment Day 2020 – we put out a call for people seeking a new challenge in their nursing career to join us – whether experienced or newly qualified

6 Recommendation

Board members are asked to **receive and note** the report and **consider** any implications on the Trust's strategy and delivery plans.

Report to the Trust Board of Directors				
Report title: Integrated Performance Report (IPR): Month 10 2019/20 (January 2020)		Meeting date: 4 March 2020		
Report appendix	Month 10 Focus Report - Review of month 10 metrics Appendix 1: Month 10 - Dashboard of IPR metrics			
Report sponsor	Director of Transformation and Partnerships Director of Finance			
Report author	Head of Performance			
Report provenance	Executive Director scrutiny (18 February 2020) Assurance and Transformation (20 February 2020) Information Governance Group (24 February 2020) Finance, Performance, and Digital Committee (25 February 2020)			
Purpose of the report and key issues for consideration/decision	<p>The purpose of this report is to bring together the key areas of delivery (including, quality and safety, workforce, operational performance, and finance) into a single integrated report to enable the Finance, Performance, and Digital Committee (FPDC) and Trust Board to:</p> <ul style="list-style-type: none"> take a view of overall delivery, against national and local standards and targets, at Trust and Integrated Service Unit (ISU) level; consider risks and mitigations; provide assurance to the Board that the Trust is on track to deliver the key milestones required by the regulator. <p>Areas that the Board will want to focus on are highlighted below and detailed in the attached Focus Report.</p>			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board is asked to review the documents and note the evidence presented.			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	Yes	Valuing our workforce	Yes
	Improved wellbeing through partnership		Well-led	Yes
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	Yes	Risk score	
	Risk Register	Yes	Risk score	

External standards affected by this report and associated risks	Care Quality Commission	Yes	Terms of Authorisation	
	NHS Improvement	Yes	Legislation	
	NHS England	Yes	National policy/guidance	Yes
	<p>This report reflects the following corporate risks:</p> <ul style="list-style-type: none"> • failure to achieve key performance standards; • inability to recruit/retain staff in sufficient number/quality to maintain service provision; • failure to achieve financial plan. 			

Report title: Integrated Performance Report (IPR): Month 10 2019/20 (January 2020)		Meeting date: 4 March 2020
Report sponsor	Director of Transformation and Partnerships Director of Finance	
Report author	Head of Performance	

Introduction

This report provides commentary against performance variances and improvements at the end of January 2020 (month 10) highlighted in the performance dashboard and supported by the focus report. The contents of this report have been reviewed and discussed at the Finance Performance Digital Committee (25th February).

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

Discussion

Finance Headlines

Regulator Protocol for Forecast change: In M6 the Trust formally reported a Forecast deficit position of £18.8m against a £3.8m deficit control total, a variance to plan of £15.0m at year end after mitigating actions. The Trust is now monitoring against this Forecast change.

Overall financial position: The financial performance as at 31 January 2020 (month 10) is a £11.68m deficit, which is £5.78m adverse to the phased plan of £5.90m deficit, prior to sustainability funding. Based on the latest assessment it is expected that the year-end variance to control total will remain at £15.0m.

There remain some risks to the delivery of the £15.0m adverse variance to control total such as achievement of remaining CIP target (£1.5m), recovery items (£0.3m), an adjustment to depreciation charges owing to a change in RICS guidance (£1.8m) and unforeseen costs due to operational pressures. Steps are being taken to mitigate these risks.

Total pay run rate in M10 (£21.1m) is lower in comparison to previous month (M9 £21.3m); this is due to lower substantive cost £0.1m (higher Estates staff cost recharged to Capital projects) and Agency spend £0.1m (mainly reduction in use of Nursing agency across the Trust (except for Warrington Ward) as additional recruits join from Overseas and uptake of additional shifts due to winter incentive payment).

Non pay expenditure run rate of £20.13m is higher by £0.88m compared to M9 (£19.25m). Higher spend is due to: Drugs £0.45m (matched by Income), clinical supplies and services £0.11m, general supplies £0.14m, impairment of receivable £0.19m, various operating cost £0.11m offset by lower clinical negligence cost £0.12m due to the Trust meeting the required standards for 'Maternity Incentive Scheme' (an initiative introduced by NHS Resolution in 2018/19 to incentivise safer care for maternity services) for the second consecutive year.

CIP savings delivery position: The current month position shows CIP delivery of £0.9m, a £2.1m shortfall against £3.0m target. In the year to date, the Trust has delivered £9.1m of savings, which is £5.0m adverse to the original plan. Of this, £3.0m has been delivered recurrently.

CIP Forecast Delivery:

The Trust identified an annual savings requirement of £20.0m. Of this £10.6m savings have been identified, resulting in a £9.4m gap and representing a significant risk to the underlying financial performance and the opening position for next financial year.

Capital:

In May 2019 the Trust submitted a revised capital plan of £21.6m. In July 2019, NHSI requested that the Trust propose a reduced capital plan - this was proposed at £16.6m. However, following an increase in national funding, NHSI abandoned this request. The Trust's official capital plan therefore remains at £21.6m but the Trust has adopted the £16.6m proposal as its baseline capital budget.

Since that point in time, various opportunities to bid for PDC sources of funding have arisen and the Trust has taken these. An additional £2.0m of PDC funds has been secured. This includes £1.5m for Medical Equipment needs and £0.5m for an Estates project - to improve non elective patient flow.

In addition to this the Trust has taken the decision to accelerate its investment in Microsoft Windows 10 compliance. Some of this additional investment has been taken from planned slippage elsewhere in the programme but the gross additional Microsoft investment including CYP totals circa £1.8m.

At 31st January 2020, year to date capital expenditure is £8.66m; £5.52m underspent to budget. The Trusts' forecast year end capital spend is £18.77m. Therefore £10.11m remains to be spent. Given the uncertainty of next year's capital funding regime extra focus is being given to achieve this, but delivering this £10.11m of spend across two months will be very challenging.

Use of Resources Risk Rating: The Finance Risk Rating is a 4.

Performance: Against the NHS I Single Oversight Framework

A&E patients seen within 4 hours: Rag rating **RED** - STF Trajectory (92%) not met - Performance for January at 76.2%.

Referral to Treatment (RTT) – people waiting for treatment that have waited less than 18 weeks: Rag rating **RED** - RTT performance has seen little change in January with 79.6% of people waiting less than 18 weeks, behind the Operational Plan trajectory of 82%. Against 52 weeks we have seen a slight increase from 71 patients waiting last month to 81 patients this month; this is in line with our plan trajectory of 80 and then reduction to zero by the end of March for patients who have not declined reasonable offers of dates for treatment. We are tracking progress of dating patients, and whilst we continue to avoid all possible breaches have informed commissioners of a likelihood of 10-15 patients still be waiting at the end of March.

Cancer – 62 day wait for first treatment: Rag rating **AMBER** - National standard **not met** in January with 83.8% against standard of 95%.

Diagnostic tests longer than the 6 week standard: Rag rating **RED** - Trajectory is **not met** with 10.2% of patients waiting over 6 weeks. This is outside of our recovery trajectory to deliver improved performance in January to achieve 6.9% against the National standard of 1%. With the additional activity planned the forecast performance is showing high confidence of achieving 2% at end of March 2020.

Dementia Find: Rag rating **AMBER** - Standard is reported at 78.5% (compared to 97.2% last January), therefore, **not achieving** the 90% standard.

Operational performance headlines:

The urgent care system has continued to experienced pressure in recent weeks with the hospital being on the highest levels of escalation. Staff have worked tirelessly to maintain safe patient care and manage demand across the system.

The impact of these pressures can be seen across a number of metrics including:

- times spent in our emergency department;
- ambulance handover delays;
- corridor care,
- delayed discharges and transfers of care.

The increase in delayed discharges reflects capacity pressures across adult social care in providing timely assessment and packages or care. During January we have commissioned additional capacity to support access to new packages of care.

Maintaining workforce capacity across critical clinical areas continues highlight our reliance on temporary bank and agency staffing.

A system response from the “silver reset” launched in December and ongoing service improvement work has supported operational teams to manage over this period. The daily review of all long stay patients has been successful in reducing the number of our longest ward stay patients. The system has not however seen any sustained improvement in overall bed occupancy levels or crowding in the ED as a result of the service improvement initiatives so far.

In elective care, the Trust remains confident on reducing the number of our longest waiting patients as outlined in this report against 52 weeks RTT to zero barring those patients choosing to defer treatment (estimated as 15-20 cases and diagnostic tests to 2% by end of March.

Performance against cancer standards remains good and consistently the highest performing across local Trusts.

Workforce Headlines

Of the four workforce KPIs on the IPR dashboard two are RAG rated Green, one RAG rated Red and one Amber as follows:

Turnover (excluding Junior Doctors): GREEN

The Trust's turnover rate now stands at 11.72% for the year to January 2020.

Staff sickness/absence: RED

The annual rolling sickness absence rate was 4.45% to end of December 2019. This is against the target rate for sickness of 4%. The Monthly sickness figure for December was 4.99 % which is an increase from the 4.81% as at the end of November. The Workforce and OD directorate are actively working with departments to ensure that

absence is robustly managed. In addition a variety of wellbeing events are being arranged to support staff with their health and wellbeing.

Mandatory Training rate: GREEN

The current rate is 90.79% for January 2020 against a target of 90%.

Appraisal rate: Amber

The Achievement Review rate for the end of January 2020 was 80.11% which is an increase from 78.52% as at the end of December. A deep dive is being currently being undertaken to identify hotspots, development of improvement plans and identifying areas of good practice.

In addition to the workforce KPIs shown in the dashboard there are two further workforce indicators detailed in the focus report that are being tracked to provide assurance to the Board.

Workforce Plan – As at end January 2020 the variance of substantive contracted workforce was 28.54 wte below budget.

Agency Expenditure – As at Month 10 the Trust is £2.375m above plan. This is predominantly due to agency spending on Medical and Dental staff which is £1.802m over budget. However, Medical and Dental agency spend is decreased, a number of actions have been taken to support this reduction including; regular review of current and future bookings by Deputy Medical Director and conversion of agency workers to bank.

Quality Headlines

Detailed review of safety metrics is undertaken each month at the Quality Improvement Group and overseen every other month at the Quality Assurance Committee.

The Month 10 metrics in the IPR are highlighting a reduction in the number of patients with overdue outpatient follow up however the standards for fractured neck of femur for timely access to theatre within 36 hours, VTE assessment compliance in the acute setting and time spent on stroke ward are not being met.

Conclusion

This report highlights the areas of significant variance to plan and risk to meeting our performance and finance targets. The actions being taken are subject to review through our internal governance processes with oversight from executive leads. The board need to be assured that this report and governance process is providing sufficient evidence that risks are being identified and appropriate actions being taken.

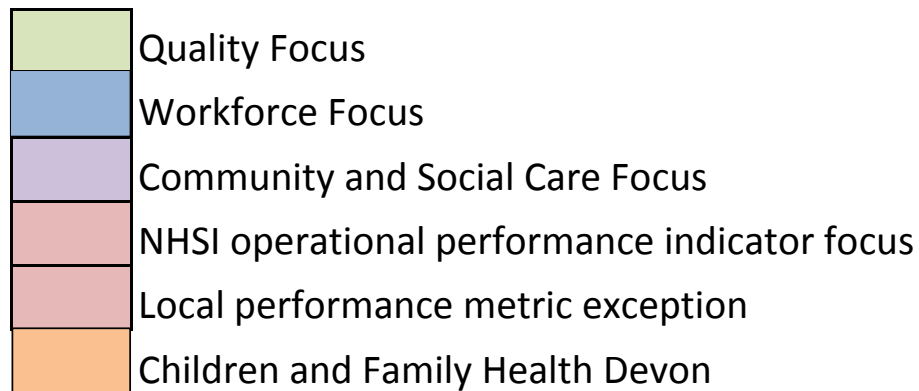
Recommendations

The Board is recommended to receive and note the information in this report and take appropriate action to manage identified risks.

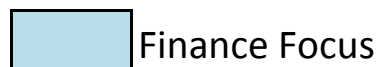
Integrated Performance Report

February 2020: Reporting period January 2020 (Month 10)

Section 1: PERFORMANCE



Section 2: FINANCE



Quality Focus

Month 10 (performance to end of January 2020)

Page 3	Quality and Safety Summary
Page 4	Mortality
Page 5	Infection Control
Page 6	Incident Reporting and Complaints
Page 7	Exception Reporting

Quality and Safety Summary

Quality and Safety Summary January 2020

There are 21 Local Quality Framework indicators in total of which 3 were RAG rated RED for January (4 RED in December).

VTE: (Acute) 91.7% (95% target)

Continues to be under target - resources on wards to support consistent recording from paper notes into our electronic reporting systems remain a challenge.

The "safety thermometer" audits which look at all notes on a single day in the month confirm that actual assessment performance is being maintained at over 90%. With changes in team support and pending retirements a review of VTE oversight is being undertaken.

Bed days lost to infection control: 204

In January, there were 204 bed days lost due to infection control issues. Midgley was closed from 7 January to 14 January due to diarrhoea and vomiting with various bays opening and closing before and after this time period to manage infection.

Stroke patients spending 90% of time on a stroke ward: 75.8% (80% target) : Accessing beds on the stroke ward has been challenging with the high levels of bed escalation limiting the availability of beds on the dedicated stroke ward.

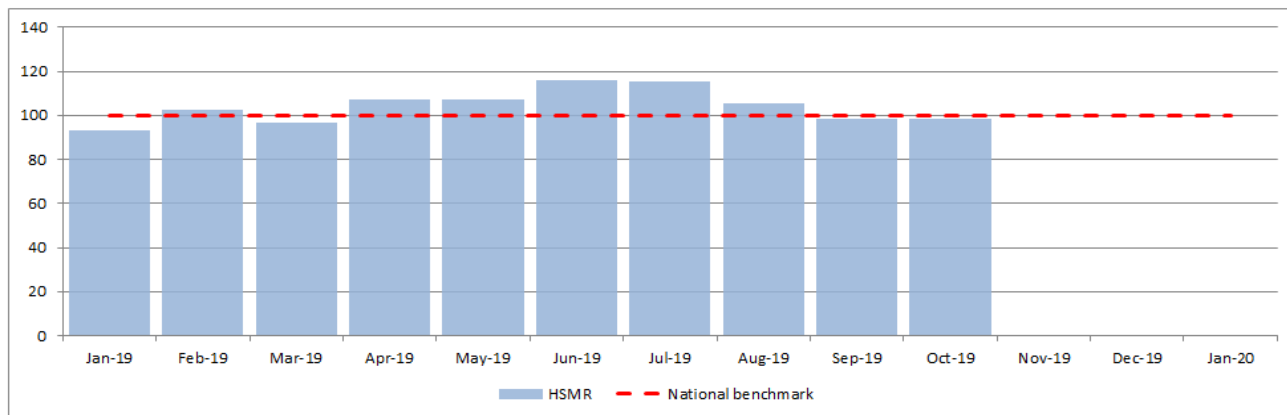
Fractured Neck of Femur: Performance remains below the required standard and has been escalated to the surgical teams to report back on the required actions needed to improve this performance. Theatre capacity constraints over the last 12 months has been a challenge however with our reopening of theatres in Q3 it is expected that this performance will improve. Overall our performance is in line with peers against the best practice indicators.

Dementia Find: In January the Dementia Find performance has been impacted by the ward pressures and escalations as the manual data transcription to collect this data from notes continues to be a point of failure.

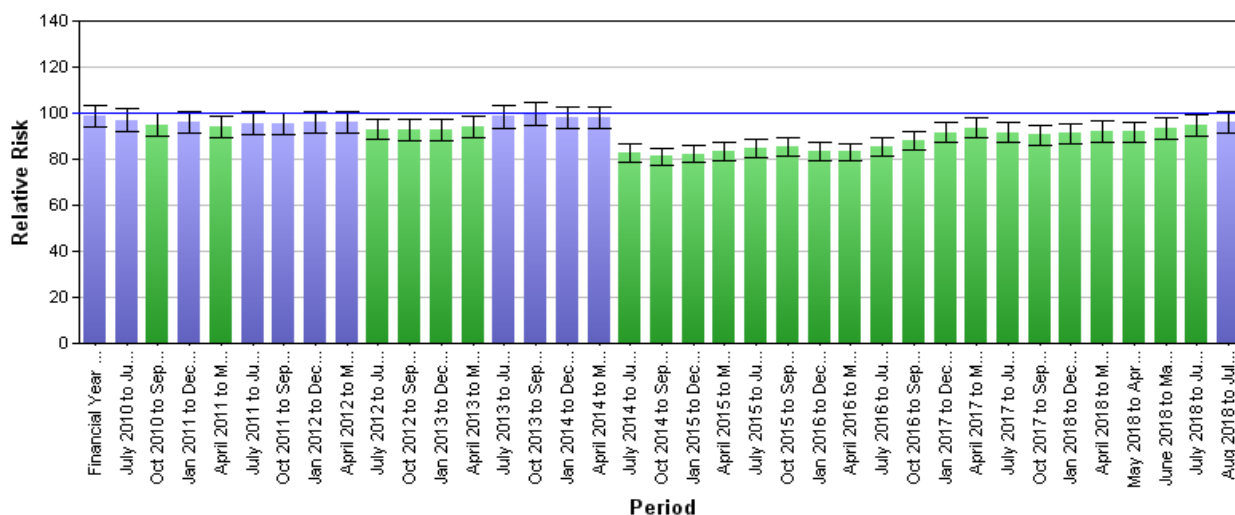
Quality and Safety - Mortality

Hospital Standardised Mortality Rate (HSMR) national benchmark = 100

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
HSMR	93.3	102.3	96.9	107.1	107.2	115.8	115.1	105.6	98.6	98.6	n/a	n/a	n/a
National benchmark	100	100	100	100	100	100	100	100	100	100	100	100	100



SHMI by data period



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**.

The latest data for Dr Foster HSMR is showing a relative risk of 98.6.

The Summary Hospital Mortality Index (SHMI) data reflects all deaths recorded either in hospital or within 30 days of discharge from hospital and records the Trusts at 90.58 against a national average benchmark of 100. Latest data for period August 2018 –to July 2019.

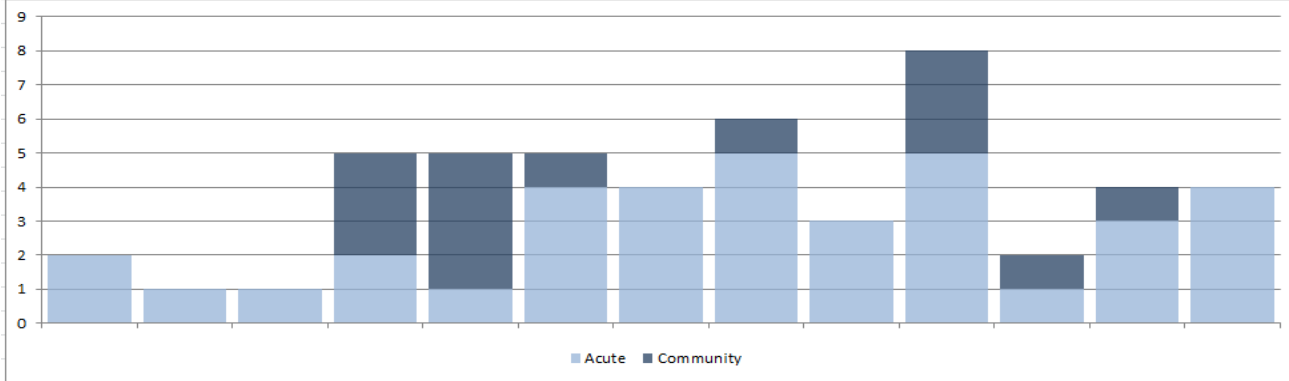
SHMI, HSMR, and Dr Foster alerts are reviewed through the Mortality Surveillance Scorecard at the Quality Improvement Group.

A score of 100 represents the weighted population average benchmark.

Quality and Safety - Infection Control

Number of Clostridium Difficile cases

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Acute	2	1	1	2	1	4	4	5	3	5	1	3	4
Community	0	0	0	3	4	1	0	1	0	3	1	1	0

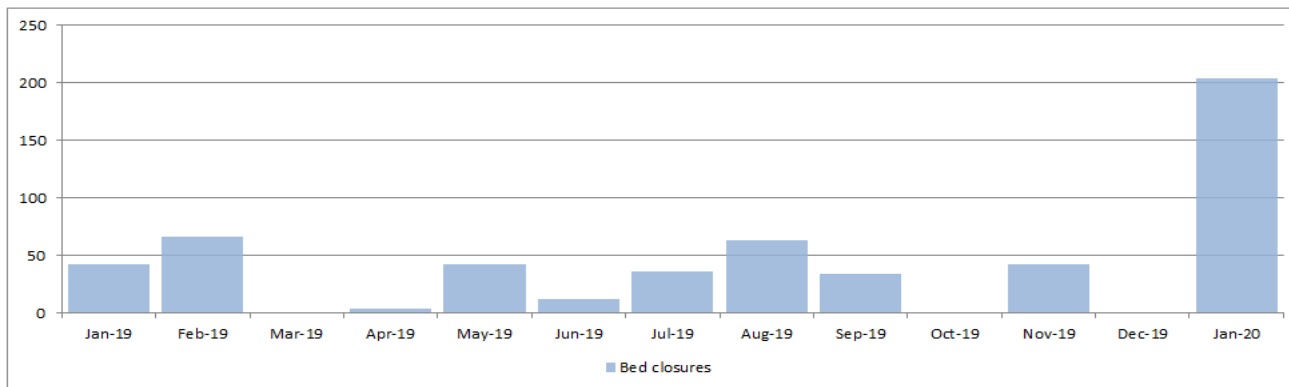


The cumulative total is 46 cases with 32 in the acute hospital and 14 in the community.

Each reported case of C-diff 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)

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Bed closures	42	66	0	4	42	12	36	63	34	0	42	0	204



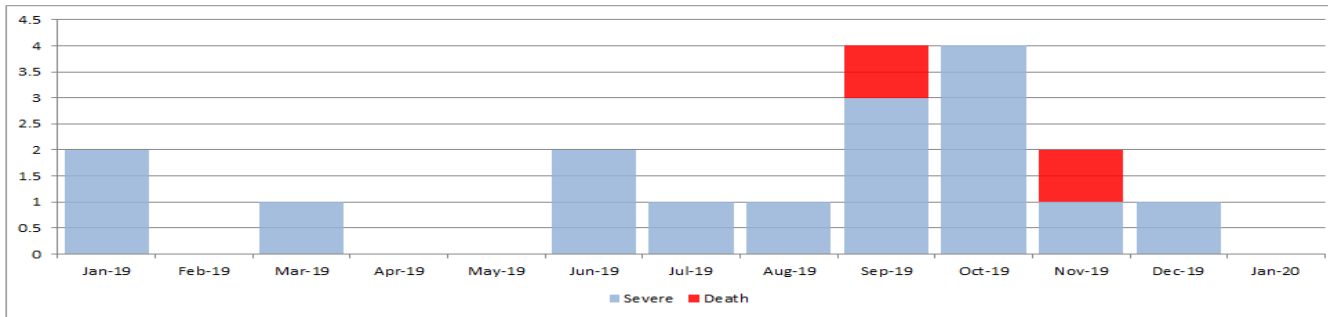
The Infection Control Team continue to manage all cases of outbreaks with individual case by case assessment and control plans.

In January, there were 204 bed days lost due to infection control issues. Midgley was closed from 7 January to 14 January due to diarrhoea and vomiting with various bays opening and closing before and after this time period to manage infection.

Quality and Safety - Incident reporting and complaints

Reported Incidents - Severe and Death

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Severe	2	0	1	0	0	2	1	1	3	4	1	1	0
Death	0	0	0	0	0	0	0	0	1	0	1	0	0



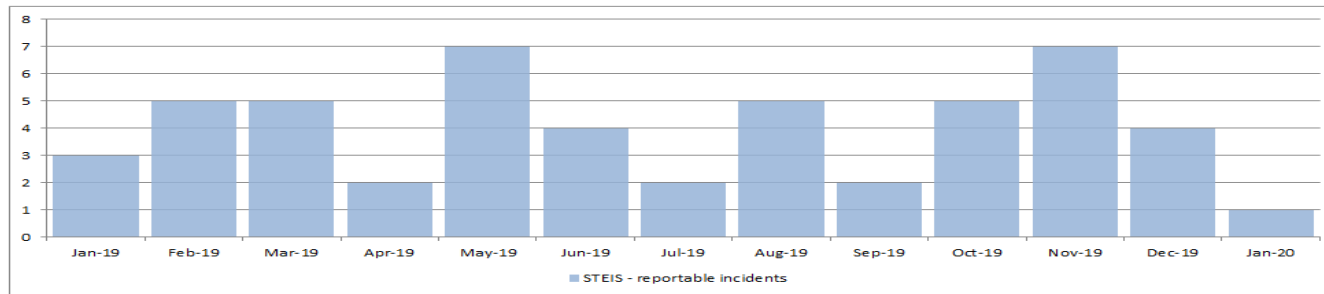
In January no severe or deaths incidents we reported.

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

The Learning and Sharing from Serious Adverse Events Group meet once a month to review serious incidents and seeks assurance on actions for ISUs. The group also, where necessary, instigates Trust wide learning.

STEIS Reportable Incidents

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
STEIS - reportable incidents	3	5	5	2	7	4	2	5	2	5	7	4	1



The Trust reported one incident in January on the Strategic Executive Information System (StEIS).

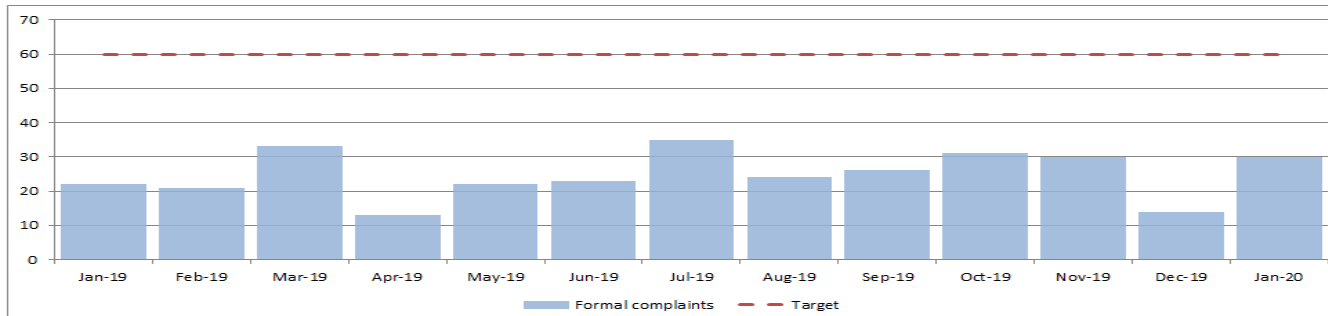
The site of recorded incident is

1. Allerton Ward

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

Formal complaints

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Formal complaints	22	21	33	13	22	23	35	24	26	31	30	14	30
Target	60	60	60	60	60	60	60	60	60	60	60	60	60



In January the Trust received 30 formal complaints.

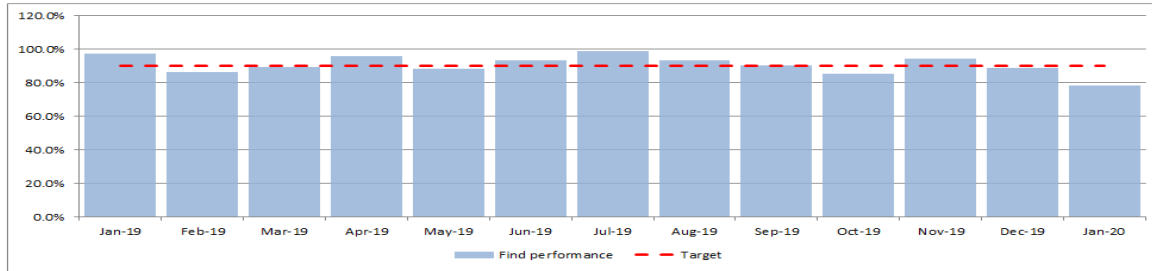
The main themes from the complainants are assessment, care, and treatment.

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

Quality and Safety - Exception Reporting

Dementia - Find

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Numerator	377	328	390	390	348	429	426	381	362	378	447	470	428
Denominator	388	380	436	406	394	460	431	408	400	444	474	530	545
Find performance	97.2%	86.3%	89.4%	96.1%	88.3%	93.3%	98.8%	93.4%	90.5%	85.1%	94.3%	88.7%	78.5%
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%

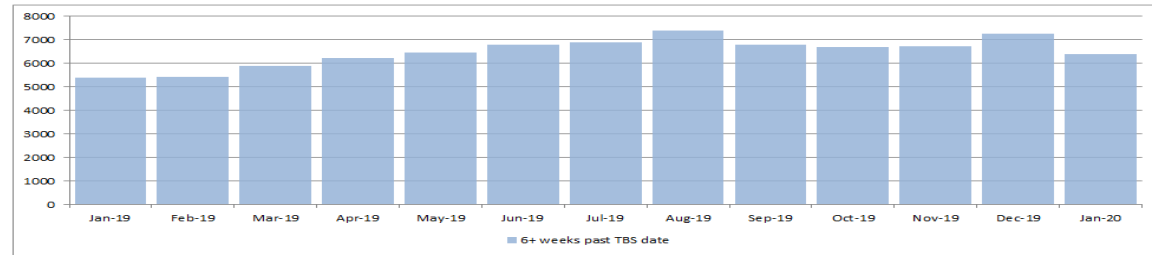


Dementia Find: The NHS I Single Oversight Framework (SOF) includes Dementia screening and referral as one of the NHSI priority indicators.

The Trust has not achieved the Dementia Find standard in January with 78.5% against the target of 90%.

Follow ups 6 weeks past to be seen by date

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
6+ weeks past TBS date	5378	5437	5899	6240	6459	6803	6906	7393	6793	6694	6725	7243	6391

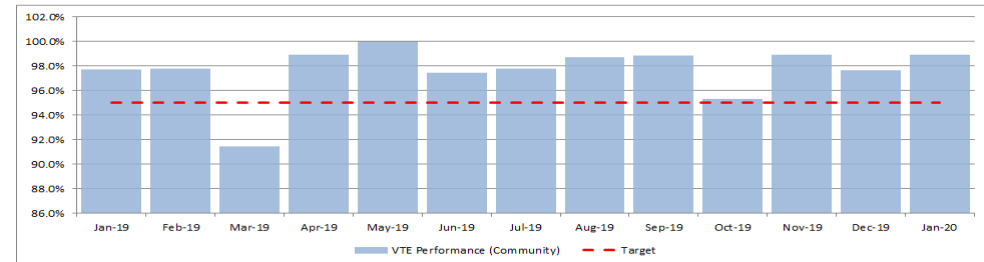


Follow ups: The number of follow up patients waiting for an appointment greater than six weeks past their 'to be seen by date' decreased in January to 6391.

The Quality Assurance Group maintain oversight and assurance regarding any harm to patients and review plans to mitigate clinical risk against patients waiting beyond their intended review date.

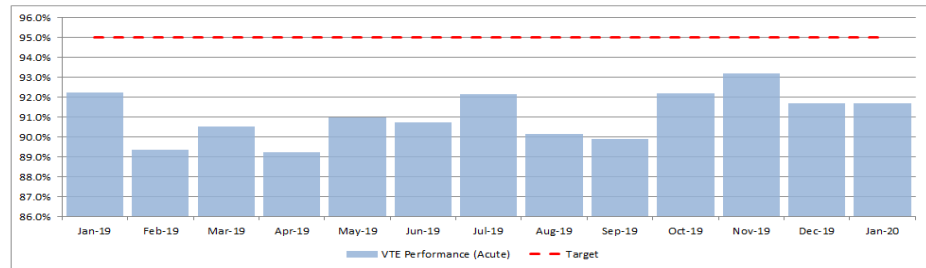
VTE risk assessment on admission - (Community)

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
VTE Numerator	85	88	75	93	85	77	89	77	85	81	90	82	92
VTE Denominator	87	90	82	94	85	79	91	78	86	85	91	84	93
VTE Performance (Community)	97.7%	97.8%	91.5%	98.9%	100.0%	97.5%	97.8%	98.7%	98.8%	95.3%	98.9%	97.6%	98.9%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



VTE risk assessment on admission - (Acute)

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
VTE Numerator	6045	5116	5557	5488	6001	5568	5936	5792	5487	6196	6129	5743	6303
VTE Denominator	6554	5725	6138	6151	6597	6137	6441	6425	6104	6721	6577	6262	6875
VTE Performance (Acute)	92.2%	89.4%	90.5%	89.2%	91.0%	90.7%	92.2%	90.1%	89.9%	92.2%	93.2%	91.7%	91.7%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



VTE: VTE performance in the acute setting remains below the standard of 95% at 91.7%. The VTE assessment performance is met in the community 98.9%. Resources on wards to support consistent recording into reporting systems remain a challenge. The "safety thermometer" audits, which look at all notes on a single day in the month, confirm that actual assessment performance is being maintained at 96.5%, above the target of 95%.

Workforce Focus

Month 10 (performance to end of January 2020)

Page 9	Workforce summary
Page 10	Workforce WTE
Page 11	Sickness absence
Page 12	Turnover
Page 13	Appraisal and Training
Page 14	Agency

Workforce Summary

Of the four workforce KPIs on the IPR dashboard two are RAG rated Green, two RAG rated Red as follows:

Turnover (excluding Junior Doctors): GREEN

The Trust's turnover rate now stands at 11.72% for the year to January 2020.

Staff sickness/absence: RED

The annual rolling sickness absence rate was 4.45% to end of December 2019. This is against the target rate for sickness of 4%. The Monthly sickness figure for December was 4.99 % which is an increase from the 4.81% as at the end of November. The Workforce and OD directorate are actively working with departments to ensure that absence is robustly managed. In addition a variety of wellbeing events are being arranged to support staff with their health and wellbeing.

Mandatory Training rate: GREEN

The current rate is 90.79% for January 2020 against a target of 90%.

Appraisal rate: AMBER

The Achievement Review rate for the end of January 2020 was 80.11% which is an increase from 78.52% as at the end of December. A deep dive is being currently being undertaken to identify hotspots, development of improvement plans and identifying areas of good practice.

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

Workforce Plan – As at end January 2020 the variance of substantive contracted workforce was 28.54 wte below budget.

Agency Expenditure – As at Month 10 the Trust is £2.375m above plan. This is predominantly due to agency spending on Medical and Dental staff which is £1.802m over budget. However Medical and Dental agency spend is decreased, a number of actions have been taken to support this reduction including; regular review of current and future bookings by Deputy Medical Director and conversion of agency workers to bank.

Workforce - WTE

FTE Staff in Post (NHSI staff Groups from ESR month end data)

NHSI Staff Grp	2015/09	2016/09	2017/09	2018/09	2019/09	2019/12	2020/01	Change since ICO	% Change
Allied Health Professionals	420.56	411.16	401.50	408.83	486.15	482.05	475.68	55.12	13.11%
Health Care Scientists	89.69	92.75	92.13	91.28	90.91	92.41	94.15	4.46	4.98%
Medical and Dental	425.99	437.61	497.69	505.21	535.17	512.85	508.92	82.92	19.47%
NHS Infrastructure Support	1114.22	1099.87	1006.29	1004.70	1083.45	1072.92	1072.54	-41.69	-3.74%
Other Scientific, Therapeutic and Technical Staff	301.99	309.19	350.35	356.62	365.33	374.59	374.55	72.55	24.02%
Qualified Ambulance Service Staff	1.00	4.00	5.60	6.72	7.59	6.72	6.72	5.72	572.00%
Registered Nursing, Midwifery and Health visiting staff	1187.78	1193.74	1169.78	1166.50	1204.15	1187.20	1189.17	1.39	0.12%
Support to clinical staff	1593.74	1656.67	1613.65	1691.26	1807.54	1811.45	1808.63	214.90	13.48%
Grand Total	5134.99	5204.99	5136.99	5231.12	5580.29	5540.20	5530.36	395.37	7.70%

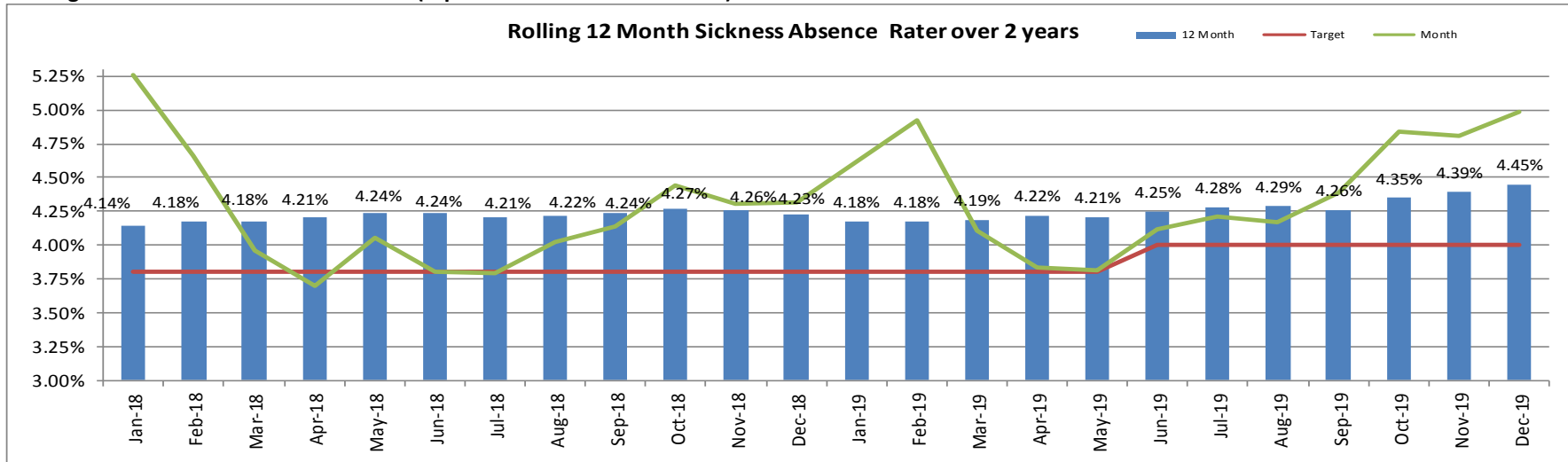
This information is reviewed at the People Committee, a sub-committee of the Trust Board.

Pay Report Summary

201910	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	YTD
Substantive	£20,385,371	£19,721,374	£19,718,597	£19,346,087	£19,611,279	£19,570,373	£19,536,098	£19,438,514	£19,725,484	£19,657,262	£196,710,438
Bank	£866,603	£814,927	£794,929	£901,435	£890,433	£811,606	£861,670	£807,506	£890,597	£895,831	£8,535,537
Agency	£975,417	£871,147	£938,325	£828,483	£941,605	£711,695	£584,968	£665,606	£668,951	£576,676	£7,762,873
Total ACTUAL, £	£22,227,390	£21,407,448	£21,451,851	£21,076,005	£21,443,317	£21,093,674	£20,982,736	£20,911,626	£21,285,032	£21,129,769	£213,008,847
Total PLAN including CIP & vacancy factor	£21,575,979	£20,714,747	£20,715,712	£20,768,751	£20,772,388	£20,765,682	£20,288,880	£20,290,773	£20,316,916	£20,063,895	£206,273,723
VARIANCE to Total PLAN including CIP & vacancy factor	-£651,411	-£692,701	-£736,139	-£307,254	-£670,929	-£327,992	-£693,856	-£620,853	-£968,116	-£1,065,874	-£6,735,124
TOTAL WTE Contracted	5451.8	5472.3	5487.4	5487.0	5615.7	5572.6	5562.1	5557.9	5549.7	5567.0	
Total PLAN including CIP & vacancy factor	5863.5	5863.5	5863.5	5856.0	5856.0	5856.0	5821.4	5821.4	5825.4	5805.8	
VARIANCE to Total PLAN including CIP & vacancy factor	411.7	391.2	376.2	369.0	240.3	283.4	259.4	263.6	275.8	238.8	

Workforce - Sickness Absence

Rolling 12 month sickness absence rate - (reported one month in arrears)

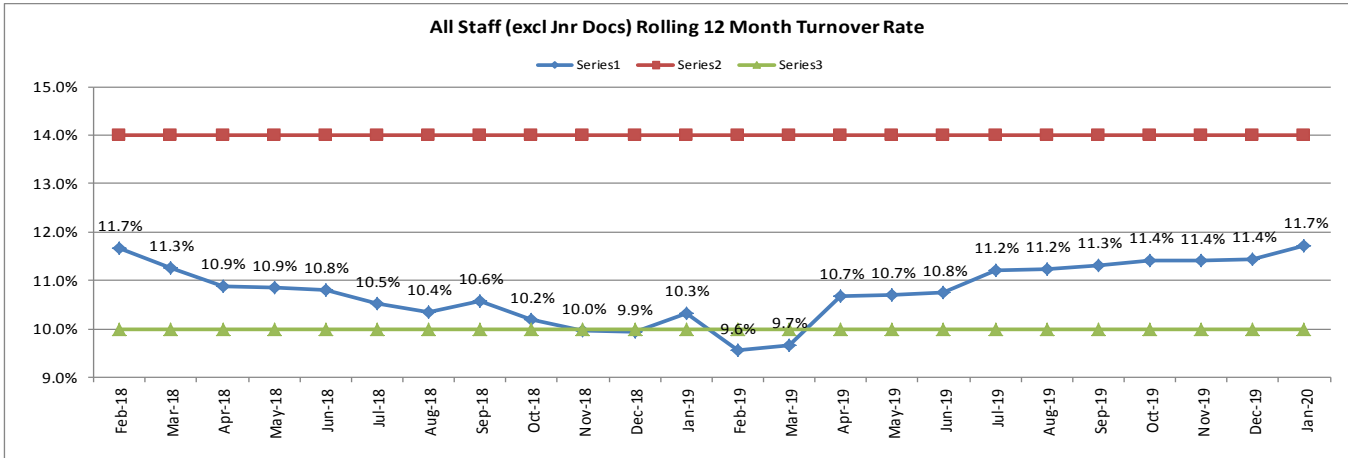


The annual rolling sickness absence rate was 4.45% at the end of December 2019 which is an increase from November which stood at 4.39%.

The Monthly sickness figure for December was 4.99 % which is an increase from the 4.81% as at the end of November.

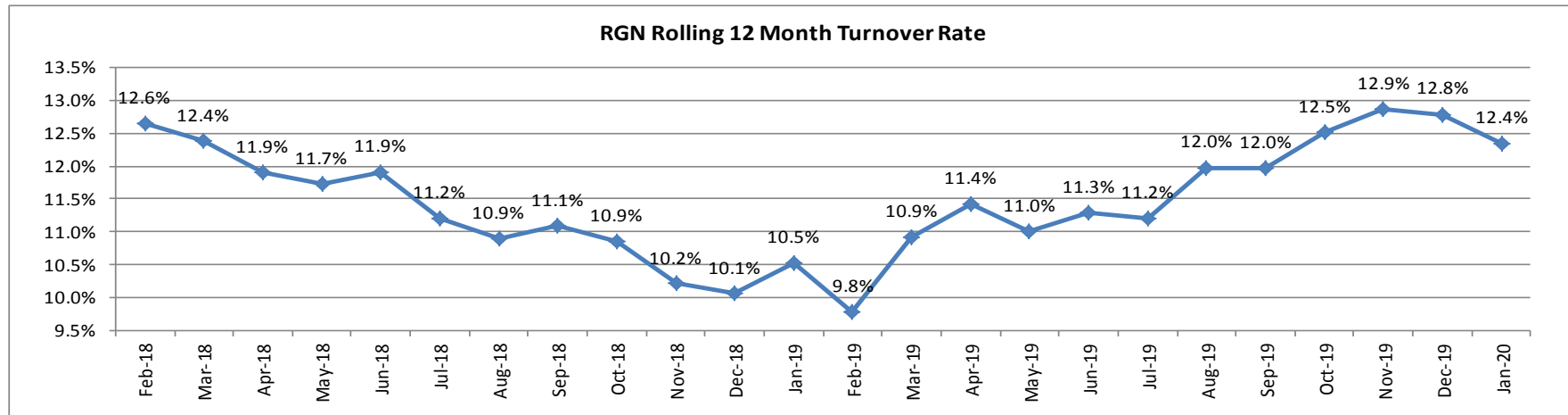
The calendar year of 2019 showed the highest sickness levels in the last 10 years with 11 of the 12 months higher than the 10 year average for the specific months.

Workforce - Turnover



All Staff Rolling 12 Month Turnover Rate

The graph shows that the Trusts turnover rate now stands at 11.72% for the year to January 2020 which is an increase from 11.44% in December.

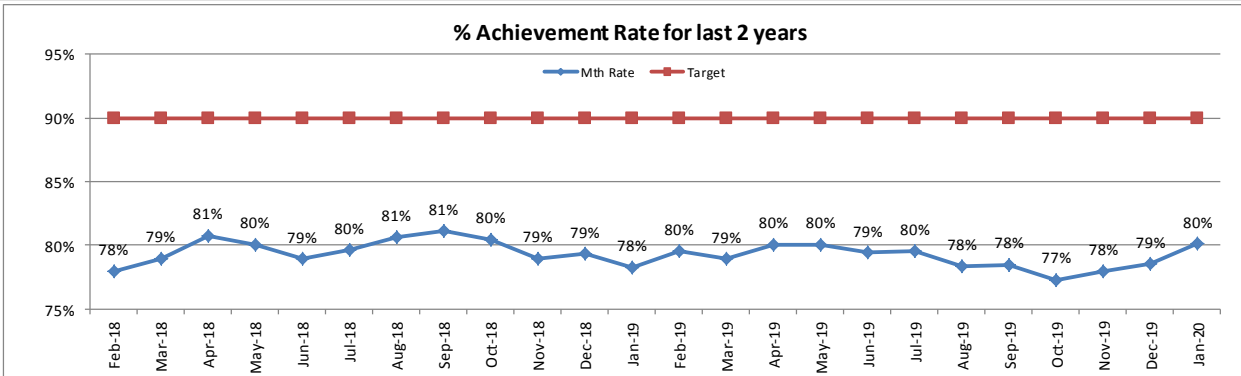


RGN Rolling 12 Month Turnover Rate

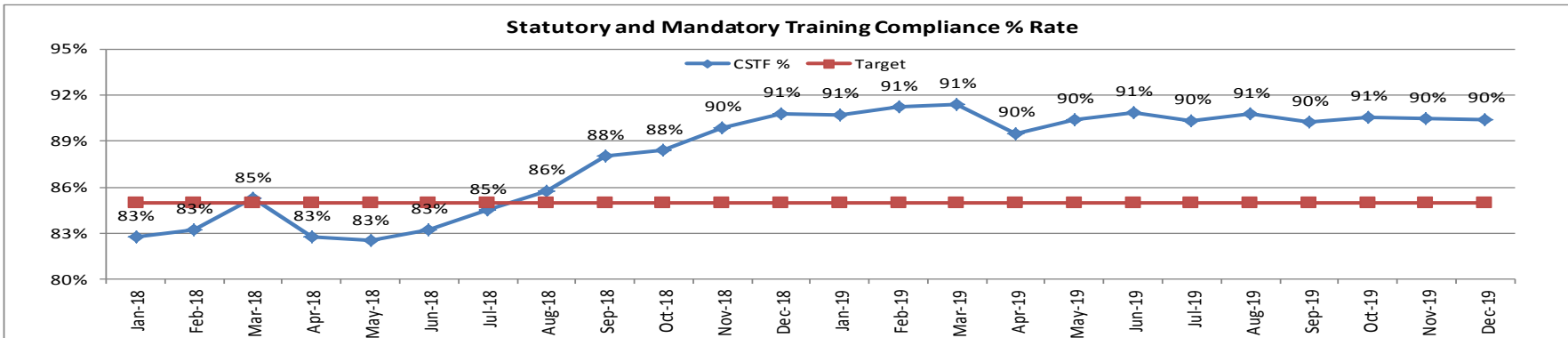
This recruitment challenge includes Registered Nurses due to the supply shortage as reported elsewhere and for which the Trust has a long term capacity plan to address, which maximises the use of all supply routes including overseas recruitment, return to nursing, growing our own etc.

The turnover rate for this staff group is within the range of 10% to 14% and for the 12 months ending in January 2020 stood at 12.35% which is a reduction from the previous month of December which stood at 12.79%.

Workforce - Appraisal and Training



Achievement Review (Appraisal)
 The Achievement Review rate for the end of January was 80.11% which is an increase from 78.52% as at the end of December and now includes M&D staff. Managers are provided with detailed information on performance against the target on a Monthly basis.



Statutory and mandatory training The Trust has set a target of 85% compliance as an average for the statutory and mandatory training modules which is against the 11 subjects which align with the MAST Streamlining project from April 2018. The graph shows that the current rate is 90.79% for January which is a small increase from the 90.44% in December.

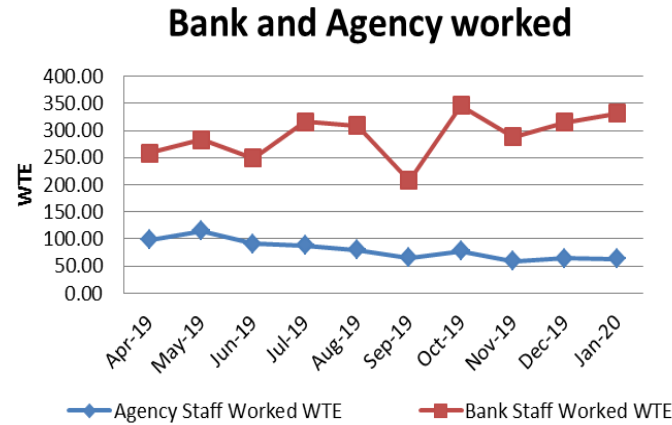
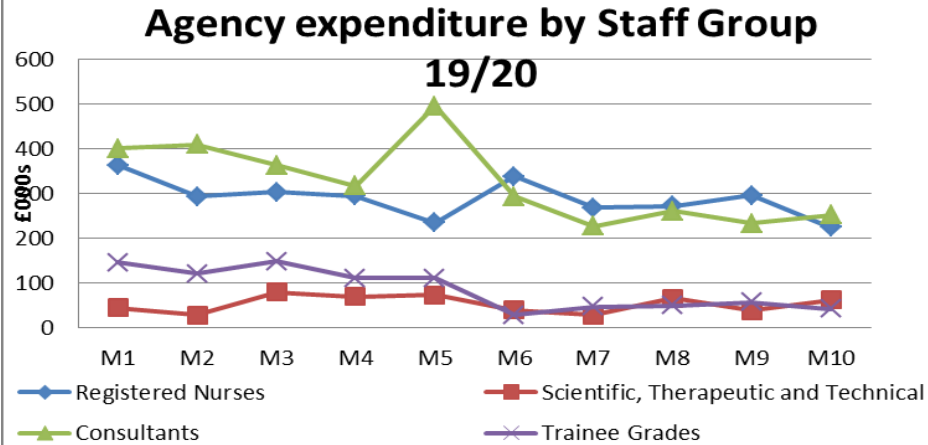
Individual modules that remain below their target are detailed in the table below and also included are the specific levels for Safeguarding:

Safeguarding Adults Compliance					Safeguarding Children Compliance		
Jan-20					Jan-20		
Level 1	Level 2	Level 3 &	Level 5	Level 6	Level 1	Level 2	Level 3
6526	4008	541	43	6	2491	3373	662
6315	3546	447	35	3	2355	2810	485
96.77%	88.47%	82.62%	81.40%	50.00%	94.54%	83.31%	73.26%

Module	Target	Performance
Information Governance	95% and above	86.12%

Workforce - Agency Expenditure

The graph below shows the agency expenditure by staff Group, whilst the table provides the detailed analysis. As at Month 10 the Trust is £2,375m above plan.



Torbay and South Devon NHS Foundation Trust

Total Agency Spend

Financial Year 2019/20

	NHSI YTD value (Cumulative)									
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
Plan - Total Agency (see breakdown below)	636	1,272	1,908	2,541	3,174	3,807	4,192	4,577	4,981	5,388
Actual Spend										
Non-Medical - Clinical Staff Agency										
Registered Nurses	363	656	959	1,254	1,489	1,827	2,096	2,368	2,664	2,889
Scientific, Therapeutic and Technical	45	74	154	224	298	339	368	434	473	536
of which Allied Health Professionals	45	73	148	217	281	317	333	390	420	473
of which Other Scientific, Therapeutic and Technical Staff	0	1	6	7	17	22	35	44	53	63
Support to clinical staff (HCA)	1	-	-	-	-	-	-	0	1	0
Total Non-Medical - Clinical Staff Agency	409	730	1113	1478	1787	2166	2464	2802	3138	3425
Medical and Dental Agency										
Consultants	401	810	1,173	1,490	1,985	2,278	2,505	2,766	3,000	3,252
Trainee Grades	146	268	417	528	640	669	717	767	825	868
Total Medical and Dental Agency	547	1078	1590	2018	2625	2947	3222	3533	3825	4120
Non Medical - Non-Clinical Staff Agency	19	39	82	116	141	154	166	183	223	218
Total Pay Bill Agency and Contract	975	1847	2785	3612	4553	5267	5852	6518	7186	7763
Over (Under) Spend	339	575	877	1,071	1,379	1,460	1,660	1,941	2,205	2,375

Community and Social Care Focus

Month 10 (performance to end of January 2020)

Page 16 Community and Social Care Summary

Page 17 Social Care and Public Health Metrics

Torbay LA social care programme board metrics

Public health metrics including CAMHS

Page 18 Community services

Community Hospitals

Community services

Intermediate care services

Delayed Transfers of care

Community and Social Care Summary

There are 15 Community and Social Care indicators in total of which 5 were RAG rated RED in January (5 in December 2019) as follows:

Number of delayed discharges: 462 (<315 target)

In response to the tightening up on reporting delayed discharges an implementation of revised SOP we are seeing an increase in the reported delays - this is highlighting the further work required to target downstream capacity to receive patients as well as our processes to complete assessments.

Timeliness of Adult Social Care Assessment assessed within 28 days of referral: 69% (>70% target)

1% below target with no significant deterioration.

Clients receiving self-directed care: 89.3% (>90% target)

< 1% below target and no significant deterioration of variance.

Community bed occupancy: 98.6%

Occupancy remains a concern and impacts on the timely flow of patients from acute settings and for direct GP admission. Reducing occupancy is a key outcome expected from our service improvement plans.

Community hospital - admissions - non-stroke: 214

Target based on last year (Jan 2019) performance where 279 admissions recorded - this will be partly a result of the increased length of stay that is being recorded in community hospitals.

Social Care and Public Health Metrics performance metrics - Torbay

Social Care Programme Board					
2019/20 Performance Scorecard to 31 January 2020					
Torbay Social Care KPIs		2019/20 full year target	2019/20 YTD target	Outturn YTD	Comment
ASC-1C pt1	% clients receiving self-directed support	94%	94%	89% (94%)	Within agreed tolerance.
ASC-1C pt2	% clients receiving direct payments	28%	28%	25.4% (28.0%)	Below target (416 / 1639). DPs will be addressed as part of the targeted response of the PMO workstreams.
D-40b	% clients receiving a review within 18 months	93%	93%	80% (93%)	Below target (2277 / 2830). Decreasing trend.
NI-132	Timeliness of social care assessment	80%	80%	69% (80%)	Below target (830 / 1197). Step decrease in Aug19 following calculation changes highlighted by internal audit. Reports provided to teams and changes planned to paris referral to improve data quality.
ASC-2A pt1	Permanent admissions (18-64) to care homes per 100k population (rolling 12 month)	14.0	14.0	22.8 (14)	A low outturn signifies better performance. Below target (17 admissions).
ASC-2D	Outcome of short term support - % reablement episodes not followed by long term SC support	83%	83%	84.8% (83%)	On target.
NI-135	Carers receiving needs assessment, review, information, advice, etc.	36%	36%	36.6% (30.0%)	On target.
ASC-1C pt1b	% carers receiving self directed support	85%	85%	92% (85%)	On target.
QL-18	% of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual	100%	100%	..	No high risk concerns raised.
TCT-14b	% Repeat safeguarding referrals in last 12 months	8.0%	8.0%	7.6% (8.0%)	A low outturn signifies better performance. On target.
ASC-1E	% Adults with learning disabilities in paid employment	7.0%	7.0%	8.9% (7.0%)	On target.
ASC-1G	% Adults with learning disabilities in settled accommodation	80%	80%	79.9% (80.0%)	Within agreed tolerance.

The Social Care and Public Health metrics above relate to the Torbay LA commissioned services. Comments against indicators are shown in the dashboard. The metrics and exceptions are reviewed at the Torbay Social Care Programme Board (SCPB), monthly ISU system leadership Assurance and Transformation meetings .

Measure	Target 2019/2020	13 month trend	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Year to date 2019/20
			PUBLIC HEALTH SERVICES													
CAMHS - % Urgent referrals seen within 1 week	88.0%		100.0%	75.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	50.0%	75.0%	75.0%	100.0%	82.0%
CAMHS - % patients waiting under 18 weeks at month end [B]	92.0%		89.4%	90.8%	90.3%	87.6%	83.9%	82.6%	83.2%	86.2%	91.7%	91.6%	92.4%	90.5%	90.6%	84.0%
% of face to face new birth visits within 14 days *	95.0%		92.2%	90.9%	93.8%	88.6%	96.8%	93.0%	91.7%	91.5%	90.4%	96.0%	95.5%	97.6%	85.5%	92.7%
Children with a child protection plan * [B]			170	186	183	170	186	201	228	219	206	184	176	192	202	202
4 week smoking quitters (Quarterly) ** [B]	200				300			54			109					109
Opiate users - % successful completions of treatment (Quarterly) ** [B]					4.9%			5.6%			5.3%					5.3%

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

The number of face-to-face new birth visits within 14 days has decreased to 85.5% this month, the lowest it has been for the last 12 months.

Since April 2019 Torbay CAMHS is part of the wider Devon Children's services alliance. Work is progressing to integrate reporting for the new combined services and are reviewed through the Alliance board.

Quarterly data is shown in arrears for smoking, opiate users, and children with a protection plan.

Community Services and Social Care metrics

Community Hospital Dashboard - Summary of Key Measures - January-20

	Act. 18/19 Outturn	19/20 Year End Target	Target Jan-20	Jan-20	Total	YTD Target	Cum. Direction of Travel
Admissions / Discharges							
Total Admissions (General)	2,927	2,927	279	214	2,216	2,448	↓
Direct Admissions (General)	294	294	29	19	219	243	↓
Transfer Admissions (General)	2,633	2,633	250	195	1,997	2,205	↓
Stroke Admissions	305	305	24	22	210	255	↓
Transfers from CH to DGH	242	242	32	16	198	214	↓
Beds							
Bed Occupancy ¹	91.6%	90.0%	90%	98.6%	95.1%	90.0%	
Bed Days Lost to Delays ²	3,305	0	0	462	4,105	0	
Bed Days Lost to Bed Closure	329			7	48		
Length of Stay							
Delayed Discharges				51	456		
Average Length of Stay - Overall (General)	10.9		8.5	13.5	12.9	8.5	↑
Average Length of Stay - Direct Admissions	8.1	8.5	8.5	11.9	10.7		↑
Average Length of Stay - Transfer Admissions	11.3	11.5	11.5	13.6	13.1	11.5	↑
Average Length of Stay - Stroke	15.2	0.0	0.0	17.7	18.1	18.0	↑
Long LoS (>30 days)	171	171	14	26	197	140	↑
MIU							
Total MIU Activity ³	41,788	41,788	2,904	3,271	36,450		
New MIU Attendances	36,179	36,179	2,558	2,920	32,562	30,771	↓
All Follow Up Attendances	5,609	5,609	107	351	3,888	4,843	↓
Planned Follow Up Attendances	4,382	4,382	250	263	2,841	3,806	↓
Unplanned Follow Up Attendances	1,227	1,227	96	88	1,047	1,037	↓
MIU Four Hour Breaches	5	5	1	0	3	5	↓
Average Waittime (Mins) - 95th Pctile	49	49	49	53	53	49	↑

The Community Hospital Dashboard highlights

Bed occupancy and length of stay for community transfers remains above planned levels. The average length of stay is 13.1 days (being the latest 3 month average) from an average last year of 11.3 days

Minor injury Units

In January no patients were recorded as having waited over 4 hours to be seen and treated.

Transfers of Care (DToc)- The number of bed days reported as lost to delayed transfers of care increased in January. There remain concerns that the number of patients being categorised as medical fit on our wards is increasing and not fully reflected in reported delays. A review of process has been completed resulting in a roll out of revised standard operating procedure overseen by the Moor to Sea ISU. As part of the urgent care improvement work teams are focussing on weekend discharges.

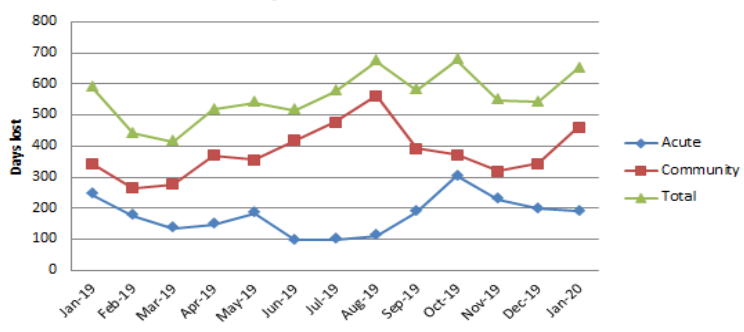
Community based services highlights:

Nursing Community nursing and community outpatient activity targets are being reviewed through the productivity work currently underway. The latest month can show a lower level of activity to plan due to data entry lag.

Intermediate care urgent referrals There remains variation on rates of referral across different Integrated Service Units and this is being picked up through the locality review / Enhanced Intermediate Care meetings. Through the Community Productivity Programme there is a continued focus on the quality and consistency of data recording. the increase in referrals to teh IC teams has cptinued in January with 232 compared to 189 last January.

Intermediate Care (IC) placements The year to date average length of stay in IC placements remains above target (12 days). 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 and productivity work.

Delayed Transfers of Care



Measure	Target 2019/2020	13 month trend	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Year to date 2019/20
			COMMUNITY BASED SERVICES													
Nursing activity (F2F)			16,906	15,122	15,029	16,202	17,437	15,731	16,631	14,577	13,299	13,719	12,309	10,780	9,871	140,556
Therapy activity	65,415		5,373	5,180	4,717	5,122	5,249	5,144	6,660	5,608	6,166	6,522	5,756	5,160	5,514	56,901
No. intermediate care urgent referrals [B]	2,059		189	156	164	184	189	179	188	174	178	216	205	198	232	1,943
No. intermediate care placements			96	83	73	75	69	86	76	73	63	60	59	54	78	693
Intermediate Care - placement average LoS [B]	12.0		18.1	13.6	18.7	18.9	18.2	15.8	17.3	16.9	18.5	20.6	16.1	17.7	18.7	17.9






Operational Performance Focus

Month 10 (performance to end of January 2020)

Page 20	NHSI indicators performance summary
Page 21	Referral to Treatment
Page 22	4-hour Standard for time spent in the Emergency Department and Minor Injuries Units
Page 23	Cancer treatment and cancer access standards
Page 24	Patients waiting over six weeks for diagnostics
Page 25	Other performance exceptions
Page 26	Activity
Page 27	Children and Family Health Devon

NHS I Performance indicator Summary

NHSI Single Oversight Framework Performance Standards

NHSI Indicator	National Standard	Trajectory (M10):	ICO Performance (M10):	Risk
Patients seen within 4 hours in A&E	>95%	90%	76.2% 	HIGH
<p>Risks identified: Continued high level of escalation with delays attributed to availability of inpatient beds and crowding in ED. Presentations of Flu and infection have been seen but not above expected levels.</p> <p>Facilitating the daily availability of assessment beds on EAU3 remains the key to delivering capacity. The Silver reset initiative implemented in December has seen improvement across several key metrics to deliver earlier discharge and presentation to ED from SWAST.</p>		<p>Management action: The Urgent Care Programme Board meeting every 2 weeks oversees the improvement programme to provide senior clinical and operational decisions to support escalated actions.</p> <p>Winter funding has been received to support our plans to maintain extended AMU opening and medical cover. The plan for creating surgical assessment (SAU) area now agreed to utilise the old ITU space adjacent to theatres. The SAU will release capacity in AMU and assessment units for medical assessment in AMU and EAU3 and both actions will reduce overcrowding within ED. Plans for reconfiguring medical assessment and capacity are now being prioritised.</p>		
Patients waiting longer than 18 weeks from referral to treatment	>92%	82%	79.58% 	HIGH
<p>Risks identified: We have maintained elective capacity despite the recent emergency pressures. Our waiting times and numbers waiting however remain higher than this time last year although we are making progress against the target of eliminating all patients who will wait over 52 weeks from referral to treatment by April 2020.</p>		<p>Management action: The RTT Risk and Assurance group reviews progress against delivery and risk. Saturday lists will continue to run to the end of March 2020 to support in house capacity for T&O, Urology, and UGI with continued in-sourcing to support Ophthalmology Upper GI and Gastro. The additional activity needed to deliver the trajectory is continuing although the trajectory remains at high risk and there will remain a cohort of patients who are deferring their treatment, the COO is leading on escalating the necessary arrangements to allow this to be delivered.</p>		
Cancer – 62 day wait for first treatment for a 2 week wait referral	85%	85.3%	79.6% 	HIGH
<p>Risks identified: Urology and lower GI make up 70% of patients who are on pathways over 62 days.</p>		<p>Management action: Delays to the Urology pathway for diagnosis will be supported in Q4 with a prostate biopsy second machine and couch now ordered. This will deliver increased capacity for local anaesthetic and theatre based biopsies. Other elements of the capacity to support target delivery are in place.</p>		
Diagnostic tests longer than 6 weeks	1%	6.94%	10.2% 	HIGH
<p>Risks identified: Good progress has been seen in reducing waits in particular in both CT and MRI supported by the continued use of mobile van. Waits for Colonoscopy are now stabilising with capacity from additional in-sourcing weekends and new consultant now commenced in post.</p>		<p>Management action: Maintaining mobile van capacity in Radiology and frequency of insourcing for Colonoscopy continues. Plans to increase capacity for Endoscopy have been implemented and are giving high level of assurance that the end of year agreed trajectory of performance improvement of 2% will be met.</p>		
NHS I indicator: Dementia Find	90%	90%	78.5% 	LOW

Colour of arrow – current Red/Amber/Green rating against trajectory
 Arrow – improved, declined, or remained static from previous month



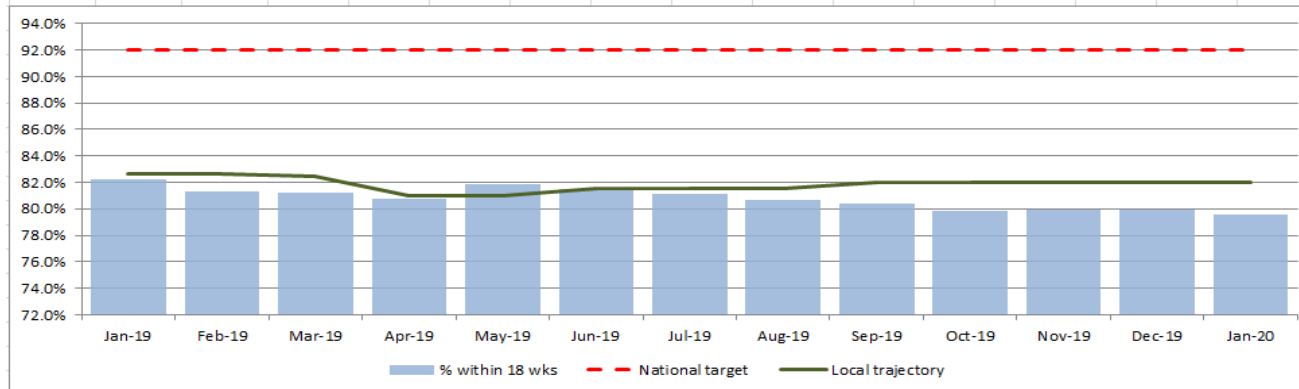
NHSI Indicator - Referral to Treatment

Services with greater than 100 patients waiting over 18 weeks

JANUARY 2020 Incomplete 92% Table - National Specialty

	Incomplete IPDC	Incomplete Outpatients	Grand Total	% < 18wk
Plastic Surgery	102	2	299	65.22
Paediatrics	3	146	1054	85.86
Neurology	7	155	629	74.24
Dermatology	1	192	1066	81.89
Gastroenterology	56	138	1497	87.04
ENT	37	183	1455	84.88
Cardiology	42	275	1619	80.42
Urology	188	173	1296	72.15
Upper Gastrointestinal Surgery	278	103	792	51.89
Trauma & Orthopaedics	405	221	2190	71.42
Ophthalmology	696	58	2628	71.31
Grand Total	2002	2050	20065	79.81

Referral to Treatment - Incomplete pathways



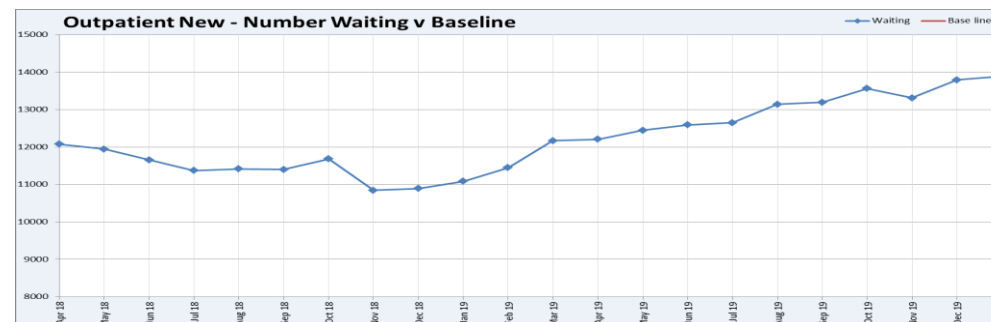
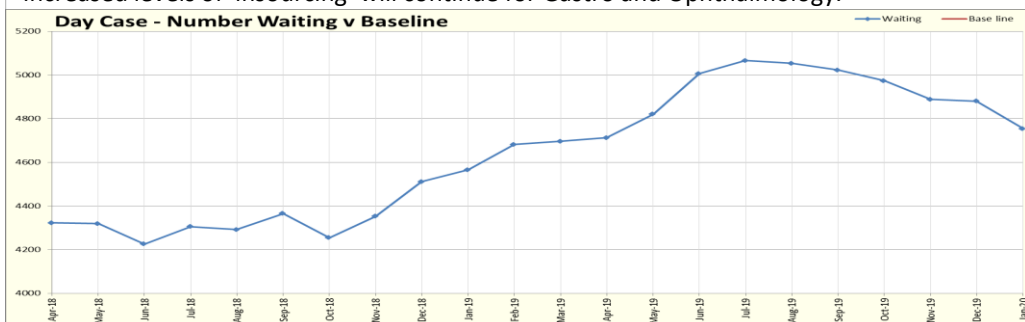
Referral to Treatment - RTT: RTT performance has not changed in January with the proportion of people waiting less than 18 weeks at 79.58% this is behind the Operational Plan trajectory of 82% and national standard of 92%. The total number of incomplete pathways (waiting for treatment) has decreased to 20,106, a reduction of 285 from December and above our revised trajectory.

Patients waiting over 40 weeks continue to reduce with 366 forecast for January - the lowest number achieved since December 2019.

52 week waits: For January, 81 people will be reported as waiting over 52 weeks, this being an increase on last month's 71 and for the first time is behind our M10 forecast - the Christmas break having an impact on activity levels. End of February forecast 48. Teams have refreshed their plans to May 2020, the current forecast for the end of March 2020 is 15 to 25 due to patient choice and case mix (with the goal of achieving zero still in place). There are a number of actions within the plans that are rag rated RED - Beds, theatre staff to cover weekend lists and Anaesthetic cover.

The use of the Limited Liability Partnership has commenced (two further lists in March to possibly run) and teams are flexing lists/running weekend lists to maximise reductions in 52wk numbers, but the risk remains that we will simply run out of time to achieve our target due to long outpatient waits and complex diagnostics.

Increased levels of insourcing will continue for Gastro and Ophthalmology.

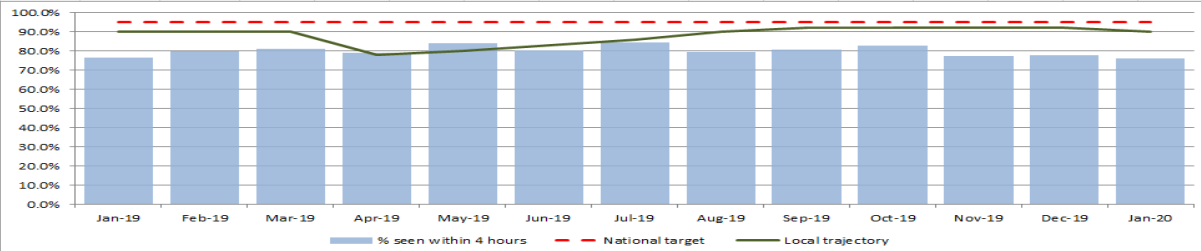


Management action: Led by the Chief Operating Officer plans are monitored through the Cancer / RTT Performance Risk and Assurance meeting with any outstanding risk escalated to the

NHSI indicator - 4 hours - time spent in Accident and Emergency Department

A&E and MIU patients seen within 4 hours

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Patients	8708	8168	9458	9611	10015	9942	10909	10741	9690	9326	9093	9217	9023
4 hour breaches	2054	1646	1798	2013	1586	1960	1715	2217	1868	1618	2064	2038	2149
% seen within 4 hours	76.4%	79.8%	81.0%	79.1%	84.2%	80.3%	84.3%	79.4%	80.7%	82.7%	77.3%	77.9%	76.2%
National target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Local trajectory	90.0%	90.0%	90.0%	78.0%	80.0%	83.0%	86.0%	90.0%	92.0%	92.0%	92.0%	92.0%	90.0%



Acute Care model - The acute care model is critical to delivery of improved ED performance by ensuring patients for medical review are fast tracked away from ED for medical assessment and initiation of treatment.

Corridor Care - The performance Dashboard recorded the number of patient who receive care in the ED corridor. This remains a priority to eliminate through our plans to change the model of front door care. In January we recorded 495 patient over 60 minutes in the ED corridor.

Overall time in department - The number of patients who spend over 12 hours in the department is recorded in the performance dashboard; in January we recorded 182 patients.

Operational delivery: The Operational Plan trajectory for Accident and Emergency waiting times (less than 4 hours) is not met in January (90% trajectory) with 76.2% (77.9% last month).
Improvement work streams: The three 'task and finish' groups are receiving additional improvement and project management support to ensure robustness of plans and to support system delivery over the coming months to achieve an improvement trajectory to 84% by March.

The 3 groups are :

- Emergency floor and front door assessment model
- Wards - To improve the quality, safety and minimise length of stay for urgent and emergency patients on inpatient wards;
- Home First - To enable safe and effective urgent and emergency care as close as possible to patients' home.

NHSI improvement team support in place:

- Improvement manager from ECIST : working with the urgent and emergency teams to continue to support the improvement strategy
- ED workforce planning : support the leadership team in their workforce capacity and demand modelling work.
- ECIST Medical Director will be visiting the Trust and working closely with our senior team to provide advice and guidance on our medical model.

12 hour Trolley wait : In January, one patient is reported as having a trolley wait from decision to admit to admission to an inpatient bed of over 12 hours.

Ambulance Handovers : In January we have seen a slight increase in the number of ambulance delays over 60 minutes with 14 reported.

Escalation status	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Opel status													
Opel 1	0	0	1	0	6	0	0	0	2	0	0	0	0
Opel 2	1	5	10	8	15	4	5	3	13	12	3	8	7
Opel 3	22	20	16	16	3	18	22	21	11	19	18	15	19
Opel 4	8	3	4	6	4	8	4	7	4	0	9	8	5
Performance	76.4%	79.8%	81%	79.1%	84.2%	80.3%	84.3%	79.4%	80.7%	82.7%	77.3%	77.9%	76.2%

Escalation: In January there were no days at Opel 1 and 5 days at Opel 4, the highest level of escalation. The current level of performance remains a significant risk; we continue to focus on the improvement programme.

Cancer treatment and cancer access standards

CWT Measure	Target	January 2020			
		Within Target	Breached Target	Total	Performance
14 Day - 2ww referral	93%	920	308	1228	74.9%
14 Day - Breast Symptomatic referral	93%	75	2	77	97.4%
31 Day 1st treatment	96%	185	8	193	95.9%
31 Day Subsequent treatment - Drug	98%	110	0	110	100.0%
31 Day Subsequent treatment - Radiotherapy	94%	71	8	79	89.9%
31 Day Subsequent treatment - Surgical	94%	26	5	31	83.9%
31 Day Subsequent treatment - Other		19	0	19	100.0%
62 day 2ww / Breast	85%	87	17	104	83.7%
62 day Screening	90%	14	0	14	100.0%
62 day Consultant Upgrade		5	2	7	71.4%

Cancer standards - The table above shows the position for December 2019 (as at 14 February 2020). *Final validation and data entry is completed for national submission, 25 working days following the month close and at the end of the quarter.*

Urgent cancer referrals 14 day 2ww: At 74.9% in January this remains below the standard of 93%, however as a pilot site for developing the new standard for "28 days from referral to diagnosis" some variance in performance is expected as this new pathway is introduced. The improvement plans to increase capacity to see urgent outpatients in Urology and lower GI pathways however are on track.

NHSI monitored Cancer 62 day standard: The 62 day referral to treatment standard is forecast not met in January at 83.7%. Significant risk remains in the pathways for Urology and Lower GI.

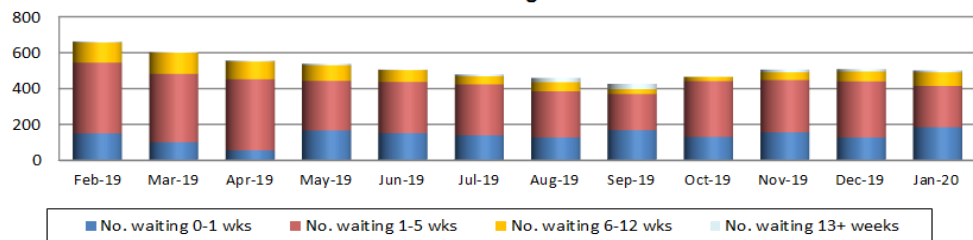
Longest waits greater than 104 days on the 62 day referral to treatment pathway:

In January, 5 patients with confirmed cancer were treated beyond 104 days. The number of patients being tracked over 62 days is being maintained with no significant change to historical levels.

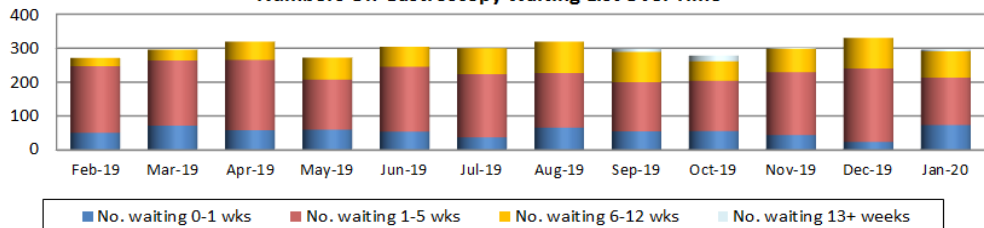
There are 21 patients on a 104 day open pathway, these patients are reviewed and managed through Cancer Services via the RTT Risk and Assurance Group.

NHSI indicator - patients waiting over 6 weeks for diagnostics

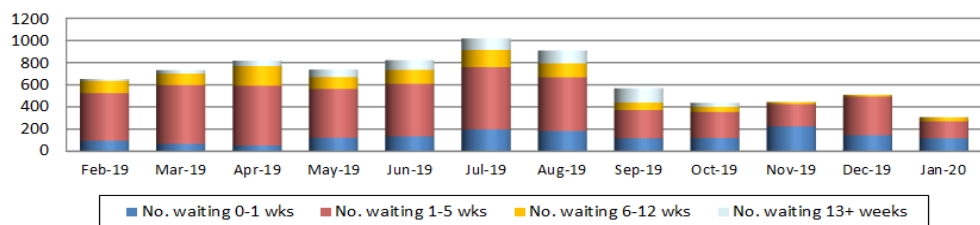
Numbers On MRI Waiting List Over Time



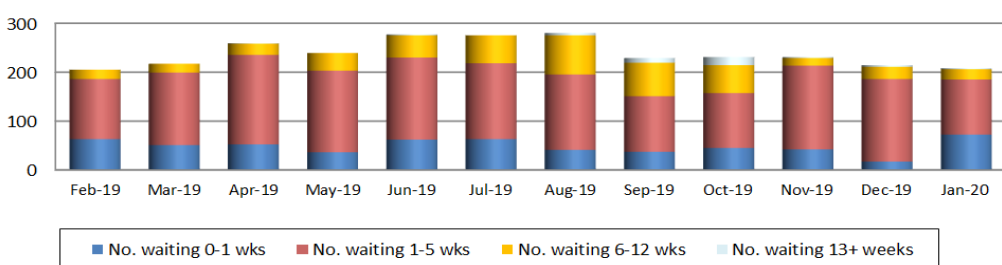
Numbers On Gastroscopy Waiting List Over Time



Numbers On CT Waiting List Over Time

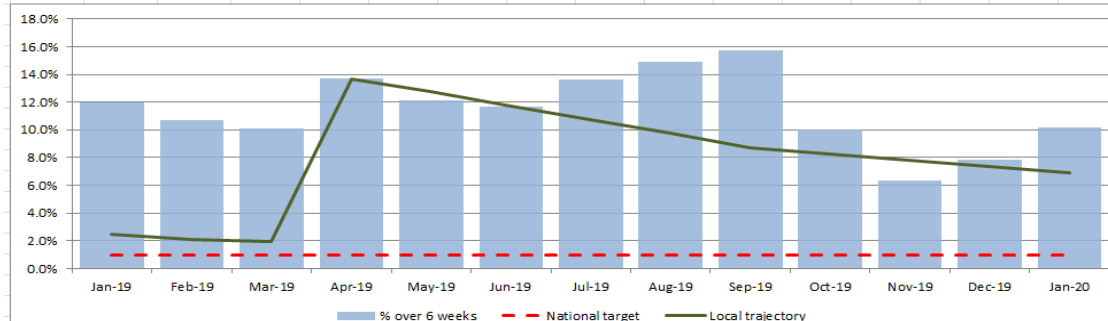


Numbers On Colonoscopy Waiting List Over Time



Diagnostic tests longer than the 6 week standard

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Patients	405	421	423	575	454	454	527	535	460	282	182	240	264
Waiting longer than 6 weeks	3385	3934	4186	4201	3746	3893	3862	3586	2926	2823	2865	3051	2600
% over 6 weeks	12.0%	10.7%	10.1%	13.7%	12.1%	11.7%	13.6%	14.9%	15.7%	10.0%	6.4%	7.9%	10.2%
National target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Local trajectory	2.4%	2.1%	2.0%	13.7%	12.7%	11.8%	10.8%	9.7%	8.7%	8.3%	7.8%	7.3%	6.9%



January sees an increase in the percentage of patients with a diagnostic wait over 6 weeks to 10.2% (264 patients > 6 weeks) from 7.9% (240 patients > 6 weeks) in December.

The increase is a result of reduced activity over the Christmas period. The latest position has seen this position improve with the forecast to end of February now 6.5% and teams confirming on track to achieve 2% by the end of March.

Demand for CT MRI and gastro investigations exceed the maximum in house capacity (which includes extended days and weekend working). Utilisation of mobile van capacity remains in place to support this capacity shortfall in CT and MRI. In the longer term the plan is to commission a 3rd CT scanner in 20_21 and continue to commission additional insourcing as needed.

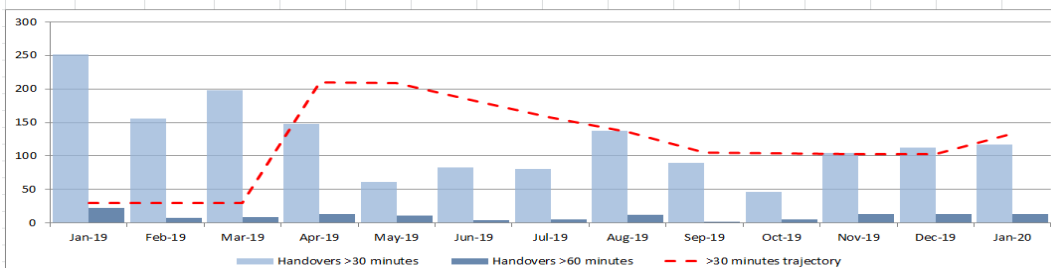
Insourcing at weekends to run additional colonoscopy lists is continuing with 1 in 3 weekends.

Access to diagnostics, and in particular radiology, is critical for maintaining timely cancer diagnosis and supporting treatment pathways. The radiology service continues to prioritise these urgent referrals along with maintaining service levels to inpatients, however, it does mean that overall some patients will wait longer for routine diagnostic tests.

Other performance exceptions

Ambulance handovers

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Handovers >30 minutes	251	156	198	148	61	83	81	137	90	47	104	113	117
Handovers >60 minutes	23	8	9	13	11	4	5	12	2	5	13	14	14
>30 minutes trajectory	30	30	30	210	209	183	157	136	105	104	103	103	133



Ambulance Handover

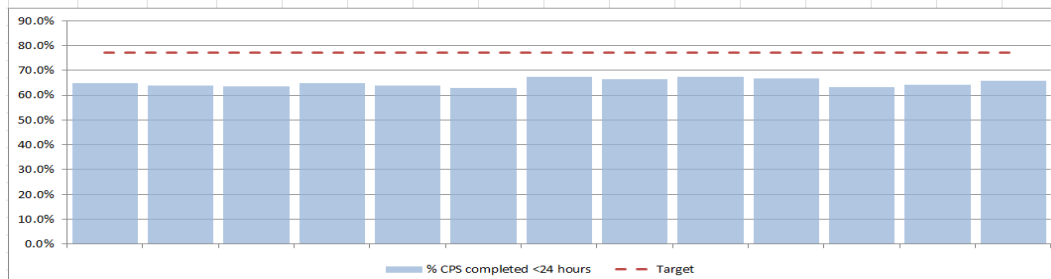
The number of ambulance handovers delays increased in January. However, due to predicted winter pressures, the trajectory increases to 133, resulting in a green RAG rating on the Performance Dashboard.

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 Plan Summaries completed within 24 hours of discharge - Weekday

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Discharges	1750	1525	1639	1690	1818	1526	1804	1593	1566	1814	1627	1668	1683
CPS completed within 24 hours	1135	976	1043	1094	1161	959	1214	1059	1056	1209	1027	1072	1107
% CPS completed <24 hours	64.9%	64.0%	63.6%	64.7%	63.9%	62.8%	67.3%	66.5%	67.4%	66.6%	63.1%	64.3%	65.8%
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%

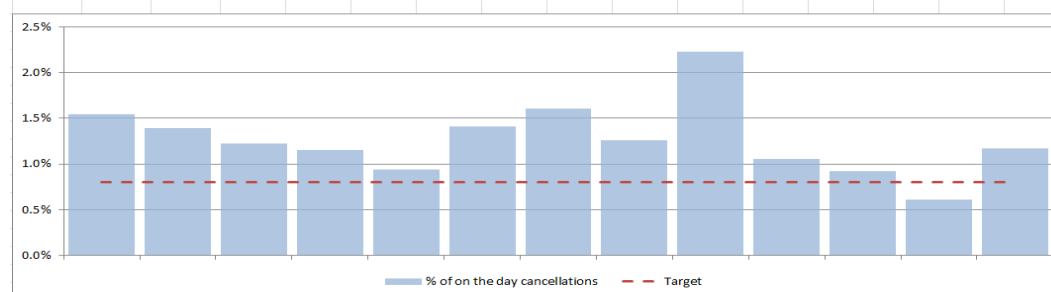


Care Planning Summaries (CPS)

Improvement remains a challenge to complete CPSs within 24 hours of discharge. 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. This is seen as critical to onward care with teams working towards a mandatory requirement to be introduced from April.

On the day cancellations for elective operations

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Cancellations	53	42	39	37	33	45	56	41	72	38	33	19	43
Elective spells	3432	3016	3196	3218	3502	3198	3481	3248	3237	3616	3567	3133	3667
% of on the day cancellations	1.5%	1.4%	1.2%	1.1%	0.9%	1.4%	1.6%	1.3%	2.2%	1.1%	0.9%	0.6%	1.2%
Target	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%



Cancelled operations

In January the number of operations cancelled on the day of surgery for hospital reasons increased to 43. This represents 1.2% of all elective procedures undertaken. Elective cancellations to accommodate Emergencies including cancellations for Trauma patients, no operation time and estates power cut accounting being significant factors in January.

There has been a focus on prioritising patients who have waited a long time for their surgery.

Headline Acute activity comparisons to last year

Reported activity variances at M10 to previous year					
		Plan/Activity			
		2018/19 Actual	2019/20 Actual	variance	% variance
data_type	setting	Sum of event	Sum of event		
A&E	A&E	63630	63976	346	0.54%
APC	Day Case	29009	29694	685	2.36%
	Elective	2951	3083	132	4.47%
	Non-Elective AMU	3523	4182	659	18.71%
	Non-Elective CDU	3564	3856	292	8.19%
	Non-Elective Emergency	23231	23091	-140	-0.60%
	Non-Elective Non-Emergency	2754	2118	-636	-23.09%
OPA	New	91449	89298	-2151	-2.35%
	F-Up	222270	225179	2909	1.31%
Grand Total		442381	444477		

Against non-elective activity it is noted that we have seen a significant increase in the number of patients recorded as admitted to AMU (Acute Medical Unit) and CDU (Clinical Decision Unit) - This is by design to help move patients from assessment space in ED and, where possible, follow direct referral for medical assessment. Most of these patients will receive assessment and be discharged on the same day.

The reduction in NEW outpatient activity corresponds with the overall increase in numbers of patients waiting for appointments and the overall low rate of referral growth we have seen this year.

Children and Family Health Devon

Executive Performance Summary

Access Times

We continue to see pressure across all services which is affecting overall compliance with the RTT position against a majority of services. The number of referrals being processed in the SPA is having an impact on the services being able to remain compliant with this position; an action plan has been developed and will be monitored via the operational performance group. All performance graphs are inclusive of Devon and Torbay data from April 19 onwards, excluding Looked After Children which is from August 19 onwards.

Workforce

Vacancies and maternity leave continue to play a role against RTT compliance. There has been a resourcing sub group developed who will be looking at increasing collaborative working and plans for increased presence in the market place. Staff anxiety and well-being is a concern and service leads are continuing to work with workforce and OD leads to identify support.

Governance

The alliance governance sub-group structure continues to be embedded with further development and evolution of reporting processes underway. The Quality and Safety Group, Operational Performance Group and Workforce and OD groups are operating at a high level and producing flash reports to Divisional Governance Committee. The Operational Finance, Business Development, Contracting Group is now quorate and are defining the purpose and developing processes to be able to move forwards to operate at the same high level.

18 week RTT performance

Service	Torquay	Devon	CFHD
CAMHS			80%
Occupational Therapy	68.8%	51.5%	
Speech and Language Therapy	100%	48%	
Specialist Children's Community Service	100%	100%	
Physiotherapy	98.9%		
Learning Disability Service	91.3%	93.1%	

Sickness Monitoring – TSD & DPT

Overall:

	Monthly Sickness Absence %	12 month rolling sickness %	Performance Against Target	Trend
Child and Family Health Devon TSD	3.44%	3.24%		↑
Child and Family Health Devon DPT	4.48%	%		↑
Child and Family Health Total	7.92%	3.24%		

Finance Focus

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Summary of Financial Forecast

The Regulator Protocol for Change to Forecast Outturn has been followed which required governance within the Trust and STP before review at the regional office of the regulator. The Trust is now monitoring against this forecast change which show a deficit position of £18.8m against a £3.8m deficit control total, a variance to plan of £15.0m at year end after mitigating actions.

There has been an improvement in the baseline position from the M6 Forecast due to additional income received and lower costs.

At month 10 the latest forecast is indicating that the Trust will be in a position to deliver its £15.0m variance to planned control total.

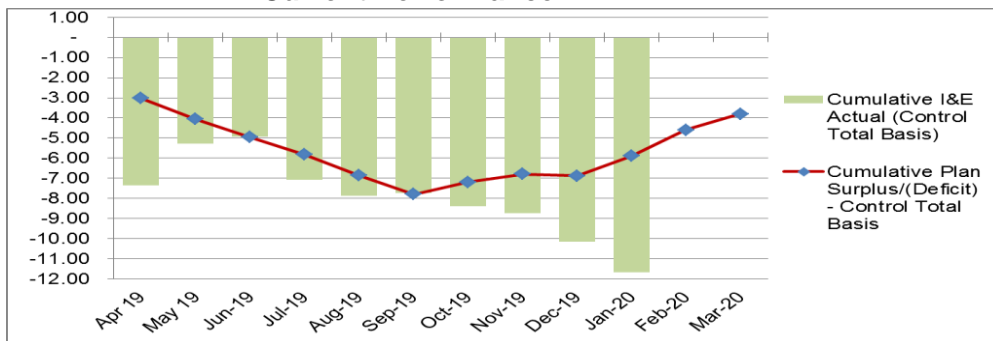
The management accounting team have been working closely with the Operational Teams to validate the forecast. There is now a greater sense of confidence that the revised variance to control total will be delivered, however this is still subject to the continued momentum of delivering the recovery actions and keeping costs under control.

Delivery of the £15.0m variance to control total is however dependent upon the Trust continuing to apply extended useful lives for the purpose of calculating depreciation on its specialised building premises - namely hospitals. The continued application of this depreciation policy is not in line with the guidance provided by the Royal Institute of Chartered Surveyors (RICS). Although the Trust considers that the use of the extended useful lives is a better reflection than the asset lives that would be used under a compliant RICS calculation, this is unlikely to be a view shared by the Trust's external auditors. There is therefore some risk that concerns will be raised by the auditors and this may be reflected in the Trust's audited accounts

	M10	
	(Adverse) Favourable £000	(Adverse) Favourable £000
Forecast Outturn Variance against Plan (based on month 9)		(£16,800)
Recovery Actions		
RICS (subject to further review and external audit process)	£1,800	£1,800
Revised Forecast Outturn Variance against Plan		(£15,000)

Summary of Financial Performance

Current Performance



Key Points

- The Trust has a Control Total for the year of a deficit of £3.80m, which excludes income relating to Provider Sustainability Fund (PSF) and Marginal Rate Emergency Tariff (MRET) totalling £8.36m.
- The financial position at 31st of January 2020 is a £11.68m deficit prior to sustainability funding. This is £5.78m adverse against the phased YTD plan of £5.90m deficit.
- There is a net movement in re-categorisation of plan to budget of £0.69m relating to income, non pay and asset life changes due to RICS valuation.
- Main variances to year to date budget are as follows: Income - adverse by £1.57m due to lower activity in contract healthcare £0.32m, Torbay Council IBCF £1.95m, private patient activity £0.35m, lower TP sales £0.53m and PSF £1.59m offset by additional income in Education & Training/R&D £0.85m, client contribution £0.77m, non patient services £0.59m and various income streams £0.96m. Pay - adverse variance of £4.30m due to undelivered CIP £3.26m, Bank £3.37m and Agency £1.84m (due to recruitment challenges, operational pressures and maternity/sickness cover) offset by Substantive vacancies £4.17m. Non pay - adverse variance of £2.54m due to undelivered CIP £1.20m, increased cost in placed people £0.50m, adult social care (price and volume packages of care) £0.61m and various operating cost £0.77m offset by lower Drugs cost of £0.17m and non clinical supplies £0.37m.
- Total pay run rate in M10 (£21.1m) is lower in comparison to previous month (M9 £21.3m); this is due to lower substantive cost £0.1m (higher Estates staff cost recharged to Capital projects) and Agency spend £0.1m (mainly reduction in use of Nursing agency across the Trust (except for Warrington Ward) as additional recruits join from Overseas and uptake of additional shifts due to winter incentive payment).
- Non pay expenditure run rate of £20.13m is higher by £0.88m compared to M9 (£19.25m). Higher spend is due to: Drugs £0.45m (matched by Income), clinical supplies and services £0.11m, general supplies £0.14m, impairment of receivable £0.19m, various operating cost £0.11m offset by lower clinical negligence cost £0.12m due to the Trust meeting the required standards for 'Maternity Incentive Scheme' (an initiative introduced by NHS Resolution in 2018/19 to incentivise safer care for maternity services) for the second consecutive year.
- In the year to date, the Trust has delivered £9.1m of savings, which is £5.0m adverse to the original plan; of this £3.0m has been delivered recurrently.
- The Trust identified an annual savings requirement of £20.0m. Of this £10.6m savings have been identified, resulting in a £9.4m gap and representing a significant risk to the underlying financial performance and the opening position for next financial year.
- Capital expenditure as at M10 is £8.66m. The full year forecast is £18.77m. Between now and the end of the year, it is expected that we will spend £10.11m for the following schemes: purchase of medical equipment £3.1m, continuation of Theatres upgrade and refurbishment of £1.1m; other estates expense of £2.0m; material investment in IT of £2.5m namely purchase of PC's and upgrade of Microsoft licenses other investment in IT totalling £0.9m, Torbay Pharmaceuticals equipment expense of £0.5m.
- The Finance Risk Rating is a 4.
- Trust continues to forecast an adverse variance to plan of £15.0m in line with the month 6 position reported. There remain some risks to the delivery of the £15.0m adverse variance to control total such as achievement of remaining CIP target (£1.5m), recovery items (£0.3m), an adjustment to depreciation charges owing to a change in RICS guidance (£1.8m) and unforeseen costs due to operational pressures. Steps are being taken to mitigate these risks.

	YTD Plan (NHSI)	Re-Categorisation	YTD Budget (Trust)	YTD Actual	Variance to Budget
	£M	£M	£M	£M	£M
Income	412.52	(1.85)	410.67	409.10	(1.57)
Pay	(206.27)	(2.44)	(208.71)	(213.01)	(4.30)
Non Pay	(188.70)	3.01	(185.70)	(188.24)	(2.54)
EBITDA	17.54	(1.28)	16.26	7.84	(8.41)
Financing Costs	(16.65)	1.97	(14.68)	(14.51)	0.17
SURPLUS / (DEFICIT) inc PSF / MRET	0.89	0.69	1.57	(6.67)	(8.24)
NHSI Exclusions	(0.11)	0.00	(0.11)	0.06	0.18
Adjusted Surplus / (Deficit)	0.77	0.69	1.46	(6.60)	(8.06)
Less: PSF/MRET Income	(6.67)	0.00	(6.67)	(5.07)	1.59
YTD Surplus / (Deficit) (Excl PSF/MRET)	(5.90)	0.69	(5.21)	(11.68)	(6.47)

Annual Plan	Annual Budget
£M	£M
496.18	493.63
(246.38)	(249.35)
(225.02)	(221.98)
24.78	22.30
(20.08)	(17.60)
4.70	4.70
(0.14)	(0.14)
4.56	4.56
(8.36)	(8.36)
(3.80)	(3.80)

Cash Balance	1.00			10.05	9.05
Capital Expenditure	16.85	(2.67)	14.18	8.66	(5.52)
CIP Delivery	14.06	0.00	14.06	9.08	(4.98)

3.83	3.83
21.56	19.61
20.03	20.03

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

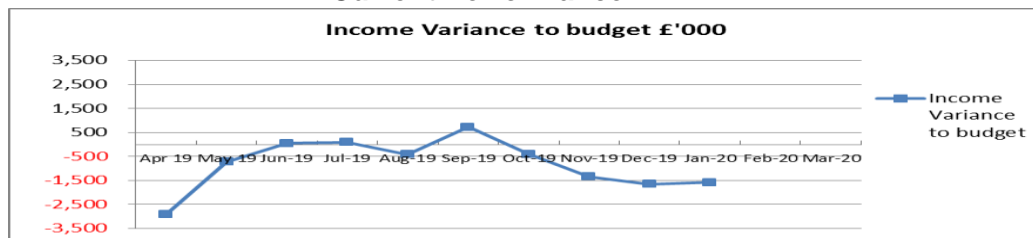
Summary of Financial Performance

	Month 10					Year to date (YTD)					Prior Month Variance YTD	Change	Annual Plan	Annual Budget
	Current Month Plan (NHSI)	Re- Categoris- ation	Current Month Budget (Trust)	Current Month Actual	Current Month Variance to Budget	YTD Plan (NHSI)	Re- Categoris- ation	YTD Budget (Trust)	YTD Actual	Variance to Budget YTD				
	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M				
Operating income from patient care activities	37.16	(0.38)	36.77	37.26	0.48	370.37	(2.37)	368.00	366.33	(1.67)	(2.16)	0.48	444.27	441.13
Other Operating income	4.79	0.02	4.81	4.40	(0.41)	42.14	0.52	42.66	42.77	0.10	0.51	(0.41)	51.91	52.50
Total Income	41.95	(0.36)	41.58	41.66	0.07	412.52	(1.85)	410.67	409.10	(1.57)	(1.64)	0.07	496.18	493.63
Employee Benefits - Substantive	(19.66)	(0.22)	(19.88)	(20.55)	(0.67)	(200.88)	(1.91)	(202.79)	(205.25)	(2.46)	(1.78)	(0.67)	(240.20)	(242.37)
Employee Benefits - Agency	(0.40)	(0.13)	(0.53)	(0.58)	(0.04)	(5.39)	(0.53)	(5.92)	(7.76)	(1.84)	(1.80)	(0.04)	(6.18)	(6.99)
Drugs (including Pass Through)	(2.94)	0.10	(2.83)	(3.18)	(0.35)	(29.38)	1.03	(28.35)	(28.18)	0.17	0.52	(0.35)	(35.26)	(34.02)
Clinical Supplies	(2.26)	(0.02)	(2.27)	(2.32)	(0.04)	(21.93)	(0.19)	(22.12)	(22.64)	(0.52)	(0.48)	(0.04)	(26.47)	(26.69)
Non Clinical Supplies	(0.39)	0.02	(0.37)	(0.46)	(0.09)	(4.16)	(0.18)	(4.34)	(3.97)	0.37	0.46	(0.09)	(4.94)	(5.11)
Other Operating Expenditure	(12.77)	0.21	(12.56)	(14.17)	(1.61)	(133.23)	2.34	(130.89)	(133.45)	(2.56)	(0.95)	(1.61)	(158.35)	(156.17)
Total Expense	(38.41)	(0.04)	(38.46)	(41.26)	(2.81)	(394.98)	0.57	(394.41)	(401.25)	(6.84)	(4.03)	(2.81)	(471.40)	(471.33)
EBITDA	3.53	(0.40)	3.13	0.39	(2.74)	17.54	(1.28)	16.26	7.84	(8.41)	(5.68)	(2.74)	24.78	22.30
Depreciation - Owned	(1.10)	0.11	(0.99)	(1.01)	(0.02)	(10.63)	1.97	(8.66)	(8.51)	0.16	0.17	(0.02)	(12.86)	(10.38)
Depreciation - donated/granted	(0.07)	0.00	(0.07)	(0.07)	(0.00)	(0.72)	0.00	(0.72)	(0.74)	(0.02)	(0.02)	(0.00)	(0.86)	(0.86)
Interest Expense, PDC Dividend	(0.61)	0.00	(0.61)	(0.58)	0.03	(6.14)	0.00	(6.14)	(5.88)	0.26	0.23	0.03	(7.36)	(7.36)
Donated Asset Income	0.08	0.00	0.08	0.00	(0.08)	0.83	0.00	0.83	0.77	(0.06)	0.02	(0.08)	1.00	1.00
Gain / Loss on Asset Disposal	0.00	0.00	0.00	(0.01)	(0.01)	0.00	0.00	0.00	(0.06)	(0.06)	(0.05)	(0.01)	0.00	0.00
Impairment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.10)	(0.10)	(0.10)	0.00	0.00	0.00
SURPLUS / (DEFICIT) inc PSF / MRET	1.83	(0.29)	1.54	(1.29)	(2.82)	0.89	0.69	1.57	(6.67)	(8.24)	(5.42)	(2.82)	4.70	4.70
Adjusted Plan Position														
Donated Asset Income	(0.08)	0.00	(0.08)	0.00	0.08	(0.83)	0.00	(0.83)	(0.77)	0.06	(0.02)	0.08	(1.00)	(1.00)
Depreciation - Donated / Granted	0.07	0.00	0.07	0.07	0.00	0.72	0.00	0.72	0.74	0.02	0.02	0.00	0.86	0.86
Impairment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.10	0.10	0.00	0.00	0.00
Adjusted Plan Surplus / (Deficit)	1.82	(0.29)	1.53	(1.21)	(2.74)	0.77	0.69	1.46	(6.60)	(8.06)	(5.32)	(2.74)	4.56	4.56
NHSI Adjustment to Control Total														
Remove PSF/MRET Income	(0.85)	0.00	(0.85)	(0.32)	0.52	(6.67)	0.00	(6.67)	(5.07)	1.59	1.07	0.52	(8.36)	(8.36)
SURPLUS / (DEFICIT) excluding PSF / MRET	0.97	(0.29)	0.68	(1.54)	(2.22)	(5.90)	0.69	(5.21)	(11.68)	(6.47)	(4.25)	(2.22)	(3.80)	(3.80)

- The in-month deficit for month 10 is £1.54m, which is adverse to the £0.97m budgeted position after NHSI exclusions. There is a net movement in re-categorisation of plan to budget of £0.29m in month relating mainly to income, non pay and asset life changes due to RICS valuation. The year to date position is a cumulative deficit of £11.68m.
- Patient care income is £0.48m higher than budget in month 10 mainly due to Outpatient activity, pass through and Devon council sexual health income; cumulatively income is £1.67m lower than budget due to: lower contract healthcare activity £0.32m, council income £1.95m, private patient income £0.35m offset by client income £0.77m and other £0.18m. Other income is lower in M10 by £0.41m mainly due to PSF. Cumulatively other income is £0.10m higher than budget due to: Education, Grant and Training income of £0.85m, site services £0.11m, non patient services £0.59m, income received from insurance £0.13m; grants, rental, VAT reclaim and other services £0.24m and various income received £0.30m offset by lower PSF of £1.59m and TP sales £0.53m.
- Pay expenditure of £21.13m is £0.71m higher than budget in Month 10 due to: use of Bank £0.41m and Substantive staff £0.30m (undelivered CIP £0.79m offset by Vacancies £0.49m). For the year to date, the pay position is £4.30m higher than budget due to undelivered CIP £3.26m, Bank and Agency spend £5.21m offset by Substantive vacancies and underspends £4.17m. The higher than budgeted use of Bank and Agency is due to challenges in recruiting for Medical and Nursing staff, maternity and sickness cover and operational pressures. In addition the Trust is not meeting the CIP target as originally planned.
- Non-pay expenditure is £2.09m higher than budget in Month 10 due to higher spend in operating cost £1.61m (outsourcing £0.29m, social care £0.60m, establishment (mainly undelivered CIP) £0.37m, professional services £0.29m, audit cost £0.11m (matched by income) offset by other cost £0.05m), higher Drugs £0.35m, Clinical supplies £0.04m and non clinical supplies £0.09m. The year to date position is £2.54m higher than budget due to overspend of £2.56m in operating cost (Adult social care packages of care £0.61m and CIP £0.42m, Placed people £0.50m and net higher operating cost £1.03m (CIP £0.78m and other cost £0.25m), clinical supplies of £0.52m offset by Drugs £0.17m and non clinical supplies £0.37m.
- Depreciation/amortisation costs is £0.14m lower than budget year to date.

Income

Current Performance



Key points

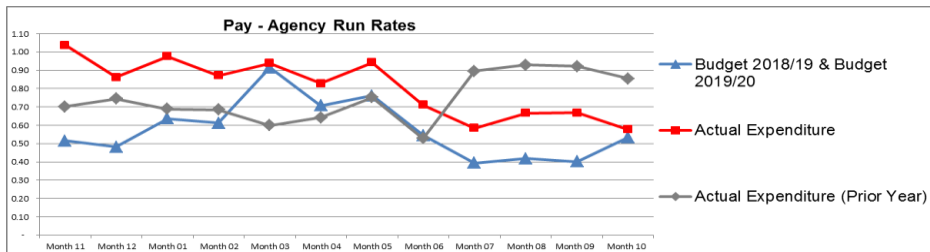
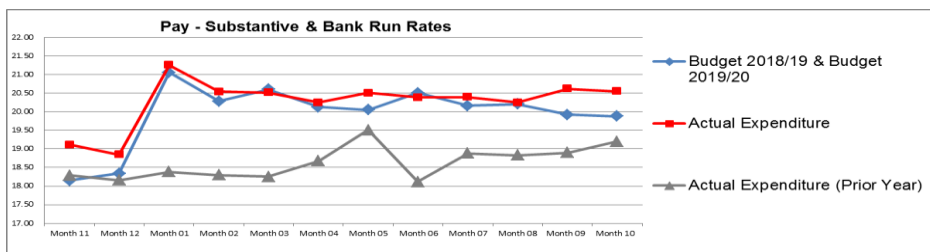
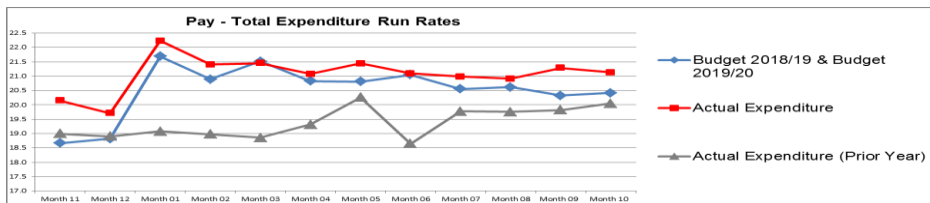
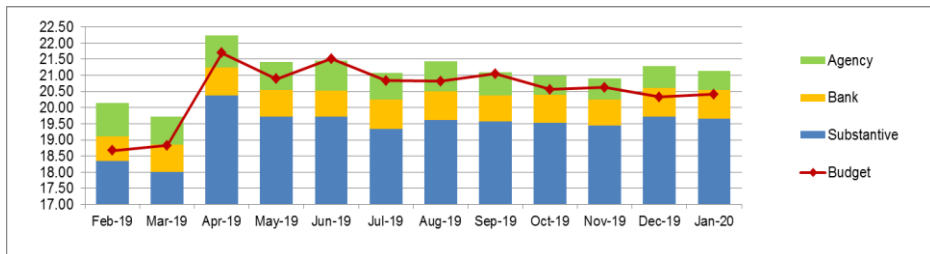
- The agreement of the Devon CCG income plan has been reflected in the position from month 2. No penalties have been assumed for 52 week waits and no STP/ CCG risk share has been applied in months 1 to 10. Within the forecast there is a contract reduction of £2.00m in M12 in respect of the risk share.
- Overall operating income is £1.58m behind budget for the year to date. The majority of this variance is accounted for by the £1.67m adverse variance on operating income described below plus £1.6m of foregone sustainability funding, offset by overperformance in other income streams.
- Operating Income from Patient Care Activities in M10 is lower than budget by £1.67m.
- Within this, income from contract healthcare is £0.32m behind budget due to lower activity with commissioners linked to 'out of area' patients.
- Council social care income is behind by £1.95m mainly due to not receiving IBCF income from Torbay Council (*contract discussions are ongoing*).
- Client income is ahead by £0.77m as at M10 due to increase in contribution on residential and nursing stay, domiciliary and day care (matched by payment to providers).
- Private patient income is behind budget by £0.35m due to lower Outpatient activity.
- Other income is £0.18m ahead of budget at M10.

Operating Income	Year to Date - Month 10					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	316.34	(1.81)	314.53	314.22	(0.32)	(0.79)	0.47
Council Social Care (inc Public Health)	43.20	(0.33)	42.86	40.91	(1.95)	(1.70)	(0.25)
Client Income	8.98	(0.41)	8.58	9.34	0.77	0.65	0.12
Private Patients	1.85	(0.05)	1.80	1.45	(0.35)	(0.42)	0.07
Other Income	0.00	0.23	0.23	0.41	0.18	0.11	0.07
Operating Income from patient care activities	370.37	(2.37)	368.00	366.33	(1.67)	(2.16)	0.48
Other Income	27.09	0.70	27.78	28.62	0.84	0.78	0.07
R&D / Education & training revenue	8.39	(0.18)	8.21	9.07	0.85	0.81	0.04
Provider Sustainability Fund (PSF) & MRET Income	6.67	0.00	6.67	5.08	(1.59)	(1.07)	(0.52)
Other operating income	42.14	0.52	42.67	42.76	0.10	0.51	(0.41)
Total	412.52	(1.85)	410.67	409.09	(1.58)	(1.65)	0.07

Contract income by Commissioner	Year to Date - Month 10					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Budget - (adv)/+fav	Change
	£m	£m	£m	£m	£m	£m	£m
Devon Clinical Commissioning Group (CCG)	194.37	(1.00)	193.37	193.76	0.39	0.24	0.15
NHS England - Area Team	5.96	0.00	5.96	6.03	0.07	(0.06)	0.13
NHS England - Specialist Commissioning	26.30	(0.25)	26.05	26.14	0.09	(0.06)	0.15
Acute Income - Other Commissioners	8.91	(1.58)	7.33	6.29	(1.04)	(1.05)	0.01
Sub-Total Acute Income	235.54	(2.83)	232.71	232.22	(0.49)	(0.93)	0.43
Devon CCG (Placed People and Community Health)	79.63	0.00	79.63	79.63	0.00	0.00	0.00
Community Income - Other Commissioners	1.17	1.02	2.19	2.37	0.17	0.14	0.04
Sub Total Community Income	80.80	1.02	81.82	82.00	0.17	0.14	0.04
Operating Income from patient care activities	316.34	(1.81)	314.53	314.22	(0.32)	(0.79)	0.47

Pay Expenditure

Current Performance

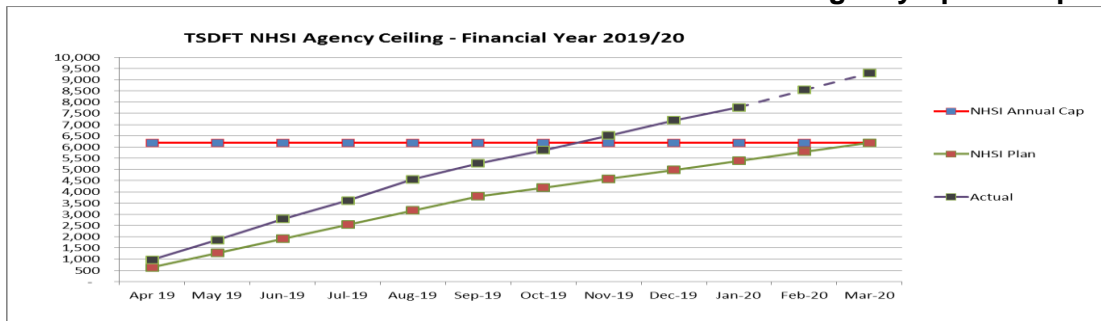


	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£M	£M	£M	£M	£M	£M	£M
Medical and Dental	(44.02)	(0.79)	(44.81)	(47.02)	(2.21)	(52.78)	(53.72)
Nursing and Midwifery	(48.33)	(0.03)	(48.36)	(49.81)	(1.45)	(57.87)	(57.91)
Other Clinical	(79.41)	(1.13)	(80.54)	(79.15)	1.40	(94.71)	(96.16)
Non Clinical	(34.50)	(0.49)	(34.99)	(37.02)	(2.04)	(41.02)	(41.56)
Total Pay Expenditure	(206.27)	(2.44)	(208.71)	(213.00)	(4.29)	(246.38)	(249.35)

Key points

- Total pay costs are showing an overspend against year to date budget at Month 10 of £4.30m. This is due to undelivered CIP £3.26m, Bank and Agency spend £5.21m offset by Substantive vacancies and underspends £4.17m.
- In setting the annual plan, agency budgets were set in line with the Agency Cap. At Integrated Service Unit (ISU) level, there are overspends within most ISUs due to continued reliance on agency staff.
- Agency overspend of £1.84m is mainly due to increased use of Medical Staff £1.13m, Nursing staff £0.50m and non clinical/other staff £0.21m. This is due to challenges in recruiting for Medical and Nursing staff, maternity and sickness cover and operational pressures.
- Total pay run rate in M10 (£21.1m) is £0.2m lower in comparison to previous month (M9 £21.3m) due to lower substantive cost £0.1m and Agency £0.1m spend.
- Agency run rate of £0.58m is lower than the M9 value of £0.67m, mainly in Nursing £0.07m.
- The other clinical staff group variance of £1.40 to budget reflects challenges in recruitment in AHP and other scientific staff in the first 10 months.
- The variance on Non clinical staff of £2.04m reflects the Transformational CIP schemes being held in central reserves at plan stage.
- The Apprenticeship levy balance at Month 10 is £1,529,537 (£1,500,455 at month 9). The Trust's apprenticeship strategy is reviewed regularly and actions being taken are as follows: schemes are constantly developed, Trust colleagues are liaising with providers to offer a wide range of training/courses and the Trust is also looking to share the funding to partner organisations (per the Apprenticeship levy guideline). However the balance continues to grow and the risk of loss of unspent monies continues.

Pay Expenditure Agency Spend Cap



Agency - All Staff Groups	Q1	Q2	Q3	M10	YTD 2019-20
	£m	£m	£m	£m	£m
Agency Plan 2019/20 (NHSI Ceiling)					
Planned Agency Cost	(1.91)	(1.90)	(1.17)	(0.41)	(5.39)
Total Planned Staff Costs	(63.00)	(60.32)	(62.87)	(20.07)	(206.26)
% of Agency Costs against Total Staff Cost	3%	3%	2%	2%	2.6%
Agency Actual Costs 2019/20					
Agency Cost	(2.78)	(2.48)	(1.92)	(0.58)	(7.76)
Actual Staff Cost	(65.39)	(64.00)	(62.49)	(22.37)	(214.25)
% of Agency Costs against Total Staff Cost	4%	4%	3%	3%	3.6%
Agency Cost vs Plan	(0.88)	(0.58)	(0.75)	(0.17)	(2.37)
% of Agency Costs against Total Staff Cost	1%	1%	1%	1%	1.0%
Agency - Nursing	Q1	Q2	Q3	M10	YTD 2019-20
	£m	£m	£m	£m	£m
Agency Nurse Staff Cost	(0.96)	(0.87)	(0.84)	(0.23)	(2.89)
Actual Registered Nurse Staff Cost	(15.38)	(14.81)	(14.79)	(4.84)	(49.81)
% of Agency Costs against Nursing Staff Cost	6%	6%	6%	5%	6%
Agency - Medical Staff	Q1	Q2	Q3	M10	YTD 2019-20
	£m	£m	£m	£m	£m
Agency Medical Staff Cost	(1.59)	(1.36)	(0.88)	(0.30)	(4.12)
Actual Medical Staff Cost	(14.27)	(14.01)	(13.98)	(4.76)	(47.02)
% of Agency Costs against Medical Staff Cost	11%	10%	6%	6%	9%

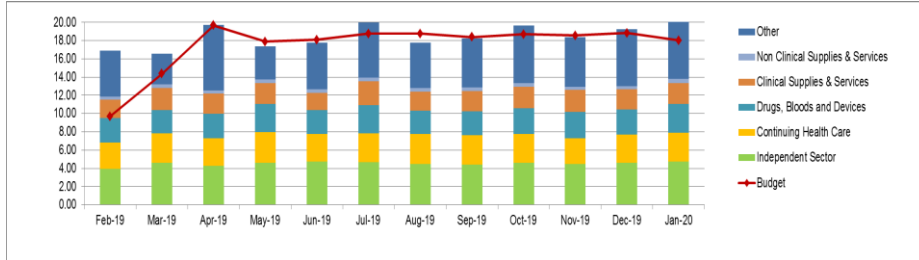
Agency staff cost in Month 10 across all staff groups is £0.58m. This is £0.17m higher than the NHSI cap of £0.41m.

The overall Agency Cap for the Trust is £6.18m in FY 2019/20, since M8 the Trust already breached this cap.

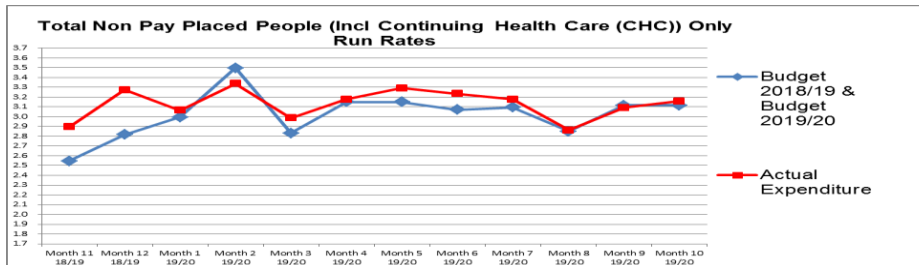
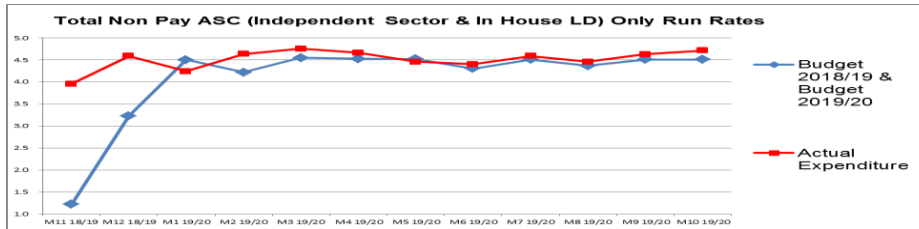
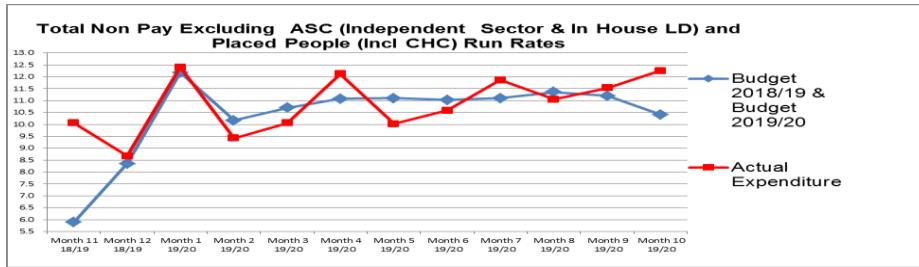
- The agency usage to date is £7.76m against a year to date cap of £5.39m which is £2.37m higher.
- Majority of the adverse agency cost variance of £2.37m is within Medical staff £1.80m and Nursing £0.41m due to challenges in recruiting for these staff group, sickness and maternity cover and operational pressures.
- Nursing agency spend in Month 10 is £0.23m which is slightly higher than plan.
- Medical agency spend is £0.30m in Month 10; year to date spend is £4.12m against a cap of £2.32m.
- The individual price rates for nursing and medical staff are all above NHSI individual shift rates.
- The forecast as at M10 is £9.29m before any mitigations. This forecast will result in adverse variance of £3.11m.
- The Trust recruitment initiatives are constantly reviewed and actions are being taken e.g. overseas nursing recruitment, open recruitment days, medical staff recruitment and in house schemes like enhanced rate for HCA and Nursing bank pool and winter incentive payments.

Non Pay Expenditure

Current performance



Non Pay Expenditure	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	(29.38)	1.03	(28.35)	(28.18)	0.17	(35.26)	(34.02)
Clinical Supplies & Services	(21.93)	(0.19)	(22.12)	(22.64)	(0.52)	(26.47)	(26.68)
Non Clinical Supplies & Services	(4.16)	(0.18)	(4.34)	(3.97)	0.37	(4.94)	(5.11)
Other Operating Expenditure	(64.14)	8.65	(55.49)	(56.52)	(1.03)	(75.70)	(65.96)
ASC (Independent Sector & In House LD)	(40.94)	(3.58)	(44.53)	(45.55)	(1.03)	(48.98)	(53.26)
Placed People (Incl Continuing Healthcare)	(28.15)	(2.72)	(30.87)	(31.37)	(0.50)	(33.67)	(36.95)
Total Non Pay Expenditure	(188.70)	3.01	(185.70)	(188.24)	(2.54)	(225.02)	(221.98)



Key Points

- Drugs, Bloods and Devices - Underspent by £0.17m mainly due to pass through for which income is similarly reduced for NHS England.
- Clinical Supplies – Spend is £0.52m higher than budget due to medical and surgical equipment £0.51m (increased activity), appliances and furniture £0.25m, lab medicine £0.19m, contract maintenance and service agreement £0.14m and TP finished goods £0.25m offset by Dressings £0.18m, chemical consumables £0.44m and hearing aids, dental, optical equipment and various supplies £0.20m underspends.
- Non Clinical Supplies – underspend of £0.37m due to external service agreements (records management, storage and other non healthcare) £0.17m, CIP £0.23m, domestic supplies £0.09m offset by hospitality provisions £0.09m and kitchen equipment £0.03m.
- Other Operating Expenditure - overspent by £1.03m reflecting higher domiciliary care £0.29m, direct payments £0.41m, purchase of healthcare £0.36m, outsourcing £0.54m, provisions mainly due to change in discount rate £0.36m, consultancy £0.15m, professional services £0.67m, undelivered CIP £0.78m, furniture £0.24m, utilities £0.07m and various operating cost £0.08m offset by lower provision for Bad debt £1.34m, IT license cost deferral to next year of £1.10m, courses £0.17m, establishment cost (postage, stationery and telephone) £0.31m.
- Adult Social Care (Independent sector) - Overspend by £1.03m due to unachieved CIP £0.42m and increased cost in packages of care £0.61m.
- Placed People (including Continuing Healthcare) - overspend of £0.50m to date.

Financial Position by System

Key Drivers

The financial position at control total level as at 31st of January 2020 is a £11.68m deficit, which is £5.78m adverse against the plan of £5.90m. Further analysis by Income and Expenditure categories at System level can be seen in the following tables which includes Forecast and variance against budget:-

System	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Forecast	Annual Plan	Annual Budget	Variance between Forecast and Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M	£'M
South Devon									
Income	138.92	(0.01)	138.90	139.15	0.24	166.27	165.50	165.50	0.77
Pay	(80.94)	(3.36)	(84.31)	(87.52)	(3.21)	(105.29)	(97.13)	(101.27)	(4.02)
Non Pay	(24.46)	(0.89)	(25.35)	(26.09)	(0.73)	(31.56)	(29.35)	(30.00)	(1.56)
Financing Costs	(1.50)	0.00	(1.50)	(1.49)	0.00	(1.79)	(1.79)	(1.79)	0.00
Surplus / (Deficit)	32.02	(4.27)	27.75	24.05	(3.70)	27.63	37.22	32.44	(4.81)
Torbay									
Income	198.10	3.29	201.38	201.18	(0.20)	240.65	236.65	240.58	0.08
Pay	(73.38)	(3.94)	(77.32)	(77.15)	0.17	(93.47)	(88.05)	(92.91)	(0.57)
Non Pay	(116.47)	(9.07)	(125.54)	(127.44)	(1.90)	(153.88)	(139.50)	(150.55)	(3.33)
Surplus / (Deficit)	8.25	(9.73)	(1.48)	(3.42)	(1.94)	(6.70)	9.11	(2.88)	(3.82)

Year to Date £3.7m overspend.

Pay overspent £3.21m. Main drivers are overspends to cover vacant posts, sickness, maternity leave for Senior Medical Pay locum costs (Stroke, Breast Care, Ophthalmology) £0.3m, Emergency Nursing and support staff £0.9m, General medicine locums, Acute Physicians and Junior doctors £0.6m, Acute and Community wards £0.6m, Rapid Response, reablement teams, other community services £0.3m. Pay underspends £0.5m (Theatres, Gastro, Head & Neck) due to vacancies, CIP shortfall £0.9m, Non pay overspend £0.7m. CIP shortfall £0.5m, being overspends on premises and other costs £0.3m, underspends £0.1m Surgical division phasing RTT funding in first part of the year. Contract income £0.2m adverse.

Forecast £4.8m overspend.

Pay overspend £4.0m. Overspends continue in Emergency bank /agency nursing £1.2m, Gen medicine locums, Acute physicians, Junior Doctors £0.6m, Senior Medical pay Stroke, Breast care, Ophthalmology £0.4m, Rapid Response, Reablement & Hospital team staffing £0.3m, Acute and Community wards £0.5m, CIP shortfall £1.2m; Pay underspends mainly Anaesthetics and ICU £0.3m. Non pay overspend £1.5m - CIP shortfall £0.8m, winter pressures £0.2m, drugs and other non pay costs £0.6m. Income favourable variance £0.7m.

Year To Date Compared to budget there is a **£1.94m overspend**. The main contributor is an overspend of £1.9m on **Non Pay** which is materially in the Paignton & Brixham Locality and is driven by overspends in the Independent Sector on Adult Social Care 'packages of care', Cath Lab M&S equipment and Pacemakers. In addition to this within Torquay there is specific cost pressures on CHC spend in the Torbay area.

Forecast - During the remainder of the financial year the Torbay position is set to deteriorate to an **overspend of £3.82m**. Non pay is set to overspend by £3.33m mainly due to cost pressures in the Independent Sector (Packages of Care impacted by volume & price issues covering both ASC and Health Placed People) combined with Cath Lab M&S Equipment and Pacemakers. In addition there is a forecast overspend of £570K on pay which is driven by Medical Pay (Locum Costs), unachieved vacancy factor and ward overspends with the majority of this in the Paignton & Brixham Locality.

Torbay Locality*-M10 Forecast Overview of Variance & Recovery Actions

(*excludes CYP)

Top Level M10 position

Torbay has a wide variety of services within the locality. From an **expenditure perspective** the budget is £215.1m and the current forecast estimates that this will be £219.2m which is a £4.1m (1.9%) overspend. With **regard to income**, the budget is £214.5m with a current forecast of £214.8m which would result in a £300k over recovery.

	Budget	Forecast	Variance	Variance
	£m's	£m's	£m's	%
Expenditure	215.1	219.2	4.1	1.9
Income	(214.5)	(214.8)	(0.3)	(0.1)
Total	0.6	4.4	3.8	

For some further context, there is a year to date overspend of £2.2m and this deteriorates even further to a forecast overspend of £3.8m by year end. The main drivers underpinning the forecast overspend are detailed in the section below.

Forecast Variances

	Month 10			Month 9	Movement
	Torquay	Paignton & Brixham	Total	Total	
	£m's	£m's	£m's	£m's	£m's
Contract Income & Pass Through Exp	0.9	0.8	1.7	1.6	0.1
Cost Pressures	1.9	3.1	5.0	5.1	(0.1)
Unachieved CIP	-	-	-	0.1	(0.1)
Underspends	(1.6)	(1.3)	(2.9)	(2.5)	(0.4)
Total	1.2	2.6	3.8	4.3	(0.5)

Contract Income /Pass Through Exp

£1.7m (45%)

This variance is driven by Torbay Council income being £2.25m lower than originally budgeted for (note this is split 50-50 between Torquay and Paignton / Brixham). This is linked to the IBCF element of the contract income where we are now assuming £4m against an initial expectation of £6.25m. It is worth noting that within the £4m assumption there is still a gap of £750K that needs securing from Torbay Council but ongoing discussions are looking positive.

Cost Pressures

£5.0m (131%)

The material forecast cost pressures impacting the Torbay locality are detailed in the table below. This total is circa £5.0m which is broadly in line with the cost pressures forecast in month 9.

Area	Pressure	M9	M10	Movement
JOINT	Independent sector locality wide	1,530	1,440	(90)
JOINT	Senior Medical Pay	760	720	(40)
JOINT	Vacancy Factor	430	360	(70)
P&B	Cardiology	300	320	20
P&B	Ward Pay (Turner, Midgely, Dunlop, Brixham Hospital & Warrington)	400	350	(50)
P&B	Purchase of Pacemakers	210	230	20
TORQ	Sexual Health Contract issue	170	170	-
P&B	Cancer services Non Pay(Lymphedema, Own Drugs & RDE SLA Increase)	260	280	20
TORQ	Midwifery Pay	150	150	-
P&B	Cardio Technicians	130	120	(10)
P&B	Path Non Pay - Managed Service inc flu(net of RD&E Histo underspend)	100	100	-
P&B	CHES Team Posts	70	70	-
TORQ	Community Alarms	60	60	-
P&B	Sleep Service CPAP/Nebulisers non pay overspend	50	60	10
TORQ	Carers	80	80	-
JOINT	Other - Under £50K	460	520	60
ALL	TOTAL	5,160	5,030	(130)

There are a number of pressures but there are two main pressures that between them account for over £2m of the overall total. They are impacting both ISU's within the Torbay locality and are overviewed below.

- **Independent Sector** – This is on 'packages of care' in Continuing Health Care and ASC. Both areas are being impacted by price pressures and ASC has also seen an increase in client numbers.
- **Senior Medical Pay** – This is predominantly an issue in Paignton & Brixham which accounts for £480K of the overall pressure. Locum costs heavily feature within this with overspends in Oncology, Dermatology, Respiratory, Neurology, Haematology and Rheumatology. In addition to the Locum costs there are also pressures on Haematology and Histopathology Senior Medical pay areas.

Unachieved CIP

The original target was £3.9m and at Month 10 it is forecast that the Torbay locality will achieve this target in full.

This is excellent work by both ISU's.

Forecast

Torbay Locality*-M10 Forecast Overview of Variance & Recovery Actions - page 3

Underspends / Slippage

(£2.9m) (-76%)

The Torbay locality is very complex and quite extensive in range of services. Despite there being a number of cost pressures, as detailed above, there are some areas that are underspending. The main areas are detailed in the table below and they total circa £2.9m which is a £400K improvement since Month 9 was reported.

Area	Pressure	M9	M10	Movement
TORQ	iBCF schemes	(1,010)	(1,030)	(20)
P&B	Radiology	(360)	(710)	(350)
P&B	Community Services	(230)	(220)	10
P&B	Other	(260)	(230)	30
P&B	Pathology Staffing	(50)	(80)	(30)
TORQ	Intermediate Care	(70)	(70)	-
TORQ	Child Health	(180)	(190)	(10)
TORQ	Care Model Slippage	(110)	(80)	30
TORQ	Obs & Gynae (Non Pay & Income)	(80)	(90)	(10)
P&B	Palliative Care Sen Med - vacancy slippage & Consultant left pension scheme	(50)	(60)	(10)
P&B	Tissue Viability Dressings	(50)	(40)	10
TORQ	Public Health	(100)	(120)	(20)
ALL	TOTAL	(2,550)	(2,920)	(370)

There are two material underspending areas within the Torbay locality. Firstly, in **'Radiology'** there is now an underspend of circa £710K forecast this financial year. Since the budget was set and throughout the financial year this area has been subject to a number of uncertainties, specifically around the timing of the replacement MRI & CT scanners. To illustrate the volatility of this area, the forecast underspend has increased considerably, by some £350K since month 9 mainly due to additional non-recurrent income being secured and an improvement to the insourcing plan which has been revised taking into account the maximum amount of available insourcing days.

In addition to this, in month 8 a new material underspend of over £1m was declared (**'iBCF schemes'**) following agreement recently being reached with Torbay Council on relevant schemes and expenditure in 2019/20. This underspend is a direct result of minimal new schemes being developed this financial year, combined with established schemes with lower than anticipated spend in 2019/20.

Year to Date to Forecast Position

As detailed earlier, the position deteriorates from a year to date overspend of £2.2m to a £3.8m overspend by end of the financial year. Therefore, in the last two months alone the forecast variance is some £1.6m and the factors underpinning this are detailed below.

- **CIP** – Whilst, the locality has made excellent progress in achieving its CIP target, a good proportion of this has been non recurrent and achieved in the early parts of the financial year. In addition to this, budgets have been phased with higher savings expectations in the latter part of the financial year, especially Q4. When these elements are combined you see that the year to date position has been underpinned by higher than budgeted for CIP savings but this position reverses over the last quarter.
- **Independent Sector** – As reported last month, this is driven across both ASC and Placed People. The average weekly spend in the last quarter is forecast to be some £40K per week higher than the year to date value and this has an impact in excess of over £500K during the remainder of the financial year.

While the material impact in 2019/20 there is a far greater impact on the 2020/21 starting position.

Torbay Locality*-M9 Forecast Overview of Variance & Recovery Actions - page 4

- **iBCF Income** –Torbay Council income is forecast to be £2.25m lower than anticipated and this is driven by the iBCF element. In addition to the deficit, it should be noted that the income is not equally phased throughout the financial year with higher levels of income specifically received in Q1.
- Within **Torquay** there are two other minor drivers of the increase. Firstly, IBCF scheme related spend will be higher in Q4 (TEC & Postural stability) and within Child Health spend is higher due to anticipated increased levels of spend on bank / agency to cover sickness and high demand levels (based on previous years' experience).
- With regard to **Paignton & Brixham**, Radiology sees considerably higher level of spend (predominantly outsourcing) anticipated in the last quarter and there are also some minor increases in Warrington costs, Lab Medicine (non-pay) and lower anticipated levels of 'bone marrow' income.

Movement from M9 & Recovery Plans

There has been a material improvement in the forecast between months 9 & 10. The ISU's are actively managing their financial position in relation to the Trusts overall handling strategy and recovery plan. There continues to be specific focus on securing additional income and minimising spend, where possible.

With regard the recovery plan, actions included in the forecast total just in excess of £900K which is line with month 6 when they were originally developed and incorporated into the financial position. As at month 10 the bulk of the plans have been realised, mainly by the original schemes but for a few that proved untenable, via new schemes with equivalent values. The original schemes are detailed below for information.

Recovery Actions	Torquay £000	Paignton & Brixham £000	Total £000
ASC	75	75	150
Winter Pressures	39	39	78
Sexual Health	100		100
Drugs & Alcohol	36		36
ISU Associate Director Vacancy	16		16
Band 7 Project lead (0-19) 0.3wte	7		7
Health Visitors relocated from Barton Surgery	18		18
Cease all discretionary spend	70		70
Locum Costs		75	75
Delay CT replacement		90	90
Cease Mobile Scanning		88	88
Provide CT Colon In House		66	66
Allocate		19	19
Pacemaker's		86	86
Cancer Alliance MRI		26	26
Total	361	564	925

Forecast

Southern Locality – M10 Forecast Overview of Variance & Recovery Actions

The Southern Locality has a total expenditure budget of £133.1m, and a forecast actual spend of £138.6m. With regards to income there is a budget of £165.5m with expected income of £166.2m by the end of the year. The year to date position at Month 10 is £3.30m overspent against budget, with an estimated overspend of £4.8 m at the end of the financial year showing a favourable movement from the previous month of £0.3m.

Forecast Variances

The table below shows a summary forecast position for each of the Integrated Service Units (ISU's) within the Locality as at month 10.

	Month 10				Month 9		Movement
	Coastal	Moor to Sea	Newton Abbot	Total	Total		
Contract Income and Pass Through Exp	-0.2	-0.2	-0.2	-0.6	0.4	-	0.2
Cost pressures	0.4	1.8	2.3	4.5	4.4	-	0.1
Unachieved CIP	1.5	-0.1	0.4	1.9	2.1	-	0.2
Underspends	-0.4	-0.3	-0.2	-1.0	1.0	-	0.1
Total	1.4	1.2	2.3	4.8	5.1	-	0.3

There is an improvement from the previous month forecast of £0.3m mainly due to additional variable income and an improvement in CIP, with marginal movements in expenditure. The overall forecast position for the System of £4.3m is made up of variances against both income, and expenditure which is explained as follows.

Contract Income /Pass Through

£0.6m (12.5%)

- Variable income £0.6m favourable forecast against budget

Cost Pressures

£4.5m (91%)

The material cost pressures of £4.5m are detailed in the table below, and cover a variety of services across the locality.

ISU	Cost Pressure	M9 £'000	M10 £'000	Movement £'000
Locality wide	Senior Medical pay	425	390	- 35
Locality wide	Non pay -Additional funded WLI capacity , Equipment, Training, Other miscellaneous	320	380	60
Locality wide	Community Services , Intermediate Care, Hospital Team , Rapid response	550	720	170
Newton Abbot	A&E Nursing, EAU3, EAU 4	1,285	1,255	- 30
Newton Abbot	Acute Physicians	325	240	- 85
Newton Abbot	Senior Management	65	70	5
Newton Abbot	Junior Doctors	295	285	- 10
Locality wide	Wards (Acute and Community)	590	655	65
Newton/ Moor to Sea	Vacancy Factor	250	225	- 25
Locality wide	Other - Items less than £75k	250	225	- 25
		4,355	4,445	90

Southern Locality – M10 Forecast Overview of Variance & Recovery Actions - page 2

There are a various cost pressures across the system, but the main areas driving the above overspends within the forecast position are as follows:

- **Senior Medical pay** – The main drivers for the overspend in senior Medical pay is mainly in the Coastal ISU due to locum cover for sickness and vacant posts in Breast Care, and Moor to Sea ISU for locum cover for Stroke consultant vacant posts.
- **Emergency Department** - Overspends in the Newton Abbot locality due to agency and bank costs in A&E, EAU 3 and EAU 4 driven by vacant posts, sickness and maternity leave. There are however reduction in agency costs expected over the coming months with several registered nurse vacant posts expected to be filled.
- **General Medicine** – Junior Doctors and Acute Physician locum cost due to sickness and vacant posts. A review of bank and locum costs is in process
- **Acute and Community wards** - Overspends across both care settings due to sickness, special ling, maternity, and vacant posts.
- **Community Services, Rapid Response and Reablement teams** - Therapies, Intermediate care, Support Staff due to vacancies, maternity cover, sickness, and additional winter pressures (offset with income)
- **Locality wide non-pay** - Additional funded capacity in Coastal, equipment, devices, premises, training and other non-pay costs
- **Vacancy Factor** –Moor to Sea and Newton Abbot

CIP

£1.9m (39%)

- The original target for South System was £3.8m.
- At Month 10 £1.9m (80%) is forecast to be achieved, being £0.8m recurrent and £1.0m non-recurrent
- The outstanding balance is £1.8m; with gaps in Coastal £1.5m, Newton Abbot £0.4m, and an over performance in Moor to Sea £0.1m

Underspends / Slippage

(£1.0m) (-20%)

The main underspends of £1.0m across the locality are in the table below:

ISU	Underspend / Slippage	M9	M10	Movement
		£'000	£'000	£'000
Locality Wide	Theatres non pay, consumables, equipment	- 325	- 310	15
Moor to Sea	Community neurological	- 60	- 60	-
Moor to Sea	Management and Admin team	- 35	- 30	5
Newton Abbot	Med staff - A&E	- 180	- 110	70
Newton Abbot	ICU	- 115	- 155	40
Locality Wide	Other less than £75k	- 300	- 300	-
		- 1,015	- 965	50

The main underspent areas are: -

- **Pay underspends** – There is currently vacant posts within the Senior Medical A&E staff, ICU, and community Neurological team.
- **Non-pay** – Main areas are theatres non-pay, equipment, and other consumables.

Southern Locality – M10 Forecast Overview of Variance & Recovery Actions - page 3

Movement from M10

The month 10 forecast has improved by £0.3m since M9. This is mainly due to the additional variable income received, with a marginal net improvement on expenditure.

The year to date position at month 10 of £3.3m however deteriorates to the forecast position of £4.8m in the remaining two months of the financial year with main drivers as follows: -

- CIP target being phased more heavily in the last quarter of the year. There has been an achievement of 50% with outstanding target of £1.8m
- Coastal has additional in the final two months of 201920 compared to earlier in the year due to the reopening of the two theatres that were closed for several months during the financial year, the review of medical job plans with expected costs, additional weekend theatre sessions to meet long waits, Breast care consultant cover due to sickness.
- Newton Abbot – ongoing cost pressures remain a challenge in bank and agency costs for Emergency, Junior Doctor and Acute Physician locum costs due to vacancies, sickness and absence. Ward overspends continue due to sickness, specialising, vacant posts and absence.
- Moor to Sea – on going cost pressures with Medical pay mainly for Stroke Consultant, winter pressures (with income to offset in some areas), ongoing bank and agency ward costs due to sickness, specialising, vacant posts and absence, Rapid response and enablement teams, and community support teams.

There are however potential further risks to the forecast positions relating to possible impact of the Junior Doctor contracts, the ongoing review of medical job plans, the reliance on locum and agency staff.

Recovery plans

Progress on recovery plans can be seen in the table below:-

Recovery Actions	Coastal £'000	Moor to Sea £'000	Total £'000
Allocate/Reduce non medical agency	77		77
Hold Vacancies - Community cost centres		84	84
Slippage in recruitment to Sen A&C posts		9	9
Holding vacancies in Community Neuro		50	50
SLT course income generation		0	0
Discretionary travel and non pay		3	3
Allocate scrutiny to reduce bank / agency		0	0
Total	77	146	223

The main areas to note are as follows:

- Coastal – reduction in medical agency costs
- Moor to Sea – community vacancies have been held mainly in the Occupational Therapy and Neurological teams
- Moor to Sea – marginal savings on discretionary spend – this continues to be monitored on a monthly basis for further potential savings.

Financial Position by System - continued

Key Drivers

The financial position at control total level as at 31st of January 2020 is a £11.68m deficit, which is £5.78m adverse against the plan of £5.90m. Further analysis by Income and Expenditure categories at System level can be seen in the following tables which includes Forecast and variance against budget:-

	Plan for	Re-	Budget	Actual for	Variance	Forecast	Annual	Annual	Variance
	Period	Categoris	for Period	Period	to Budget		Forecast	Plan	Budget
	£'M	ation	£'M	£'M	£'M	£'M	£'M	£'M	Forecast and
									Budget
									£'M
Shared Operations									
Income	3.12	(0.06)	3.06	3.08	0.02	3.66	3.74	3.67	(0.01)
Pay	(5.99)	(0.07)	(6.06)	(5.83)	0.24	(7.02)	(7.19)	(7.27)	0.25
Non Pay	(1.83)	(0.08)	(1.91)	(1.78)	0.13	(2.15)	(2.19)	(2.29)	0.14
Financing Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Surplus / (Deficit)	(4.70)	(0.21)	(4.91)	(4.53)	0.38	(5.51)	(5.64)	(5.89)	0.38
	Plan for	Re-	Budget	Actual for	Variance	Forecast	Annual	Annual	Variance
	Period	Categoris	for Period	Period	to Budget		Forecast	Plan	Budget
	£'M	ation	£'M	£'M	£'M	£'M	£'M	£'M	Forecast and
									Budget
									£'M
Shared Corporate/TP									
Income	73.22	(5.06)	68.16	66.46	(1.69)	79.35	91.28	84.88	(5.53)
Pay	(45.96)	4.94	(41.02)	(42.51)	(1.49)	(51.22)	(54.01)	(47.91)	(3.31)
Non Pay	(57.29)	15.02	(42.28)	(42.28)	0.00	(51.31)	(67.70)	(50.39)	(0.92)
Financing Costs	(4.64)	0.00	(4.64)	(4.45)	0.19	(5.41)	(5.56)	(5.56)	0.15
Surplus / (Deficit)	(34.68)	14.89	(19.79)	(22.77)	(2.98)	(28.59)	(35.98)	(18.98)	(9.61)

Year to Date underspend of £383k. Pay is £237k underspent mainly due to vacancies in Infection Control, HSDU, Outpatients, Clinical systems admin £207k, and CIP above target £152k. Pay overspends Bed Management, Hospital day and Night team, Transport £115k. Non pay is underspent by £126k mainly CIP above target £99k and Transport and Medical Electronics £27k. **Forecast underspend £380k** generally follows the main areas above, with a forecast CIP above target of £243k.

Torbay Pharmaceuticals are (£108k) under budget at Month 10 - see separate Board paper.
Shared Corporate Services overall over achieved CIP target by (£2,084k).
Estates & Facilities over budget by £439k - Domestic pay overspend, unachieved vacancy factor and estates purchased contracts above budget.
Executive Directors underspent by (£1,138k), mainly non pay & general underspends plus underspend in Overseas Nursing Recruitment in HR; slippage on IT Business Cases.
Research & Development under spent by (£87k) mainly due to variances within pay.
Reserves cost pressure £167k for SLA repayment, budget phasing adjustments to match submitted workforce plan and underspend of Clinical Excellence Awards.
Pharmacy Services overspend £24k after processing non recurrent pay CIP; cost pressure with ongoing increase in Dispensary SLA fee & 2018/19 Robot maintenance fee.
Technical £212k favourable YTD and £33k adverse forecast: principally due to delayed capital expenditure resulting in reduced depreciation and finance lease interest charges.

Items outside of EBITDA

	Year to Date - Month 10			Previous Month YTD	
	Plan	Actual	Variance	Variance	Movement in Variance
	£m	£m	£m	£m	£m
Operating income/expenditure outside EBITDA					
Donated asset income	0.83	0.77	(0.06)	0.02	(0.08)
Depreciation/Amortisation	(11.35)	(9.25)	2.10	2.01	0.09
Impairment	0.00	(0.10)	(0.10)	(0.10)	0.00
Total	(10.52)	(8.57)	1.95	1.94	0.01
Non-operating income/expenditure					
Net interest expense (excluding PFI)	(1.60)	(1.43)	0.17	0.16	0.01
Interest and Contingent Rent expense (PFI)	(1.50)	(1.49)	0.00	0.00	0.00
PDC Dividend expense	(3.01)	(2.93)	0.08	0.07	0.01
Gain/loss on disposal of assets	0.00	(0.06)	(0.06)	(0.05)	(0.01)
Other	(0.02)	(0.03)	(0.01)	(0.00)	(0.00)
Total	(6.14)	(5.94)	0.20	0.18	0.01
Total items outside EBITDA	(16.65)	(14.51)	2.14	2.12	0.02

Key points

- Depreciation/amortisation £2.1m favourable, primarily due to asset life changes.

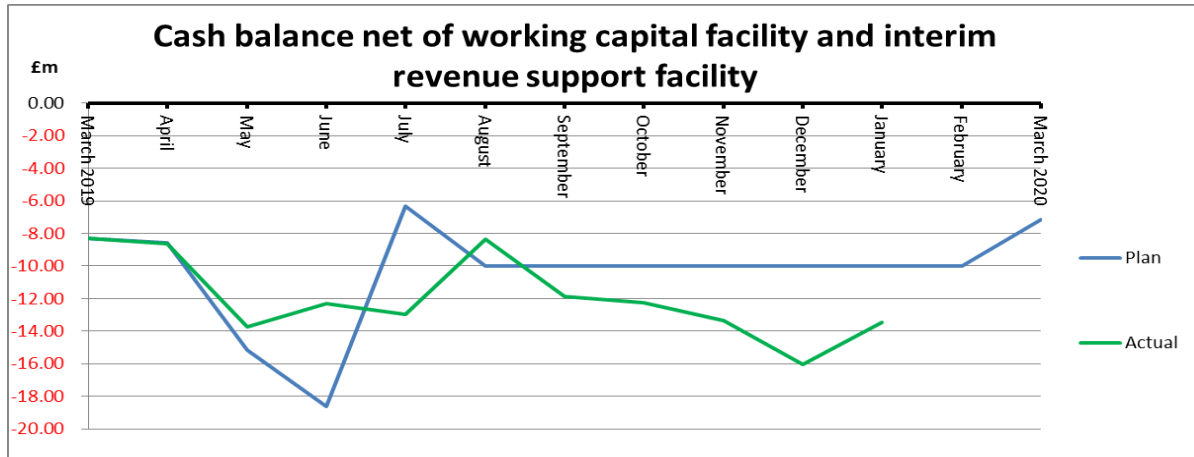
Balance Sheet

	Year to Date - Month 10			Previous Month YTD	
	Plan	Actual	Variance	Variance	Movement in Variance
	£m	£m	£m	£m	£m
Non-Current Assets					
Intangible Assets	12.65	12.06	(0.59)	(0.27)	(0.32)
Property, Plant & Equipment	179.60	174.70	(4.90)	(4.74)	(0.16)
On-Balance Sheet PFI	14.64	14.57	(0.07)	(0.06)	(0.01)
Other	1.14	1.18	0.04	0.03	0.01
Total	208.03	202.51	(5.52)	(5.04)	(0.47)
Current Assets					
Cash & Cash Equivalents	1.00	10.05	9.05	4.85	4.20
Other Current Assets	39.27	43.08	3.81	2.63	1.18
Total	40.27	53.13	12.86	7.48	5.38
Total Assets	248.29	255.64	7.35	2.44	4.91
Current Liabilities					
Loan - DH ITFF	(6.91)	(6.90)	0.00	0.00	0.00
PFI / LIFT Leases	(0.86)	(0.86)	0.00	0.00	0.00
Trade and Other Payables	(34.63)	(42.69)	(8.06)	(0.54)	(7.52)
Other Current Liabilities	(13.84)	(13.19)	0.65	0.66	(0.01)
Total	(56.24)	(63.65)	(7.41)	0.12	(7.53)
Net Current assets/(liabilities)	(15.98)	(10.52)	5.45	7.61	(2.15)
Non-Current Liabilities					
Loan - DH ITFF	(45.79)	(58.29)	(12.50)	(11.38)	(1.12)
PFI / LIFT Leases	(17.91)	(17.91)	(0.00)	(0.00)	(0.00)
Other Non-Current Liabilities	(11.99)	(7.01)	4.98	4.16	0.81
Total	(75.69)	(83.21)	(7.52)	(7.22)	(0.30)
Total Assets Employed	116.36	108.78	(7.58)	(4.65)	(2.93)
Reserves					
Public Dividend Capital	65.05	65.02	(0.03)	(0.18)	0.15
Revaluation	41.87	41.86	(0.01)	(0.01)	0.00
Income and Expenditure	9.44	1.89	(7.55)	(3.23)	(4.32)
Total	116.36	108.78	(7.58)	(3.41)	(4.17)

Key points

- Intangible Assets, Property, Plant & Equipment and PFI are £5.6m adverse. This is primarily due to capex £8.2m lower than planned, partly offset by depreciation £2.1m lower than planned.
- Cash is £9.1m favourable, as explained in the commentary to the Cash Flow Statement.
- Other Current Assets are £3.8m higher than Plan, primarily due to Torbay Council debtor £5.2m and delayed sale of assets £0.6m, partly offset by income received earlier than planned (incl CCG £2.5m) and absence of a PSF debtor £1.9m.
- Trade and Other Payables are £8.1m higher than Plan, primarily due to income received earlier than planned (incl CCG £2.9m, HEE £1.5m, MRET £0.6m and winter pressures £0.4m) and the timing of non-capital payments incl Roche invoicing delay £0.7m.
- Non-current DH loans are £12.5m higher than planned, due to increased use of the Interim Revenue Support facility.
- Other Non-Current liabilities are £5.0m lower than Plan, primarily due to a delay in the taking out of new finance leases as a result of delayed capital expenditure.

Cash



Key points

The cash position is presented net of amounts drawn down from the working capital and interim revenue support facilities, in order to show the underlying cash position.

- Capital-related cashflow is £0.3m favourable. While capital expenditure is £7.6m favourable, a significant proportion of this would have been funded through non-cash methods such as finance leases (£5.3m adverse) and donations £0.6m (adverse). There are also adverse cashflows due to the paying down of the capital creditor £0.6m and delayed disposals £0.6m.

Other elements:

- Cash generated from operations is £9.7m adverse, due to EBITDA £9.7m adverse.
- Working Capital debtor movements is £3.3m adverse, primarily due to increased debtors with Torbay Council £5.2m and NHSE £1.1m, partly offset by income received earlier than planned and reduced PSF debtor.
- Working Capital creditor movements is £8.5m favourable, largely due to income received earlier than planned (incl CCG £2.9m and HEE £1.5m) and the timing of non-capital payments (incl Roche invoicing delay £0.7m).

Use of Interim Revenue Support facility

- The M10 position included cash balances and working capital loans both higher than planned. It was not feasible to offset the two, due to the inflexible nature of the working capital facilities.

	Year to Date - Month 10			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Opening cash balance (net of working capital facility)	(8.29)	(8.29)	(0.00)	(0.00)	0.00
Capital Expenditure (accruals basis)	(16.85)	(8.66)	8.19	7.63	0.56
Capital loan drawdown	0.00	0.00	0.00	0.00	0.00
Capital loan repayment	(3.39)	(3.39)	(0.00)	(0.00)	0.00
Proceeds on disposal of assets	0.61	0.02	(0.59)	(0.59)	0.00
Movement in capital creditor	(1.24)	(1.36)	(0.12)	(0.64)	0.53
Other capital-related elements	7.71	0.87	(6.84)	(6.11)	(0.73)
Sub-total - capital-related elements	(13.16)	(12.52)	0.64	0.29	0.35
Cash Generated From Operations	17.54	7.84	(9.69)	(6.56)	(3.14)
Working Capital movements - debtors	0.14	(3.14)	(3.28)	(1.85)	(1.43)
Working Capital movements - creditors	(0.00)	8.50	8.50	1.57	6.93
Net Interest	(3.09)	(2.66)	0.43	0.27	0.16
PDC Dividend paid	(1.85)	(1.85)	0.00	0.00	0.00
Other Cashflow Movements	(1.27)	(1.32)	(0.05)	(0.26)	0.22
Sub-total - other elements	11.45	7.37	(4.09)	(6.82)	2.73
Closing cash balance (net of working capital facility)	(10.00)	(13.45)	(3.45)	(6.53)	3.08
Closing cash balance	1.00	10.05	9.05	4.85	4.20
Closing working capital facility	(11.00)	(11.00)	0.00	0.00	0.00
Closing interim revenue support facility	0.00	(12.50)	(12.50)	(11.38)	(1.12)
Closing cash balance (net of working capital facility)	(10.00)	(13.45)	(3.45)	(6.53)	3.08

Capital

Current Performance

	Year to date Mth 10			Full Year		
	Budget	Actual	Variance to Budget	Budget	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Capital Programme	14.18	8.66	5.52	20.12	18.77	2.35
Scheme type						
HIS schemes	2.40	2.37	0.03	6.19	5.70	0.49
Estates schemes	4.90	3.36	1.54	7.17	6.47	0.70
Medical Equipment	5.68	1.81	3.87	6.46	5.03	1.43
TP	1.98	1.13	0.85	2.13	1.58	0.55
Contingency General	0.00	0.05	(0.05)	0.00	0.00	0.00
Prior Year	0.00	(0.06)	0.06	0.00	0.00	0.00
Planned slippage	(0.77)	0.00	(0.77)	(0.83)	0.00	(0.83)
Total	14.18	8.66	5.52	21.12	18.77	2.35
Funding sources						
Secured loans	0.00	0.00	0.00	0.00	3.00	(3.00)
Finance Leases	7.07	1.06	6.01	6.08	5.17	0.91
PDC	0.59	0.51	0.08	2.99	2.99	0.00
Charitable Funds	0.83	0.77	0.06	1.00	0.21	0.79
Disposal of assets	0.00	0.00	0.00	0.90	0.30	0.60
Other Internal cash resources	5.69	6.31	(0.63)	10.15	7.10	3.05
Total	14.18	8.66	5.52	21.12	18.77	2.35

Key Points

- In April 2019 the Trust submitted a capital plan of £19.0m. In May 2019 the Trust submitted a revised capital plan of £21.6m.
- In July 2019, NHSI requested that the Trust propose a reduced capital plan - this was proposed at £16.6m. However, following an increase in national funding, NHSI abandoned this request. The Trust's official capital plan therefore remains at £21.6m but the Trust has adopted the £16.6m proposal as its baseline capital budget.
- Since that point in time, various opportunities to bid for PDC sources of funding have arisen and the Trust has taken these. An additional £2.0m of PDC funds has been secured. This includes £1.5m for Medical Equipment needs and £0.5m for an Estates project - to improve non elective patient flow.
- In addition to this the Trust has taken the decision to accelerate its investment in Microsoft Windows 10 compliance. Some of this additional investment has been taken from planned slippage elsewhere in the programme but the gross additional Microsoft investment including CYP totals circa £1.8m.
- At 31st January 2020, year to date capital expenditure is £8.66m; £5.52m underspent to budget (see table).
- The Trusts' forecast year end capital spend is £18.77m. Therefore £10.11m remains to be spent. Given the uncertainty of next year's capital funding regime extra focus is being given to achieve this, but delivering this £10.11m of spend across two months will be very challenging.

Activity

setting	Annual Plan	YTD Plan	YTD Actual	Cumulative variance Current Month	Cumulative variance Previous Month	% variance to plan
Day Case	34,014	29,041	29,694	653	461	2%
Elective	3,640	3,123	3,083	-40	-131	-1%
Non-Elective Emergency	29,367	24,755	23,091	-1,664	-1,528	-7%
Non-Elective Non-Emergency	2,815	2,442	2,118	-324	-216	-13%
Non-Elective CDU	4,605	3,896	3,856	-40	-61	-1%
Non-Elective AMU	3,859	3,200	4,182	982	904	31%
TOTAL APC	78,300	66,457	66,024	-433	-571	-1%
New	107,867	91,430	89,298	-2,132	-2,600	-2%
F-Up	260,030	220,604	225,175	4,571	2,882	2%
TOTAL OPA	367,897	312,034	314,473	2,439	282	1%
A&E	79,199	67,449	67,052	-397	-435	-1%

Activity variances to plan - Month 10

Activity variances for M10 against the contract activity plan are shown in the table opposite. In M10 Elective activity is behind plan. Non Elective Emergency activity is behind plan. AMU activity is above plan.

At treatment function level the greatest variance in elective activity is within T&O where activity is 75 attendances below plan (in PBR terms £140K).

Within Outpatients, the specialties with the greatest variances are: Respiratory Medicine which is 541 New attendances above plan (in PBR terms £134k) and Breast Surgery which is 356 attendances above plan (in PBR terms £60k). Vascular Surgery is 436 attendances below plan (in PBR terms £-82k) and T&O is 1,056 attendances below plan (in PBR terms £-107k).

For Follow Ups, Ophthalmology is 1,732 attendances above plan (in PBR terms £104K). Audiology is 1,555 attendances below plan (in PBR terms -£172k).

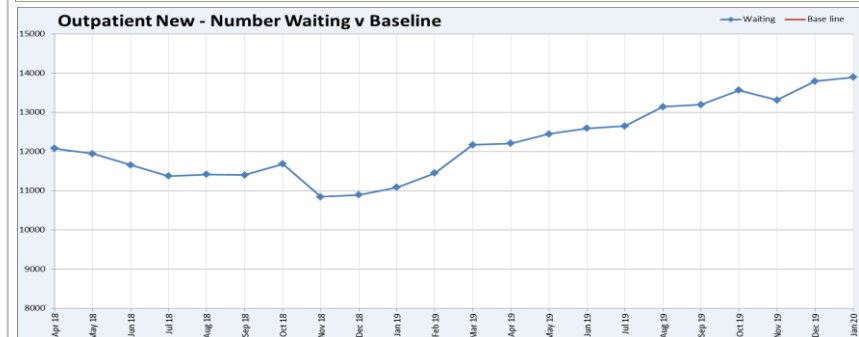
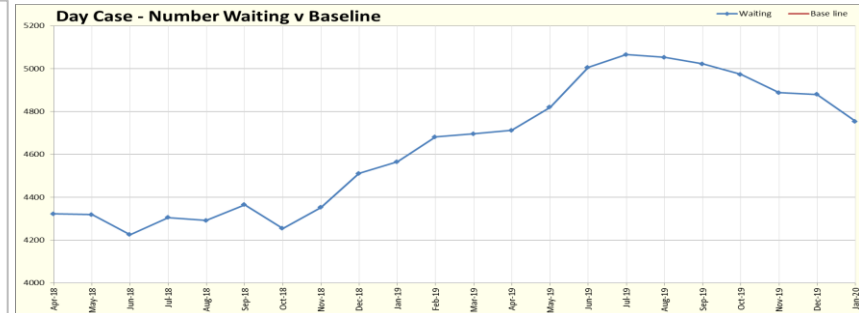
The committee is asked to note: Month 10 Access standards.

Plans for 19/20 and beyond require overall increase in activity run rate to deliver waiting time access targets. The waiting list for new outpatients has continued to increase however the Daycase numbers have seen further reductions since a peak in July 2019.

The high number of patients waiting remains a concern for delivery of access standards. Activity plans for 20_21 are being reviewed with teams to ensure sufficient capacity and productivity is built into plans to see these waits reduced to sustainable levels for RTT delivery.

The forecast remain a clearance of all patients who can progress treatment and waiting > 52 weeks RTT by 31st of March 2020.

The RTT risk and Assurance group are maintaining the elective waiting time (RTT and cancer) performance oversight at individual team level.



CIP Delivery: Current Month, Cumulative & Forecast

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

Summary:

-Current Month variance: £2.1m shortfall

-Cumulative variance: £5.0m shortfall

The current month position shows CIP delivery of £0.9m, a £2.1m shortfall against £3.0m target.

In the year to date, the Trust has delivered £9.1m of savings, which is £5.0m adverse to the original plan. Of this, £3.0m has been delivered recurrently.

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

Target:	£20.0m
Year End Forecast Delivery:	£10.6m
Shortfall:	£9.4m

Target: The CIP target shown is £20.0m of which £17.5m is recurrent and £2.5m is Non-Recurrent.

A total of £10.6m of Forecast Out-Turn delivery has been identified, resulting in a £9.4m shortfall in FOT position. This represent a significant risk to the underlying financial performance and the opening position for next financial year.

Risk: Presumes all schemes listed on the register deliver.

	ISU	Target	13 month trend	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Year to date
QUALITY LOCAL FRAMEWORK																	
Safety Thermometer - % New Harm Free	Trustwide	>95%		97.8%	96.4%	95.9%	96.3%	95.4%	96.8%	96.8%	97.3%	96.5%	96.8%	97.3%	96.2%	96.5%	96.6%
Reported Incidents - Severe	Trustwide	<6		2	0	1	0	0	2	1	1	3	4	1	1	0	13
Reported Incidents - Death	Trustwide	<1		0	0	0	0	0	0	0	0	1	0	1	0	0	2
Medication errors resulting in moderate harm	Trustwide	<1		0	0	0	1	1	0	0	0	0	0	0	0	1	3
Medication errors - Total reported incidents	Trustwide	N/A		68	43	50	32	48	39	46	61	37	46	58	46	52	465
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		2	0	1	2	0	0	0	0	0	1	0	0		3
Never Events	Trustwide	<1		0	0	0	0	1	0	0	0	0	0	1	0	0	2
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		3	5	5	2	7	4	2	5	2	5	7	4	1	39
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams)	Trustwide	<1		0	0	0	0	0	0	2	2	2	0	0	0	0	6
Formal complaints - Number received	Trustwide	<60		22	21	33	13	22	23	35	24	26	31	30	14	30	248
VTE - Risk Assessment on Admission (Acute)	Trustwide	>95%		92.2%	89.4%	90.5%	89.2%	91.0%	90.7%	92.2%	90.1%	89.9%	92.2%	93.2%	91.7%	91.7%	91.2%
VTE - Risk Assessment on Admission (Community)	Trustwide	>95%		97.7%	97.8%	91.5%	98.9%	100.0%	97.5%	97.8%	98.7%	98.8%	95.3%	98.9%	97.6%	98.9%	98.3%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		93.3	102.3	96.9	107.1	107.2	115.8	115.1	105.6	98.6	98.6				94.8
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		103.8%	104.0%	104.0%	98.5%	91.7%	90.9%	90.1%	93.9%	91.3%	88.8%	89.6%	90.4%	91.3%	91.6%
Safer Staffing - ICO - Nighttime	Trustwide	90% - 110%		102.1%	103.2%	103.2%	98.5%	91.8%	93.7%	92.8%	100.3%	92.9%	91.6%	93.2%	91.7%	92.9%	93.9%
Infection Control - Bed Closures - (Acute)	Trustwide	<100		42	66	0	4	42	12	36	63	34	0	42	0	204	437
Hand Hygiene	Trustwide	>95%		94.1%	95.8%	89.5%	92.2%	87.7%	93.8%	93.5%	95.2%	95.7%	96.1%	97.2%	94.1%	96.3%	94.2%
Fracture Neck Of Femur - Time to Theatre <36 hours	Trustwide	>90%		76.3%	63.3%	60.7%	61.5%	54.8%	67.4%	63.6%	65.6%	51.6%	65.6%	78.6%	85.3%		
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		82.9%	89.1%	79.7%	93.8%	75.5%	79.1%	86.8%	80.4%	96.4%	87.2%	93.3%	84.5%	75.8%	85.1%
Stroke - SSNAP level	Trustwide	N/A		C	C	C											
Follow ups 6 weeks past to be seen date	Trustwide	6400		5378	5437	5899	6240	6459	6803	6906	7393	6793	6694	6725	7243	6391	6391
WORKFORCE MANAGEMENT FRAMEWORK																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<3.8%		4.6%	4.9%	4.2%	4.2%	4.2%	4.2%	4.3%	4.3%	4.3%	4.3%	4.4%	4.5%		4.3%
Appraisal Completeness	Trustwide	>90%		78.3%	79.6%	78.9%	80.0%	80.0%	79.0%	80.0%	78.0%	78.0%	77.3%	78.0%	78.5%	80.1%	78.0%
Mandatory Training Compliance	Trustwide	>85%		90.7%	91.2%	91.4%	89.5%	90.2%	90.9%	90.3%	90.8%	90.3%	90.6%	90.5%	90.4%	90.8%	90.3%
Integrated Performance Report - Month 10.pdf	Trustwide	10%-14%		10.3%	9.6%	9.7%	10.7%	10.7%	10.8%	11.2%	11.2%	11.3%	11.4%	11.4%	11.4%	11.4%	11.4%

	ISU	Target	13 month trend	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Year to date
COMMUNITY & SOCIAL CARE FRAMEWORK																	
Number of Delayed Discharges (Community) *	Trustwide	<315		344	266	278	370	356	419	508	562	392	373	319	344	462	2980
Number of Delayed Transfer of Care (Acute)	Trustwide	<240		246	176	137	149	185	97	101	112	189	305	230	198	190	1138
Timeliness of Adult Social Care Assessment assessed within 28 days of referral	Trustwide	>70%		74.8%	75.6%	76.1%	76.4%	77.0%	74.6%	77.0%	72.5%	71.1%	69.5%	68.9%	68.8%	69.0%	69.5%
Clients receiving Self Directed Care	Trustwide	>90%		91.4%	90.7%	91.7%	91.1%	90.8%	90.3%	90.3%	90.1%	89.6%	89.0%	89.0%	89.1%	89.3%	89.0%
Carers Assessments Completed year to date	Trustwide	40% (Year end)		23.7%	26.3%	29.3%	3.6%	7.8%	13.2%	18.6%	23.2%	26.7%	29.2%	28.4%	35.4%	36.6%	29.2%
Number of Permanent Care Home Placements	Trustwide	<=600		615	615	605	602	619	631	629	634	648	641	640	645	627	641
Children with a Child Protection Plan (one month in arrears)	Trustwide	NONE SET		170	186		170	186	201	228	219	206	184	176	192	202	206
4 Week Smoking Quitters (reported quarterly in arrears)	Trustwide	NONE SET				300			54			109					54
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	NONE SET				4.9%			5.6%			5.3%					5.6%
Safeguarding Adults - % of high risk concerns where immediate action was taken	Trustwide	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Bed Occupancy	Overall System	80% - 90%		94.3%	94.7%	92.8%	93.9%	91.4%	90.5%	94.0%	95.3%	95.4%	95.8%	97.6%	98.6%	98.6%	93.8%
CAMHS - % of patients waiting under 18 weeks at month end	Trustwide	>92%		89.4%	90.8%	90.3%	87.6%	83.9%	82.6%	83.2%	86.2%	91.7%	91.6%	92.4%	90.5%	90.6%	83.0%
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET					532	550	514	567	563	569	594	530	556	558	594
Intermediate Care - No. urgent referrals	Trustwide	113		189	156	164	184	189	179	188	174	178	216	205	198	232	1295
Community Hospital - Admissions (non-stroke)	Trustwide	18/19 profile		279	222	257	258	250	221	196	205	204	226	231	211	214	1552
NHS I - OPERATIONAL PERFORMANCE																	
A&E - patients seen within 4 hours	Trustwide	>95%		76.4%	79.8%	81.0%	79.1%	84.2%	80.3%	84.3%	79.4%	80.7%	82.7%	77.3%	77.9%	76.2%	80.3%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		82.2%	81.3%	81.2%	80.7%	81.8%	81.5%	81.1%	80.7%	80.4%	79.9%	80.0%	79.9%	79.6%	80.6%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		74.5%	69.6%	73.7%	79.9%	86.5%	78.8%	84.1%	77.8%	79.0%	74.0%	78.8%	85.9%	83.8%	80.8%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		12.0%	10.7%	10.1%	13.7%	12.1%	11.7%	13.6%	14.9%	15.7%	10.0%	6.4%	7.9%	10.2%	11.8%
Dementia - Find - monthly report	Trustwide	>90%		97.2%	86.3%	89.4%	96.1%	88.3%	93.3%	98.8%	93.4%	90.5%	85.1%	94.3%	88.7%	78.5%	90.4%

ISU	Target	13 month trend	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Year to date
LOCAL PERFORMANCE FRAMEWORK 1																
Number of Clostridium Difficile cases reported	Trustwide	<3				5	5	5	4	6	3	8	2	4	4	46
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%	77.9%	80.1%	79.9%	53.4%	77.7%	69.5%	83.4%	83.4%	88.2%	68.2%	77.9%	85.4%	75.0%	76.1%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%	94.4%	61.6%	38.8%	50.3%	97.5%	98.9%	98.9%	98.7%	97.3%	91.6%	100.0%	97.3%	97.4%	90.0%
Cancer - 28 day faster diagnosis standard	Trustwide		60.6%	67.4%	67.6%	65.2%	63.5%	63.6%	74.0%	73.3%	70.6%	71.8%	73.2%	71.9%	66.9%	69.6%
Cancer - 31-day wait from decision to treat to first treatment	Trustwide	>96%	96.5%	98.7%	96.2%	96.7%	99.5%	97.3%	98.4%	94.7%	98.5%	96.8%	98.1%	97.6%	95.4%	97.3%
Cancer - 31-day wait for second or subsequent treatment - Drug	Trustwide	>98%	98.8%	98.4%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	Trustwide	>94%	93.3%	97.1%	100.0%	98.6%	96.9%	100.0%	95.9%	98.4%	95.9%	95.9%	95.9%	95.2%	90.1%	96.0%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%	93.3%	96.8%	96.0%	94.7%	97.1%	96.8%	100.0%	93.9%	93.8%	94.7%	95.0%	97.1%	77.4%	94.2%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%	88.9%	100.0%	70.0%	93.3%	90.9%	92.9%	93.8%	100.0%	96.0%	86.7%	85.7%	100.0%	93.3%	93.1%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide		52	34	37	33	41	34	28	31	36	39	27	24	24	24
RTT 52 week wait incomplete pathway	Trustwide	0	90	92	82	71	59	83	84	105	89	79	69	71	81	81
On the day cancellations for elective operations	Trustwide	<0.8%	1.5%	1.4%	1.2%	1.1%	0.9%	1.4%	1.6%	1.3%	2.2%	1.1%	0.9%	0.6%	1.2%	1.2%
Cancelled patients not treated within 28 days of cancellation *	Trustwide	0	11	12	6	3	3	6	19	9	8	8	7	3	3	69
Number of patients >7 days LoS (daily average)	Trustwide		125.7	134.2	131.9	134.4	130.6	125.5	124.8	128.3	131.7	127.4	121.5	120.1	128.1	128.9
Number of extended stay patients >21 days (daily average)	Trustwide		27.7	31.2	27.4	31.7	29.7	26.6	29.8	29.0	35.9	34.3	28.0	23.1	25.5	31.0
LOCAL PERFORMANCE FRAMEWORK 2																
Ambulance handover delays > 30 minutes	Trustwide	Trajectory	251	156	198	148	61	83	81	137	90	47	104	113	117	981
Ambulance handover delays > 60 minutes	Trustwide	0	23	8	9	13	11	4	5	12	2	5	13	14	14	93
A&E - patients recorded as >60min corridor care	Trustwide		536	328	423	430	319	424	384	447	416	382	494	463	495	4254
A&E - patients with >12 hour visit time pathway	Trustwide		180	110	142	190	90	146	123	212	146	103	247	158	182	1597
Trolley waits in A+E > 12 hours from decision to admit	Trustwide	0	7	3	3	11	0	0	0	0	0	0	1	3	1	16
Number of Clostridium Difficile cases - (Acute) *	Trustwide	<3	2	1	1	2	1	4	4	5	3	5	1	3	4	32
Number of Clostridium Difficile cases - (Community)	Trustwide	0	0	0	0	3	4	1	0	1	0	3	1	1	0	14
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%	64.9%	64.0%	63.6%	64.7%	63.9%	62.8%	67.3%	66.5%	67.4%	66.6%	63.1%	64.3%	65.8%	65.3%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%	34.6%	27.9%	31.6%	29.1%	23.9%	30.0%	39.9%	38.2%	35.0%	32.6%	25.8%	36.8%	41.5%	33.1%
Care Planning Summaries % completed within 4 working days	Trustwide	>80%	90.9%	77.3%	81.8%	86.4%	77.3%	86.4%	86.4%	81.8%	68.2%	68.2%	77.3%	81.8%	81.8%	75.0%

ISU	Target	13 month trend	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Year to date
NHS I - FINANCE AND USE OF RESOURCES																
Capital Service Cover	Trustwide	2	4	4	4	4	4	4	4	4	4	4	4	4	4	
Liquidity	Trustwide	4	3	3	3	3	3	2	2	3	4	4	4	4	4	
I&E Margin	Trustwide	1	4	4	4	4	4	4	4	4	4	4	4	4	4	
I&E Margin Variance from Plan	Trustwide		2	3	3	4	3	1	2	2	1	2	2	3	3	
Variance from agency ceiling	Trustwide	1	3	4	4	4	4	4	4	4	4	4	4	4	4	
Overall Use of Resources Rating	Trustwide		3	4	4	4	4	3	3	3	3	4	4	4	4	
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide		-2370	-5812	-7157	-6072	-925	-72	-1447	-1363	-473	-3022	-4464	-6555	-9693	
Agency - Variance to NHSI cap	Trustwide		1.09%	1.21%	1.24%	1.42%	1.21%	1.23%	1.14%	1.17%	0.98%	1.03%	1.06%	1.07%	1.01%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide		-682	-6774	-8426	-628	-1191	-1296	-891	-239	-342	-1584	-2357	-2872	-4983	
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide		11808	-14484	-12019	48	501	893	1146	2637	3301	4420	6559	7632	8191	
Distance from NHSI Control total (£'000's)	Trustwide		-2292	-5722	-7096	-4861	-1213	91	-1248	-1019	58	-1651	-2833	-4616	-7648	
Risk Share actual income to date cumulative (£'000's)	Trustwide		2291	7624	7950	0	0	0	0	0	0	0	0	0	0	
ACTIVITY VARIANCE vs PREVIOUS YEAR																
Outpatients - New	Trustwide		2.5%	2.3%	2.5%	-2.4%	-0.4%	-1.8%	0.2%	-1.2%	-1.0%	-2.4%	-3.4%	-3.4%	-2.4%	-2.4%
Outpatients - Follow ups	Trustwide		4.0%	4.2%	4.9%	1.2%	0.9%	0.9%	1.9%	0.8%	1.5%	1.1%	0.7%	1.2%	1.3%	1.3%
Daycase	Trustwide		8.4%	8.9%	10.5%	5.6%	7.9%	4.0%	4.0%	2.9%	3.8%	2.5%	3.1%	2.8%	2.4%	2.4%
Inpatients	Trustwide		2.0%	2.5%	3.8%	2.9%	-1.6%	-4.2%	-3.0%	-0.6%	-1.7%	-2.2%	-0.3%	2.0%	4.5%	4.5%
Non elective	Trustwide		-1.4%	-1.9%	-2.3%	-1.8%	-0.9%	-2.9%	-3.5%	-4.5%	-3.4%	-2.3%	-1.7%	0.1%	0.5%	0.5%
INTEGRATED CARE MODEL																
Intermediate Care Referrals (All)	Trustwide		367	311	311	366	331	355	361	339	380	395	384	390	426	
Intermediate Care GP Referrals	Trustwide		97	94	78	108	86	96	97	81	87	98	83	92	114	
Average length of Intermediate Care episode	Trustwide		17.514	13.873	14.536	16.261	16.175	11.953	16.598	18.912	15.499	14.712	13.632	15.112	13.519	
Total Bed Days Used (Over 70s)	Trustwide		11768	9813	10430	11752	10385	9944	10191	10508	10440	10512	9903	10541		
- Emergency Acute Hospital	Trustwide		6777	5795	5938	6920	6336	5759	5911	5856	5776	6181	5900	6341		
- Community Hospital	Trustwide		3325	2903	3239	3169	2756	3031	2913	3366	3295	3180	3100	3172		
- Intermediate Care	Trustwide		1666	1115	1253	1663	1293	1154	1367	1286	1369	1151	903	1028		

Report to the Trust Board of Directors				
Report title: Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training		Meeting date: 4 th March 2019		
Report appendix	Nil			
Report sponsor	Medical Director			
Report author	Dr Ed Berry, Consultant in Emergency Medicine and GOSWH			
Report provenance				
Purpose of the report and key issues for consideration/decision	To provide assurance to the Board that doctors in training under the new terms and conditions of service are working safe working hours and to highlight any areas of concern			
Action required (choose 1 only)	For information <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation				
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	Y	Valuing our workforce	Y
	Improved wellbeing through partnership	Y	Well-led	Y
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	
	Risk Register		Risk score	
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation	
	NHS Improvement		Legislation	
	NHS England		National policy/guidance	Y

Report title: Guardian of Safe Working Hours – Doctors and Dentists in training		Meeting date: 04 March 2020
Report sponsor	Medical Director	
Report author	Dr Ed Berry, Consultant in Emergency Medicine and GOSWH	

1. Executive Summary

The following report concerns the time period of 18th of November 2019 up to the 11th of February 2020 based on the Exception Reports submitted by the Junior Doctor workforce.

- The Junior Doctor Contract was reviewed by the BMA, NHS Employers and Department of Health in July 2019; as part of this review a number of changes to the terms and conditions were made resulting in alteration to the structure of exception reporting.
- Data is currently being collated to determine the implications for additional staffing to cover rota gaps.
- There are too many obstacles to junior doctors receiving time off in lieu (TOIL) or money for hours claimed in Exception Reports and requires a change in process to reduce workload. This may have contributed to a reduction in exception reports. The educational supervisor (or other nominated reviewer) must respond to exception reports within seven days of a report being submitted in order to review the report. The guardian of safe working will have the authority to action any exception reports that have not been responded to and will review the process with junior doctor representatives and will provide an update on progress in future Board reports.
- Payment must be made for approved exception reports within a month, or within the next available payroll, of a report being approved for payment and agreed by all parties.
- When all parties agree that time of in lieu (TOIL) is appropriate, but does not occur after a four-week period, the TOIL should automatically be converted to pay. At the end of a placement, any untaken TOIL will be converted into pay.
- Not enough Exception Reports are completed through discussions with educational supervisors/clinical leads. This is contrary to the Junior Doctor contract and needs to be changed to prevent Junior Doctor apathy. Changes to who and how exception reports are signed off are required.
- There remain significant cohorts of Junior Doctors who are not represented in Exception Reports; this missing data makes spotting patterns difficult. This has previously been reported to the Board and the GOSWH has implemented a number of innovations to encourage reporting and to make pre-authorisation of additional hours an option. The impact of these changes will be reported in the next Board report.

2. Introduction

- In July 2019 an agreement was reached between NHS Employers, the BMA and Department of Health on the amendments to the 2016 terms and conditions for doctors in training. The agreement covers the period from 1 April 2019 to 31 March 2023.
- The new terms were introduced in August 2019 with a phased implementation to include changes to new limits of working hours and safeguards on rest
- The following report aims to ensure Junior Doctors are working contracts compatible with the Junior Doctor Terms and Condition of Service 2016, that are sustainable and fair and that they are able to claim money/time off in lieu should they need to work extra hours to maintain patient safety/attend educational opportunities or complete career enhancing objectives.

3. Exception Reports

There have been 93 Exception Reports in the period 18 November 2019 to 11 February 2020. This is a clear reduction from 215 in the three months prior to this.

Table 1 – Exception Reports by Area

Specialty	No. exceptions raised in reporting period	No. exceptions closed	No. exceptions outstanding	Comment
Acute Medicine	28	11	17	
T+O, general surgery, paed and ITU	24	14	10	
Cardiology	2	2	0	
Gastroenterology	2	2	0	
Haematology	1	0	1	
General Medicine	34	14	20	1 being investigated currently
General Surgery	1	1	0	
Elderly Medicine	1	1	0	
Total	93	45 (48%)	48 (52%)	

Table 2 – Exception reports by Grade

Grade	No. exceptions raised in reporting period
F1	60
F2	22
CT1-3	11
ST 4-9	0
Total	93

Table 3 – Nature of Exception

Additional Hours	81
Educational	10
Rota Concern	2

Unusual themes associated with New Deal:

1. A Junior Doctor claimed time for coming in on day off to run simulation for trust agreed QIP.
2. A junior doctor claimed hours back for being part of a Foundation School Quality Panel.
3. A Junior Doctor had their job role changed during a number of consecutive shifts to cover absence. There was a concern that this negatively affected their learning opportunities.

Table 4 – Outcome of Exceptions

TOIL	25	No further action includes outcomes where discussion is enough to close the ER or Dr behavior can be modified to avoid further circumstances.
Payment	16	
No compensation required	0	
Agreed no further action required	4	
Outstanding	48	

4. Comment on Exception Reports

As per the incremental introduction of the July 2019 renegotiation of the 2016 Junior Doctor Contract, December marked the following changes to exception reporting:

- *Response time for educational supervisors*
The terms and conditions of service will mirror the response times referenced in the exception reporting flowcharts produced by NHS Employers and the BMA. In line with this, the educational supervisor (or other nominated reviewer) must respond to exception reports within seven days of a report being submitted in order to review the report and discuss the reasons with the trainee and progress to agreeing an appropriate outcome. The guardian of safe working will have the authority to action any exception reports that have not been responded to.
- *Payment for exception reports*
Payment must be made for approved exception reports within a month, or within the next available payroll, of a report being approved for payment and agreed by all parties. There should be no additional administrative burden, such as submitting additional forms outside of the exception reporting process, to receive payment for an approved exception report.
- *Conversion of untaken time off in lieu (TOIL) into pay*
Where TOIL is agreed by all parties as the outcome of an exception report, there will be a four-week window from the outcome being agreed for the trainee and rota manager to discuss and allocate the TOIL to a future shift in their working pattern before the end of that placement. In the instances where this does not occur, the TOIL should automatically be converted to pay after that four-week period. At the end of a placement, any untaken TOIL will be converted into pay.
- *Automatic acceptance of exception reporting outcomes*
To ensure prompt payment, the doctor should formally accept the exception reporting outcome presented by the employer as soon as is practicable. Where agreed outcomes are not formally closed on the system following discussion with the relevant supervisor, these will automatically be accepted and closed at the end of the trainee's rotation. Exception reports for trainees with extenuating circumstances will automatically be accepted and closed at four weeks. The parties will produce supporting guidance for trainees and employing organisations to assist in defining examples of extenuating circumstances, such as long-term sickness or maternity leave.

Furthermore, Guardian fines will be extended to include breaches of:

- *The minimum non-resident on-call (NROC) overnight continuous rest of five hours between 10pm and 7am*
- *The maximum 13-hour shift length*
- *The minimum 11 hours rest between resident shifts*
- *The minimum eight hours total rest per 24-hour NROC shift*

This represents the last change to exception reporting or Guardian roles in this iteration of the Junior Doctor contract.

5. Rota Reviews

Rota reviews have been carried out by Practice Managers Reports working alongside Medical HR on every Junior Doctor rota as mandated by the schedule of the Junior Doctor Contract implementation timescales. The rota updates have provided further challenge to the operational teams in covering doctors' duties. The impact of the latest review is being assessed along with the possibility of providing cover for some duties through non-medical personnel (in the longer term).

An ENT and a Maxillofacial Surgery SHO rota both technically have a greater than 1 in 3 weekend frequency. Both have a full weekend (ENT 1 in 5, Maxfac 1 in 4) and a Friday night non-resident on-call finishing Saturday morning. The shift finishing on the Saturday technically constitutes a weekend worked. Given the nature of the 'extra' weekend, agreement from the doctors/dentists on the rota and of the JLNC, and the effect of reorganising the rotas (loss of on-call services), I have elected to allow the rotas.

The Registrar and SHO rotas for the Emergency Department do not currently fit the new junior doctor deal. The SHO rota needs discussion between myself, the Medical Director and the JDRC to agree a less than 1 in 3 weekend frequency. The Registrar rota requires both an agreement about less than 1 in 3 weekend working and the alteration of a single shift preventing 46hours rest post night shift.

6. Fines

There have been no Guardian fines for this period.

7. Qualitative Information

It is important to appreciate the complexity of the mandated reporting system. In order to receive TOIL or payment the current process requires the Junior Doctor to submit an exception report, have it signed by a clinical supervisor/lead, meet with a rota manager to agree TOIL/payment, submit a timesheet and log back into Allocate (the Exception IT System) to sign off the Exception report as complete.

8. Issues Arising

- Difficulty meeting educational supervisors: 52% of exception reports have not been completed. This is likely due to difficulties contacting and meeting educational supervisors who may, or may not be members of the specialty concerned. Without the meeting Exception Reports cannot be actioned. Some Educational Supervisors have developed a virtual means of completion and this

approach is being explored. If acceptable it can be employed more widely. Reaching a solution to this administrative problem is important in maintaining the confidence that Junior Doctors and the Junior Doctor Representative Committee have in the process. There is evidence that confidence is not high at the present time.

- TOIL/payment difficulties: The current process requires an on-line exception report and a paper submission for hours/TOIL. It also requires a signed exception report which can be difficult (note 52% are incomplete). The duplication of work makes it more difficult to arrange payment. The time taken to complete the various discussions to get TOIL makes it unlikely an appropriate time can be found before the end of the rotation. TOIL cannot be taken forward onto new rotations.
- Lack of clarity about reporting: The BMA has published some guidelines about what to and what not to report. Hours is a difficult threshold because the BMA consider 15 minutes to be enough time to submit an exception report. Most junior doctors have their own personal exception reporting threshold ranging between 30 and 60 minutes. There is a need for education in relation to the breaks that a junior doctor is entitled to.

8. Actions Taken to Resolve Issues

- I have met with a number of junior Drs, the JDRC and regional GoSWHs, having considered these discussions and taken on board feedback I would suggest the following changes to our Exception Reporting.
- Electronic exception reporting i.e. supervisors completing exception reports on Allocate without a meeting. Reducing the need for face to face meetings and including a maximum time for response (four weeks) and a default sign-off by the GoSWH (after four weeks, or at the end of a rotation). This would bring Torbay in-line with other local Trusts and the Junior Doctor contract. A potential concern is that this could lead to supervisors becoming less involved in signing off as there is a 'safety net' in place. Secondly, individual training and supervision would reduce given less meetings - given that currently only 52% are currently being completed, this seems less relevant.
- TOIL/payment difficulties: The process for achieving TOIL/Payment against an Exception Report needs to be reviewed and if possible simplified. We are currently waiting for Medical HR to inform us about simplifying the process. Current IT systems are unable to calculate out of hours enhancements and are therefore unlikely to offer a solution.
- Lack of clarity about reporting: It has been agreed with members of the JDRC that we will work together to produce more detailed guidance and provide examples of what should be exception reported. We have also committed to reviewing the Exception Reporting policy and to relaunch once a new version is agreed. This is an advance state of development and is due to be discussed at a GOG meeting on March 2nd.
- Lack of clarity for supervisors: the new contract has raised issues, such as TOIL for Quality Improvement Projects or ARCP preparation, which have no current local precedent. We will work with the JLNC and current supervisors to produce a local policy on exception report completion.

9. Summary

Overall, all departments appear compliant and supportive of their Junior Doctors. Some departments have had difficulties retaining and covering staff illness. Practice Managers work well with their junior doctors to where possible cover these absences. Practice Managers are also well placed to identify and respond to rota gaps and are as proactive as they possibly can be.

The priority for the coming quarter is streamlining of the TOIL/payment system, advertising the Exception Reports process for both junior doctors and supervisors and developing the infrastructure to sign off all incomplete exception reports.

Report to Trust Board of Directors				
Report title: Trust Quality Account Priorities for 20/21			4 th March 2020	
Report appendix	None			
Report sponsor	Chief Nurse			
Report author	Associate Director, QI			
Report provenance	Quality Improvement Group			
Purpose of the report and key issues for consideration/decision	To recommend the 20/21 Trust Quality Account priorities from the annual Quality Account stakeholder meeting held on the 3 rd February 2020.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input checked="" type="checkbox"/>	
Recommendation	Approve the 4 priorities			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	x	Valuing our workforce	x
	Improved wellbeing through partnership	x	Well-led	x
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	
	Risk Register		Risk score	
External standards affected by this report and associated risks	Care Quality Commission	x	Terms of Authorisation	x
	NHS Improvement	x	Legislation	x
	NHS England	x	National policy/guidance	x

Report title: Trust Quality Accounts: Q 3		3 rd March 2020
Report sponsor	Chief Nurse	
Report author	Associate Director, QI	

1.0 Introduction

Every year the Trust is required to provide an annual account of the quality of its services alongside the Trust annual report and accounts.

As part of the process of agreeing the Quality Account, it is important to evidence how we have engaged with our key stakeholders in deciding the priorities for the year. This includes our staff, people who use our services, governors, Healthwatch and local Overview and Scrutiny Committees.

Every year we hold an annual Quality Account engagement stakeholder meeting. This provides us with an opportunity to present our achievements in the previous year and consult with stakeholders about our priorities that have been developed into a draft framework by clinical teams, the Executive and senior managers.

The stakeholder meeting is chaired by an Executive Lead, who invites stakeholders to recommend a minimum of three improvement priorities which will be incorporated into the Quality Account for the new financial year.

This year's stakeholder meeting was held in February and was chaired by the Chief Nurse.

The stakeholder engagement group recommended the following four improvement priorities to be included into the Quality Account for 20/21

2. Discussion

A shortlist of four improvement priorities was recommended from list of six priorities agreed via the Quality Improvement Group. The two that were not recommended for inclusion were:

- Safety priority: To ensure all deaths that occur within bed-based care are reviewed via the Medical Examiner's office
- Effectiveness priority: To increase the no of patients that access Discharge to assess visits from 650 to 1500

These two projects will continue and be reported through alternative mechanisms.

At the engagement meeting the stakeholders chose the following improvement priorities for inclusion into the Quality Account for this year.

The improvement priorities were:

Safety:

- **Priority 1: Restore2**

To improve the early recognition and management of deteriorating patients in care/nursing homes using the RESTORE2 framework. The project will focus on care homes where the Trust gets the highest levels of admissions initially and then widen to other care homes.

Effectiveness:

- **Priority 2: IT network replacement**

To replace the Trust's IT data network in-order to reduce the likelihood of system failure and improve speed and bandwidth. Replacing the network will also increase resilience and provide a platform for IT transformation

Experience:

- **Priority 3: End of Life care experience**

Introduce a patient feedback tool (FAMCARE) for family and loved ones about their experience of the end of life care their relative received by the ICO.

- **Priority 4: Bereavement bags**

To scope out, test and trial the introduction of bereavement bags which have already been successfully implemented in our neighbouring Trust. The purpose is to ensure good care and dignity to the family at the end of their loved ones lives.

3. Recommendations

Recommendation to approve the four quality improvement priorities for inclusion in this year's Quality Account and ICO operational plan.

Progress will be measured through the Quality Improvement Group reporting up to Board.

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

Meeting date:	25 th February 2020
Report by + date:	Chris Balch, 28 th February 2020
This report is for: <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues to highlight to the Board (Month 9, December 2019):

1. For assurance the Committee reviewed the Month 10 Financial Performance, which is a £11.68m deficit, which is £5.78m adverse to the phased plan of £5.90m, prior to sustainability funding.
2. The Trust is on course to deliver its revised financial performance when a £15m variance to plan was reported to the regulator at Month 6. There are some risks to this figure including delivery of the remaining CIP target (£1.5m), recovery items (£0.3m) and adjustment to depreciation charges arising from changes to RICS guidance (£1.8m). These items are being actively managed, and the treatment of depreciation remains subject to discussion with the external auditors.
3. The Trust has delivered £9.1m of a £14.1m CIP target for month 10. Of the full year CIP target of £20m CIP, some £10.6m of savings have been identified resulting in a £9.4m gap. It remains the case that only a relatively small proportion of CIP savings achieved to date are recurrent.
4. Capital expenditure at Month 10 was £8.66m which is a £5.52m underspend against a budget of £14.18m Full year capital spend of £18.77m is forecast which requires £10.11 to be spent before year end. The Committee discussed the challenge of achieving this and the opportunities for bringing forward capital spend from 2020/21.
5. The Committee approved the month 10 self-certification form submitted to NHSI.
6. The Committee received and approved a business case for further acceleration of the rollout of desktop devices to allow the upgrade to Windows 10 as required by NHS Digital. The benefits of this upgrade include enhanced security and enhanced operating performance. Owing to the value, this requires final Board sign-off.
7. The Committee received and approved a proposal to invest in an additional generator and substation to reduce the risk of electrical outages in key areas of the hospital. The additional capacity will support new investment in diagnostic capacity (MRI and CT). aimed at improving performance in this area.
8. The Committee noted the Integrated Performance Report for Month 10 which highlighted continuing operational challenges. Assurance was provided around the measures being taken to improve performance particularly with respect to 52 week waits.

9. A PIR on the £1.4m Defibrillator replacement programme was presented and discussed. Despite some minor issues the process of replacing ageing equipment and training staff in the use of up to date digitally enabled equipment was effective. This should enhance the Trust's already strong performance in resuscitation.
10. A presentation was received on progress in assembling the Trust's budget for 2020/21. The challenges, choices and risks facing the Trust were discussed and the Committee agreed with the approach being followed. It was noted that further work is required to identify CIP savings but the Trust is in a much more advanced stage in the budget setting process than it was last year. It was confirmed that there has been a deep level of engagement of the ISUs in the budgeting process. However, the Board should be alerted that, at the current time, the results of the Trust's budget setting process do not achieve the expectations of the STP Long Term Plan in terms of next year's anticipated I&E deficit. Work continues to close the gap.
11. The Committee received reports on the current status of the Trust's planned Health and Wellbeing Centre projects and the HIP2 New Hospital project. Information was provided on the anticipated breakdown of expenditure using the £3.7m seed funding which be made available in 2020/21 to develop a Statement of Case and commence preparatory work for a Full Business Case.
12. The Committee noted updates to the Risk Register in its key areas of responsibility.
13. Reports were received and noted on:
 - Torbay Pharmaceuticals financial performance
 - Capital Infrastructure and Environment Group
 - IM&T Group
 - Costing, Benchmarking and Efficiency Assurance Group

Key Decision(s)/Recommendations Made:

1. To note the above.

Name: Chris Balch (Committee Chair)

Report to Trust Board of Directors				
Report title: Safer Staffing and Nursing Work Programme			Meeting date: 4 th March 2020	
Report appendix	None			
Report sponsor	Chief Nurse and Deputy Chief Executive			
Report author	System Director of Nursing and Professional Practice – South Devon			
Report provenance	Executive Directors Quality Improvement Group			
Purpose of the report and key issues for consideration/decision	This is the monthly safer staffing report as required by the Chief Nursing Officer NHSE.			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	Please note the contents of the report			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	X
	Improved wellbeing through partnership		Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework		Risk score	
	Risk Register	X	Risk score	12
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation	
	NHS Improvement	X	Legislation	
	NHS England	X	National policy/guidance	X

Report title: Safer Staffing Monthly Update		Meeting date: 4 th March 2020
Report sponsor	Chief Nurse and Deputy Chief Executive	
Report author	System Director of Nursing and Professional Practice – South Devon	

1. Introduction

The purpose of this report is to provide information and assurance monthly to the Board regarding the Nursing and Midwifery Safer Staffing levels. The information supplied and triangulated is for January 2020.

2. Discussion

2.1 Model Hospital Data

On a monthly basis the number of planned nursing hours (based upon the agreed baseline safe daily staffing numbers for each ward) and actual nursing hours (the total number of nursing hours used each day) for each inpatient ward area is submitted to the national dataset. This month sees the changes nationally that now includes allied health care professionals and qualified nursing associates if they provide direct patient care as part of ward establishments, at present Torbay and South Devon NHS Foundation Trust does not include allied health care professionals and qualified nursing associates.

The model hospital dashboard was updated in November 2019 to show the national median data remains at 8.0 Total: i.e 4.7 RN & 3.2 HCA.

The Table below shows the Trust CHPPD position for January 2020 alongside national median data and peer regional data. The Trust is now below the national and peer RN range at 3.69 and significantly above the national and peer for HCAs at 4.27.

For January 2020 our position in the Trust has demonstrated that our overall comparison total CHPPD is 7.96 against a national median of 8.0 (National data is November 19). The RN CHPPD position demonstrates a slight increase in comparison to last month 3.54 for December in comparison to 3.69 for January; we still have further improvement within our recruitment to RN positions to be comparable against our peers and national data.

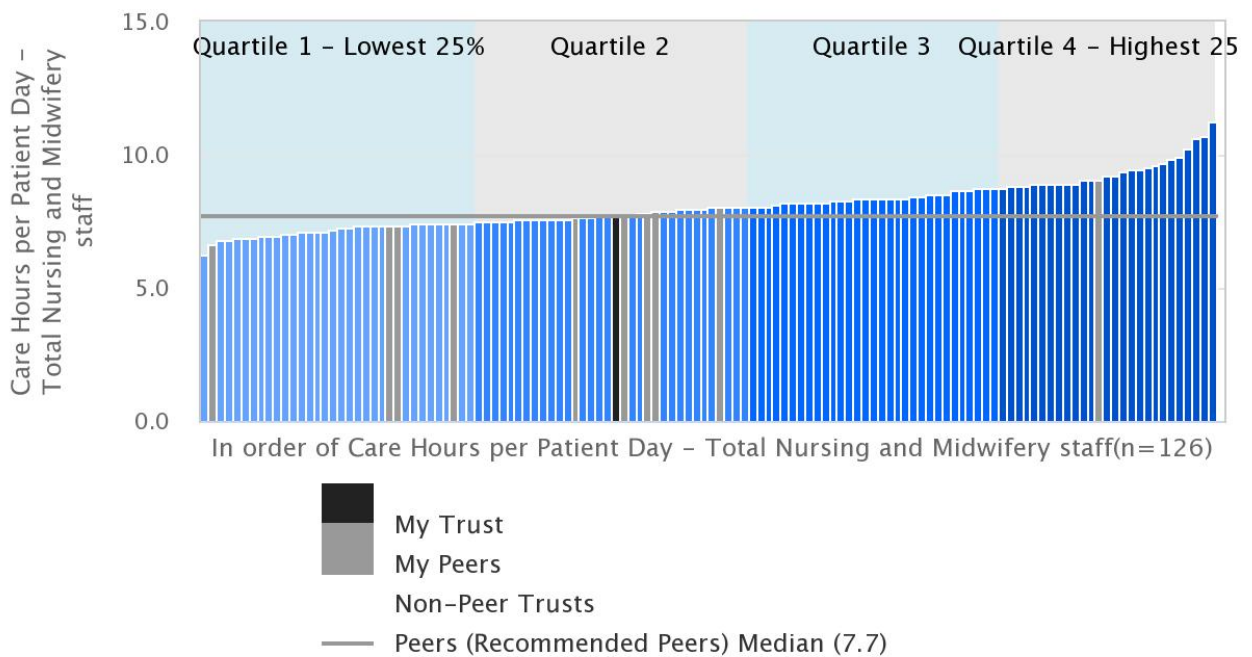
HCA CHPPD position has increased from December 4.02 to January 4.27 remaining an outlier in relation to our peers and national position (see below graphs from model hospital), we know that this is due to enhanced supervision and backfill for unfilled RN shifts where it is deemed safe. Alongside the opening of Warrington ward for winter pressures and escalation areas. We are working on recruitment and retention solutions to address the registered nursing vacancies.

CHPPD

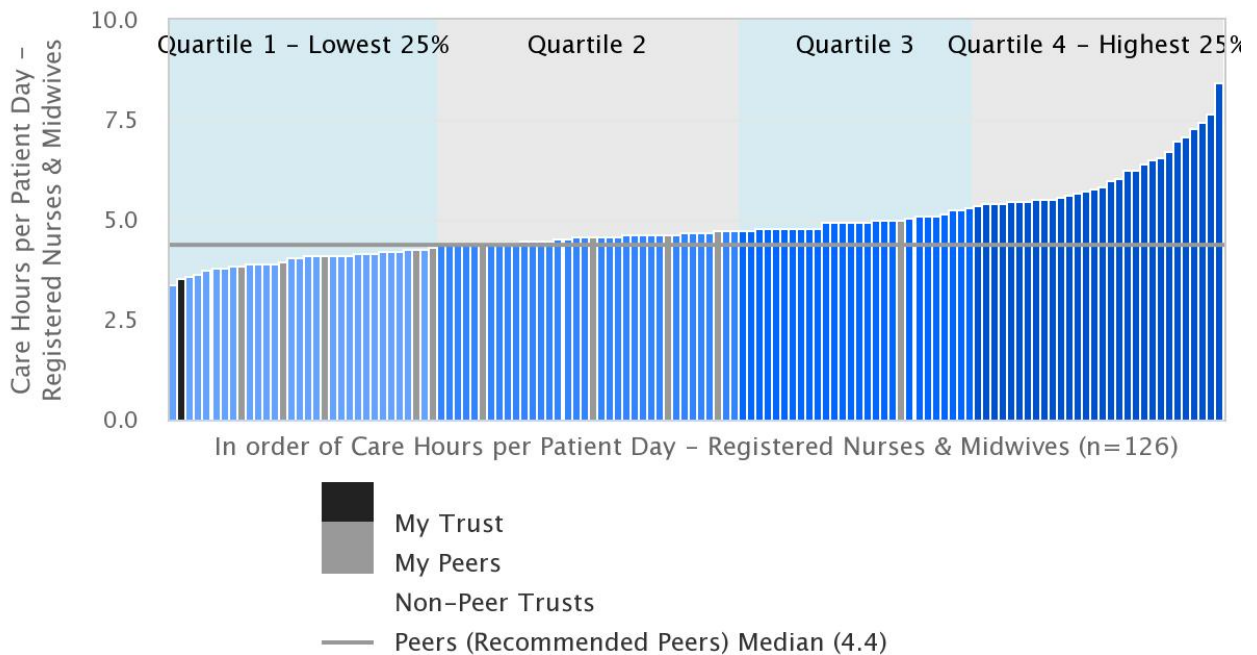
						Model Hospital		
	TSDFT January 2020	TSDFT December 2019	TSDFT November 2019	TSDFT Oct 2019	TSDFT Sept 2019	TSDFT Nov 2019	Peer – Region Nov 2019	National Median Nov 2019
Total CHPPD	7.96	7.56	7.83	7.74	8.17	7.8	7.7	8.0
RN/ RM CHPPD	3.69	3.54	3.64	3.67	3.92	3.6	4.4	4.7
HCA / MCA CHPPD	4.27	4.02	4.19	4.07	4.25	4.2	3.2	3.2

Model Hospital data – November 2019 data

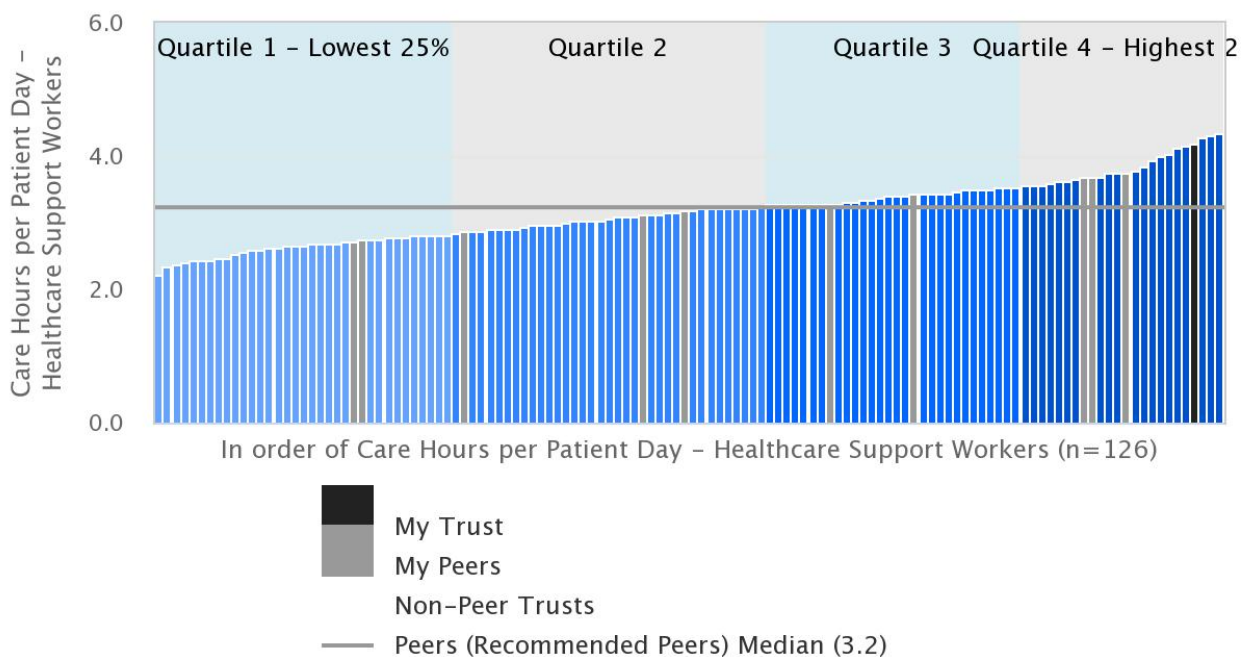
Care Hours per Patient Day – Total Nursing and Midwifery staff , National Distribution



Care Hours per Patient Day – Registered Nurses & Midwives, National Distribution



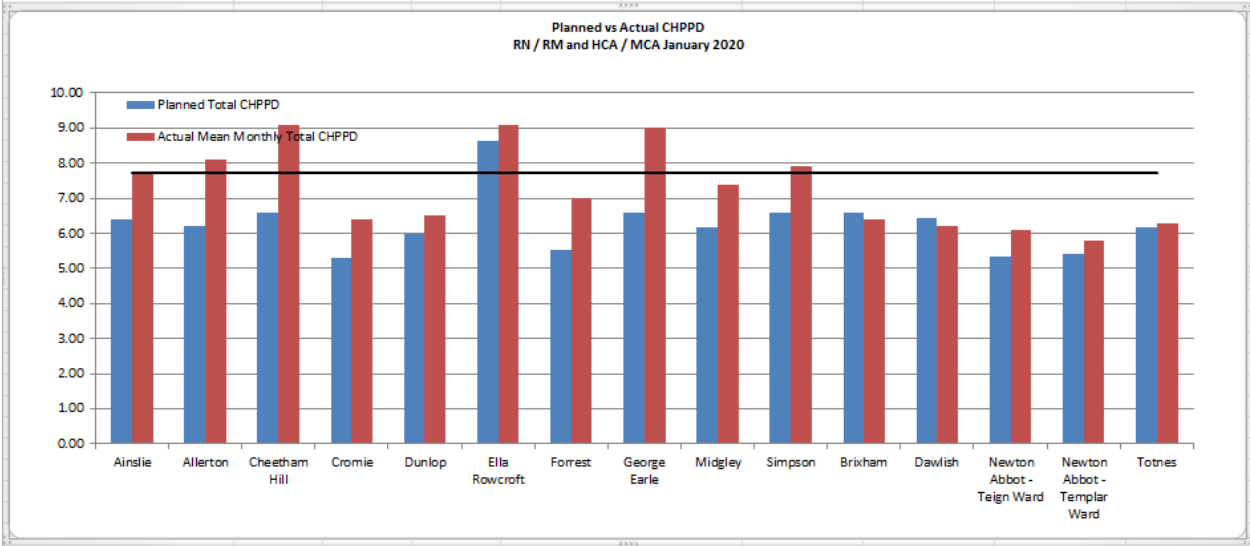
Care Hours per Patient Day – Healthcare Support Workers, National Distribution



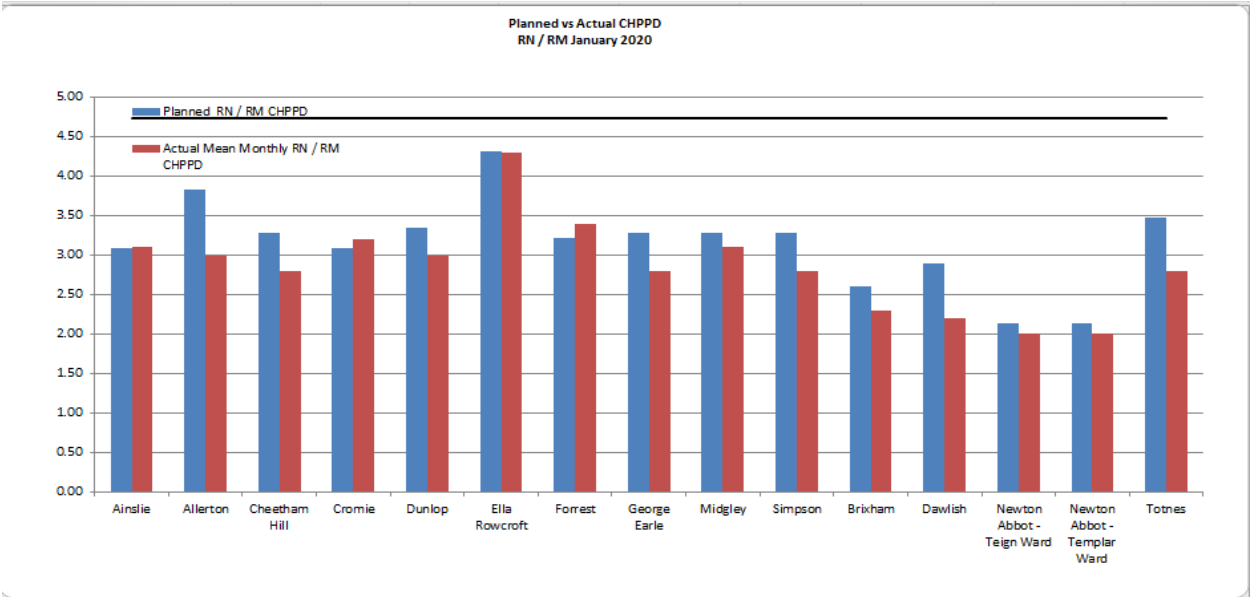
The graphs below illustrates the CHPPD data distributed by ward area, shown as a total of all nursing staff, and then separately for RNs and HCAs. The model hospital data should be viewed with caution as it relies on accurate input from providers and the accuracy is still being worked on.

The graphs below reflect a largely stable picture over the previous months. As before, the higher than planned use of HCAs is predominantly due to the additional

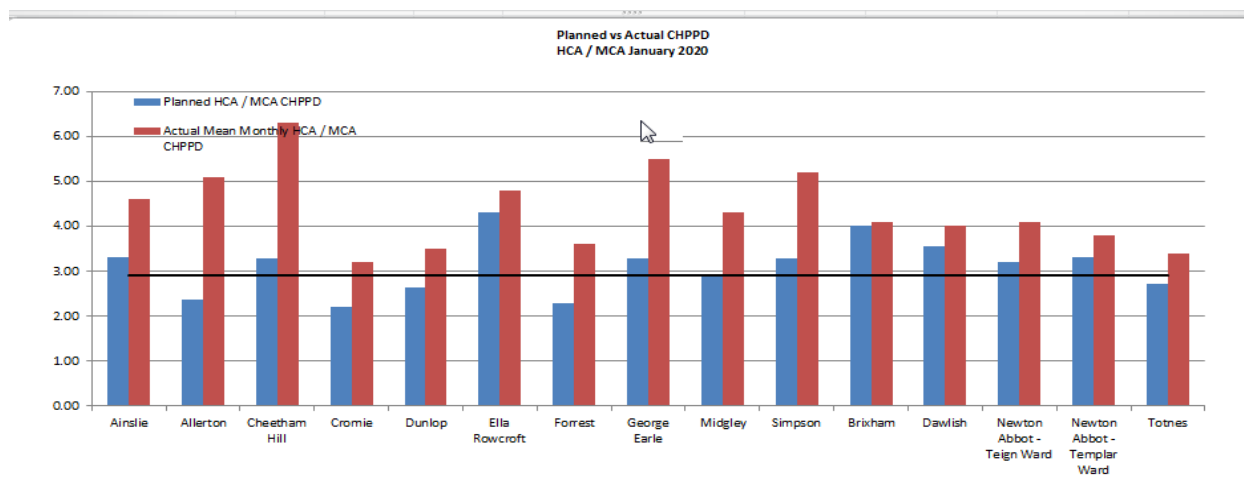
requirements of patients requiring supportive observation; wards across the Trust continue to identify patients who require additional observational support, for example, to maintain safety due to confusion, behavioural difficulties and falls risks. Where deemed appropriate and possible the wards cohort patients who require supportive observations. When there is shortfall in RN availability on a short term basis but is in accordance with the Carter safe staffing levels, if it is deemed appropriate additional HCAs are sourced. In this scenario the HCA does not replace the role of the RN, however their input is supportive in maintaining oversight of patient areas.



The graph above show that there are a number of areas where the actual RNs are above the current planned RN numbers; this would be in relation to increased escalation areas when the organisation has been in OPEL3 and OPEL 4 and with the winter plans for warrington ward and escalation areas in response to the OPEL status. When reviewing the last graph below our usage of HCA’s has been to assist with the patient ratio when utilising escalation areas.



The graph above show that no areas are above the current planned RN numbers, but does not include Warrington Ward for winter escalation plans.



A review of establishments has been completed and budgeted establishments are now reflected within Healthroster. Safecare has provided Trustwide visibility of safe staffing across the organisation alongside real time acuity and dependency of patients within inpatient ward areas. As with any new change it has highlighted a number of new ways of working and identified areas where accuracy is required and is being addressed. Reporting on this is within testing stages presently

There are a number of areas where the RN/ HCA or both fell below planned levels, and there are also a few areas where the RN/HCA was above planned levels.

Where the ward RN levels are below planned, the clinical areas review the shifts and take action to deploy staff in other roles where this is possible or provide a HCA to support the area on the basis of risk, acuity and dependency of the area. Where the area is above planned levels this has been due to ward areas opening in view of the

The matrons and clinical site team balances rota pressures and organisational pressures across the organisation and discussions and reviews are informed at the control meetings throughout the day.

There has been a slight decrease since last month on the number of areas where the actual RN/HCA or both have fallen below the planned levels (11/16 = 68.75%). There are no areas above the planned levels for RN.

These include:

- Escalation areas opening due to increased internal operational flow pressure – OPEL 3 and 4 on more than 60% of the month
- Ensure robust temporary nursing staffing controls to maintain quality and safety and also manage our financial position in relation to temporary staffing usage.
- Staff have left the organisation or moved to another ward area
- Temporary staffing are unable to fill some of the shifts
- Safecare has enabled visibility of acuity and dependency

Actions over next quarter:

- Evaluation of reduction of unregistered staff undertaking enhanced supervision, and the further development of a programme of work .

- Development of the Recruitment, Retention and resourcing plan to be visible across the organisation
- Overseas recruitment trajectory will see more Registered nurses join the trust between January and February 2020.
- Visibility and scrutiny of temporary staffing usage for the right reason is aimed for weekly review through February/March.

Teams are working to reduce reliance on the Thornbury agency through the approval process and scrutiny of every shift.

2.2 Organisational Alert status

This report includes an overview of the organisational Opel status which provides an indicator of the operational pressures present within the system, and therefore is a proxy indicator of the effects on clinical staffing.

The alert status for the organisation January 2020 is summarised in the table below, with the detail for December 2019 shown in brackets. The table demonstrates that during January 2020 the Trust experienced slightly more days at Opel 3 and less days at Opel 4, with slightly more in Opel 2.

Overall the Trust experienced 58% of the time in Opel 3 in comparison to last month which saw 48.3% and 60% in November demonstrating 23 days out of 31 in either Opel 3 or Opel 4, which was 74% of the month.

<i>TSDFT Alert Status January 2020</i>	<i>No Days in Month</i>	<i>% days in Month</i>
Opel 1	0(1)	3.2% (3.2%)
Opel 2	8(7)	25.8% (22.5%)
Opel 3	18(15)	58% (48.3%)
Opel 4	5(8)	16% (25.8%)

2.3 Newton Abbot ISU - Emergency Department

The department is continuing to use resources from temporary staffing, including use of nursing agencies to maintain staffing levels until the effects of returns from short- and long-term sickness and including recruitment are fully realised and effective. The staffing skill mix is consistently balanced across the EAU and ED with the senior nursing leaders ensuring this occurs.

There were 3/31 shifts in January 2020 that were not filled at 100% RN, however these shifts were back filled with HCA's that were appropriate and ensured that the department was staffed safely.

Actions:

- The Baseline Emergency Staffing Tool (BEST) was used in 2016/17 to ensure staffing establishment was appropriate. At that time establishment was within expected benchmark but there were recommendations about shift pattern changes. This will be repeated within the next quarter to determine the skill mix

and shifts timings, so that ED are fully informed and up to date with national guidance

- Interim solutions are in place to assist with both leadership and operational capacity.
- The ED supportive framework has been completed and shared with Newton Abbot ISU and ED triumvirate, plans are being pulled together with those involved which is being held by South Devon System Directors and the Executives.

2.4 Nursing Agency spend

Table A Nursing Agency Cap, is currently at £2,869K full year based on 19/20 Trust submission to NHSI. M10 plan value is £204K which is similar to last month; year to date amount is £2,480K.

A Plan		<u>Agency Cap submitted to NHS Improvement</u> (NHSI) £2,869K												
Month		April	May	June	July	August	September	October	November	December	January	February	March	FY 2019-20
In month £K		284	284	284	284	284	284	184	184	204	204	204	185	2,869
Year to Date £K		284	568	852	1,136	1,420	1,704	1,888	2,072	2,276	2,480	2,684	2,869	

Table B Actual usage in Month is £225K, this is £71K lower than previous month's usage. This presents 4.7% of total M10 Nursing spend of £4,837K. Year to date spend is £2,889K.

B		<u>Actual Year to Date Nursing Agency Spend £K</u>												
Month		April	May	June	July	August	September	October	November	December	January	February	March	FY 2019-20
Spend in Month £K		364	292	303	295	235	338	269	272	296	225			2,889
Total Nursing Spend £K		5,415	4,986	4,982	4,995	4,873	4,937	4,929	4,920	4,937	4,837			49,811
% Agency over Total		7%	5.9%	6.1%	5.9%	4.8%	6.8%	5.5%	5.5%	6.0%	4.7%	#DIV/0!	#DIV/0!	5.8%
Year to Date Spend £K		364	656	959	1,254	1,489	1,827	2,096	2,368	2,664	2,889	2,889	2,889	

Table C The actual spend to date is above the target (£409K), representing 16.49% adverse against the cap.

C		<u>Variance Agency Cap versus Actual Spend £K (B-A) - (Overspend)/Underspend</u>												
Month		April	May	June	July	August	September	October	November	December	January	February	March	FY 2019-20
in Month £K		80	8	19	11	(49)	54	85	88	92	21			409
Year to Date £K		80	88	107	118	69	123	208	296	388	409			
Distance from Cap %		28.17%	15.49%	12.56%	10.39%	4.86%	7.22%	11.02%	14.29%	17.05%	16.49%	0.00%	0.00%	
UOR* Agency Rating		3	2	2	2	2	2	2	2	2	2			

Table D The projected full year spend as at end of M10 (based on assessment of Finance Team) is £3,467K which is £598K higher than the cap.

D Forecast for FY 2019/20 - based on Actual Spend M1 to M9, Projected spend M10 to M12														
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Total
Month	April	May	June	July	August	September	October	November	December	January	February	March	FY 2019-20	
Full Year Forecast £K	364	292	303	295	235	338	269	272	296	225	306	272	3,467	

Nursing Agency Usage by month (£) and cost centre

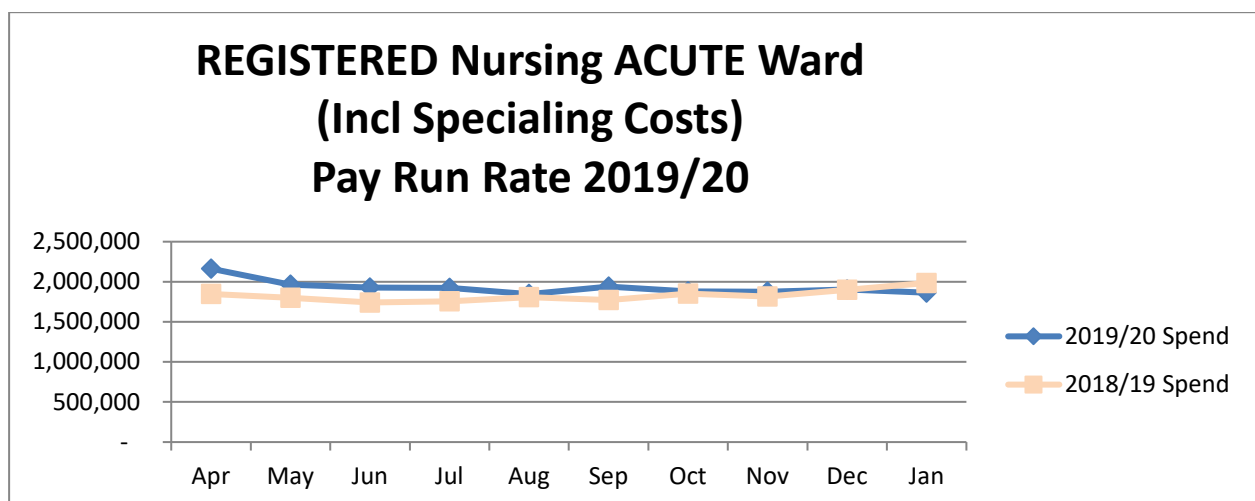
At month 9, spend on Registered Nurse agency is £2,111,430. The top 4 spending ward areas are highlighted below:

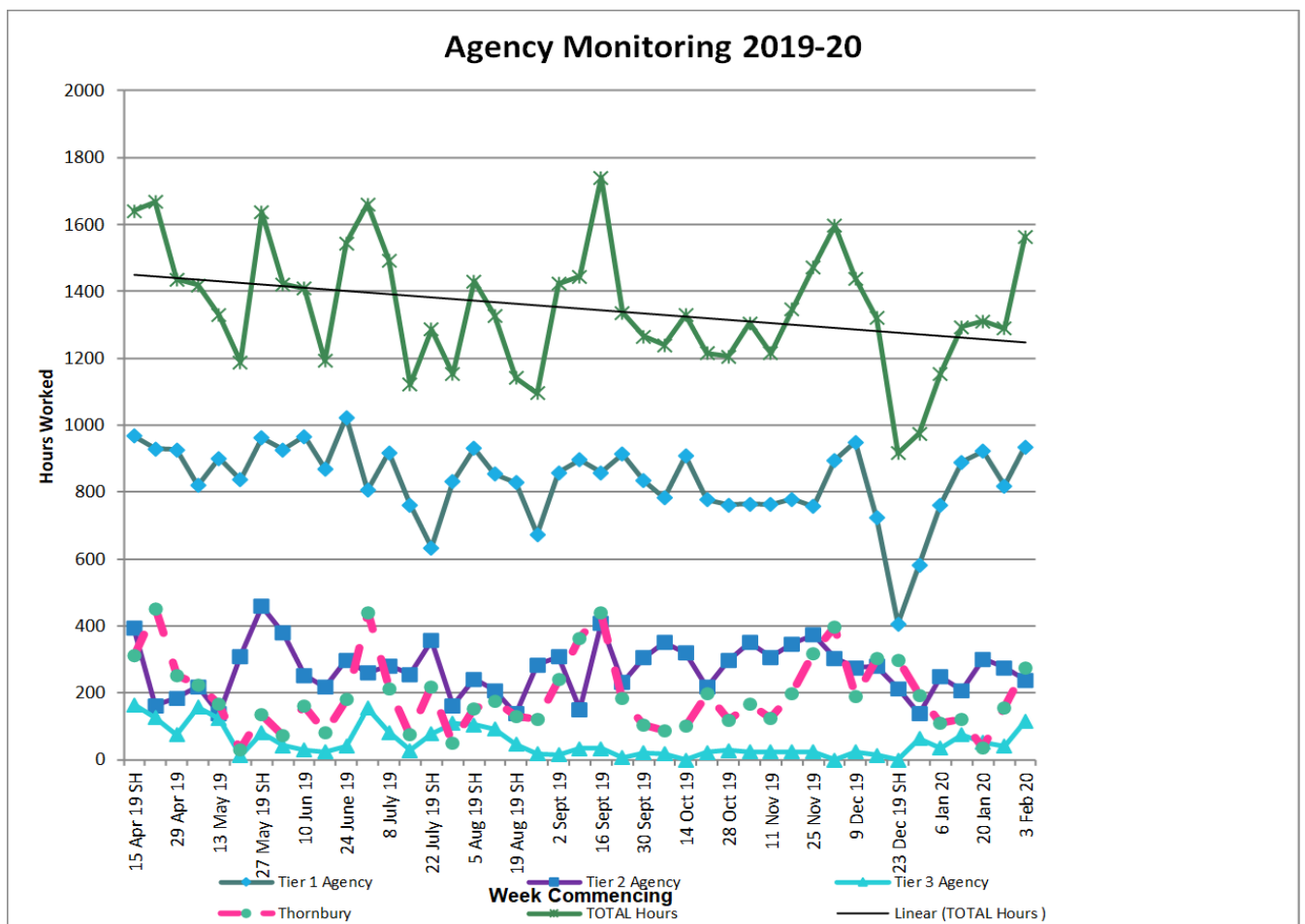
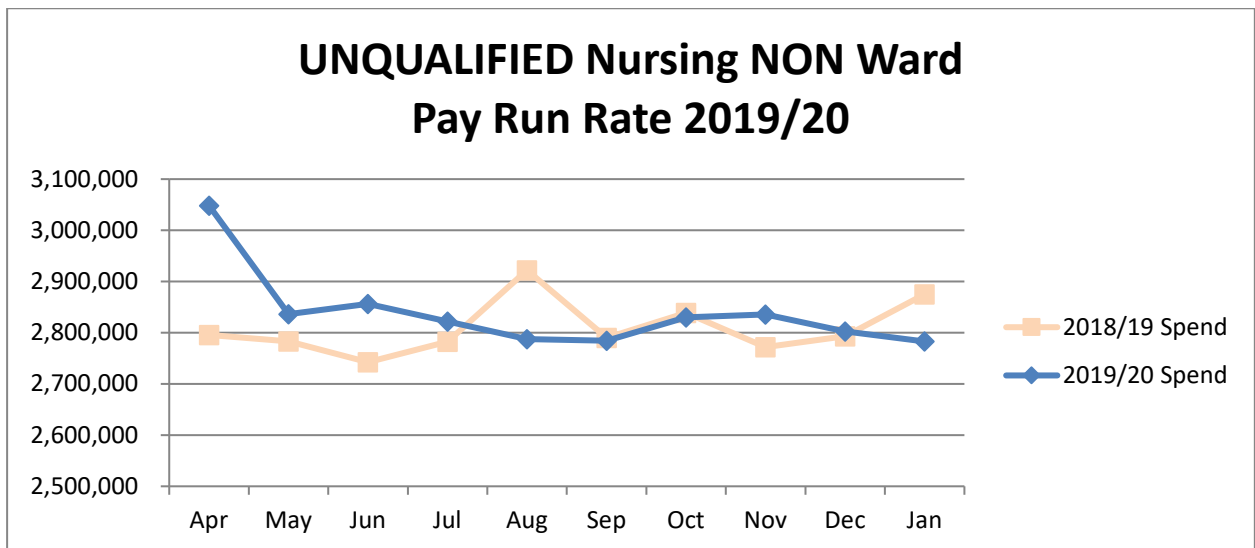
- Emergency Department (comprising A&E, EAU 3&4, Warrington, AMU and Emergency Practitioners) YTD is £1,150,856
- George Earle Ward YTD is £213,310
- Simpson Ward YTD is £169,127
- Cheetham Hill YTD is £101,008

These 4 areas represent £1,634,301 of the total agency spend which is 77.4%.

Overall the bed-based budget is overspent by £216K. This is offset by an underspend of £703,687 in non bed-based care. At month 9 the budget is underspent by £703,471.

Agency spend is tracked daily and reported weekly, current data shows a variable use but with overall stability:





There is significant overspend on non-registered HCA of £1,229.583 for bed based care and a small overspend of £2,265 in non-bed based areas. This is exclusively bank spend and related to back fill for RN shifts where appropriate, sickness cover, support for specialising and CAMHS and to support emergency flow.

Actions:

- The winter bank payment was approved and commenced on 20th December.

- As previously mentioned we have a further 25 registered nurses from our international recruitment starting between January and March 2020, this will provide a reduction of temporary staff and agency within the next quarter.
- Ongoing recruitment and retention plans are being developed to form part of the People Plan but will also have a revised delivery plan with achievable milestones

2.5 Nursing and midwifery vacancies

The recruitment strategies previously reported have resulted in an RN vacancy rate as at the end of January 2020 has maintained at 10.5% Registered midwives continue with a <1% vacancy rate.

Actions:

- Annual business planning provides the review of workforce plans
- Our international recruitment continues to see new starters within the organisation and a trajectory of welcoming a total of 37 since November 2019.
- We are reviewing skill mixes within areas to identify new ways of working to provide different opportunities to our staff, working alongside the STP
- A robust recruitment and marketing strategy is being completed in alignment with the NHS long term plan and NHS interim People plan, for short, medium and long term recruitment, a draft will be in a position to present in March 2020.
- We await the launch of the final People plan to inform our final organisations people strategy

2.6 Electronic - E-rostering

There are 6 Key Performance indicators that monitor the efficiency and effectiveness of E-rostering across the Trust, these are below.

1. Rosters published 6 weeks prior to commencement
2. All contractual hrs are utilised when fully approval
3. All contractual hrs are utilised before over time assigned
4. Management hrs in line with Rostering guidelines
5. No of staff using employee online to request
6. Identifying areas that are not finalising payroll on time

The two areas of focus include KPI 1 and 2 for inpatient ward areas in order to assist with reducing the usage of temporary staffing;

KPI 1: Rosters published 6 weeks prior to commencement or

KPI 2: All contractual hrs are utilised when fully approval.

For January 2020 40% of wards achieved KPI 1, whereas 60% of areas did not utilise contracted hours appropriately.

Actions over the next month:

- A twice monthly 'grip and control' meeting has been commenced to review KPI's for rostering, temporary staffing and recruitment. In order to review progress and measure intervention impact
- A weekly review of bank/agency is being conducted to identify areas where under utilised hours can be reviewed

2.7 Quality and Safety

QuESTT

Each clinical area completes the monthly QuESTT tool which triggers actions as highlighted in the escalation procedure. The Associate Directors of Nursing and Professional Practice ensures contact is made for any area triggering an amber score or above and that appropriate actions to mitigate the issues causing the increase in scores is taken, these are reported as part of the governance accountability framework to all relevant forums.

For January 2020, the table below show that at the time the data was compiled 6 areas had not made a return this month, this has been addressed with the areas and matrons responsible.

There were 0 Red rated teams and 7 teams with an amber rating for January 2020 are as detailed below:

Amber rated teams:

- Brixham hospital – remains amber, however short term sickness and vacancies remain a factor
- Templar ward – there are currently vacancies and short-term sickness
- Moor to Sea Occupational Therapy – recent retirement, vacancy and short-term sickness
- Moor to Sea Physiotherapy – recent retirement, vacancy and short-term sickness
- Coastal nursing – short term sickness and vacancy and retirement
- Podiatry – have shown an improvement as they have been red for a few months, now amber due to number of vacancies, short term sickness
- Social Care – Totnes and Dartmoor – due to number of referrals, vacancies, short term sickness

The main themes as described above are vacancies across nursing and allied healthcare professionals and short term sickness, alongside the number of appraisals outstanding. Workforce and organisational development are working alongside the departments, sisters, matrons and associate directors of nursing and professional practice to develop action plans, which are being submitted to design a recruitment and retention strategy and workforce redesign.

The tables showing QuESTT scores for each clinical area are shown overleaf.

Service Rating	Level 0	Level 1	Level 2	Level 3
C. Hospital & MIU	<12	12-16	17-25	>25
Other	<16	16-24	25-35	>35

Service Type	Team	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020
% Complete		95%	95%	99%	96%	93%	99%	95%	96%	98%	98%	96%	93%
Total Purple (L3)		0	0	0	0	0	0	0	0	0	0	0	0
Total Red (L2)		0	0	0	0	0	2	2	2	0	0	0	0
Total Amber (L1)		9	8	8	8	5	8	10	5	10	9	11	7
Total Green (L0)		70	71	74	72	72	72	67	73	71	72	69	70
Average Score		10.0	9.5	8.8	9.4	9.6	10.0	10.2	9.7	10.0	9.4	10.3	9.7
Acute	Ainslie	11	10	8	13	12	11	10	11	10	7	10	10
	Allerton	12	13	16	8	16	13	12	14	9	6	5	8
	AMU	8	7	13	14	5	5	11	6	8	6	8	5
	Anaesthetics	8	7	8	11	10	11	11	10	7	9	8	6
	Breast Care Unit		4	3	0	2	0	6	10	6	3	5	3
	Cath Lab	10	0	7	4	10	10	10	13	15	7	6	8
	Cheetham Hill	14	17	16	16	15	11	13	12	13	13	17	13
	Cromie	16	11	10	10	7	12	7	5	8	5	9	6
	DSU	13	10	13	13	14	10	9	12	15	13	9	6
	Dunlop	3	5	7	3	5	4	5	6	7	6	7	5
	Early Pregnancy / Fertility Service		2	2	4	4	6	6	6	6	8	6	6
	EAU3	10	11	8	8		12		12	10	18	14	11
	EAU4	10	8	11	8	7	18	11	8	7	6	5	9
	Ella Rowcroft	9	11	10	3	10	12	8	10	9	8	11	11
	Emergency Department	19	14	16	15	15	18	20	19	19	18	15	10
	Endoscopy	7	5	2	4	4	3	8	6	8	3	3	3
	Forrest	12	13	10	15	14	12	8	8	15	7	10	10
	General Theatres	11	9	9	11	11	9		15	7	15	13	7
	George Earle	12	10	10	11	11	11	13	15		16	14	12
	Gynaecology Out-Patients Dept		2	6	8	9	9	7	7	8	3	7	7
	Hutchings	4	8	7	9	12	13	8	9	9	9	7	6
	ICU	6	11	8	7	9	11	9	3	9	14	6	8
	Louisa Cary	2	15	8	4		6	7	3	9	3		
	MAT / TAIRU	3	10	5	10	10	10	9	4	7	7	8	5
	Maternity	8	11	5	7	13	12	12	14	13	9	10	15
	Midgley	15	15	7	11	14	9	3	7	9	8	11	7
	OPD	6	4	2	2	6	6	6	3	2	4	6	11
	Ophthalmology		12	9	13	8	15	15	13	14	13	15	12
	Ortho Theatres	14	15	16		15	14	13	14	15	14	12	15
	Pre-assessment	4	6	6	8	8	8	10	12	16	14	12	6
	Radiology	13	14	10	13		9	11	9	14	10	9	13
	Recovery	8	8	5	8	12	8	10	11	15	15	14	11
	RGDU	5	5	7	10	7	13	15	12	9	7	10	11
	SCBU	11	3	10	2		4	2	1	3	5		
	Sexual Health	11	11		8	13	11	10	5	6	6	12	11
	Simpson	8	12	14	8	9	8	11	11	9	11	12	10
	TCCU	5	8	7	3	5	4	8	9	14	10	6	7
	Turner	9	12	9	11	9	8		7	12	9	13	
	Urology	14		5	14		7	10	4	6	5	10	5
	Warrington	6	3	6	3							16	

Service Type	Team	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020
MIU	Dawlish	6	5	7	9	14	12	14	9	9	12	11	11
	Newton Abbot	5	2	0	6	8	8	8	6	7	8	8	3
	Totnes	0	5	2	8	7	3	9	6	8	4	4	7
Community Hospital	Brixham	11	8	15	13	7	20	19	17	14	16	14	12
	Dawlish	3	7	6	7	0	1	0	3	3	3	5	5
	Newton Abbot Teign	10	9	9	11	16	11	16	9	7	10	10	10
	Newton Abbot Templar	8	9	7	4	9	7	2	9	9	9	10	12
	Totnes	7	8	8	7	7	6	12	9	7	11	8	11
Community Stroke and Neurology	Torbay and South Devon	15	18	16	14	14	16	14		10	10		14
Infection Control	Infection Control	13	13	11	11	4	6	8	3	4	6	6	6
LLTS	LLTS	7	6	8	7	6	7	6	5	6	8	6	6
Nursing	Brixham and Paignton	12	16	14	12	14	9	12	15	22	19	24	15
	Coastal	18	17	13	13	14	11	19	15	17	15	17	17
	Moor to Sea	23	12	6	7	10	12	15	8	15	20	16	15
	Newton Abbot	15	15	12	11	10	14	19	15	11	15	20	14
	Torquay	9	6	6	6	9	11	6	9	12	17	9	13
OOH Nursing	OOH Nursing	22	22	9	17	9	12	14	13	16	14	12	13
Specialist Nursing	Specialist Nursing	4	4	5	1	7	2	4	5	6	8	12	
Occupational Therapy	Brixham and Paignton	18	14	12	12	12	14	10	12	12	8	8	12
	Coastal	15	23	18	11	8	10	10	9	5	7	6	9
	Moor-to-sea	10	6	10	14	6	14	10	17	8	14	16	18
	Newton Abbot	5		8		11	9	19	13	19	9	13	13
	Torquay	4	2	6	8	4	2	4	4	6	6	8	6
Physiotherapy	Brixham and Paignton	14	12	12	6	10	8	9	12	7	7	10	13
	Coastal	19	12	14	15	8	16	13	9	11	5	8	11
	Moor-to-sea	6	14	10	12	8	14	12	19	14	14	16	16
	Newton Abbot	9		12		11	9	17	11	13	9	9	13
	Torquay	22	10	11	10	12	10	8	10	6	6	10	6
Podiatry	Podiatry	23	22	20	22	23	32	26	27	22	22	24	22
Public Health - Lifestyles	Lifestyles	4	1	7	5	11	3	0	7	5	1	5	9
Public Health - Nursing	Paignton and Brixham	12	10	10	8	6	6	6	8	4	4	6	8
	School Nursing	7	6	5	7	6	7	7	5	8	12	12	10
	Torquay	5	2	2	2	2	5	4	4	2	6	6	6
Public Health - Substance Misuse	Substance Misuse	4	4	4	6	8	10	6	4	4	2	0	4
Social Care	Brixham and Paignton	10	11	8	12	10	12	10	10	14		10	14
	Dawlish & Teignmouth	6	10	2	8	10	12	12	14	18	12	14	0
	HADT - S. Devon	11	11	13	17	15	17	13	17	13	13	15	13
	HADT - Torbay	9	17	5	11	13	8	13	10	9	7	17	
	Newton Abbot	12		8	18	18	16	16	16	10	10	14	12
	Older People Mental Health - Torbay	4	0	4	10	4	8	4		2	2	0	2
	Torquay	6	10	12	16	12	10	16	12	10	14	12	12
	Totnes & Dartmouth	15	14	10	19	8	16	8	4	16	10	12	20
Tissue Viability	Tissue Viability	13	7	14	10	7	7	9	8	8	8	8	8

3. Conclusion

The report for January 2020 demonstrates that there are a number of safety measures in place to ensure that nursing establishments and fill rates are monitored and appropriate action is taken to maintain staffing levels. This is triangulated with the quality and safety metrics for each bed-based areas. These are robustly actioned both by the specialty matrons and senior sisters, alongside through the control room function.

This paper assures the Trust board that there is nursing and midwifery safe staffing in all inpatient areas within the Trust. The information is triangulated with the quality and safety metrics which demonstrate that these remain within the national requirements.

4. Recommendation

The Board is asked to note the report.

Report to the Trust Board of Directors				
Report title: Chief Operating Officer report			Meeting date: 4 March 2020	
Report appendix	n/a			
Report sponsor	Chief Operating Officer			
Report author	Chief Operating Officer			
Report provenance	The report has been informed by: <ul style="list-style-type: none"> • Minutes and papers from Integrated Governance Meeting • Minutes and papers from Children and Family Health Devon Partnership Board 			
Purpose of the report and key issues for consideration/decision	To provide the Board with an update on key operational issues			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	The Board are asked to receive and note the Chief Operating Officers report			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce	X
	Improved wellbeing through partnership	X	Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score	
	Risk Register	X	Risk score	
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation	X
	NHS Improvement	X	Legislation	
	NHS England	X	National policy/guidance	
	<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. • Failure to achieve financial plan. 			

Report title: Chief Operating Officer's report		Meeting date: 4 March 2020
Report sponsor	Chief Operating Officer	
Report author	Chief Operating Officer	

1. Purpose

The report provides the Board with an update on key operational issues.

2. Children and Family Health Devon

The Trust was awarded the contract as the prime contractor in an alliance with Devon Partnership Trust, RD&E and NDHCT to deliver community services for children and young people in April 2019. Virgin Healthcare had previously provided these services. The alliance was keen to take forward the service as it enabled the Devon system to better integrate services for children and families. There is an ambitious programme of service change to be delivered over the next 3 years if we are to meet the expectations of children, young people and families and the requirements of the contract.

The key areas of focus for the Partnership Board are:

- **Leadership**

A review of the leadership capacity has been undertaken and an agreement reached with partners that additional capacity is required. A Service Director post will be recruited to in the spring supported by short-term operational capacity at service level.

- **Governance**

A governance reporting structure has been put in place and has been reviewed by the Chief Nurse supported by the Company Secretary. Work is progressing on improving the flow of information from services to the Board and to commissioners

- **Transformation**

A workshop was held in December facilitated by the Director of Transformation and Partnerships. The outputs of the workshop has informed the priorities for service change and a transformation programme has been established with engagement of clinical staff from across services led by Transformation leads in the Trust and Devon Partnership Trust. A Transformation Team has been appointed to support the work programme.

- **Staff engagement and communication**

The Transition to a new employer has been challenging for staff with further expectations of change to come. Priority is being given to ensuring that staff receive regular communication and that senior staff have visibility in the service. Staff gave very clear feedback as part of the initial consultation phase, which resulted in a pause in the changes to staff.

- **Engagement with Children Young people and Families**

Young Devon has been commissioned to establish a model of on-going engagement and involvement of families. Initial proposals have been received and supported by the Partnership Board and are being progressed.

- **Performance improvement**

Performance remains a challenge in a number of areas including CAMHS and Therapy services. Gaps in staff numbers as well as inherited waiting lists are 2 most significant contributing factors. An active programme of recruitment is underway and the CCG has agreed support for addressing the waiting list for autism services. There are improvement plans in place which are regularly reviewed through the Governance reporting structure with exceptions reported to the Partnership Board.

- **Workforce development**

Supporting and developing our workforce remains a priority with innovative approaches being developed to address recruitment and retention challenges. In response to staff concerns agreement has also been reached on the harmonisation of terms and conditions.

3. Internal Major Incident – feedback and review

On the 5th February the Trust declared an Internal Major incident in response to unprecedented levels of pressure in the hospital. The Trust Internal major incident procedures were enacted with the support of the SEP Team. Clinical capacity from across all areas of the hospital was prioritised to urgent and emergency care and mutual support from both UHP and RD&E was made available allowing a small number of emergencies to be diverted to other departments.

The situation was significantly improved by the end of the day to allow the internal Major incident to be stood down but control procedures were maintained for the remaining part of the week.

A full review of the incident will be undertaken and lessons learned.

4. NHS Devon Governing body review of 4-hour performance

The Chief Executive and Chief Operating Officer was asked to attend a meeting of the NHS Devon Governing Body on 27 February to present an assessment of the current performance against the 4 hour wait along with plans to address the gap and move to compliance. Although challenging the presentation and subsequent discussion was well received and an agreement reached on where we needed to work together. NHS Devon will be setting out their requirements in writing shortly.

5. Winter Funding

NHSI/E made funding available at the end of 2019 to support improvement in 4-hour performance and the experience of patients and staff over the winter period. The total allocated included revenue funding of £700k and capital of £500k.

The Urgent and Emergency Care Board agreed to prioritise investment in reducing crowding in the department and incidents of corridor care and used the investment to support the following changes:

- Refurbishing old ICU to use as a Surgical Assessment Unit
- Investment in more staffing to increase hours of operation and therefore being able to increase the numbers in the department including surgical patients.
- Initiatives that support flow through our system eg End of Life support in people's homes, Technology Enabled Care (TEC) support in day rooms on wards to increase early discharges

Additionally, investments have been made to improve the privacy and dignity of patients within the department;

- Improvements to the entrance into the department for ambulances so that the environment for patients is better
- Improved signage into the department to reduce the footfall through the Emergency Department corridor
- Privacy screens in the department

6. Additional CT scanner

The Trust was awarded finance to enable purchase of a CT scanner and a MRI scanner. This is positive news and critical to Trust plans to improve our ability to meet growing demand. New scanners also help us improve efficiency, introduce new innovative procedures, reduce waits and recruit and retain staff.

Work is underway with the Clinical Team to agree where the 3rd CT scanner will be located and to identify what other arrangements need to be in place to enable the new equipment to be optimised. This work is being led by the System Medical Director and supported by the operational and estates teams.

7. Recommendation

To note the content of the report.