






Torbay and South Devon NHS Foundation Trust

Public Board of Directors

Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital, Torquay and via Microsoft Teams
1 April 2020 09:30 - 1 April 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.		
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 4th March 2020 and Outstanding Actions Approve  20.03.04 - Board of Directors Minutes Public.pdf 9	Ch	
2.4	Report of the Chairman Note	Ch	
2.5	COVID-19 Assurance Report Receive and Note  COVID-19 Assurance Report.pdf 23	CE	
2.6	Report of the Chief Executive Receive and Note  Report of the Chief Executive.pdf 37	CE	
2.7	Integrated Performance Report - Month 11 Receive and Note  Integrated Performance Report Month 11.pdf 43	DTP	

#	Description	Owner	Time
2.8	Partnership Working and Engagement Plan Deferred	DTP	
2.9	Education and Development Six Monthly Update Deferred	CN	
2.10	Mortality Safety Scorecard Deferred	MD	
2.10	2019 National Staff Survey Report Approve  2019 National NHS Staff Survey Board Report.pdf 61	DWOD	
2.20	Patient Led Assessment in the Clinical Environment 2019 scores and performance Receive and Note  Patient Led Assessment in the Clinical Environment... 71	DECD	
3	Governance Items		
3.1	Terms of Reference - Finance, Performance and Digital Committee Approve  Terms of Reference - Finance, Performance and Di... 77	CS	
4	PART B: Matters for Approval/Noting Without Discussion		
4.1	Reports from Board Committees Verbal		
4.1.1	Charitable Funds Committee - 18th March 2020 Verbal		
4.1.2	Finance, Performance and Digital Committee - 24th March 2020 Receive and Note  FPD_Cttee_Report_to_Board 24.03.20.pdf 91	Ch	

#	Description	Owner	Time
4.1.3	<p>Quality Assurance Committee - 25th March 2020</p> <p>Verbal</p> <p> QAC_Ctte_Report_to_Board 25.03.20.pdf 93</p>		
4.2	Reports from Executive Directors		
4.2.1	<p>Safe Staffing and Nursing Work Programme</p> <p>Verbal</p>	CN	
4.2.2	<p>Chief Operating Officer Report</p> <p>Verbal</p>	COO	
4.2.3	<p>Report of the Director of Estates and Commercial Development</p> <p>Receive and Note</p> <p> Report of the Director of Estaes and Commercial D... 95</p>	DECD	
5	Compliance Issues		
6	Any Other Business Notified in Advance	Ch	
7	Date of Next Meeting - 9.00 am, Wednesday 29th April 2020	Ch	
8	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 4TH MARCH 2020**

PUBLIC

Present:	Sir Richard Ibbotson	Chairman
	Professor C Balch	Non-Executive Director
	Mrs J Lyttle	Non-Executive Director
	Mrs V Matthews	Non-Executive Director
	Mr R Sutton	Non-Executive Director
	Mr P Richards	Non-Executive Director
	Mrs S Taylor	Non-Executive Director
	Mr J Welch	Non-Executive Director
	Ms L Davenport	Chief Executive
	Mrs L Darke	Director of Estates and Commercial Development
	Mr J Harrison	Chief Operating Officer
	Mrs J Falcao	Director of Workforce and Organisational Development
	Ms A Jones	Director of Transformation and Partnerships
	Mr D Stacey	Chief Finance Officer
	Mrs J Viner	Chief Nurse
In attendance:	Mr I Currie	Acting Medical Director
	Mrs J Downes	Company Secretary
	Mrs S Fox	PA to Chief Executive
	Ms A Bance	Care Quality Commission
	Ms T Hipkin-Wale	Care Quality Commission
Governors:	Mrs E Engelman	Mrs A Hall
	Mrs L Hookings	Mr J Kiddey
	Mrs E Welch	Councillor J Hawkins Mrs M Lewis

		ACTION
28/03/20	Board Corporate Objectives	
	The Board noted the Corporate Objectives.	
29/03/20	User Experience Story	
	The User Experience Story was presented by Fiona Jones, the Trust's Youth Volunteer Co-ordinator. As part of her presentation Ms Jones showed the	

Board a video that had been created by some of the young volunteers promoting the project.

Ms Jones explained that she was running a two-year project aimed at encouraging young people to become involved in social action and volunteering. At the moment the Trust had nearly 100 volunteers aged between 16-25 and over 500 volunteers in total.

Areas of volunteering included Wayfinders; meal time companions; and ward buddies. There was also an initiative, being led by some of the youth volunteers, to provide a cinema experience once a month for patients in the Hetherington unit.

The Chief Nurse asked if there was any support for the young volunteers if they felt anxious or stressed by anything they were exposed to whilst carrying out volunteer activities in the Trust. Ms Jones explained that the young volunteers were subject to the same checks and training as other volunteers. She added that new volunteers were usually buddied with existing volunteers and she also kept in regular contact with them to provide support if necessary. In addition, although not part of the mandatory training, dementia awareness training was provided for the young volunteers.

The Director of Workforce and Organisational Development suggested that as part of the evaluation of the project, it would be helpful to include where the volunteers progressed to, after leaving the volunteer scheme. Ms Jones explained that she kept a leavers' database and added that many of the volunteers planned to go to university or onto an apprentice scheme connected with health and social care services.

The Director of Transformation and Partnerships asked if any learning was taken from the volunteers about their experiences of the Trust. Ms Jones explained that she held regular feedback meetings with the young volunteers where they shared any issues or concerns with her.

Professor Balch asked how the Trust advertised the scheme and it was noted that Ms Jones had a network established with local schools.

The Chief Executive reflected on how to build learning into the wider ICO and engage young people as part of the locality model to develop future services.

The Chairman thanked Ms Jones on behalf of the Board for her presentation.

PART A: Matters for Discussion/Decision

30/03/20 Apologies for Absence

Apologies were received from the Dr Rob Dyer, Medical Director and Mrs Jackie Stockman, Torbay Council Representative.

31/03/20 Declaration of Interests

There were no declarations of interest.

32/03/20

Minutes of the Board Meeting held on the 5th February 2020 and Outstanding Actions

The minutes of the meeting held on the 5th February 2020 were approved as an accurate record with one amendment - the percentage target for the Cancer 62 day wait on page 8 – this should read 85% not 95%.

CEPA

33/03/20

Report of the Chairman

The Chairman briefed the Board as follows:

- On the 6th February the Torbay Hospital League of Friends held a business breakfast which was attended by a number of businesses in the Bay. The Chairman suggested that Board members, where possible, needed to raise awareness of the Trust and League of Friends charities with local businesses.
- The Trust was subject to a Use of Resources inspection by NHS England. The outcome of this had not yet been received.
- A Governors' Network Meeting was held on the 13th February. It was a well-attended event and was felt to be a constructive way to keep the Governing Body well-informed on Trust business. The Chief Executive PA was asked to share the meeting dates with the Non-Executive Directors.
- The process to appoint to a new Chief Nurse was underway with interviews scheduled to take place on Monday 20th April.
- The Chairman and Chief Executive had meetings arranged in London on the 13th May with all the Trust's local MPs with an aim to ensure they all had the same level of understanding around the Trust's business.
- Julie Dent, the Chair of Devon Partnership Trust, recently retired.
- The results of the recent Governor election process had been received, and the following appointments made:
 - South Hams and Dartmouth – Dr Jonathan Shribman
 - Torbay – Mr John Kiddy, Mr Andrew Stilliard and Mr Steven Harding
 - Staff (Coastal Locality) – Mr Cristian Muniz.

CEPA

34/03/20

Report of the Chief Executive

The Chief Executive briefed the Board as follows:

- The Trust continued to plan and manage Coronavirus in line with national guidance. It was noted that there had been some positive cases in Devon. Gold and Silver command had been put in place and there was regular dialogue with the national team. The Chief Nurse gave the Board assurance that there was a good system in place to test suspected cases. She added that as well as immediate actions,

medium and long-term actions were being put in place, in line with national guidance to ensure business continuity.

- The Devon Clinical Commissioning Group (CCG) had approved the move to the consultation phase of the Teignmouth Health and Wellbeing Centre, which aimed to provide a broad health and wellbeing service alongside a local GP practice and the voluntary sector. The timing of the consultation might have to be reviewed due to the Coronavirus outbreak. The need for a robust communications plan was noted. It was agreed the Director of Transformation and Partnership would provide the Board with regular briefings throughout the consultation period.
- As reported at the last Board meeting, the Trust experienced a significant increase in non-elective demand at the beginning of February which met the triggers for an internal major incident. The Chief Executive wished to place on record her thanks to staff during the period of very high demand. Learning from the event would be presented to a future meeting of the Board.
- The Trust was working closely with its partners to ensure the Trust and the wider STP obtained the greatest value from the HIP 2 (Hospital Improvement Plan) investment.
- The results from last year's Staff Survey had been received, highlighting issues around engagement, which as the Board understood, was a good indicator of how staff felt in the Trust. The Chief Executive said that work would be taking place to better understand the drivers behind the scoring. Improvements had been made against WRES (Workforce, Race, Equality Standard) and Black Minority Ethnic indicators. A further area of concern was in relation to staff experiencing bullying and harassment and, again, further work needed to take place to understand the detail of those concerns.

DTP

COO

Mr Welch expressed concern that the Trust still appeared to have staff who felt they were being subjected to bullying and harassment and that this was an issue that did not appear to have been addressed. The Director of Workforce and Organisational Development explained that it was important to understand how staff were defining bullying and harassment, and said that she was aware that staff when under pressure might not always behave appropriately and that this needed to be addressed.

The Chief Executive added that the Freedom to Speak up Guardians had an important role in this respect, to gain feedback from staff and support work to reduce the incidences of bullying and harassment.

Mr Welch highlighted the detail in the Chief Executive's Report around the Coastal consultation and the statement that no services would be stopped, however the report stated the decision to establish 12 rehabilitation beds had been reversed. The Chief Executive explained that the model in Coastal over the past few years had reduced the need for the beds as it had improved access to health and support at home for the local community, alongside improved well-being scores. She added the impact of the model had been

assessed with support from both Exeter and Plymouth Universities. The evidence therefore did not support the need for rehabilitation beds.

Mr Welch accepted the Chief Executive's explanation but suggested that the report needed to be explicit about the drivers affecting the plan and clear about issues where there was local concern.

The Chief Executive's Report was received and noted.

35/03/20

Integrated Performance Report – Month 10

Finance Headlines

Regulator Protocol for Forecast change: In Month 6 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.

Overall financial position: The financial performance as at 31 January 2020 (month 10) was a £11.68m deficit, which was £5.78m adverse to the phased plan of £5.90m deficit, prior to sustainability funding. Based on the latest assessment it was expected that the year-end variance to control total would remain at £15.0m. Drivers included undelivered CIP; continued reliance on agency staff and overspends in the independent sector.

There remained 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 were being taken to mitigate these risks.

Total pay run rate in Month 10 (£21.1m) was lower in comparison to previous month (Month 9 £21.3m); this was 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 joined from overseas and uptake of additional shifts due to winter incentive payment).

Non pay expenditure run rate of £20.13m was higher by £0.88m compared to M9 (£19.25m). Higher spend was 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 showed CIP delivery of £0.9m, a £2.1m shortfall against £3.0m target. In the year to date, the Trust had delivered £9.1m of savings, which was £5.0m adverse to the original plan. Of this, £3.0m had been delivered recurrently.

CIP Forecast Delivery:

The Trust had 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 remained at £21.6m but the Trust had adopted the £16.6m proposal as its baseline capital budget.

Since that point in time, various opportunities to bid for Public Dividend Capital (PDC) sources of funding have arisen and the Trust has taken these. An additional £2.0m of PDC funds has been secured. This included £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 had been taken from planned slippage elsewhere in the programme but the gross additional Microsoft investment including Children and Young People totalled circa £1.8m.

At 31st January 2020, year to date capital expenditure was £8.66m; £5.52m underspent to budget. The Trust's forecast year end capital spend was £18.77m, therefore £10.11m remained to be spent. Given the uncertainty of next year's capital funding regime, extra focus was 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.

Mr Sutton highlighted to the Board the need for detailed robust CIP plans for the new financial year, which was acknowledged.

Mr Richards queried the consequences of failing to meet plans. The Chief Finance Officer said that a clear message had been given to teams that plans had to be delivered and to support this a forensic approach had been taken to this year's budget setting process in terms of reviewing budgets and CIP plans to ensure plans were delivered.

In respect of the Capital Programme, the Director of Estates and Commercial Development informed the Board that the plan was being closely monitored to ensure the full capital budget was spent.

Professor Balch reflected on the difficulty of managing capital budget when it was not clear if or when additional funding might be available during the year and he suggested the Trust should over-programme in future to manage this uncertainty.

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%.

Following the recent internal major incident, with additional processes being put in place to manage demand, there had been a stabilisation in the Trust's 4 hour Emergency Department waits, which had improved in the three weeks since the major incident to 85%.

Length of stays for seven, 14 and 21 days had also improved.

It was noted that support a reduction in demand variation, structural changes needed to be made to the Emergency Department to remove the need for all patients to arrive at one point of entry. Modelling work to support the changes had commenced and would link to work around the Surgical Assessment Unit.

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 January with 79.6% 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 71 patients waiting last month to 81 patients this month; this was in line with planned trajectory of 80 and then a reduction to zero by the end of March for patients who have not declined reasonable offers of dates for treatment. Tracking progress of dating patients was taking place, and whilst all possible breaches would be avoided, the Trust's commissioners have been informed of a likelihood of 10-15 patients still waiting at the end of March.

Of the 15, five were due to patient choice; capacity was being sought for a further five; and five were waiting for diagnostic procedures from other providers. These patients had a robust plan in place to try to ensure they were treated by the end of the financial year.

Cancer – 62 day wait for first treatment: Rag rating **AMBER** - National standard **not met** in January with 83.8% against standard of 85%.

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 was outside of the 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 was reported at 78.5% (compared to 97.2% last January), therefore, **not achieving** the 90% standard.

Operational performance headlines:

The urgent care system had continued to experience 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 could be seen across a number of metrics including:

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

The increase in delayed discharges reflected capacity pressures across adult social care in providing timely assessment and packages of care. During January additional capacity had been commissioned to support access to new packages of care.

Maintaining workforce capacity across critical clinical areas continued to highlight the Trust's reliance on temporary bank and agency staffing.

A system response from the "silver reset" launched in December and ongoing service improvement work had supported operational teams to manage over this period. The daily review of all long stay patients had been successful in reducing the number of the longest ward stay patients. The system had 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.

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

Mrs Lyttle said that the Quality Assurance Committee had not met since the last Board of Directors, however from her discussions with Executive Directors, she was assured that the Trust was taking robust action to ensure that patients and staff were safe, whilst trying to meet performance targets and manage demand.

The Chief Executive asked if mutual support had been requested to support the Trust in meeting the 52 week target and the Chief Operating Officer explained that all Trusts were experiencing the same level of demand as this Trust. He added that where the Trust was reliant on other Trusts for part of a patient's pathway, he was assured that they were doing all they could to manage patients as quickly as possible.

Workforce Headlines

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

Turnover (excluding Junior Doctors): GREEN

The Trust's turnover rate was 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 was against the target rate for sickness of 4%. The Monthly sickness figure for December was 4.99 % which was an increase from the 4.81% as at the end of November. The Workforce and Organisational Directorate was actively working with departments to ensure that absence

was robustly managed. In addition, a variety of wellbeing events were being arranged to support staff with their health and wellbeing.

Mrs Matthews suggested that there might be links between sickness absence and areas of bullying and harassment, and the need to target those areas was acknowledged.

Mandatory Training rate: GREEN

The current rate was 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 was an increase from 78.52% as at the end of December. A deep dive was 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 was £2.375m above plan. This was predominantly due to agency spending on Medical and Dental staff which was £1.802m over budget. However, Medical and Dental agency spend had 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

A 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 were 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.

To date, in the current financial year, the Trust had not experienced a significant impact due to norovirus. The potential effect of coronavirus was, however, not yet understood and the Board would be kept up to date as information became available.

The Trust had continued to struggle to meet the Dementia Find target. Reporting was being monitored on a weekly basis.

There had been a patient fall on Allerton Ward and the outputs from the investigation would be taken through the Serious Adverse Events Sub-Group.

The Board was reminded that staff had been under pressure for some time, and it was important for the Board to be aware that staff were tired. The Workforce team were supporting staff as required.

Mrs Taylor queried VTE compliance and the Chief Nurse explained that a lot of work had been undertaken over the last year with matrons and senior sisters to improve processes. It had been found that assessments were completed, but not inputted onto the electronic system. Inputting was reliant on medical staff inputting the data and the Chief Nurse said she was aware that this was being addressed.

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

36/03/20 Report of the Guardian of Safe Working Hours – Doctors and Dentists in Training

The Acting Medical Director drew to the Board's attention that the number of exception reports completed tended to reduce as junior doctors became more senior in their role. He said that work was taking place to ensure that the process for submitting exception reports was as easy as possible.

The Chairman reflected that the process was still settling down and the balance had not yet been found.

It was acknowledged that more senior junior doctors felt that as professionals they were able to manage their working hours and did not need to report exceptions, and for others the need to stay on after a long shift to make an exception report was not something they wished to do.

The need to have other forums to listen to junior doctors and support them was noted and, in this respect, the good work being undertaken by Dr Maria Saunders, Consultant Physician and Pastoral Lead, was acknowledged.

The Acting Medical Director said that the new Guardian of Safe Working Hours had a number of initiatives he was taking forward. In addition, junior doctors were considering how best to spend funding available to them which included improving the environment and beds in the Doctors' Mess so doctors could rest before driving home after a long shift.

Professor Balch raised a concern around a culture of staff not wishing to engage in a process which was acknowledged. It was noted that, as stated above, the process needed to be made as easy as possible to engage with however it would not be possible to ensure everyone participated.

The Board of Directors received and noted the report of the Guardian of Safe Working Hours.

37/03/20 Quality Account Priorities 2020/21

The Chief Nurse briefed the Board on the proposed improvement priorities for the new financial year, as detailed in her report:

- **Restore2** – the work would be led through primary care.
- **IT Network Replacement** – it was noted that clear, realistic milestones would be set for this target.
- **End of Life Experience**
- **Bereavement Bags** – very good feedback had been received from the Bereavement Bag trial. It was suggested the name of the bags should be changed and this was noted.

Mr Richards informed the Board that it had been agreed a report would be prepared to detail the IT issues the network replacement scheme and Windows 10 upgrade would resolve and what it could not resolve.

The Board approved the four quality improvement priorities as detailed above.

PART B: Matters for Approval/Noting without Discussion

Reports from Board Committees

38/03/20 Finance, Performance and Digital Committee – 25th February 2020

The Board noted the report of the Chairman of the Financial, Performance and Digital Committee.

Professor Balch reminded the Board of the need to deliver CIP recurrently. He said the meeting focussed on the capital programme and the need to bring forward schemes planned for the new financial year to ensure this year's funding was spent.

Reports from Executive Directors

39/03/20 Safe Staffing and Nursing Work Programme

The Chief Nurse highlighted hot spot areas including the Emergency Department; George Earle Ward and Brixham Hospital. She said that work was taking place to support teams and to recruit to vacant posts.

The Board of Directors received and noted the Safe Staffing and Nursing Work Programme Report.

40/03/20 Report of the Chief Operating Officer

The Board noted the report of the Chief Operating Officer.

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

41/03/20 Compliance Issues

There were no compliance issues.

42/03/20 **Any Other Business Notified in Advance**

There was no business notified in advance.

43/03/20 **Date of Next Meeting – 9.00 am, Wednesday 1st April 2020**

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.	Discuss coding of dietetic work with the Trust's Head of Nutrition and Dietetic Services.	DTP	The Director of Transformation and Partnerships had met with the Head of Nutrition and Dietetics to discuss support for coding.	05/02/20
2.	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	The need for joined up working had been fed back to the STP.	05/02/20
3.	Amend minutes of the meeting held on the 5 th February to reflect the cancer 62 day week target was 85%.	CEPA	Completed	04/03/20
4.	Circulate Governor Network meeting date to Non-Executive Directors.	CEPA	Completed	04/03/20
5.	Provide the Board with regular briefings on the Coastal Consultation.	DTP		04/03/20
6.	Learning from recent major incident as a result of non-elective demand to be brought to a future meeting.	COO		04/03/20

Report to the Trust Board of Directors				
Report title: COVID-19 Assurance Report			Meeting date: 1 April 2020	
Report appendix	Appendix 1: Coronavirus Bill - NHS Providers Briefing			
Report sponsor	Chief Executive			
Report author	Company Secretary			
Report provenance	Reviewed by Executive Directors			
Purpose of the report and key issues for consideration/decision	<p>The purpose of the report is to provide assurance to the Board of the Trust's emergency preparedness, resilience and response to the COVID-19 Pandemic.</p> <p>As the current situation escalates I will provide further assurance reports to the Board of Directors. This report reflects the Trust's response as at 26 March. A verbal update on any key developments that have taken place prior to 1 April will be given at the Board meeting.</p> <p>I would ask that the public audience for this report also refer to government updates and advice in which to supplement their understanding of the COVID-19 Pandemic which can be found at https://www.gov.uk/coronavirus</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 are asked to receive and note the COVID-19 Assurance 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	various
	Risk Register	X	Risk score	20

	<ul style="list-style-type: none"> • Provide safe, quality patient care due to service interruption with major consequences • Meet agreed trajectories set out within the annual plan. • Recruitment and retention of sufficient skilled clinical staff to maintain core services. • Achievement of key performance standards. • Achievement of financial plan. • Supporting the health and wellbeing of all staff, including supporting their individual needs. • Availability of capital resources are sufficient to fund high risk/high priority infrastructure/equipment requirements/IT Infrastructure and IT systems. 			
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

Report title: Chief Executive's Report		Meeting date: 1 April 2020
Report sponsor	Chief Executive	
Report author	Company Secretary	

1 Overview

This is the first assurance report to the Board of Directors regarding the COVID-19 Pandemic. As the impact of COVID-19 escalates rapidly, the Trust workforce has worked tirelessly in their efforts to ensure we are as prepared as we can possibly be. I am extremely proud of their response and would to record my thanks.

I start my report however, with the previously announced news that three patients who were being cared for at Torbay Hospital, and had tested positive for COVID-19, sadly died earlier in March. Our condolences and heartfelt sympathy go out to their family and friends.

2. Incident Management

The Trust has responded to the COVID-19 Pandemic by activating the Trust Major Incident Plan ('MIP').

The MIP established a Gold, Silver and Bronze command structure to ensure that the Trusts response is coordinated, collegial and comprehensive. The Gold Command is responsible for ensuring all risks are logged, monitored and mitigations in place. The Trusts risk management policy is being adhered to and risk management procedures followed.

In supporting the command structure are five cells each led by an Executive Director whose role it is to direct preparations to manage the incident. The five cells are: clinical and operational, workforce, community and care at home, support services and resilience and recovery.

This report is structured to provide updates on each of these areas and will be supplemented by additional reporting that is required.

2.1 Clinical and Operational

2.1.1 Sir Simon Stevens announced last week that all routine surgery and other activity will cease across the NHS from 15 April to allow frontline staff to focus on managing the response to COVID-19. He also gave organisations full local discretion to wind down elective activity sooner where indicated by local need.

2.1.2 During our pause in elective activity, we engaged with our clinical teams and created a plan for stepdown, which categorised the risk to standing down clinical

activity for an extended period. This stepdown has now taken place and procedures where no harm or very low risk of harm have ceased.

2.1.3 National agreement is now in place to allow NHS use of private capacity, in our case Mount Stuart Hospital, in order to sustain the most urgent planned care where clinically appropriate to be delivered in that care setting.

2.1.4 We continue to take all necessary precautions to protect our patient and staff during the COVID-19 Pandemic.

To reduce the risk to patients, staff and any visitors and maintain the Government's direction of social isolation we are not accepting visitors to our hospitals, except in the following circumstances:

- One parent/guardian visiting their child (under the age of 18)
- A patient receiving end of life care
- Specific reasons of safety (dementia or learning disability where anxiety would be increased significantly)

Even under these circumstances visitors should not come to the hospital if they have a new, persistent cough or high temperature of 37.8 degrees centigrade or higher. Additionally, if visitors live with someone who has symptoms, they should stay at home for 14 days starting from the day the first person in the household developed symptoms and should not visit.

This restriction will be in place until 6 April and will then be reviewed.

2.2 Workforce

2.2.1 A frequently Asked Questions document has been developed to provide line managers and colleagues with responses to queries relating to COVID-19 and is updated on a daily basis.

2.2.2 Business continuity plans are being used to form the basis of assessing staffing levels and contingency in order to reassign staff to areas of need. Staff are being trained and provided with support in order to upskill if and when required.

2.2.3 A resourcing hub has been established to support the national 'Bring Back Staff' campaign and the Volunteers campaign. This will run alongside the reassignment process for staff internally to be moved to more critical areas as we escalate. Training Programmes are in place to upskill returning staff and volunteers to undertake their assigned duties.

2.2.4 We are supporting staff to enable working from home when and if required. This has involved considerable support from our IT colleagues to ensure colleagues are able to access the Trusts systems during working hours. There is more work to be done however as the requirement for home working increases.

2.2.5 Staff are being reminded about the guidance on self-distancing and have been advised not to hold meetings of more than two people in the same

room. As a result more staff are making use of digital technology in order to convene meetings.

- 2.2.6** A new Staff Wellbeing Support Line is in place and is available for all staff during normal working hours although this will be extended shortly. the service has been established to provide a 'listening ear' for staff to share their thoughts and feelings in a safe and confidential call. The staff have all been trained in listening skills and will have access to helpful signposting contact details.
- 2.2.7** Staff have also been reminded of the availability of the Trust's coaching service. Its purpose is to provide a confidential safe space for one to one conversations or group conversation and help with resilience clarity and wellbeing during difficult times.
- 2.2.8** Free staff car parking has been provided for all staff with effect from 1 April.
- 2.2.9** The Rainbow Nursery used by many of our employees will remain open as usual for key workers and the planned holiday club will operate through the Easter holidays.

2.3 Community and Care at Home

- 2.3.1** The community and care at home cell is working through the national guidance on out of hospital services, reducing bed occupancy on the acute hospital site and bolstering resilience in the independent sector in concert with local government colleagues, particularly our care at home colleagues.
- 2.3.2** Due to prioritising our emergency services, we are experiencing difficulties in sustaining staffing levels at our Minor Injuries Units at Dawlish and Totnes Community Hospitals. Therefore the difficult decision was made to close these Units temporarily and refer patients to Unit at Newton Abbott Community Hospital.

We apologise for the inconvenience this may cause our local communities and thank them for their understanding at this time, and for helping us to ensure we prioritise our most sick and emergency patients.

2.4 Support Services

- 2.4.1** We are working hard to ensure that there is an adequate supply of PPE and all other supplies required to support our staff to manage their work safely, and are in contact with NHS England's regional supply chain on a daily basis to ensure we have the correct level of supplies.
- 2.4.2** The decision has been taken to restrict access to the Bay Restaurant at Torbay Hospital to a staff only facility. Members of the public are being directed to the café on Level 4 for take-away services.

2.5 Resilience and Recovery

- 2.5.1** A resilience and recovery cell has been created and will be key in designing the new 'normal' that we revert to as part of the recovery phase.

3. Governance

- 3.1.1** NHS Improvement have amended arrangements to the year-end accounts for 2019/20.

This will mean that:

- The implementation of IFRS 16 being deferred until 2021/22.
- Draft accounts are now due on 27 April but this can be extended to 11 May
- Audited accounts are now due 25 June.
- Annual report requirements may be streamlined for 2019/20.
- Quality accounts regulations deadline for submission relaxed.
- No limited assurance opinions by provider auditors are expected to be issued in 2019/20.
- Provider organisations will no longer be required to submit any hard copy documents to NHS Improvement for the annual report and accounts.

The implications for the year end audit and preparation of the annual report and accounts and quality account are being worked through with senior managers, internal audit, external auditors and will be overseen by the Audit Committee. Any resulting actions will be reported from the Audit Committee to the Board.

3.1.2 Financial Governance

The Chancellor has committed extra resources to the NHS to cope with COVID-19 and whilst noting this and recognising the significant operational and clinical challenges that we currently facing, maintaining financial control and stewardship of financial resources will remain crucial during this time.

Under the Trust's licence and constitutional arrangements, the Board and the Chief Executive, as Accountable Officer, have legal responsibility that need to be complied with.

As part of the COVID-19 response, the Trust has reviewed its financial governance processes to ensure that decisions to commit resources remain robust and also that such necessary decisions can be approved quickly. As part of that review, the Trust has also reviewed resilience in key areas of finance, payroll, procurement as well as counter fraud arrangements.

3.2 Coronavirus Bill

The UK Government has prepared a Coronavirus Bill to deal with the nation's response to the COVID-19 Pandemic. The Bill has four primary categories of effect, namely: to enhance the capacity and flexibility of deployment of staff; the easing of legislative and regulatory requirements; to contain and slow the spread of the virus; and, the management of the deceased. In addition, it will provide further provisions regarding statutory sick pay, postponement of general elections and the power for the government to intervene in food supply.

The Trust following and adhering to all guidance issued by Government and the Regulator.

A copy of NHS Providers briefing giving information on the Coronavirus Bill is attached as Appendix 1.

4 Communications

- 4.1** We have secured additional support to increase our capacity to manage both the increasing communication to the Trust and that communication we would wish to give to our patients and the public. This is most welcomed and we look forward to working with our Council and the Clinical Commissioning Group communications teams.
- 4.2** Together with the Chief Nurse, Jane Viner, I am sending daily videos to update all staff on current progress and actions happening behind the scenes in response to COVID-19.

5 Good news stories

- 5.1** It is important to acknowledge and recognise the overwhelming support we have already received from the public, voluntary organisations, charities and local businesses.
- 5.2** We are working with our local League of Friends who have always been generous supporters of the Trust and who have also pledged their support.

Offers of help and support to date have included:

- Local business manufactured and donated two dozen drip stands
 - Local restaurant chefs offered to provide cooked meals for staff
 - Brixham College, South Devon College and Torquay Academy donated their stocks of goggles and gloves
 - Local hotels offered accommodation for NHS staff
- 5.3** We have also been contacted by a huge and growing number of volunteers from our local catchment area, for which we are very grateful. We have been fortunate to secure the support of Jo Cubbon, previously Chief Executive at Taunton and Somerset NHS Foundation Trust who will be helping us to coordinate our Torbay Trust Volunteers.

6 Recommendation

The Board of Directors is asked to **receive and note** the COVID-19 Assurance Report.

Coronavirus bill

The government published the [coronavirus action plan](#) on 3 March, which set out a range of measures to respond to the COVID-19 outbreak and details on the government's strategy to delay, contain, mitigate and research to tackle the pandemic. The plan highlighted that some changes to legislation would be necessary to give public bodies across the UK the tools and powers they needed to carry out an effective response.

Overview of the bill

The [Coronavirus bill](#) was introduced on Thursday 19th March to give public bodies the powers they need to respond to the pandemic. Safeguards have been put in place to ensure that the powers outlined in the bill are only used as necessary, for example during the peak of the COVID-19 outbreak. The aim is to balance the need for speed to the risk posed by the virus, with safeguards to ensure proper oversight and accountability.

The legislation is intended to take effect from the end of this month. However, the provisions relating to Statutory Sick Pay are intended to have retrospective effect to 13 March.

The legislation will be time-limited – for 2 years – and not all of these measures will come into force immediately. The bill allows the UK government and devolved administrations to switch on these new powers when they are needed, to switch them off again once they are no longer necessary, based on the advice of Chief Medical Officers of the four nations.

All stages of the bill will be debated by the House of Commons on Monday 23 March, with the Opposition signalling that they will support the bill. Once the bill has passed the Commons stages, it will be debated by the House of Lords on Wednesday 25 and Thursday 26 March.

Key provisions in the bill

The bill aims to achieve the following:

- Increase the number of health and social care workers available
- Ease the burden on frontline staff, both within the NHS and beyond
- Delay and slow the virus
- Manage the deceased with respect and dignity

Increasing the health and social care workforce

Emergency professional registration

The bill will grant two healthcare regulators – the Nursing and Midwifery Council (NMC), and the Health and Care Professions Council (HCPC)– the ability to “carry out emergency regulation” of any professional under the purview by these bodies. The General Medical Council (GMC) already has similar powers so there was no need to include a provision for emergency regulation of doctors in this bill. Regulators will be able to use these powers as they see fit as the bill provides a wide scope for the NMC and HCPC to apply emergency registration to people who “may reasonably be considered fit, proper and suitably experienced persons to be registered as members of the profession in question.”

In practice, however, these provisions are included to enable the NMC and HCPC to do two things:

- 1 Automatically re-register professionals who have recently retired or had their registration lapsed
- 2 Allow early registration of final year healthcare students

Impact of the provisions

These provisions are designed to increase the capacity of the health service to tackle the COVID-19 outbreak. The government has estimated that 10,600 non-medical professionals could return to the NHS, based on the assumption that 20% of NMC and HCPC registered professionals who have recently retired (in the past three years), will take up the offer to do so. There are no estimates provided for returning doctors, but the GMC would be drawing from a pool of 15,000 recently retired medics.

There are 28,100 final year students working to become nurses, midwives, paramedics and social workers, with a hope all would be interested in early registration.

The government admits that “the full costs and benefits for this option are difficult to quantify as there is currently no good estimate of how many professionals who are registered using these powers will carry through to deliver services and for how long.” However the introduction of this legislation, and practical plans to utilise these powers by regulators, are undoubtedly welcome in an environment where NHS staff capacity is greatly stretched.

Emergency Volunteering Leave

The legislation creates a clause that will allow workers and employees across the economy to take a new form of statutory unpaid leave to volunteer in the NHS. People taking “Emergency Volunteering Leave” will have their current terms and conditions of employment protected and the bill creates an obligation for the Secretary of State to compensate eligible volunteers for “some loss of income and expenses incurred”. There are no estimates provided on the potential impact of this policy, and the clause as written does not specifically seek to engage workers who have recently lost work as a result of the COVID-19 outbreak in NHS activity.

Pensions

The bill suspends a range of regulations in each of the NHS pension schemes (1995, 2008, 2015), with the primary aim of removing barriers “which would prevent otherwise able retired members from returning to work while continuing to receive their pension”.

More specifically, suspension of the “16-hour rule” enables staff to return immediately after retirement and work for more than 16 hours without losing pension benefits, return if they are “special class” nurse retiree between the age of 55-60 without having their pension suspended; and allow scheme members eligible for “draw down” of pension benefits to continue this practice without the need to reduce pensionable pay by 10%.

All of these provisions appear sensible changes given the need to keep NHS staff around retirement age in the service, and to encourage the return of those who have recently left.

Indemnity for health service activity

To mitigate the likely adverse impact of the COVID-19 outbreak on NHS staffing, some staff may be asked to undertake NHS activities, which are not part of their normal role, as well as medical students being asked to assist with delivery of NHS services. For example, dentists and GP practice nurses may assist in hospital settings administering injections and medication. An indemnity clause in the bill aims to ensure that:

- The Secretary of State for Health and Social Care can provide indemnity for clinical negligence liabilities of healthcare professionals arising from activities carried out in response to the COVID-19s outbreak.
- In exceptional circumstances that might arise, indemnity arrangements are sufficient to cover all NHS activities required to respond, including care for those who have been diagnosed with, are suspected of having, or are at risk of having COVID-19.
- It will also cover healthcare professionals and others providing ‘business-as-usual’ activities, including where this is outside of the scope of their usual practice.

Easing the burden on frontline staff, both within the NHS and beyond

The bill contains provisions which aim to reduce the administrative burden on frontline staff, in order to do this it contains provisions to make changes to mental health and mental capacity legislation and relaxes requirements on both health services and local authorities to carry out assessments.

Temporary modification of mental health and mental capacity legislation

The bill contains provisions to enable the existing mental health legislation powers to detain and treat patients who need urgent treatment for a mental health disorder and are a risk to themselves or others, to be implemented using just one doctor’s opinion (rather than the current two). This will ensure that those

who were a risk to themselves or others would still get the treatment they need, when fewer doctors are available to undertake this function. It will also temporarily allow extension or removal of time limits in mental health legislation to allow for greater flexibility where services are less able to respond. These temporary changes would be brought in only in the instance that staff numbers were severely adversely affected during the pandemic period and provide some flexibility to help support the continued safe running of services under the Mental Health Act.

The temporary changes proposed to mental health legislation should help to give services the support and flexibility to ensure those at risk to themselves or others still get the treatment they need in the event of extreme staffing pressures and service disruption. It is crucial these changes and how they should impact on provision are clearly communicated to trusts and they have a clear understanding of when to use these flexibilities given there is likely to be local variation in the impact of COVID-19 across the country. There is a certain amount of uncertainty about how these changes will impact on provision and the extent to which these changes, if actioned, may impact resources of the wider system, for example the police.

There is also a question about whether these temporary changes to the management of the mental health act would be sufficient during a very severe outbreak. There are further temporary changes that could be considered to ensure patients still get the treatment from services they need. For example, consultant nurses could temporarily be allowed to carry out assessments and checks and agreements made by approved mental health professionals could be allowed retrospectively. Temporarily removing the requirement for CQC to organise second opinion appointed doctors and extending time periods for hearings and tribunals, or allowing tribunal decisions to be taken on the basis of electronic documents alone, are further measures that could also be considered.

The consideration of any further temporary changes to mental health legislation, in the interest of patients being able to access treatment if needed, must continue to be balanced against the impact they have on the immediate safeguards around these processes.

NHS and local authority care and support

With the aim of reducing burdens on staff working in the NHS and beyond, and in light of the increased pressure there would be on teams where staff may need time off sick or to care for loved ones, the bill temporarily relaxes requirements on both health services and local authorities to carry out assessments. The aim is to facilitate faster discharge from hospital settings into the community.

The provisions in the bill should be read alongside the newly-released COVID-19 Hospital Discharge Service Requirements, which set out the discharge to assess approach expected from all NHS trusts, community interest companies and private care providers of acute, community beds and community health services and social care staff in England from 19 March 2020. They also cover discharge for commissioners of health and social care.

For the emergency period covering the height of the COVID-19 outbreak, NHS providers will be able to delay undertaking NHS continuing healthcare assessments of patients being discharged until the outbreak has ended. The government is keen that patients who can leave hospital do so, amidst the recognition that continuing healthcare assessments can be resource-intensive and delay discharge. To mitigate the impact on patients and their finances, individuals would continue to receive NHS-funded care pending their full assessment once the emergency period was over. Also at the height of the outbreak, and for the shortest amount of time possible, local authorities will have the power to prioritise care in order to protect life without undertaking full Care Act compliant assessments. They will instead be able to prioritise their services to meet the most urgent and serious needs, even where the results do not meet everyone's assessed needs in full, or delay some assessments.

Local authorities would still be expected to do as much as they could to fulfil requirements to meet needs, and the duty of care towards an individual's risk of serious neglect or harm would remain. These powers would only be used if demand and workforce shortage were such that local authorities were at imminent risk of failing to fulfil their duties, and only while the emergency situation was ongoing. During this time the Secretary of State would have a power to direct local authorities to comply with government guidance on prioritising care, aiming to ensure that consistent principles were followed.

Delaying and slowing the virus

The government's objective is to slow the spread of the virus through restrictions on social contacts, which may mean preventing gatherings of people, postponing electoral events over the course of the year, closing schools, further or high education premises or childcare providers. This will help mitigate the risk to public health arising from such mass gatherings. The measures would only be put in place for the period of time required to mitigate the effects of the COVID-19 pandemic.

Temporary closure of educational institutions and childcare premises

The government has announced the closure of all educational institutions and childcare providers, however there are exceptions to provide childcare for the children of key workers; these include:

NHS staff

social and care workers

nursery and teaching staff

food distribution staff

police/fire/prisons/border officers

workers at banks/building societies

More detail on who is eligible can be found on the [government website](#).

Powers relating to potentially infectious persons: constables and immigration officers

The police will have the power to detain people suspected of having COVID-19 and to send them for screening or assessment. Individuals with the virus could be ordered to go into isolation for 14 days. In

addition, immigration officers will be able to direct or remove a person who is, or may be, infectious to a suitable place for screening and assessment. Obstructing an immigration officer or constable exercising these powers would constitute a criminal offence, and could be subject to a fine of £1,000.

Powers relating to events, gatherings and premises

The government may restrict or prohibit gatherings or events and to close premises during the COVID-19 outbreak period. The government will have the discretion – but not an obligation – to provide compensation to those affected by mandatory closures or restrictions.

Postponement of elections, referendums, recall petitions and canvass

The government has advised that local, mayoral and Police and Crime Commissioner elections due to take place in England in May should be delayed until May 2021. Provision will also be made to postpone other electoral events over the course of the year (such as by-elections).

We have approached NHS England and Improvement for official guidance on trust governor elections and will share that once it is received. In the meantime if you have any questions on this, please get in touch.

Managing the deceased with respect and dignity

Inquests

The bill suspends the normal requirement for any inquest into a death caused by a notifiable disease (such as COVID-19) to have a jury, to avoid the significant impact on coroners' workload, local authority coroner service resources and taking into account the level of sickness rates among the general population during such an outbreak. The provision applies only to COVID-19 deaths, during the emergency period. Coroners will maintain discretion to hold a jury inquest where appropriate.

Registration of deaths and still-births

Presently, deaths and still births which occur in England and Wales must be registered in person at the register office in the presence of a registrar. Clause 17 in the bill outlines that deaths and still births will be able to be registered by other means, including by telephone, rather than face-to-face interview. Civil registration officials may register deaths from home.

Protecting and supporting people

Statutory sick pay

The bill introduces a clause to reimburse employers for statutory sick pay owing to the effects of COVID-19, given the potential for a significantly higher than normal rate of absence across the economy at any given time. It also introduces a provision to waive the three "waiting days" which apply before an employee is entitled to statutory sick pay.

The later provision is introduced only for COVID-19-related absences: the waiting days will continue to apply to staff with other absences, and the period will be restored for all at the conclusion of the pandemic. This clause seeks to ensure staff do not come into work when affected by the symptoms of COVID-19 in order not to lose “waiting days” wages, as the government’s reimbursement of statutory sick pay applies.

Some specifics around these provisions remain unclear, including a potential cost impact for the NHS, as the government’s supporting materials indicate reimbursement may only apply to “small and medium enterprises”. While some staff in NHS trusts may have preferential contractual sick pay that already voids “waiting days” (therefore already covering the cost of COVID-19-related sick pay on the first three days of absence,) it is unclear if this provision will to apply to all NHS employment contracts.

NHS Providers press statement

Financial support for the NHS and social care is welcome

Responding to the publication of the Government’s decision to allocate £2.9bn funding to strengthen care for the vulnerable and the Coronavirus Bill, the chief executive of NHS Providers, Chris Hopson said:

The NHS is facing the biggest challenge in a generation. We welcome today’s announcement by the Government as it provides much needed financial support to the health and care system in these difficult times. We now have clarity on how the Chancellor’s £5bn emergency funding for coronavirus will be divided, with £2.9bn going to the NHS and social care.

It is good to see that the Government has listened to concerns that there needs to be a clear and quick path out of hospitals into social care or back home for those patients who are medically fit, to ensure that capacity is cleared where appropriate. This is helpful when combined with the announcement that elective operations will be postponed to free up beds, space and staff so that those with the virus can be prioritised. The NHS is doing everything it can to prepare to handle an increase in demand due to the virus.

Useful documents

[The full text of the bill.](#)

[Summary of impacts of the bill.](#)

[What the bill will do.](#)

[Guidance for schools, colleges and local authorities on maintaining educational provision.](#)

Report to the Trust Board of Directors																
Report title: Chief Executive's Report			Meeting date: 1 April 2020													
Report appendix	n/a															
Report sponsor	Chief Executive															
Report author	Company Secretary															
Report provenance	Reviewed by Executive Directors															
Purpose of the report and key issues for consideration/decision	<p>The purpose of this report is to provide an update from the Chief Executive on key corporate matters, local system and national initiatives and developments.</p> <p>Since the last Board meeting, the situation with regard to the COVID-19 Pandemic has evolved rapidly, and therefore this report is brief as all non-essential activities are stood down.</p> <p>A detailed report of the Trust's preparedness and response is provided under a separate agenda item.</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 are asked to receive and note the Chief Executive's Report															
Summary of key elements																
Strategic objectives supported by this report	<table border="1"> <tr> <td>Safe, quality care and best experience</td> <td>X</td> <td>Valuing our workforce</td> <td>X</td> </tr> <tr> <td>Improved wellbeing through partnership</td> <td>X</td> <td>Well-led</td> <td>X</td> </tr> </table>				Safe, quality care and best experience	X	Valuing our workforce	X	Improved wellbeing through partnership	X	Well-led	X				
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	<table border="1"> <tr> <td>Board Assurance Framework</td> <td>X</td> <td>Risk score</td> <td>20</td> </tr> <tr> <td>Risk Register</td> <td>X</td> <td>Risk score</td> <td>20</td> </tr> </table>				Board Assurance Framework	X	Risk score	20	Risk Register	X	Risk score	20				
Board Assurance Framework	X	Risk score	20													
Risk Register	X	Risk score	20													
External standards affected by this report and associated risks	<table border="1"> <tr> <td>Care Quality Commission</td> <td>X</td> <td>Terms of Authorisation</td> <td>X</td> </tr> <tr> <td>NHS Improvement</td> <td>X</td> <td>Legislation</td> <td></td> </tr> <tr> <td>NHS England</td> <td>X</td> <td>National policy/guidance</td> <td>X</td> </tr> </table>				Care Quality Commission	X	Terms of Authorisation	X	NHS Improvement	X	Legislation		NHS England	X	National policy/guidance	X
Care Quality Commission	X	Terms of Authorisation	X													
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	<ul style="list-style-type: none"> • Failure to provide safe, quality patient care due to service interruption with major consequences • Failure to achieve the standards required for a 'good' CQC rating • Failure to achieve key performance standards • Failure of key stakeholders. • Failure to achieve financial plan.
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Report title: Chief Executive's Report		Meeting date: 1 April 2020
Report sponsor	Chief Executive	
Report author	Company Secretary	

1 Trust key issues and developments update

Key developments to draw to the attention of the Board since the last Board of Directors meeting are as follows:

1.1 Safe Care, Best Experience

1.1.1 COVID-19

The situation with COVID-19 pandemic is rapidly evolving. The Trust is responding accordingly through its COVID-19 Gold, Silver and Bronze structures and we are doing as much as we can to prepare for this national emergency.

I would draw the Board's attention to the separate Board Report which gives further details around the Trust's response.

1.1.2 Smoking ban reinforced on National No Smoking Day

The Trust reinforced its smoking ban on National No Smoking Day - Wednesday 13 March. The Trust has updated its smoke free policy, which bans all smoking on all its sites, to allow vaping outside buildings for the first time. Vaping is seen as an aid to giving up smoking.

The policy has the following aims:

- to provide a healthy smoke-free environment for staff, patients and visitors.
- encourage patients to stop smoking before having surgery to reduce the risk of potential complications

1.2 Valuing our Workforce, Paid and Unpaid

1.2.1 . Nursing Times Student Award shortlist

Nina Henton-Waller, a Student Apprentice Nurse with Torbay and South Devon NHS Foundation Trust, has been shortlisted for the prestigious Student Nursing Times Awards which celebrates outstanding nurses and their innovative work.

Her work aims to ultimately support the Trust in improving health and quality of life by early treatment of mental health in patients with complex illnesses. She has developed a tool to complement existing versions within the Trust by setting up a pilot study.

This study routinely assessed anxiety and depression, as part of an existing holistic assessment, in patients with long term respiratory conditions within acute care while working on Midgley Ward.

2. Chief Executive Engagement: March

I continued to meet with external stakeholders and partners in March albeit towards the end of the period meetings my time has been focussed on COVID-19 preparedness. I would like to stress that meetings, both internal and with external partners and stakeholders, are observing the national guidance on self-distancing and are therefore taking place using digital technology.

Meetings that have taken place during March are shown below.

Internal	External
<ul style="list-style-type: none"> • Staff Side • Video blog sessions: <ul style="list-style-type: none"> ○ Regular COVID-19 updates 	<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 Collaborative Board • Chief Executive and Medical Director, Royal Devon and Exeter NHS FT • Anthony Mangnall MP • Kevin Foster MP • Chief Executive, Healthwatch Torbay • Dartmouth Caring • Locality Director, NHSI/E

3. Local Health and Care Economy Developments

3.1.1 Partner and partnership updates

3.1.1 Clinical representatives for Devon confirmed

The three GP Locality Clinical Representatives for the North, East and West Localities have been confirmed as Dr John Womersley (Northern locality), Dr Simon Kerr (Eastern locality) and Dr Shelagh McCormick (Western locality). John, Simon and Shelagh have been in post since NHS Devon CCG was established on 1 April 2019, with their new tenures running from 1 April 2020 until 31 March 2023. Dr David Greenwell and Dr Mat Fox continue in their posts for the Southern Locality until 31 March 2021. The future of health commissioning in Devon is exciting, with the move towards more integrated care, and the opportunities that GP Primary Care Networks bring. Strong GP clinical representation on the Governing Body is therefore key.

4.1 Care Quality Commission

4.1.1 CQC visit

We have been contacted by the CQC and in line with national guidance, they are stepping down all further inspections to enable the NHS to focus on priority frontline services during the COVID-19 Pandemic. This means our well-led inspection planned for Tuesday 31 March to Thursday 2 April will no longer take place. Our CQC inspection team is aiming to complete our core services inspection remotely so that it can be published later in the summer.

The first stage of the CQC inspection did take place, however due to the current COVID-19 situation, and the requirement to visit people in their own homes, inspectors stood down visits for Community Adults and Community End of Life services. These services will therefore not be inspected or rated.

It will be some time before we receive formal feedback, but in the review meeting with us at the end of their visit, they remarked on:

- High levels of staff engagement and transparency they had seen: they recognised that staff are doing their absolute best in difficult circumstances.
- High degree of multi-disciplinary team working they had witnessed.
- Consistently positive patient feedback across all services.

Overall, inspectors witnessed lots of good, safe care, so thank you to everyone who was involved in planning for the visit and meeting with inspectors during their time here.

The Chief Executive has asked for a meeting with the CQC to consider the implications of the decision to halt the well-led inspection on the CQC inspection outcome.

4.2 HM Treasury

4.2.1 Policy change for pension tax

The March budget announced a policy change designed to solve the pension tax issues affecting senior NHS staff. This marked the conclusion of a Treasury review into the impact of the annual allowance tax which has taken place over the past two months. The policy change will increase the income “threshold” allowance from £110,000 to £200,000, and the adjusted income allowance from £150,000 to £240,000. The government has estimated that these changes will take 98% of hospital consultants, 96% of GPs, and 99% of senior managers, including Very Senior Managers (‘VSMs’), out of the scope of the taper.

4.3 Health Education England

4.3.1 Extra student nurse places

An extra £10m will be invested in nursing clinical placement programmes at hospital trusts to accommodate the increase in undergraduate nurses. Deputy chief nurse Mark Radford said the funding would be spent by Health Education England towards placements, in response to the 6% increase in applicants to nursing courses to start later this year. It is currently unclear how many additional placements the £10m would fund.

5 Local Media Update

5.1 News release and campaigns highlights:

BBC Spotlight /BBC Radio Devon

Interview and phone-in with Dr Rob Dyer, System Medical Director

Devon Live

Podiatry team saving lives with heart checks

Mid Devon Advertiser

Retired consultant, David Halpin, opinion piece on the NHS and COVID-19
Coastal consultation plans postponed

Totnes Times/Dartmouth Chronicle

No-smoking day news release
Call for more electric car charging points at Dartmouth Health and Wellbeing Centre
Trust's pilot hydration project with care homes to help stop older people getting dehydrated

5.2 Other social media posts, press releases and campaigns:

Planned reduction of elective activity
Handwashing/infection control measures
Sharing national advice/guidance on coronavirus
Staff heroes nominations
Totnes x-ray machine back in service
National no smoking day
Please attend hospital appointments unless you are unwell
Student nurse shortlisted in Student Nursing Times awards
NHSapp promotion
Team-based approach to supporting women through pregnancy and birth
Nutrition and hydration awareness week
Feedback Friday

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 Board of Directors				
Report title: Integrated Performance Report (IPR): Month 11 2019/20 (February 2020 data)			Meeting date: 1 April 2020	
Report appendix	Month 11 - Focus Report Month 11 - Dashboard of key metrics			
Report sponsor	Director of Transformation and Partnerships Chief Finance Officer			
Report author	Head of Performance			
Report provenance	Performance briefing with Executive Directors (9 March 2020) Executive Director scrutiny (17 March 2020) Assurance and Transformation Group (19 March 2020) Information Governance Group (23 March 2020) Finance, Performance and Digital Committee (24 March 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 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 Committee will want to focus on are highlighted below and detailed in the attached Focus Report and Dashboard. For this month the Board have received an abbreviated IPR. The key areas to bring to the attention of the Board are detailed below.</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 receive and note the report.			
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> <p>Safety and Quality</p> <ul style="list-style-type: none"> Safety and quality indicators for February were broadly on track with no issues to note. With the extreme nature of the Covid-19 outbreak, board needs to be aware that safety and quality will be significantly impacted with a reduction in elective and diagnostic capacity. <p>Workforce</p> <ul style="list-style-type: none"> Sickness absence for February remains static at 4.5%, this has significantly increased with large numbers of staff affected by Covid-19, including those who are required to self-isolate. It is expected that all workforce indicators will be significantly affected by the Covid-19 outbreak. <p>Performance</p> <ul style="list-style-type: none"> The 4 hour emergency target had improved significantly in February 2020 to 82.2%, which reflected the improvements in patient flow as a result of the hard reset activity. The position on 52 weeks had improved from 80 breaches in January to 43 breaches in February. Additional activity to reduce the number of 52 week breaches to no more than 20 was planned throughout March. This activity was taken down in March due to the preparations for Covid-19 and as a result it is predicted there will be 58 patients waiting over 52 weeks by the end of March. All performance indicators will be at risk as a result of the Covid-19 outbreak and reporting requirements nationally have been amended accordingly. <p>Finance</p> <ul style="list-style-type: none"> 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 29th of February 2020 is a £13.14m deficit prior to sustainability funding. This is £8.53m adverse against the phased YTD plan of £4.61m deficit. 			

- In the year to date, the Trust has delivered £10.0m of savings, which is £7.1m adverse to the original plan; of this £3.3m has been delivered recurrently.
- The Trust identified an annual savings requirement of £20.0m. Of this £10.7m savings have been identified, resulting in a £9.3m gap and representing a significant risk to the underlying financial performance and the opening position for next financial year.
- Capital expenditure as at M11 is £10.11m. The full year forecast is £18.77m therefore £8.66m 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 £8.66m of spend across March will be very challenging.
- The Finance Risk Rating continues to be 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 (£1.7m), an adjustment to depreciation charges owing to a change in RICS guidance (£1.8m) and unforeseen costs due to operational pressures and Covid-19 incremental costs. Steps are being taken to mitigate these risks.

Trust Board is requested to note the contents of the report and the significant impact that the Covid-19 outbreak has on all aspects of the trust business.

Integrated Performance Report

March 2020: Reporting period February 2020 (Month 11)

Section 1: PERFORMANCE



NHSI operational performance indicator focus

Section 2: FINANCE



Finance Focus

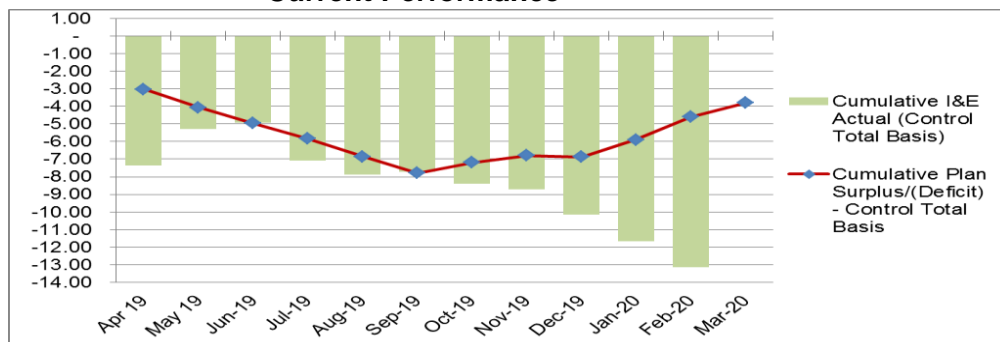
NSHI Single Oversight Framework - Performance standards				
	National Standard	Trajectory M11	ICO performance M11	Risk
Patients Seen within 4 hours in A+E	>95%	90%	82.2%	HIGH
Risks identified: M11 has seen an improvement with reported performance to 82.2% (with the number of attendees remaining steady) and a greatly reduced level of escalation days with no days of OPEL 3 or above from 14th February following a major internal incident trigger at the end of the first week of February. There has also been reduced handover delays, fewer corridor care over 60 minutes and fewer long stays in the department over 12 hours. As we enter M12 we are aware of the increased risks from COVID-19 and the need to respond to this through our escalation plans.		Management Action: Learning from the operational response to the internal incident raised in early Feb has been carried forward into business as usual plans and we have been able to sustain improved patients flow for the last few weeks.		
Patients waiting longer than 18 weeks from referral to treatment	>92%	82%	78.80%	HIGH
Risks identified: We have maintained elective capacity throughout February despite the recent emergency pressures. Our waiting times and numbers waiting however remain higher than this time last year although progress has continued against reducing the number of patients who will wait over 52 weeks from referral to treatment by April 2020. Due to escalating COVID planning however we are now seeing planned activities cancelled and having to revise the end of year forecast shared with NHSI.		Management Action: Due to the COVID-19 escalation we are stepping down much of the routine tracking/ monitoring and escalation of RTT pathways. Operational teams will continue to treat our longest waiting patients where possible and we are looking at pathways to ensure that this and our most urgent elective patients continue to be treated.		
Cancer 62 day wait for first treatment from 2 week wait referral	85%	85%	74.40%	MEDIUM
Risks identified: Urology and lower GI make up 70% of patients who are on pathways over 62 days.		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.		
Diagnostic tests longer than 6 weeks	< 1%		7.30%	HIGH
Risks identified: Diagnostics waiting times are critical to the delivery of timely RTT and cancer treatment pathways. In M11 we have recorded an improvement to 7.3% although we are not forecasting delivery of the 2% end of March trajectory agreed as part of the winter funding programme.		Management Action: The additional capacity had been implemented in Q4 with additional targeted funding agreed with commissioners and achieve a 2% breach rate by end of March. Despite the escalating COVID position much of this capacity has remained in place and we have continued to use mobile van capacity in Radiology, maintaining frequency of insourcing for Colonoscopy and introduction of additional in-house weekend lists in Endoscopy. The target is to achieve 2% - current forecast is to see continued improvement however 4% is a more likely end of year position at this time.		
Dementia Find	>90%	90%	94.20%	LOW
Risks identified: The Trust has seen an improvement and is meeting the required level of Dementia Find, following a lower performance in January against this standard. Using the Dementia Find tool helps to identify patients who may need further Dementia clinical assessment to support treatment and the ongoing delivery of safe and effective		Management Action: Monitoring of performance at ward level is in place and escalated through the Wards managers group.		

Finance Focus

Page 2	Summary Of Financial Performance
Page 3	Summary Of Financial Performance (2)
Page 4	Income
Page 5	Pay Expenditure
Page 6	Non Pay Expenditure
Page 7	Balance Sheet
Page 8	Cash
Page 9	Capital

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 29th of February 2020 is a £13.14m deficit prior to sustainability funding. This is £8.53m adverse against the phased YTD plan of £4.61m deficit.
- There is a net movement in re-categorisation of plan to budget of £0.53m 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 £4.23m due to lower income from contract healthcare £1.94m (CCG £1.65m), Torbay Council IBCF £2.20m, private patient activity £0.54m, lower TP sales £1.10m and PSF £2.11m offset by additional income in Education & Training/R&D £1.02m, client contribution £0.90m, non patient services £0.70m and various income streams £1.04m. Pay - adverse variance of £5.30m due to undelivered CIP £4.61m, Bank £3.75m and Agency £1.96m (due to recruitment challenges, operational pressures and maternity/sickness cover) offset by Substantive vacancies £5.03m. Non pay - adverse variance of £2.07m due to undelivered CIP £1.29m, increased cost in placed people £0.56m, adult social care (price and volume packages of care) £0.61m and various operating cost £0.16m offset by lower Drugs cost of £0.19m and non clinical supplies £0.36m.
- Total pay run rate in M11 (£21.3m) is £0.2m higher in comparison to previous month (M10 £21.1m) due to Nursing pay increase as a result of winter incentive payment.
- Non pay expenditure run rate of £17.26m is £2.87m lower compared to M10 (£20.13m). This is due to lower spend in: Drugs £0.37m, clinical supplies and services £0.34m and operating cost £2.17m (reclassification £1.65m, transport and establishment £0.14m, various operating cost £0.38m).
- In the year to date, the Trust has delivered £10.0m of savings, which is £7.1m adverse to the original plan; of this £3.3m has been delivered recurrently.
- The Trust identified an annual savings requirement of £20.0m. Of this £10.7m savings have been identified, resulting in a £9.3m gap and representing a significant risk to the underlying financial performance and the opening position for next financial year.
- Capital expenditure as at M11 is £10.11m. The full year forecast is £18.77m therefore £8.66m 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 £8.66m of spend across March will be very challenging.
- The Finance Risk Rating continues to be 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 (£1.7m), an adjustment to depreciation charges owing to a change in RICS guidance (£1.8m) and unforeseen costs due to operational pressures and Covid-19 incremental costs. Steps are being taken to mitigate these risks.

	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£M	£M	£M	£M	£M	£M	£M
Income	454.37	(2.18)	452.20	447.97	(4.23)	496.18	493.65
Pay	(226.34)	(2.73)	(229.06)	(234.37)	(5.31)	(246.38)	(249.37)
Non Pay	(206.64)	3.21	(203.43)	(205.50)	(2.07)	(225.02)	(221.98)
EBITDA	21.39	(1.69)	19.70	8.10	(11.61)	24.78	22.30
Financing Costs	(18.36)	2.22	(16.13)	(15.61)	0.53	(20.08)	(17.60)
SURPLUS / (DEFICIT) inc PSF / MRET	3.04	0.53	3.57	(7.51)	(11.08)	4.70	4.70
NHSI Exclusions	(0.13)	0.00	(0.13)	(0.23)	(0.11)	(0.14)	(0.14)
Adjusted Surplus / (Deficit)	2.91	0.53	3.44	(7.74)	(11.19)	4.56	4.56
Less: PSF/MRET Income	(7.52)	0.00	(7.52)	(5.40)	2.12	(8.36)	(8.36)
YTD Surplus / (Deficit) (Excl PSF/MRET)	(4.61)	0.53	(4.07)	(13.14)	(9.07)	(3.80)	(3.80)

Cash Balance	1.00			14.71	13.71	3.83	3.83
Capital Expenditure	19.70	(4.43)	15.27	10.11	(5.17)	21.56	19.61
CIP Delivery	17.05	0.00	17.05	9.97	(7.08)	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	4
Agency rating	2	3
Finance Risk Rating	n/a	4

Summary of Financial Performance

	Month 11					Year to date (YTD)					Prior Month Variance YTD	Change	Annual Plan	Annual Budget
	Current Month Plan	Re- Categoris- ation of Plan	Current Month Budget	Current Month Actual	Current Month Variance to Budget	Plan for Period YTD	Re- Categoris- ation of Plan	Budget for Period YTD	Actual for Period YTD	Variance to Budget YTD				
	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M
Operating income from patient care activities	36.95	(0.38)	36.57	34.90	(1.67)	407.33	(2.75)	404.58	401.23	(3.34)	(1.67)	(1.67)	444.27	441.13
Other Operating income	4.91	0.05	4.96	3.97	(0.99)	47.05	0.58	47.62	46.74	(0.89)	0.10	(0.99)	51.91	52.52
Total Income	41.86	(0.33)	41.53	38.87	(2.66)	454.37	(2.18)	452.20	447.97	(4.23)	(1.57)	(2.66)	496.18	493.65
Employee Benefits - Substantive	(19.66)	(0.22)	(19.88)	(20.77)	(0.89)	(220.54)	(2.12)	(222.67)	(226.01)	(3.34)	(2.46)	(0.89)	(240.20)	(242.46)
Employee Benefits - Agency	(0.40)	(0.07)	(0.47)	(0.60)	(0.12)	(5.80)	(0.60)	(6.40)	(8.36)	(1.96)	(1.84)	(0.12)	(6.18)	(6.91)
Drugs (including Pass Through)	(2.94)	0.10	(2.83)	(2.81)	0.02	(32.32)	1.13	(31.19)	(31.00)	0.19	0.17	0.02	(35.26)	(34.02)
Clinical Supplies	(2.27)	0.02	(2.25)	(1.97)	0.28	(24.20)	(0.17)	(24.37)	(24.61)	(0.24)	(0.52)	0.28	(26.47)	(26.65)
Non Clinical Supplies	(0.39)	(0.07)	(0.45)	(0.47)	(0.02)	(4.55)	(0.24)	(4.79)	(4.44)	0.36	0.37	(0.02)	(4.94)	(5.17)
Other Operating Expenditure	(12.34)	0.15	(12.19)	(12.01)	0.19	(145.57)	2.49	(143.08)	(145.46)	(2.38)	(2.56)	0.19	(158.35)	(156.13)
Total Expense	(38.00)	(0.08)	(38.09)	(38.62)	(0.53)	(432.98)	0.48	(432.50)	(439.87)	(7.37)	(6.84)	(0.53)	(471.40)	(471.35)
EBITDA	3.85	(0.41)	3.45	0.25	(3.19)	21.39	(1.69)	19.70	8.10	(11.61)	(8.41)	(3.19)	24.78	22.30
Depreciation - Owned	(1.11)	0.25	(0.86)	(0.82)	0.04	(11.74)	2.22	(9.52)	(9.33)	0.19	0.16	0.04	(12.86)	(10.38)
Depreciation - donated/granted	(0.07)	0.00	(0.07)	(0.07)	(0.00)	(0.79)	0.00	(0.79)	(0.82)	(0.03)	(0.02)	(0.00)	(0.86)	(0.86)
Interest Expense, PDC Dividend	(0.61)	0.00	(0.61)	(0.57)	0.03	(6.74)	0.00	(6.74)	(6.45)	0.29	0.26	0.03	(7.36)	(7.36)
Donated Asset Income	0.08	0.00	0.08	0.00	(0.08)	0.92	0.00	0.92	0.77	(0.14)	(0.06)	(0.08)	1.00	1.00
Gain / Loss on Asset Disposal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.06)	(0.06)	(0.06)	0.00	0.00	0.00
Impairment	0.00	0.00	0.00	0.37	0.37	0.00	0.00	0.00	0.28	0.28	(0.10)	0.37	0.00	0.00
SURPLUS / (DEFICIT) inc PSF / MRET	2.15	(0.15)	2.00	(0.84)	(2.84)	3.04	0.53	3.57	(7.51)	(11.08)	(8.24)	(2.84)	4.70	4.70
Adjusted Plan Position														
Donated Asset Income	(0.08)	0.00	(0.08)	0.00	0.08	(0.92)	0.00	(0.92)	(0.77)	0.14	0.06	0.08	(1.00)	(1.00)
Depreciation - Donated / Granted	0.07	0.00	0.07	0.07	0.00	0.79	0.00	0.79	0.82	0.03	0.02	0.00	0.86	0.86
Impairment	0.00	0.00	0.00	(0.37)	(0.37)	0.00	0.00	0.00	(0.28)	(0.28)	0.10	(0.37)	0.00	0.00
Adjusted Plan Surplus / (Deficit)	2.14	(0.15)	1.98	(1.14)	(3.12)	2.91	0.53	3.44	(7.74)	(11.19)	(8.06)	(3.12)	4.56	4.56
NHSI Adjustment to Control Total														
Remove PSF/MRET Income	(0.85)	0.00	(0.85)	(0.32)	0.52	(7.52)	0.00	(7.52)	(5.40)	2.12	1.59	0.52	(8.36)	(8.36)
SURPLUS / (DEFICIT) excluding PSF / MRET	1.29	(0.15)	1.14	(1.46)	(2.60)	(4.61)	0.53	(4.07)	(13.14)	(9.07)	(6.47)	(2.60)	(3.80)	(3.80)

- The in-month deficit for month 11 is £1.46m, which is adverse to the £1.14m budgeted position after NHSI exclusions. There is a net movement in re-categorisation of plan to budget of £0.15m in month relating to income, pay, non pay and asset life changes due to RICS valuation. The year to date position is a cumulative deficit of £13.14m.
- Patient care income is £1.67m lower than budget in month 11 due to CCG contract income; cumulatively income is £3.34m lower than budget due to: contract healthcare mainly due to CCG £1.94m, council income £2.20m, private patient income £0.54m offset by client income £0.90m and other £0.43m. Other income is lower in M11 by £0.99m due to PSF £0.52m and TP sales £0.57m offset by other income £0.10m. Cumulatively other income is £0.99m higher than budget due to: Education, Grant and Training income of £1.02m, site services £0.09m, non patient services £0.70m, income received from insurance £0.13m; grants, rental, VAT reclaim and other services £0.28m offset by lower PSF of £2.11m and TP sales £1.10m.
- Pay expenditure of £21.36m is £1.01m higher than budget in Month 11 due to: use of Bank £0.38m, Agency £0.12m and Substantive staff £0.51m (undelivered CIP £0.90m offset by Vacancies £0.39m). For the year to date, the pay position is £5.30m higher than budget due to undelivered CIP £4.61m, Bank and Agency spend £5.72m offset by Substantive vacancies and underspends £5.03m. 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 £0.48m lower than budget in Month 11 due to underspend in operating cost £0.19m (impairment of receivables £0.09m and various cost £0.10m), Drugs £0.02m, Clinical supplies £0.28m (TP Finished Goods) offset by non clinical supplies £0.02m. The year to date position is £2.07m higher than budget due to overspend of £2.38m in operating cost (Adult social care packages of care £0.61m and CIP £0.58m, Placed people £0.56m and net higher operating cost £0.62m (CIP £0.71m offset by various other cost £0.09m), clinical supplies of £0.24m offset by Drugs £0.19m and non clinical supplies £0.36m.
- Depreciation/amortisation costs is £0.16m lower than budget year to date.

Income

Current Performance

Income Variance to budget £'000



Operating Income	Year to Date - Month 11					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	347.89	(2.13)	345.76	343.83	(1.94)	(0.32)	(1.62)
Council Social Care (inc Public Health)	47.52	(0.37)	47.15	44.95	(2.20)	(1.95)	(0.25)
Client Income	9.88	(0.59)	9.29	10.19	0.90	0.77	0.13
Private Patients	2.04	0.07	2.10	1.57	(0.54)	(0.35)	(0.19)
Other Income	0.00	0.27	0.27	0.70	0.43	0.18	0.25
Operating Income from patient care activities	407.33	(2.75)	404.58	401.23	(3.34)	(1.67)	(1.67)
Other Income	30.31	0.77	31.07	31.29	0.21	0.84	(0.63)
R&D / Education & training revenue	9.23	(0.19)	9.04	10.05	1.02	0.85	0.16
Provider Sustainability Fund (PSF) & MRET Income	7.52	0.00	7.52	5.40	(2.12)	(1.59)	(0.52)
Other operating income	47.05	0.58	47.62	46.74	(0.89)	0.10	(0.99)
Total	454.38	(2.18)	452.20	447.97	(4.23)	(1.58)	(2.66)

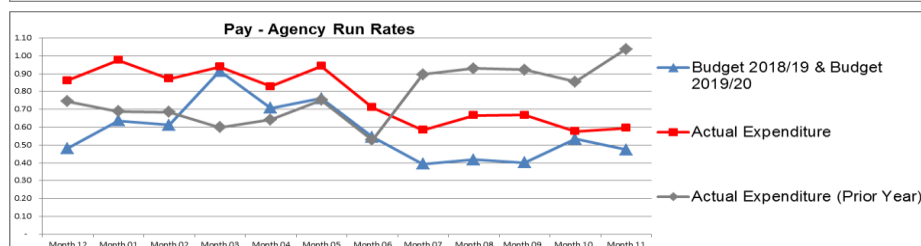
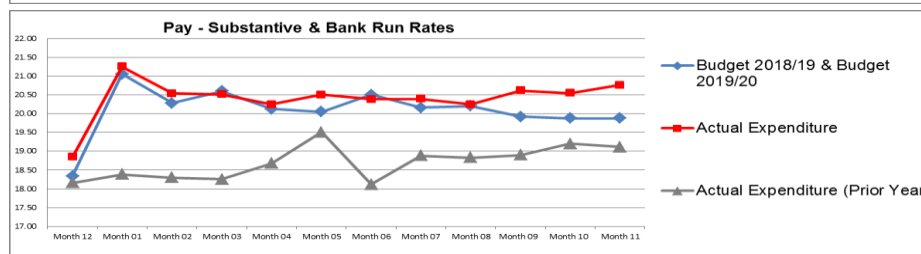
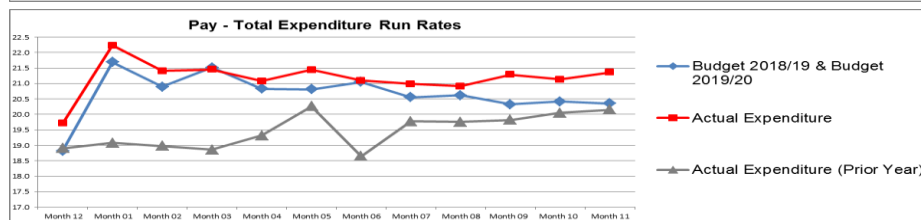
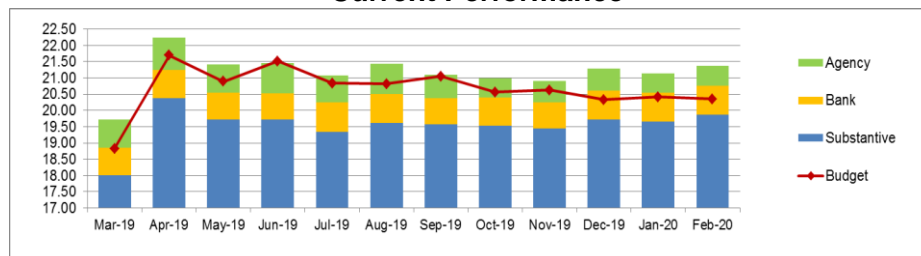
Contract income by Commissioner	Year to Date - Month 11					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Budget - (adv)/+fav	Change
	£m	£m	£m	£m	£m	£m	£m
Devon Clinical Commissioning Group (CCG)	213.80	(1.00)	212.80	211.49	(1.32)	0.39	(1.71)
NHS England - Area Team	6.49	0.00	6.49	6.67	0.18	0.07	0.11
NHS England - Specialist Commissioning	28.84	(0.27)	28.56	28.65	0.08	0.09	(0.00)
Acute Income - Other Commissioners	9.90	(1.98)	7.91	6.83	(1.08)	(1.04)	(0.04)
Sub-Total Acute Income	259.03	(3.26)	255.77	253.63	(2.14)	(0.49)	(1.64)
Devon CCG (Placed People and Community Health)	87.60	0.00	87.60	87.60	0.00	0.00	0.00
Community Income - Other Commissioners	1.27	1.13	2.40	2.60	0.20	0.17	0.02
Sub Total Community Income	88.87	1.13	89.99	90.19	0.20	0.17	0.02
Operating Income from patient care activities	347.89	(2.13)	345.76	343.83	(1.94)	(0.32)	(1.62)

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 11. Within the forecast there is a contract reduction of £2.00m in M12 in respect of the risk share.
- Overall operating income is £4.23m behind budget for the year to date. The variance is partly accounted for below with regards to Council social care income, and also linked to lower CCG income.
- Operating Income from Patient Care Activities in M11 is lower than budget by £3.34m.
- Within this, income from contract healthcare is £1.94m behind budget due to estimated lower CCG income (contract discussions are ongoing).
- Council social care income is behind by £2.20m mainly due to not receiving IBCF income from Torbay Council (*contract discussions are ongoing*).
- Client income is ahead by £0.90m as at M11 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 £0.54m due to lower Outpatient activity.
- Other income is £0.43m ahead of budget at M11 due to winter pressures income.

Pay Expenditure

Current Performance



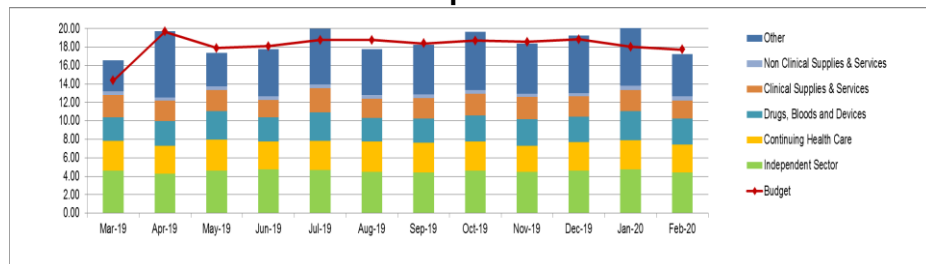
	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£M	£M	£M	£M	£M	£M	£M
Medical and Dental	(48.40)	(0.84)	(49.24)	(51.74)	(2.49)	(52.78)	(53.68)
Nursing and Midwifery	(53.11)	(0.33)	(53.44)	(54.90)	(1.46)	(57.87)	(58.22)
Other Clinical	(87.06)	(1.06)	(88.12)	(87.15)	0.97	(94.71)	(95.91)
Non Clinical	(37.76)	(0.49)	(38.25)	(40.57)	(2.32)	(41.02)	(41.56)
Total Pay Expenditure	(226.33)	(2.73)	(229.06)	(234.36)	(5.30)	(246.38)	(249.36)

Key points

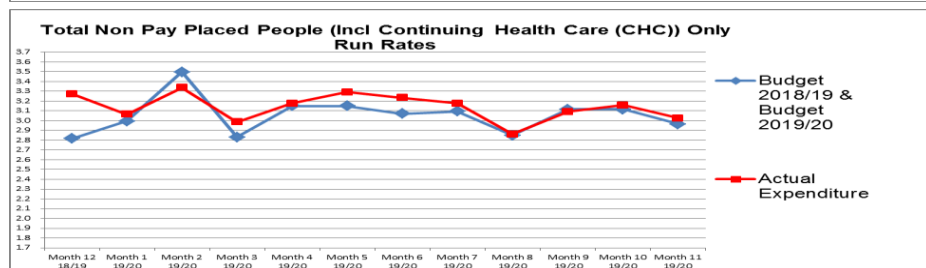
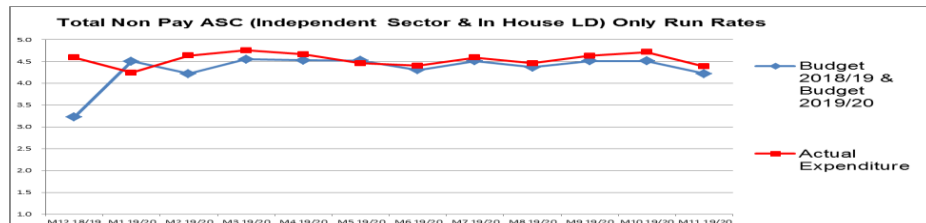
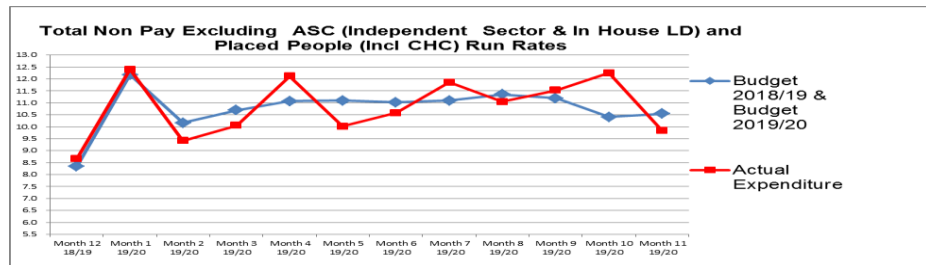
- Total pay costs are showing an overspend against year to date budget at Month 11 of £5.30m. This is due to undelivered CIP £4.61m, Bank and Agency spend £5.72m offset by Substantive vacancies and underspends £5.03m.
- In setting the annual plan, agency budgets were set in line with the Agency Cap. At Integrated Service Unit (ISU) level, there are overspends within most ISUs due to continued reliance on agency staff.
- Agency overspend of £1.96m is mainly due to increased use of Medical Staff £1.15m, Nursing staff £0.58m and non clinical/other staff £0.23m. This is due to challenges in recruiting for Medical and Nursing staff, maternity and sickness cover and operational pressures.
- Total pay run rate in M11 (£21.3m) is £0.2m higher in comparison to previous month (M10 £21.1m) due to Nursing pay increase as a result of winter incentive payment.
- Agency run rate of £0.60m is slightly higher than the M10 value of £0.58m, mainly in Nursing.
- The other clinical staff group variance of £0.97 to budget reflects challenges in recruitment in AHP and other scientific staff.
- The variance on Non clinical staff of £2.32m reflects the Transformational CIP schemes being held in central reserves at plan stage.
- The Apprentice levy balance at Month 11 is £1,552,747 (£1,529,537 at month 10). 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 Apprentice levy guideline). However the balance continues to grow and the risk of loss of unspent monies continues.

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	(32.32)	1.13	(31.19)	(31.00)	0.19	(35.26)	(34.02)
Clinical Supplies & Services	(24.20)	(0.17)	(24.37)	(24.61)	(0.24)	(26.47)	(26.65)
Non Clinical Supplies & Services	(4.55)	(0.24)	(4.79)	(4.44)	0.36	(4.94)	(5.17)
Other Operating Expenditure	(69.92)	9.42	(60.49)	(61.12)	(0.62)	(75.70)	(65.92)
ASC (Independent Sector & In House LD)	(44.83)	(3.91)	(48.75)	(49.94)	(1.19)	(48.98)	(53.26)
Placed People (Incl Continuing Healthcare)	(30.82)	(3.02)	(33.84)	(34.40)	(0.56)	(33.67)	(36.95)
Total Non Pay Expenditure	(206.64)	3.21	(203.43)	(205.50)	(2.07)	(225.02)	(221.98)



Key Points

- Drugs, Bloods and Devices - Underspent by £0.19m mainly due to pass through for which income is similarly reduced for NHS England.
- Clinical Supplies – Spend is £0.24m higher than budget due to medical and surgical equipment (cath lab and pathology) and pacemakers £0.51m, appliances and furniture £0.24m, contract maintenance and service agreement £0.13m offset by Dressings £0.16m, chemical consumables £0.45m and various supplies £0.03m underspends.
- Non Clinical Supplies – underspend of £0.36m due to external service agreements (records management, storage and other non healthcare) £0.15m, CIP £0.26m and domestic supplies £0.05m offset by patient catering provisions for hospital sites £0.10m.
- Other Operating Expenditure - overspent by £0.62m due to provisions mainly due to change in discount rate £0.41m, supported living £0.19m, direct payments £0.09m, residential stays £1.0m, consultancy £0.23m, professional services £0.76m, undelivered CIP £0.71m and transport £0.10m offset by lower provision for Bad debt £1.44m, IT license cost deferral to next year of £1.22m and courses £0.21m.
- Adult Social Care (Independent sector) - Overspend by £1.19m due to unachieved CIP £0.58m and increased cost in packages of care £0.61m.
- Placed People (including Continuing Healthcare) - overspend of £0.56m to date.

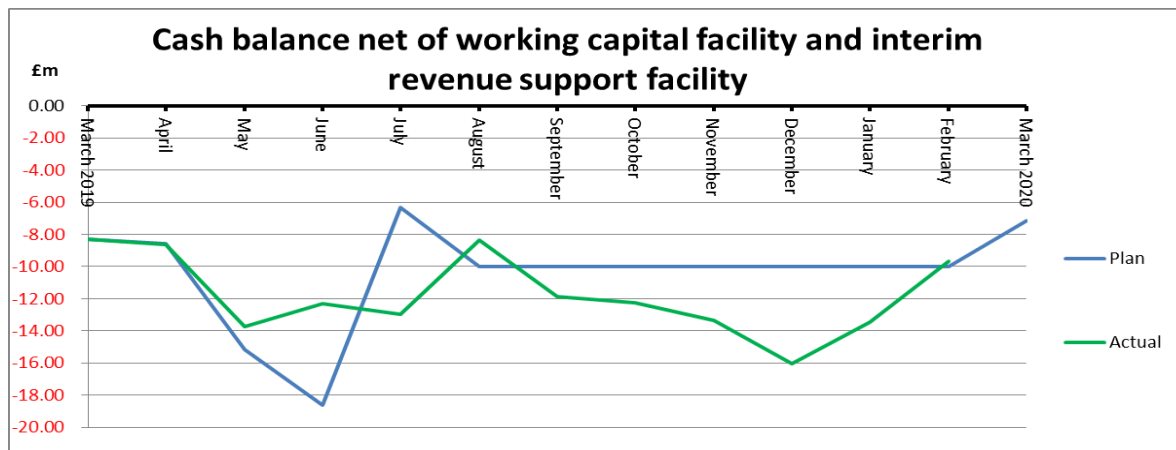
Balance Sheet

	Year to Date - Month 11			Previous Month YTD	
	Plan	Actual	Variance	Variance	Movement in Variance
	£m	£m	£m	£m	£m
Non-Current Assets					
Intangible Assets	12.82	12.27	(0.56)	(0.59)	0.03
Property, Plant & Equipment	181.10	174.47	(6.63)	(4.90)	(1.74)
On-Balance Sheet PFI	14.62	15.12	0.49	(0.07)	0.56
Other	1.14	1.19	0.05	0.04	0.01
Total	209.69	203.05	(6.65)	(5.52)	(1.13)
Current Assets					
Cash & Cash Equivalents	1.00	14.71	13.71	9.05	4.66
Other Current Assets	39.60	40.39	0.79	3.81	(3.02)
Total	40.60	55.11	14.50	12.86	1.64
Total Assets	250.30	258.15	7.86	7.35	0.51
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	(32.78)	(44.74)	(11.97)	(8.06)	(3.91)
Other Current Liabilities	(14.09)	(13.43)	0.66	0.65	0.01
Total	(54.63)	(65.94)	(11.31)	(7.41)	(3.91)
Net Current assets/(liabilities)	(14.03)	(10.84)	3.19	5.45	(2.26)
Non-Current Liabilities					
Loan - DH ITFF	(45.79)	(59.19)	(13.39)	(12.50)	(0.90)
PFI / LIFT Leases	(17.84)	(17.83)	0.00	(0.00)	0.00
Other Non-Current Liabilities	(13.38)	(7.25)	6.12	4.98	1.15
Total	(77.01)	(84.28)	(7.27)	(7.52)	0.25
Total Assets Employed	118.66	107.93	(10.72)	(7.58)	(3.14)
Reserves					
Public Dividend Capital	65.20	65.02	(0.18)	(0.03)	(0.15)
Revaluation	41.87	41.86	(0.01)	(0.01)	(0.00)
Income and Expenditure	11.59	1.05	(10.54)	(7.55)	(2.99)
Total	118.66	107.93	(10.72)	(7.58)	(3.14)

Key points

- Intangible Assets, Property, Plant & Equipment and PFI are £6.7m adverse. This is primarily due to capex £9.6m lower than planned, partly offset by depreciation £2.4m lower than planned.
- Cash is £13.7m favourable, as explained in the commentary to the Cash Flow Statement.
- Other Current Assets are £0.8m higher than Plan, primarily due to income received later than planned (incl Torbay Council £2.7m and NHSE £2.0m) 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 £2.4m.
- Trade and Other Payables are £12.0m higher than Plan, primarily due to income received earlier than planned (incl CCG £2.1m, CFHD £1.7m and HEE £0.7m) and the timing of non-capital payments incl Roche invoicing delay £0.9m.
- Non-current DH loans are £13.4m higher than planned, due to increased use of the Interim Revenue Support facility.
- Other Non-Current liabilities are £6.1m lower than Plan, primarily due to a delay in the taking out of new finance leases as a result of delayed capital expenditure.

Cash



	Year to Date - Month 11			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)	(19.70)	(10.10)	9.60	8.19	1.41
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	(0.94)	(1.21)	(0.28)	(0.12)	(0.16)
Other capital-related elements	9.43	1.14	(8.29)	(6.84)	(1.45)
Sub-total - capital-related elements	(13.99)	(13.55)	0.44	0.64	(0.20)
Cash Generated From Operations	21.39	8.10	(13.30)	(9.69)	(3.60)
Working Capital movements - debtors	(0.20)	(0.05)	0.15	(3.28)	3.43
Working Capital movements - creditors	(2.46)	10.16	12.62	8.50	4.12
Net Interest	(3.39)	(2.80)	0.60	0.43	0.16
PDC Dividend paid	(1.85)	(1.85)	0.00	0.00	0.00
Other Cashflow Movements	(1.20)	(1.39)	(0.19)	(0.05)	(0.15)
Sub-total - other elements	12.28	12.16	(0.12)	(4.09)	3.96
Closing cash balance (net of working capital facility)	(10.00)	(9.68)	0.32	(3.45)	3.77
Closing cash balance	1.00	14.71	13.71	9.05	4.66
Closing working capital facility	(11.00)	(11.00)	0.00	0.00	0.00
Closing interim revenue support facility	0.00	(13.39)	(13.39)	(12.50)	(0.90)
Closing cash balance (net of working capital facility)	(10.00)	(9.68)	0.32	(3.45)	3.77

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 £0.4m favourable. While capital expenditure is £9.6m favourable, a significant proportion of this would have been funded through non-cash methods such as finance leases (£7.7m adverse) and donations (£0.8m adverse). There are also adverse cashflows due to the paying down of the capital creditor £0.3m and delayed disposals £0.6m.

Other elements:

- Cash generated from operations is £13.3m adverse, due to EBITDA £13.3m adverse.
- Working Capital debtor movements is £0.2m favourable, primarily due to increased debtors with Torbay Council £2.7m and NHSE £2.0m, offset by income received earlier than planned and reduced PSF debtor.
- Working Capital creditor movements is £12.6m favourable, largely due to income received earlier than planned (incl CCG £2.1m, CFHD £1.7m and HEE £0.7m) and the timing of non-capital payments (incl Roche invoicing delay £0.9m).

Use of Interim Revenue Support facility

- The M11 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.

Capital

Current Performance

	Year to date Mth 11			Full Year		
	Budget £m	Actual £m	Variance to Budget £m	Budget £m	Forecast £m	Variance £m
Capital Programme	15.27	10.11	(5.16)	21.12	18.77	(2.35)
Scheme type						
HIS schemes	2.91	2.56	(0.35)	6.19	5.70	(0.49)
Estates schemes	5.34	4.19	(1.15)	7.17	6.47	(0.70)
Medical Equipment	5.86	2.28	(3.58)	6.46	5.03	(1.43)
TP	2.05	1.12	(0.93)	2.13	1.58	(0.55)
Prior Year	0.00	(0.04)	(0.04)	0.00	0.00	0.00
Planned slippage	(0.89)	0.00	0.89	(0.83)	0.00	0.83
Total	15.27	10.11	(5.16)	21.12	18.77	(2.35)
Funding sources						
Secured loans	0.00	0.00	0.00	0.00	3.00	3.00
Finance Leases	8.81	1.37	(7.43)	6.08	5.17	(0.91)
PDC	0.83	0.51	(0.32)	2.99	2.99	0.00
Charitable Funds	0.92	0.08	(0.83)	1.00	0.21	(0.79)
Disposal of assets	0.00	0.30	0.30	0.90	0.30	(0.60)
Other Internal cash resources	4.71	7.84	3.13	10.15	7.10	(3.05)
Total	15.27	10.11	(5.16)	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 29th February 2020, year to date capital expenditure is £10.11m; £5.16m underspent to budget (see table).
- The Trusts' forecast year end capital spend is £18.77m. Therefore £8.66m 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 £8.66m of spend across March will be very challenging.

	ISU	Target	13 month trend	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Year to date
QUALITY LOCAL FRAMEWORK																	
Safety Thermometer - % New Harm Free	Trustwide	>95%		96.4%	95.9%	96.3%	95.4%	96.8%	96.8%	97.3%	96.5%	96.8%	97.3%	96.2%	96.5%	98.0%	96.7%
Reported Incidents - Severe	Trustwide	<6		0	1	0	0	1	1	1	2	1	1	1	0	0	8
Reported Incidents - Death	Trustwide	<1		0	0	0	0	0	0	0	1	0	1	0	0	2	4
Medication errors resulting in moderate harm	Trustwide	<1		0	0	1	1	0	0	0	0	0	0	0	0	2	4
Medication errors - Total reported incidents	Trustwide	N/A		43	50	32	48	39	46	61	37	46	58	46	51	57	521
Avoidable New Pressure Ulcers - Category 3 + 4 (1 month in arrears)	Trustwide	9 (full year)		0	1	2	0	0	0	0	0	1	0	0	1		4
Never Events	Trustwide	<1		0	0	0	1	0	0	0	0	0	1	0	0	0	2
Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	Trustwide	<1		5	5	2	7	4	2	5	2	5	7	4	1	5	44
QUEST (Quality Effectiveness Safety Trigger Tool Red rated areas / teams	Trustwide	<1		0	0	0	0	0	2	2	2	0	0	0	0	2	8
Formal complaints - Number received	Trustwide	<60		21	33	13	22	23	35	24	26	31	30	14	32	22	272
VTE - Risk Assessment on Admission (Acute)	Trustwide	>95%		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%		97.8%	91.5%	98.9%	100.0%	97.5%	97.8%	98.7%	98.8%	95.3%	98.9%	97.6%	98.9%	100.0%	98.4%
Hospital standardised mortality rate (HSMR) (3 months in arrears)	Trustwide	<100		101.9	96.5	106.7	106.8	115.6	116.5	109.7	99.3	97	104.4				102.6
Safer Staffing - ICO - Daytime	Trustwide	90% - 110%		104.0%	104.0%	98.5%	91.7%	90.9%	90.1%	93.9%	89.2%	88.8%	89.6%	90.4%	91.3%	89.2%	91.2%
Safer Staffing - ICO - Nighttime	Trustwide	90% - 110%		103.2%	103.2%	98.5%	91.8%	93.7%	92.8%	100.3%	91.4%	91.6%	93.2%	91.7%	92.9%	91.4%	93.5%
Infection Control - Bed Closures - (Acute)	Trustwide	<100		66	0	4	42	12	36	63	34	0	42	0	204	108	545
Hand Hygiene	Trustwide	>95%		95.8%	89.5%	92.2%	87.7%	93.8%	93.5%	95.2%	95.7%	96.1%	97.2%	94.1%	96.1%	95.2%	94.3%
Fracture Neck Of Femur - Time to Theatre <36 hours (1 month in arrears)	Trustwide	>90%		63.3%	60.7%	61.5%	54.8%	67.4%	63.6%	65.6%	51.6%	65.6%	78.6%	85.3%	88.9%		
Stroke patients spending 90% of time on a stroke ward	Trustwide	>80%		89.1%	79.7%	93.8%	75.5%	79.1%	86.8%	80.4%	96.4%	87.2%	93.3%	84.5%	75.8%	79.6%	84.5%
Stroke - SSNAP level	Trustwide	N/A		C	C												
Follow ups 6 weeks past to be seen date	Trustwide	6400		5437	5899	6240	6459	6803	6906	7393	6793	6694	6725	7243	6391	6147	6147
WORKFORCE MANAGEMENT FRAMEWORK																	
Staff sickness / Absence Rolling 12 months (1 month in arrears)	Trustwide	<3.8%		4.9%	4.2%	4.2%	4.2%	4.2%	4.3%	4.3%	4.3%	4.3%	4.4%	4.5%	4.5%		4.3%
Appraisal Completeness	Trustwide	>90%		79.6%	78.9%	80.0%	80.0%	79.0%	80.0%	78.0%	78.0%	77.3%	78.0%	78.5%	80.1%	81.6%	78.0%
Mandatory Training Compliance	Trustwide	>85%		91.2%	91.4%	89.5%	90.2%	90.9%	90.3%	90.8%	90.3%	90.6%	90.5%	90.4%	90.8%	90.4%	90.3%
Turnover (exc Jnr Docs) Rolling 12 months	Trustwide	10%-14%		9.6%	9.7%	10.7%	10.7%	10.8%	11.2%	11.2%	11.3%	11.4%	11.4%	11.4%	11.7%	11.7%	

	ISU	Target	13 month trend	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Year to date
COMMUNITY & SOCIAL CARE FRAMEWORK																	
Number of Delayed Discharges (Community) *	Trustwide	<315		266	278	370	356	419	508	562	392	373	319	344	462	588	4693
Number of Delayed Transfer of Care (Acute)	Trustwide	<240		176	137	149	185	97	101	112	189	305	230	198	190	235	1991
Timeliness of Adult Social Care Assessment assessed within 28 days of referral	Trustwide	>70%		75.6%	76.1%	76.4%	77.0%	74.6%	77.0%	72.5%	71.1%	69.5%	68.9%	68.8%	69.0%	70.0%	70.0%
Clients receiving Self Directed Care	Trustwide	>90%		90.7%	91.7%	91.1%	90.8%	90.3%	90.3%	90.1%	89.6%	89.0%	89.0%	89.1%	89.3%	88.1%	88.1%
Carers Assessments Completed year to date	Trustwide	40% (Year end)		26.3%	29.3%	3.6%	7.8%	13.2%	18.6%	23.2%	26.7%	29.2%	28.4%	35.4%	36.6%	38.5%	38.5%
Number of Permanent Care Home Placements	Trustwide	<=600		615	605	602	619	631	629	634	648	641	640	645	627	624	624
Children with a Child Protection Plan (one month in arrears)	Trustwide	NONE SET		186		170	186	201	228	219	206	184	176	192	202		202
4 Week Smoking Quitters (reported quarterly in arrears)	Trustwide	NONE SET			300			54			109						109
Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	Trustwide	NONE SET			4.9%			5.6%			5.3%						5.3%
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%
CAMHS - % of patients waiting under 18 weeks at month end	Trustwide	>92%		90.8%	90.3%	87.6%	83.9%	82.6%	83.2%	86.2%	91.7%	91.6%	92.3%	91.3%	91.1%	90.3%	88.0%
DOLS (Domestic) - Open applications at snapshot	Trustwide	NONE SET				532	550	514	567	563	569	594	530	556	558	530	530
Intermediate Care - No. urgent referrals	Trustwide	113		156	164	184	189	179	188	174	178	216	205	201	235	201	2150
Community Hospital - Admissions (non-stroke)	Trustwide	18/19 profile		222	257	258	250	221	196	205	204	226	231	213	215	186	2405
NHS I - OPERATIONAL PERFORMANCE																	
A&E - patients seen within 4 hours	Trustwide	>95%		79.8%	81.0%	79.1%	84.2%	80.3%	84.3%	79.4%	80.7%	82.7%	77.3%	77.9%	76.2%	82.2%	80.4%
Referral to treatment - % Incomplete pathways <18 wks	Trustwide	>92%		81.3%	81.2%	80.7%	81.8%	81.5%	81.1%	80.7%	80.4%	79.9%	80.0%	79.9%	79.8%	78.8%	80.4%
Cancer - 62-day wait for first treatment - 2ww referral	Trustwide	>85%		69.6%	73.7%	79.9%	86.5%	78.8%	84.4%	77.4%	78.9%	72.9%	78.8%	85.9%	83.6%	74.4%	80.1%
Diagnostic tests longer than the 6 week standard	Trustwide	<1%		10.7%	10.1%	13.7%	12.1%	11.7%	13.6%	14.9%	15.7%	10.0%	6.4%	7.9%	10.2%	7.4%	11.5%
Dementia - Find - monthly report	Trustwide	>90%		86.1%	88.9%	95.1%	88.1%	92.8%	98.7%	90.3%	88.5%	87.5%	94.4%	88.4%	81.9%		90.4%

	ISU	Target	13 month trend	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-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	5	51
Cancer - Two week wait from referral to date 1st seen	Trustwide	>93%		80.1%	79.9%	53.4%	77.7%	69.5%	83.4%	83.4%	88.3%	68.2%	77.8%	85.3%	74.8%	84.7%	76.9%
Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	Trustwide	>93%		61.6%	38.8%	50.3%	97.5%	98.9%	98.9%	98.7%	97.3%	91.5%	100.0%	97.3%	97.1%	94.7%	90.3%
Cancer - 28 day faster diagnosis standard	Trustwide			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%		98.7%	96.2%	96.7%	99.5%	97.3%	97.0%	94.7%	98.5%	96.8%	98.0%	97.6%	96.8%	98.9%	97.4%
Cancer - 31-day wait for second or subsequent treatment - Drug	Trustwide	>98%		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%	100.0%
Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	Trustwide	>94%		97.1%	100.0%	98.6%	96.9%	100.0%	95.9%	98.4%	95.9%	95.9%	95.8%	95.2%	89.5%	93.3%	95.8%
Cancer - 31-day wait for second or subsequent treatment - Surgery	Trustwide	>94%		96.8%	96.0%	94.7%	97.1%	96.8%	100.0%	93.9%	93.8%	94.7%	95.0%	97.1%	86.2%	90.3%	94.7%
Cancer - 62-day wait for first treatment - screening	Trustwide	>90%		100.0%	70.0%	93.3%	90.9%	92.9%	93.8%	100.0%	100.0%	86.7%	85.7%	100.0%	100.0%	85.7%	93.8%
Cancer - Patient waiting longer than 104 days from 2ww	Trustwide			34	37	33	41	34	28	31	36	39	27	24	24	21	21
RTT 52 week wait incomplete pathway	Trustwide	0		92	82	71	59	83	84	105	89	79	69	71	80	43	43
On the day cancellations for elective operations	Trustwide	<0.8%		1.4%	1.2%	1.1%	0.9%	1.4%	1.6%	1.3%	2.2%	1.1%	0.9%	0.6%	1.2%	1.0%	1.2%
Cancelled patients not treated within 28 days of cancellation *	Trustwide	0		12	6	3	3	6	19	9	8	8	7	3	3	10	79
Bed Occupancy	Overall System	80% - 90%		94.7%	92.8%	93.9%	91.4%	90.5%	94.0%	95.3%	95.4%	95.8%	97.6%	98.6%	98.6%	97.8%	95.4%
Number of patients >7 days LoS (daily average)	Trustwide			134.2	131.9	134.4	130.6	125.5	124.8	128.3	131.7	127.4	121.5	120.1	128.1	130.3	128.9
Number of extended stay patients >21 days (daily average)	Trustwide			31.2	27.4	31.7	29.7	26.6	29.8	29.0	35.9	34.3	28.0	23.1	25.5	27.7	31.0
LOCAL PERFORMANCE FRAMEWORK 2																	
Ambulance handover delays > 30 minutes	Trustwide	Trajectory		156	198	148	61	83	81	137	90	47	104	113	117	88	1069
Ambulance handover delays > 60 minutes	Trustwide	0		8	9	13	11	4	5	12	2	5	13	14	14	7	100
A&E - patients recorded as >60min corridor care	Trustwide			328	423	430	319	424	384	447	416	382	494	463	495	335	4589
A&E - patients with >12 hour visit time pathway	Trustwide			110	142	190	90	146	123	212	145	103	247	158	182	136	1732
Trolley waits in A+E > 12 hours from decision to admit	Trustwide	0		3	3	11	0	0	0	0	0	0	1	3	1	3	19
Number of Clostridium Difficile cases - (Acute) *	Trustwide	<3		1	1	2	1	4	4	5	3	5	1	3	4	5	37
Number of Clostridium Difficile cases - (Community)	Trustwide	0		0	0	3	4	1	0	1	0	3	1	1	0	0	14
Care Planning Summaries % completed within 24 hours of discharge - Weekday	Trustwide	>77%		64.0%	63.6%	64.7%	63.8%	62.8%	67.2%	66.3%	67.1%	66.4%	63.0%	64.1%	65.7%	62.2%	64.9%
Care Planning Summaries % completed within 24 hours of discharge - Weekend	Trustwide	>60%		27.9%	31.6%	29.1%	23.9%	29.4%	39.9%	38.2%	35.0%	32.6%	25.8%	36.8%	41.5%	40.5%	33.7%
Link letters timeliness - % specialties within 4 working days	Trustwide	>80%		77.3%	81.8%	86.4%	77.3%	86.4%	86.4%	81.8%	68.2%	68.2%	77.3%	81.8%	81.8%	95.5%	81.0%

	ISU	Target	13 month trend	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-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	2	2	3	4	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			3	3	4	3	1	2	2	1	2	2	3	3	4	
Variance from agency ceiling	Trustwide	1		4	4	4	4	4	4	4	4	4	4	4	4	3	
Overall Use of Resources Rating	Trustwide			4	4	4	4	3	3	3	3	4	4	4	4	4	
EBITDA - Variance from PBR Plan - cumulative (£'000's)	Trustwide			-5812	-7157	-6072	-925	-72	-1447	-1363	-473	-3022	-4464	-6555	-9693	-13294	
Agency - Variance to NHSI cap	Trustwide			1.21%	1.24%	1.42%	1.21%	1.23%	1.14%	1.17%	0.98%	1.03%	1.06%	1.07%	1.01%	0.98%	
CIP - Variance from PBR plan - cumulative (£'000's)	Trustwide			-6774	-8426	-628	-1191	-1296	-891	-239	-342	-1584	-2357	-2872	-4983	-7078	
Capital spend - Variance from PBR Plan - cumulative (£'000's)	Trustwide			-14484	-12019	48	501	893	1146	2637	3301	4420	6559	7632	8191	9595	
Distance from NHSI Control total (£'000's)	Trustwide			-5722	-7096	-4861	-1213	91	-1248	-1019	58	-1651	-2833	-4616	-7648	-10926	
Risk Share actual income to date cumulative (£'000's)	Trustwide			7624	7950	0	0	0	0	0	0	0	0	0	0	0	
ACTIVITY VARIANCE vs PREVIOUS YEAR																	
Outpatients - New	Trustwide			2.3%	2.5%	-2.4%	-0.4%	-1.8%	0.2%	-1.2%	-1.0%	-2.4%	-3.4%	-3.4%	-2.4%	-2.7%	-2.7%
Outpatients - Follow ups	Trustwide			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%	1.3%
Daycase	Trustwide			8.9%	10.5%	5.6%	7.9%	4.0%	4.0%	2.9%	3.8%	2.5%	3.1%	2.8%	2.4%	1.8%	1.8%
Inpatients	Trustwide			2.5%	3.8%	2.9%	-1.6%	-4.2%	-3.0%	-0.6%	-1.7%	-2.2%	-0.3%	2.0%	4.5%	4.8%	4.7%
Non elective	Trustwide			-1.9%	-2.3%	-1.8%	-0.9%	-2.9%	-3.5%	-4.5%	-3.4%	-2.3%	-1.7%	0.1%	0.5%	1.2%	1.2%
INTEGRATED CARE MODEL																	
Intermediate Care Referrals (All)	Trustwide			311	311	366	331	355	358	339	380	394	385	396	443	353	
Intermediate Care GP Referrals	Trustwide			94	78	108	86	96	96	81	87	98	84	92	123	85	
Average length of Intermediate Care episode	Trustwide			13.873	14.536	17.196	16.375	12.172	16.857	18.863	15.606	15.305	13.565	15.126	14	14.258	
Total Bed Days Used (Over 70s)	Trustwide			9813	10430	11752	10385	9944	10191	10508	10440	10499	9903	10521	11527		
- Emergency Acute Hospital	Trustwide			5795	5938	6920	6336	5759	5911	5856	5776	6181	5900	6328	6886		
- Community Hospital	Trustwide			2903	3239	3169	2756	3031	2913	3366	3295	3167	3100	3174	3387		
- Intermediate Care	Trustwide			1115	1253	1663	1293	1154	1367	1286	1369	1151	903	1019	1254		

Report to the Trust Board of Directors				
Report title: 2019 National Staff Survey Report		Meeting date: 1 st April 2020		
Report appendix	Nil			
Report sponsor	Director of Workforce and Organisational Development			
Report author	Workforce and Organisational Development Business Partner			
Report provenance	People Committee			
Purpose of the report and key issues for consideration/decision	To update the Board on the Trust's local and national position in respect of 2019 Staff Survey findings and to agree priorities for 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	To note the content of this report and approve the priorities for 2020			
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	
	NHS Improvement	x	Legislation	
	NHS England	x	National policy/guidance	x

Report title: 2019 National NHS Staff Survey		Meeting date: 1 st April 2020
Report sponsor	Director of Workforce and Organisational Development	
Report author	Workforce and Organisational Development Practitioner	

1.0 Purpose

1.1 To provide the Board with an update on;

- The Trusts local and national position in respect of 2019 Staff Survey findings
- Identified priorities for 2020 and initial plans

2.0 Background

2.1 The National NHS Staff Survey was issued to all staff in November 2019 to seek their views about their jobs and working for the Trust. The findings are presented in the form of eleven key themes, with each theme receiving a score from 0-10.

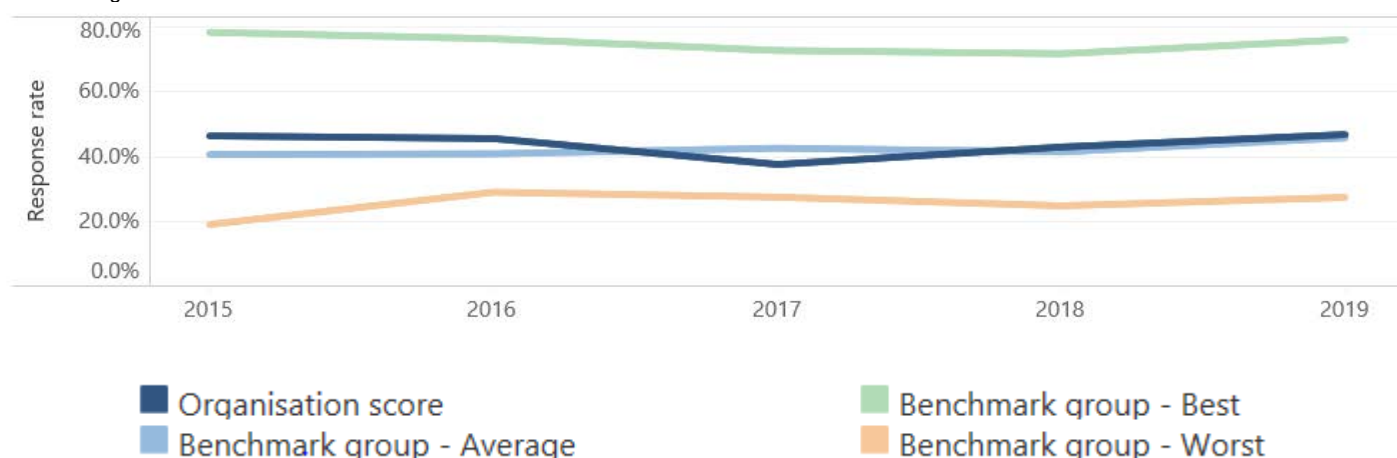
3.0 Executive summary

- 3.1 When reviewing our findings over the last three years - 2017 reflected a really challenging year for the Trust with significant organisational change including the on-going Trust wide restructuring process, a change in bed-based care linked in our care model winter pressures, alongside significant cost saving which resulted in 'call to action'. At this point the Trust saw its lowest response rate to date and the findings identified deterioration in nearly a third of areas. In 2018, we saw a changing picture with an increased response rate and improvement in response to actions taken with the overall findings suggesting 'a step in the right direction'.
- 3.2 In 2019, we have seen more of a stabilised position. Improvement has been made in three themes – health and wellbeing, immediate managers and quality of appraisals. However, we should note a deterioration in the staff engagement theme. In comparison to the national average for combined acute and community Trust', our performance appears to be declining, with the Trust being below the national average in five of the eleven themes.

4.0 Response Rate

- 4.1 Following positive signs in 2018, the Trust continued to use local staff survey representatives during the fieldwork. The representatives actively promoted the survey in their areas using posters, t-shirts and reminding staff of the changes that had been made at a local level as a result of their feedback. The representatives monitored their response rates, targeting discussions where needed and met regularly to share good practice. Local communication was supported by central communication which included all staff e-mails, screen savers, staff bulletin messages and posters.
- 4.2 By the time the survey closed, 2955 staff had taken part in the survey. This represents a response rate of 47% which is slightly above the average for combined acute and community trusts in England (46%) and compares with a response rate of 43% in 2018 (Figure 1)

Figure 1



5.0 Overall Staff Engagement

- 5.1 Within the Staff Survey the staff engagement theme consists of nine questions relating to three dimensions – staff motivation, ability to contribute to improvements and recommendations of the Trust as a place to work/receive treatment. Researchers have established a clear link between levels of staff engagement and patient experience. Where staff engagement scores are high, scores are also significantly higher for patient satisfaction and lower for standardised hospital mortality rates.
- 5.2 It is therefore disappointing that the Trust's finding for staff experience is identified as a significant statistical decline. The score of 7.0 is the same score as that of 2017 and is below the national average (Figure 2). In comparison to Trust locally – Royal Devon and Exeter has maintained a score of 7.3, Taunton has a score of 7.4 and Plymouth has a score of 7.0.

Figure 2

Best	7.6	7.6	7.5	7.5	7.6
Your org	7.2	7.2	7.0	7.1	7.0
Average	7.1	7.1	7.0	7.0	7.1
Worst	6.3	6.4	6.5	6.6	6.5
Responses	2,690	2,698	2,158	2,506	2,945

- 5.3 The Trust has seen a marginal decline in practically all of the questions that make up the three dimensions of staff engagement. The largest change has been around staff enthusiasm for their job which has reduced by 4% to 73%.

6.0 Comparison to performance in 2018

- 6.1 In comparison to 2018, the Trust has seen improvement in three themes - health and wellbeing, immediate managers and quality of appraisals, and has maintained its performance in seven themes. As referred to above there has been a statistically significant decline in staff engagement (Figure 3).

Figure 3

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	9.2	2438	9.2	2907	Not significant
Health & wellbeing	6.0	2458	6.1	2923	Not significant
Immediate managers	6.8	2467	6.9	2932	Not significant
Morale	6.3	2421	6.3	2891	Not significant
Quality of appraisals	5.0	2063	5.1	2366	Not significant
Quality of care	7.3	2040	7.3	2392	Not significant
Safe environment - Bullying & harassment	8.2	2416	8.2	2905	Not significant
Safe environment - Violence	9.5	2416	9.5	2909	Not significant
Safety culture	6.6	2436	6.6	2903	Not significant
Staff engagement	7.1	2506	7.0	2945	↓
Team working	6.6	2472	6.6	2907	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Changes

- 6.2 The health and wellbeing of staff is of paramount importance and a critical prerequisite to the organisation being able to deliver great care. Given the feedback in 2018, a staff experience network was established. This multi-disciplinary team regularly reviews staff experience feedback from a range of sources, to develop actions for improvement. Much of the staff experience action plan is currently focused around health and wellbeing. It is therefore pleasing to see that improvement has been made, but this needs to be maintained in the coming year.
- 6.3 The relationship between the employee and line manager has one of the biggest impact's on how staff feel at work. It is therefore heartening to see that improvements have been made in every single question that makes up this theme. The biggest improvements have been in staff feeling supported by their immediate manager (+2.8%) and immediate managers taking a positive interest in the health and wellbeing of their staff (+2.9%).
- 6.4 Following a dip in 2017, there has been a year on year improvement in the score for the quality of appraisal over the past 5 years. Therefore, whilst this is certainly an area that requires continued focus, the findings indicate an upward trajectory.
- 6.5 The statistical decline in staff engagement have been detailed in section 5 of this report-please refer.

7.0 National Comparison

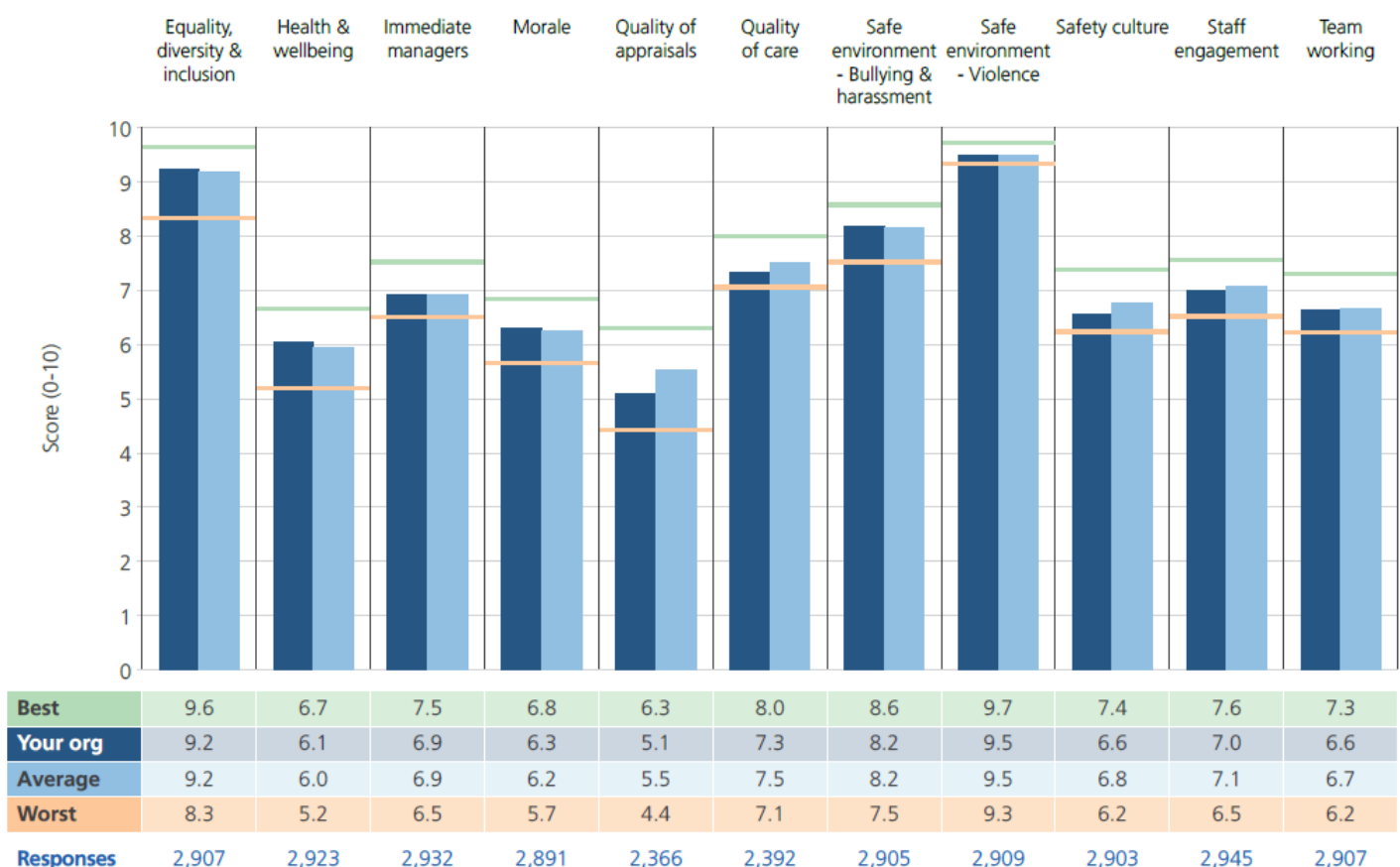
7.1 In comparison with all combined acute and community trusts in 2019, the Trust performs equal to or above the national average in six of the ten themes (Figure 4).

Figure 4

	2017 Staff Survey/32 key findings	2018 Staff Survey / 10 themes	2019 Staff Survey / 11 themes
Above national average	4 (12%)	4 (40%)	2 (18%)
Average	21 (66%)	3 (30%)	4 (36%)
Below national average	7 (22%)	3 (30%)	5 (45%)

7.2 By comparison to the national average the Trust continues to perform well in regards to health and wellbeing and morale. However, the Trust performs below the national average in regards to quality of appraisal, quality of care, safety culture, staff engagement and teamwork. The first three are themes in which the trust performed below the national average in 2018. (Figure 5).

Figure 5



8.0 Areas for development

8.1 Figure 6 highlights those areas in which the Trusts performs below the national average and/or where there has been deterioration in performance from 2017.

Figure 6

Theme	2017	2018	2019	National Ave
Quality of appraisal	4.8	4.9	5.1	5.5
Staff engagement	7.0	7.1	7.0	7.1
Quality of care	7.4	7.3	7.3	7.5
Safety Culture	6.5	6.6	6.6	6.8
Teamworking	6.6	6.6	6.6	6.7

Quality of appraisal

- 8.2 Whilst on an improvement trajectory, quality of appraisal is the Trusts lowest rated finding and is significantly below the national average. Only 16% of staff reported that their appraisal helped them to improve how they did their job, 31% stated that clear objectives were agreed and 29% felt their work is valued.

Quality of care

- 8.3 At a rating of 7.3 the Trusts performs relatively highly on the 10 point scale. However, this theme has seen a gradual reduction in rating over the last five years from 7.5 in 2015 to 7.4 in 2017 to 7.3 in 2018 which has remained unchanged in 2019, and is below the national average. The findings identify that only 65% of staff are able to deliver the care they aspire to. However, 80% are satisfied with the quality of care they provide and 90% feel their role makes a difference to patients/service users.

Safety Culture

- 8.4 Over the past 5 years the Trusts score for safety culture has fluctuated between 6.5 and 6.6. However, this year we have seen an improvement in the national average score and therefore the gap is widening. Locally, one of the largest adverse changes has been around the Trust taking action to stop errors happening again (-3%) and the Trust acting on concerns raised by patients/service users (-2%)

Teamworking

- 8.5 With the exception of 2016, the Trusts score for teamworking has remained consistent at 6.6, as had the national average. However, this year we have seen an improvement in the national average score and therefore the gap is widening. Locally, the largest adverse changes has been around the team meeting often to discuss its effectiveness.

Staff Engagement

- 8.6 The findings for staff engagement are detailed in section 5

9.0 Workforce Race Equality Standard (WRES)

- 9.1 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.
- 9.2 Four of the nine WRES indicators are taken from the National Staff Survey and are detailed in figure 7. Overall, significant progress has been made in improving experience and reducing disparity between BME and white staff. There has been a 5% improvement in the percentage of BME staff believing the Trust provides equal opportunities for career progression and whilst there is still a 5% disparity with white staff, this gap is closing and is much smaller than the national disparity of 16%. There has also been a 7% reduction in the percentage of BME staff who have experienced discrimination. Staff experience of bullying, harassment or abuse from staff is reducing for all staff and for the first time in the last three years, the level reported by BME staff is below that of white staff. Focused work continues around this area as we must continue to strive to make further improvements – this work includes the imminent launch of the anti-bullying network and mandated training in anti-bullying. Of significant concern is the increasing percentage of staff who are experiencing bullying, harassment or abuse from patients/service users and must be prioritised this year.

Figure 7

	2017		2018		2019			
	White	BME	White	BME	White	NA White	BME	NA BME
% staff experiencing BHA from patients/public last 12 months	22.8	25.3	22.4	25.7	24.6	25.4	30.8	28.7
% staff experiencing BHA from staff last 12 months	22.3	26.3	23.3	24.0	22.1	22.2	20.7	27.9
% believing Trust provides equal opportunities for career progression	84.5	73.3	86.0	77.1	85.7	87.4	81.7	72.9
% staff experienced discrimination from manager/colleague in last 12 months	6.7	16.7	6.9	17.0	6.0	5.5	10.3	14.8

10.0 Workforce Disability Equality Standard

- 10.1 The Workforce Disability Equality Standard (WDES) was introduced in 2019 and requires the Trust to annually self-assess against 13 indicators of workplace experience and opportunity, and to develop and implement robust action planning for improvement.
- 10.2 Nine of the 13 WDES indicators are taken from the National Staff Survey and are detailed in figure 9. The picture for WDES is very different to that of WRES, and may reflect that we are only in the second year. However, there is extensive work required to improve the experience of our disabled staff and is a priority this year.

Figure 8

	2018		2019			
	Non disabled	Disabled	Non disabled	NA Non Disabled	Disabled	NA Disabled
% staff experiencing BHA from patients/public last 12 months	21.9	25.5	24.2	24.6	26.8	31.8
% staff experiencing BHA from manager last 12 months	10.5	14.6	7.8	10.0	18.2	17.7
% staff experiencing BHA from staff last 12 months	16.3	26.3	15.4	16	28.6	26.5
% reported experience of BHA	48.9	44	47.7	46.7	47.5	48.5
% believing Trust provides equal opportunities for career progression	87.3	75.9	87.3	87.1	77.1	79.7
% staff felt pressure to attend work when unwell	26	33.9	21.8	21.3	32	32.5
% staff satisfied with the extent Trust values their work	47.3	37.0	47.8	50.1	37.0	39.3
% staff saying their employer had made adequate adjustments to enable them to carry out work duties		78.5			78.3	73.5
Staff engagement	7.2	6.7	7.1	7.2	6.5	6.7

11.0 Priorities

In order to focus resources and enable significant progress to be made in addressing the themes in this report the following priorities are recommended.

- Focused work to improve the quality of appraisal. This will be progressed as part of the talent management strategy.
- Targeted work to improve safety culture. This will commence with a roundtable discussion, which will bring together people who have a role, responsibility or are already connected with the subject matter. The discussion is designed to allow data and feedback from multiple sources to be discussed and for the group to identify and agree actions for improvement.
- Identified work to improve staff engagement. This will include the Trust wide engagement around the co-creation of the People Plan and the work the Director of strategy is undertaking with the influencers group and connecting people with strategy.
- Targeted work to reduce the percentage of staff experiencing BHA from patients/service users, with particular regard to our BME and disabled staff.
- Focused work to improve the experience of our disabled staff. This will commence with work around improving disclosure rates, so that we can more readily engage with disabled staff – to learn from their experience and understand what they feel would make the biggest improvement.

12.0 Local Staff Experience action plans

- 12.1 There is considerable variance in findings at a local level and between staff groups. In order for staff to engage in the survey it is important that they are able to see that their feedback has been acted upon at a local level. ISU/Directorates have received spreadsheets with the findings for each department that achieved a sufficient response rate (11 or more responses). Managers have been asked to share the findings with staff – to celebrate areas of great practice and to identify a couple of areas for improvement - which in turn help's shape discussions around their local people plans.

Report to the Trust Board of Directors				
Report title: Patient Led Assessment in the Clinical Environment (PLACE) 2019 scores and performance			Meeting date: 1 April 2020	
Report sponsor	Director of Estates and Commercial Development			
Report author	Associate Director, Estates and Facilities Operations			
Report provenance	Capital Infrastructure and Environment Group Trust Executives			
Purpose of the report and key issues for consideration/decision	<p>This report provides an update on the 2019 PLACE scores published in late January from the visits that happened within the Acute and Community sites in September and October 2019.</p> <p>Key points:</p> <ul style="list-style-type: none"> The Trust performed very well in the assessment scoring above National and Southwest average in <i>six of the eight</i> PLACE domains. The scores for the main Hospital site for condition/appearance and dementia environment, that were expected to be lower due to the estate backlog and capital position, were only slightly below regional and national averages. The presentation of the food at the acute Trust on the day, dropped the food score to just below average. This is being addressed through the recent implementation of a dedicated ward catering assistant which is having a material positive benefit on both the food service and the perception of the food service at ward level. 			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> Formally receive the place scores for 2019 Thank the governors for their contribution and continued support for the PLACE assessments Formally recognise and congratulate the hard-working estates, facilities and nursing teams on the substantial achievement of excellent PLACE scores. Note the implementation of the new catering assistant role to maintain and improve the food service. 			
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	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	X
	NHS England	X	National policy/guidance	X

Report to:	Trust Board of Directors
Date:	1 April 2020
Lead Director:	Director of Estates and Commercial Development
Report Title:	Patient Led Assessment in the Clinical Environment (PLACE) 2019 scores and performance

1. Purpose

This report provides an update on the 2019 PLACE scores published in late January from the visits that happened within the Acute and Community sites in September and October 2019.

2. Background and process

PLACE aims to promote the principles established by the NHS Constitution that focus on areas that matter to patients, families and carers:

- Putting patients first.
- Active feedback from the public, patients and staff.
- Adhering to basics of quality care.
- Ensuring services are provided in a clean and safe environment that is fit for purpose.

The PLACE assessment is a National requirement to be undertaken on all facilities with inpatient beds and services for the Trust this is the acute Hospital and Brixham, Totnes, Newton Abbot and Dawlish community Hospitals.

PLACE mandates the involvement of patients and the public in the assessment process with all assessment teams having a minimum of 2 patient assessors, making up at least 50% of the team. The Governors have played a very key role in the process, giving up their valuable time to support the assessments across the five sites.

A summary of the domains and assessment are detailed in the table below:

Cleanliness:	The Cleanliness Domain covers all items commonly found in the healthcare premises including patient equipment. Examples are baths, toilets and showers, furniture, floors fixtures and fittings.
Food & Hydration:	The food domain includes a range of organisational questions relating to the catering service e.g. choice of food, 24-hour availability, meal times and access to menus. It also includes an assessment of food at ward level including the taste, texture and appropriateness of serving temperature.

Organisation food scores	The organisation food scorecard domain includes a range of organisational questions relating to the catering service e.g. choice of food, 24-hour availability, meal times and access to menus
Ward food scores	The ward food scorecard includes an assessment of food at ward level including the taste, texture and appropriateness of serving temperature
Privacy, Dignity & Wellbeing:	The Privacy, Dignity and Wellbeing domain includes infrastructural and organisational aspects such as the provision of outdoor and recreational areas, changing and waiting facilities, and access to television, radio, internet and telephones. It also includes the practicality of male and female services e.g. sleeping, bathroom and toilet facilities, bedside curtains sufficient in size to create a private space around beds and ensuring patients are appropriately dressed to protect their dignity.
Condition, Appearance & Maintenance:	The Condition, Appearance and Maintenance domain includes various aspects of the general environment including décor, condition of fixtures and fittings, tidiness, signage, lighting (including access to natural light), linen, access to car parking, waste management, and the external appearance of the buildings and the maintenance of the grounds.
Dementia.	The Dementia domain focusses on flooring, décor and signage and also aspects such as availability of handrails, appropriate seating and, to a lesser extent, food. These represent key issues for providing for the needs of patients with dementia but do not constitute the full range of issues and organisations are encouraged to undertake more comprehensive assessments using one of the recognised environmental assessment tools.

3. Summary of Performance

Overall the Trust scored very well in the PLACE assessment (see table below), with the community Hospitals outperforming the acute Trust in a number of domains. The total Trust average scores were *above* both the National average and the Southwest average in six of the eight PLACE domains. Which is a significant achievement.

The two domains where points were lost, bringing the Trust scores to slightly below National Average were in the Condition, appearance and maintenance and Ward food categories. Specifically, the scores for the main hospital site brought the overall scores down in these and the dementia domain.

4. Torbay Hospital considerations

Despite the challenges with condition and age of the infrastructure in the acute Trust, it is a complement to the hard-working domestic, estates and nursing teams that the scores in particular the cleanliness score remains really good. Not being able to prioritise monies for decoration has had an impact on the appearance of the

acute areas. This as well as the significant backlog and areas where we know as a Trust we still have work to do in upgrading the area when funding is available. The lower food score relating to the Hospital, which brought the Trust scores to slightly below National average, was as a result of presentation of food on the day.

The food offer is the same across all five Hospitals but service and perceptions can differ from Hospital to Hospital and the Acute Trust always scores less than the community hospitals. Focus will continue on food presentation and training of staff in this area. The new ways of working for FM services on the acute wards, with a dedicated ward catering assistant, is having a material positive benefit on both the food service and the perception of the food service at ward level in the acute Trust.

5. Recommendation

The Trust Board is asked to:

- Formally receive the place scores for 2019
- Thank the governors for their contribution and continued support for the PLACE assessments
- Formally recognise and congratulate the hard-working Estates, Facilities and nursing teams on the substantial achievement of excellent PLACE scores.
- Note the implementation of the new catering assistant role to maintain and improve the food service.

Site Name	PLACE Site Type	Cleanliness	Food & Hydration	Org Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
BRIXHAM HOSPITAL	Community	99.1%	98.5%	97.0%	100%	100%	100%	100%	100%
DAWLISH HOSPITAL	Community	100%	98.2%	96.5%	100%	92.2%	99.5%	97.9%	98.6%
NEWTON ABBOT HOSPITAL	Community	100%	94.9%	90.19%	100%	97.7%	98.5%	95.75%	93.9%
TORBAY DISTRICT GENERAL HOSPITAL	Acute/Specialist	99%	91.2%	96.7%	89.9%	91.1%	93.5%	79.2%	84%
TOTNES HOSPITAL	Community	100%	98.4%	97.0%	100%	96.6%	100%	98.6%	98.5%
Trust Average		99.2%	92.4%	95.9%	92.2%	92.5%	94.8%	83.3%	86.8%
National Average		98.6%	92.2%	94.0%	92.6%	86.1%	96.4%	80.7%	82.5%
SW Average		97.9%	92.4%	89.6%	93.7%	84.6%	95.7%	80.1%	80.9%

Report to the Trust Board of Directors			
Report title: Terms of Reference: Finance, Performance and Digital Committee			Meeting date: 1 April 2020
Report appendix	n/a		
Report sponsor	Chair: Finance, Performance and Digital Committee		
Report author	Company Secretary		
Report provenance	Reviewed and agreed: 24 March 2020 Finance, Performance and Digital Committee ('FPDC')		
Purpose of the report and key issues for consideration/decision	<p>The annual review of the Committee's Terms of Reference has been undertaken and the following changes agreed by FPDC:</p> <ul style="list-style-type: none"> • Inclusion of Transformation and CIP Group to report up to FPDC. • Strengthening of oversight of Capital and Estates Programme section (5.23) to include assurance of Trust compliance and safety and revenue, performance and risk consequences of capital schemes. • Changes to section (5.25) Commercial Development – Reference to Commercial Strategy replaced by 'commercial activities'. • Strengthening of oversight of digital investments (5.24) • Inclusion in section 5.26 of reference to oversight of the Trust's subsidiaries, joint ventures and Torbay Pharmaceuticals, including financial reporting, review of annual plans and in-year delivery as stated in section 4 Powers. • Inclusion of reference to the Governor observer and rules for deciding the selection (6.4). • Changes to the meeting administration section (11.2) to reflect the revised meeting schedule. 		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input checked="" type="checkbox"/>
Recommendation	The Board is asked to approve the revised Terms of Reference of the Finance, Performance and Digital Committee.		
Summary of key elements			
Strategic objectives supported by this report	Safe, quality care and best experience		Valuing our workforce
	Improved wellbeing through partnership		Well-led
			X

Is this on the Trust's Board Assurance Framework and/or Risk Register				
	Board Assurance Framework	N/A	Risk score	
	Risk Register	N/A	Risk score	
External standards affected by this report and associated risks				
	Care Quality Commission		Terms of Authorisation	
	NHS Improvement	X	Legislation	
	NHS England	X	National policy/guidance	X

FINANCE, PERFORMANCE AND DIGITAL COMMITTEE

TERMS OF REFERENCE

Version:	0.3
Approved by:	Finance, Performance and Digital Committee
Date approved:	[24 March 2020]
Approved by:	Board of Directors
Date approved:	[1 April 2020]
Date issued:	[2 April 2020]
Review date:	March 2021

FINANCE, PERFORMANCE AND DIGITAL COMMITTEE TERMS OF REFERENCE

1. Constitution

- 1.1. The Trust Board hereby resolves to establish a Committee to be known as the Finance, Performance and Digital Committee ('the Committee').
- 1.2. The Committee will adhere to, and be cognisant of the Trust values at all times.

2. Authority

- 2.1. The Committee is constituted as a Standing Committee of the Trust Board ('Board'). Its constitution and terms of reference are subject to review and amendment by the Trust Board.
- 2.2. The Committee derives its power from the Trust Board and has no executive powers, other than those specifically delegated in these terms of reference.

3. Purpose

- 3.1 The Committee has been established by the Board of Directors for the purpose of:
 - (i) Overseeing, co-ordinating, reviewing and assessing the financial, performance and digital management arrangements; including monitoring the delivery of the NHS Long Term Plan and supporting Annual Plan decisions on investment and business cases.
 - (ii) Providing the Board with an independent and objective review of, and assurances, in relation to significant financial, performance and digital risks which may impact on the financial viability and sustainability of the Trust.
 - (iii) Providing detailed scrutiny of financial, performance and digital matters in order to provide assurance and raise concerns (if appropriate) to the Board of Directors.
 - (iv) Assessing and identifying risks within the finance, performance and digital portfolio and escalating this as appropriate.
 - (v) Making recommendations, as appropriate, on financial, performance and digital matters to the Board of Directors.
 - (vi) Determining those matters delegated to the Committee in accordance with the Scheme of Delegation and Standing Financial Instructions as set out in the Trust's Standing Orders.
 - (vii) Overseeing the development of and approving the Trust's medium term financial strategy
 - (viii) Maintaining a watching brief over the strategic direction of the Devon STP as informed by relevant national policy, and informing the Board of such

3.2 The objectives of the committee are:

- (i) To advise the Board of Directors on all aspects of key performance, financial and investment issues to enable sound decision-making.
- (ii) To provide assurance in respect of financial, performance and digital related matters along with business planning.
- (iii) To provide assurance that corrective action has been initiated and managed where gaps are identified in relation to financial, performance and digital risks.

4. Powers

- 4.1 The committee is authorised by the Board of Directors to investigate any activity within its terms of reference.
- 4.2 The Committee is accountable to the Board of Directors and any changes to these terms of reference must be approved by the Board of Directors.
- 4.3 The Committee is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
- 4.4 The Committee is authorised by the Trust Board to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.
- 4.5 The Committee is authorised by the Board of Directors to obtain outside legal or other specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board.
- 4.6 The Committee has been given delegated authority by the Board of Directors to approve all reports required by the various external benchmarking initiatives, including but not limited to GIRFT; Model Hospital etc.
- 4.7 The Committee has been given delegated authority to oversee some financial arrangements relating to the Trust's subsidiaries, joint ventures and its pharmaceutical division (Torbay Pharmaceuticals) which include financial reporting and review of annual plans and in-year delivery.
- 4.8 The Committee has been delegated responsibility by the Board of Directors to approve business cases up to a delegated level (Appendix 2) and make recommendations on investments.
- 4.9 The Committee reserves the right to hold meetings in private ie comprising of Committee members only.

5. Duties and responsibilities

- 5.1 The Committee is empowered to seek assurance, raise concerns and make recommendations to the Board of Directors pertaining to the committee's role and duties.

5.2 The duties and responsibilities shall be:

5.21 Finance and Financial Performance

- (i) Undertake detailed scrutiny of financial and performance information, including performance against the cost improvement programme and the capital investment programme and cashflow, through detailed review of the Board Integrated Performance Report.
- (ii) Review delivery against the Trust's control total including forward projections and the delivery of any recovery plan.
- (iii) Provide oversight of delivery of major capital projects as and when instructed by the Board.
- (iv) Review and approve all Plans required by the various external benchmarking initiatives eg GIRFT, Model Hospital, including an annual report on their implementation (or more frequently if required).
- (v) Review the Trust Governance Statements as required prior to submission to NHSI.
- (vi) Support the development of the Trust's operational plan, with clear assumptions on allocations, activity and investment.
- (vii) Seek assurance that appropriate capacity and capability is available to support decision making and the effective delivery of the Trust's Financial Plan.
- (viii) Seek assurance that financial performance against the identified performance measures is adequately reflected in the risk register and related action plans.
- (ix) Review the activities undertaken at the reporting groups, including in relation to cash management, any borrowing arrangements and the Trust's Treasury Management Policy.
- (x) Review the activities undertaken by the Procurement Directorate and performance against key national metrics in order to meet national requirements.

5.22 Performance Delivery and Assurance

- (i) Keep the content of the Trust's Integrated Performance Report under review, ensuring that it includes appropriate performance metrics and detail of exceptions to provide assurance to the Board on all aspects of organisational performance.
- (ii) Provide assurance to the Board around the Trust's compliance with statutory performance indicators (Urgent Care, RTT, Cancer, Diagnostics), and scrutinise associated recovery plans where relevant
- (iii) Provide assurance that financial and performance data is triangulated through cross verification of data from two or more sources.
- (iv) Seek assurance from the executive that any appropriate management action has been taken to return the Trust's performance to plan and that any such actions or recovery plans are in place are adequately resourced, implemented and monitored.
- (v) Provide assurance to the Board that the performance of the Integrated Service Units are in line with agreed annual plans and receive escalation where recovery plans do not resolve any adverse variance.

- (vi) Review all significant operational risks as they pertain to the Committee and regulatory standards on the high level risk register and the Board Assurance Framework.

5.23 Capital and Estates Programme

- (i) Provide assurance of compliance with Monitor's Risk Evaluation for Investment Decisions (REID) guidance and Treasury Management guidance, as appropriate.
- (ii) Approve and set the annual investment programme for capital expenditure and provide assurance on Trust compliance and safety.
- (iii) Review the Trust's Annual Business Plan, 5 Year Capital Plan and Financial Model and recommend to the Board for approval.
- (iv) Review and provide assurance of the Trust's capital programme under discrete headings (based on high level business case proposals from ISU's):
 - a. Equipment replacement
 - b. Unavoidable major schemes
 - c. IM&T
 - d. Significant strategic importance
 - e. Estates (maintenance/ upgrades)
 - f. Aspirational
- (v) Understand and agree revenue, performance and risk consequences of capital schemes and monitor cash flow implications.
- (vi) Agree investment / dis-investment in services (with full understanding of financial and service implications of these decisions e.g. overheads).
- (vii) Maintain oversight and approval of the Estates Strategy, providing challenge prior to Board approval.
- (viii) Receive updates on implementation of the Estates Strategy, ensuring Estate requirements remain within budget.

5.24 Digital Strategy and Performance

- (i) Maintain oversight and approval of the development of the Digital Strategy, providing challenge prior to Board approval.
- (ii) Receive updates on implementation of the Digital Strategy, ensuring capital requirements remain within budget.
- (iii) Scrutinise the realisation of benefits associated with digital investments

5.25 Commercial Development

- (i) Maintain oversight and approval of the development of the Commercial development activities.
- (ii) Receive updates on implementation of the Commercial development activities, ensuring requirements remain within budget.

5.26 Governance

- (i) Oversee any procedural, policy or strategy documents which fall within the remit of the Committee are appropriately written, ratified and monitored for compliance in accordance with the Trust Policy template including any key national standards and best practice.
- (ii) Ensure that any matters requiring the attention of the Audit Committee are presented at the earliest opportunity.

- (iii) Ensure that any matters requiring Board attention or scrutiny are presented at the earliest opportunity.
- (iv) Ensure that any matters referred to it by the Board or Audit Committee are actioned in accordance with those instructions.
- (v) Receive reports from the reporting Groups and approve any changes to their terms of reference.
- (vi) Maintain oversight of the Trust's subsidiaries, joint ventures and Torbay Pharmaceuticals, including financial reporting, review of annual plans and in-year delivery.

6. Membership and Attendance

6.1 Core membership shall be made up of the following:

- 3 Non-Executive Directors
- Chief Finance Officer
- Chief Operating Officer
- Director of Transformation and Partnerships
- Chief Nurse or Medical Director
- Director of Estates and Commercial Development

6.2 All other members of the Board of Directors shall be entitled to attend and receive Committee agenda and papers.

6.3 The Company Secretary, Deputy Director of Finance and Director of Health Informatics, will be expected to attend each meeting. Others may be invited to attend all or part of any meeting depending upon issues under discussion.

6.4 A Governor observer shall be invited to each meeting of the Committee. The process for selecting the Governor observer is a matter for the Chair of the Council of Governors and Governors. In the event that the nominated Governor observer is unable to attend a meeting, the Committee Chair will allow a substitute Governor to attend.

6.5 Members may be represented by a nominated deputy at a specific meeting.

6.6 A register of attendance of Committee members will be maintained and the Chair of the Committee will follow up any issues related to the unexplained non-attendance of members. Should continuing non-attendance of a member jeopardise the functioning of the Committee, the Chair will discuss the matter with the member and, if necessary, seek a substitute or replacement.

7. Chair

7.1 A member of the Audit Committee shall act as Committee Chair. In their absence, one of the other Non-Executive Directors present shall be nominated and appointed as acting Chair for the meeting.

7.2 The Chair will liaise with the Committee Secretary and Chief Finance Officer to ensure the agenda, reports/documents and minutes are circulated to the committee members at least five days prior to the date of the meeting.

8. Meeting Administration

- 8.1 The Committee shall be supported by the Company Secretary, or their nominee, whose duties in this respect will include:
- (i) In consultation with the Chair develop and maintain the reporting schedule to the Committee.
 - (ii) Collation of papers and drafting of the agenda for agreement by the Chair of the Committee.
 - (iii) Taking the minutes and keeping a record of matters arising and issue to be carried forward.
 - (iv) Advising the Committee on scheduled agenda items.
 - (v) Maintaining a record of attendance.

9. Quorum

- 9.1 The quorum necessary for the transaction of business shall be four (4) members, of which two Non-Executive Directors and two Executive Directors must be present.
- 9.2 A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.
- 9.3 Deputies shall count towards the quorum.

10. Frequency of Meetings

- 10.1 The Committee shall normally meet monthly or more frequently if required.

11. Meetings

- 11.1 Items for the agenda must be sent to the Committee Secretary a minimum of 7 days prior to the meeting. Urgent items may be raised under any other business.
- 11.2 The agenda will be sent out to the Committee members at least five days prior to the meeting date, together with the updated action schedule and other associated papers.
- 11.3 Meetings, other than those regularly scheduled as above, shall be summoned by the Committee Secretary at the request of the Chair.

12. Reporting

- 12.1 Formal minutes shall be taken of all committee meetings. Once approved by the committee, the minutes shall be presented to the next meeting for approval.
- 12.2 A summary report will be presented by the Committee Chair to the next Trust Board meeting.
- 12.3 The Chair of the Committee shall, at any time, draw to the attention of the Trust Board any particular issue which requires their attention.

13. Conduct of Meetings

13.1 Except as outlined above, meetings shall be conducted in accordance with the provisions of the Trust's Standing Orders.

14. Review

14.1 As part of the Trust's annual committee effectiveness review process, the Committee shall review its collective performance.

14.2 The Committee's Terms of Reference shall be reviewed on an annual basis and approved by the Board of Directors.

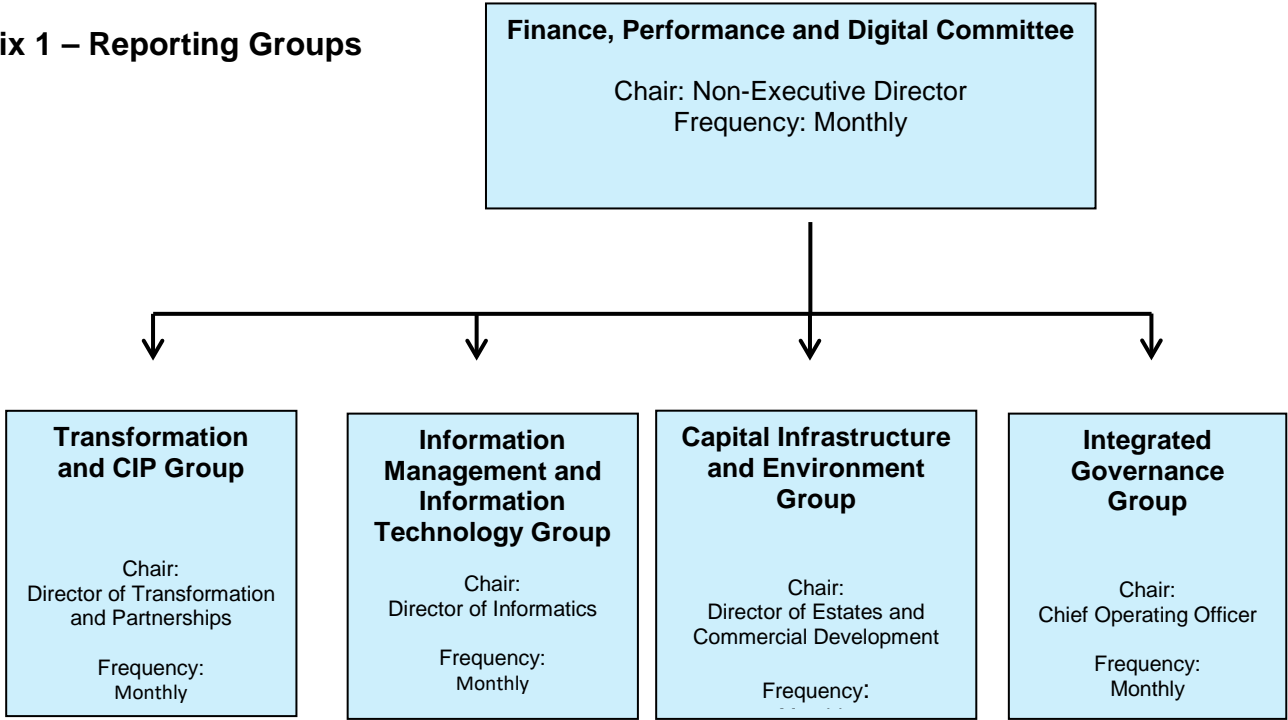
15. Monitoring Effectiveness

15.1 In order that the Committee can be assured that it is operating at maximum effectiveness in discharging its responsibilities as set out in these terms of reference and, if necessary, to recommend any changes to the Board, the Chair will, once a year, lead an effectiveness review of the Committee. The following will be undertaken and reported to the next meeting of the Committee:

- The objectives set out in section 3 were fulfilled; and
- Agenda and associated papers were distributed five days prior to the meeting taking place.

DRAFT

Appendix 1 – Reporting Groups



Appendix 2 Scheme of Delegation applicable to Business Cases (extract from standing orders)

REVENUE (annual or average)			
Delegated Matter	Responsibility of	Can be delegated to	
Up to £500k	Finance, Performance & Digital Committee	-	
Over £500k	Board of Directors	Finance, Performance & Digital Committee	
Torbay Pharmaceuticals (revenue contracts)			
Over £1m	Finance, Performance & Digital Committee		
CAPITAL (annual or average)			
Delegated Matter	Responsibility of	Can be delegated to	
Up to £500k	Finance, Performance & Digital Committee	-	
Over £500k	Board of Directors	Finance, Performance & Digital Committee	

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

Meeting date:	24 th March 2020
Report by + date:	Chris Balch, Committee Chair 25 th March 2020
This report is for:	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives:	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	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues to highlight to the Board (Month 11, February 2020):

1. For assurance the Committee reviewed the Month 11 Financial Performance, which is a £13.14m deficit being £8.53m adverse to the phased plan of £4.61m deficit, prior to sustainability funding.
2. The Trust continues to aim to deliver its revised financial performance when a £15m variance to plan was reported to the regulator at Month 6. However, there are some risks to this figure particularly relating adjustments to depreciation charges arising from changes to RICS guidance (£1.8m), costs incurred in developing the Trust's response to Covid-19 and potential write offs on historic balance sheet items.
3. The Trust had delivered £10m of CIP savings target by month 11 which is £7.1m behind the original plan. Of the full year CIP target of £20m CIP, some £10.7m of savings have been identified resulting in a £9.3m gap.
4. Capital expenditure at Month 11 was £10.11m which is a £5.16m underspend. Despite bringing forward some capital items from 20/21 achieving forecast capital spend of £18.77m by the year-end will very challenging, particularly as some purchases are now impacted by the effect of Covid-19 on supply chains.
5. The Committee noted the Integrated Performance Report for Month 11 which highlighted improved performance in key standards to the end of February although challenges remained. The Committee heard that actions taken to deal with the anticipated pressures from the Covid-19 pandemic will inevitably result in deterioration in performance against standards, particularly for elective treatment, although diagnosis and treatment of cancer patients remains a priority. The Committee requested that information on Quality and Workforce to the end of month 11 is collated to provide a balanced picture and baseline of the Trust's performance prior to the arrival of Covid-19.
6. The Committee was briefed by the CFO on the impact of Covid-19 on business and financial planning for 20/21. Activity has now been paused with special arrangements put in place to cover the financial implications of dealing with the current public health emergency. These are expected to cover Q1 after which a recovery plan will be put in place taking as its starting point the latest draft budgets submitted to the STP.

7. The Committee received a presentation on the approach which has been developed for business planning and service reviews supporting clinical teams with NCCI and Model Hospital data to identify the scope for delivering quality service for our local population in the most effective way. It was noted that there will be opportunities to learn from the Trust's response to the Covid-19 emergency which should be captured as part of our transformation plans.
8. The Committee noted updates to the Risk Register in its key areas of responsibility particularly with respect to the potential impact of Covid-19.
9. Reports were received and noted on:
 - Torbay Pharmaceuticals financial performance
 - IM&T Group

Key Decision(s)/Recommendations Made:

1. The Committee reviewed and agreed expedited arrangements to initiate expenditure and handle invoicing during the Covid-19 pandemic. Existing controls over approval of expenditure and payments will remain in place and clear procedures are in place to capture the costs of dealing with Covid-19.
2. The Committee considered and agreed a number of changes to the Committee's Terms of Reference for approval by the Board.

Report of Quality Assurance Committee Chair to TSDFT Board of Directors

Meeting date:	25 th March 2020
Report by + date:	Jacqui Lyttle, Committee Chair 26 th March 2020
This report is for:	Information <input type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives:	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	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues to highlight to the Board:

1. The committee received assurance that robust processes were in place to deal with the immediate COVID 19 pandemic with regards to patient and staff safety, quality and risk. It was advised on the gold command cell structure established and were assured that robust processes and systems were in place to both manage the COVID 19 pandemic and ensure business as usual.
2. The committee received a comprehensive report on the effect of COVID 19 on the delivery of key performance targets including RTT's, 52 week waits and cancer pathways. It was assured that processes and systems were in place to ensure that the most clinically urgent patients were being prioritised and that guidance from NHSE/I with regards to the flexing of KPI's were being followed.
3. The committee received a verbal report on potential risks relating to COVID 19 self-isolation and safeguarding. It was assured that multi-agency processes were in place to minimise risk and harm. The committee were confident that these processes would be kept under constant review throughout the COVID-19 pandemic with modifications being made as required.

Key Decision(s)/Recommendations Made:

None

Report to the Trust Board of Directors			
Report title: Estates and Facilities – Top line briefs, EFM performance, compliance and exception report January and February 2020		Meeting date: 1 April 2020	
Report appendix	Appendix 1 – Estates Performance and Compliance Report		
Report sponsor	Director of Estates and Commercial Development		
Report author	Associate Director, Estates and Facilities Operations		
Report provenance	Capital Infrastructure and Environment Group EFM Performance and Compliance Group Executives		
Purpose of the report and key issues for consideration/decision	<p>The report is intended to provide an update to the Board on EFM key issues, performance and compliance for January and February 2020</p> <p>Key Issues</p> <ul style="list-style-type: none"> The Cleaning scores continue to reflect a cleanliness level above the national standards An increased number of Estate Priority 1 jobs have been prioritised over P3 and P4 lower priority jobs with an understandable drop in performance in these categories. Over the winter period the tonnage of Clinical Burn waste has increased due to the expected increasing infection rates from seasonal Flu etc. As COVID 19 impacts this will be an escalating issue both in terms of capacity and also cost. <p>The summary report is attached with the EFM Compliance and Performance report appended at Appendix 1 for information.</p>		
Action required (choose 1 only)	For information <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input type="checkbox"/>
Recommendation	The Trust Board is asked to receive for information the: <ul style="list-style-type: none"> Top line briefs for EFM for the months of January and February EFM Compliance and Performance Reports and exceptions 		

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	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	X
	NHS England	X	National policy/guidance	X

Report to:	Trust Board of Directors
Date:	1 April 2020
Lead Director:	Director of Estates and Commercial Development
Report Title:	Estates and Facilities – Top line briefs, EFM performance, compliance and exception report January and February 2020

1. Estates and Facilities Operations – Key Issues and Exceptions report for February 2020.

This report aims to summarise and highlight key concerns and exceptions regarding Estates and Facilities Operations performance for the month of February 2020 and should be read in conjunction with the associated Annex 1 Performance Table.

Table 1 below identifies the Key Performance Indicators variances for Estates and Facilities performance for the month of February 2020. Any areas of specific cause for concern for the attention of the Trust Board are shown with appropriate explanation and action to achieve a resolution is shown at Table 2 below.

Table 1: February 2020 Scorecard Indicator.





















<div>Green </div> <div>Amber </div> <div>Red </div>	Last Month	This Month
Deteriorating Indicators		
Estates – Routine PPM % success against plan		
Waste - % Total tonnage recycled waste per month		
Improving Indicators		
Estates – Urgent % P2 completed in <1-4 Days		
Estates – Emergency Generator load Test / Servicing Compliance - % in date		 & 
Red rated Indicators with no change		
Estates - Routine % P3 completed in <7 Days		
Estates - Routine % P4 completed in <30 Days		
Estates – Internal Critical Failures		
Waste - % of Total tonnage of Clinical Burn waste per month		

Table 2: Areas with Specific Cause for Concern

Estates	PPM success against Plan / Routine Reactive – % P3 / P4 completed in <7 days / <30Days
Explanation	An increasing number of vacancies carried by Estates and an increase in critical defects required, as well as resource required to address preparations for the CQC Visit have diverted effort from Routine Reactive work completion within the target response times. This work is being completed, but outside the response targets.
Estates	Estates Critical failures February 2020
Explanation	<ol style="list-style-type: none"> 1. Lifts B and C – damage to door opening systems – contractor repairs required. 2. Sewage pipework under Car park A temporary bus route – collapsed drainage requires dig to repair. 3. Ashburton Hospital - hot water failure traced to faulty boiler – repaired 4. Castle Circus Health Centre Roof leaks – Contractor carried out patch repair.
Waste	% Total Tonnage of Clinical Burn Waste per month
Explanation	The Trust is continuing to incinerate all clinical waste due to non-segregation of the Tiger and clinical waste streams within the Trust. An action plan is in place with the use of an external waste auditor to help us return to our normal waste streams. Increased infection rates are increasing the amount of clinical waste.

2. Estates and Facilities Operations Compliance Issues and Exceptions.

Main exceptions –

The Estates function is seeing a month on month increase in in emergency Priority 1 (P1) requests as shown in the graph below. This is putting pressure on the delivery of lower priority tasks. The team are risk assessing and prioritising works to clinical areas. With the increased pressure it is increasingly likely that low risk priority 4 tasks will not be able to be undertaken. The team will keep this under review.

Emergency - P1 - requests per month



Over the winter period the tonnage of Clinical Burn waste has increased due to the expected increasing infection rates from seasonal Flu etc. As COVID 19 impacts this will be an escalating issue.

% of Total tonnage of Clinical Burn waste per month



An external assessment of our waste processes and procedures was undertaken at the end of February to be reported in March.

The age of the estate continues to represent a significant risk. There were 5 critical estate failures in January and February which adversely affected activity and staff and patient experience.

Medical Gases Pipe Systems – The Medical Gases Policy final draft has been reviewed at the Medical Gas Committee prior to final approval by the Health and Safety Committee in April 2020.

3. Estates and Facilities Operations Action Plans

Action Plans

- **Fire** – Progress of the AE (Fire) Action plan continues to be monitored by the Head of SSEP. The AE (Fire) conducted a verification of Fire Compartmentation, Fire Dampers, Tower Block Fire Strategy and the proposed Bells and Sounders Fire Alarms remediation plan w/c 27th January 2020.
- **EHO** – Action plan – effort remain focussed on monitoring the HACCP document and food safety within the ward kitchens. The “New ways of working” trial continues to be successful, and catering audits on the trial ward have seen 100% compliance around food safety on the trial wards.
- **Waste** –An external waste consultant audited Trust waste processes on 10th March 2020 and a report will be provided to the Trust on advice around improvements to ensure future compliance is achieved.
- **HSE** – Action plan - progress of the EFM actions within the overall Trust HSE action plan continues to be monitored by the Site Services Lead. Prime concerns are failed lighting at Cadewell Lane, and NHS Procurement vehicles reversing, without trained Banksman, in the Fracture clinic area. A meeting was held with the Head of Procurement in January 2020 to review the processes which were put in place following the issuing of the HSE improvement notice.
- **Compliance** – The Cauty Compliance Audit score remains at 72.3%, reflecting recent Ventilation Systems appointment confirmations. Risk Assessment training for the Estates and Facilities management team was completed on 21st February 2020.

Appendices:

Appendix 1 – KPI Report for January and February 2020

EFM Performance Report

Domain	Estates & Facilities Operations Performance Data Nov-Dec 19 for Jan 2020 Report	2018-19 Quarter Four			2019-20 Quarter One			2019-20 Quarter Two			2019-20 Quarter Three			2019-20 Quarter Four			Trend	YTD 2019 to 2020	Average to date	Target 2019-20	RAG Threshold			Comments
		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	Feb-20	Mar-20					Constant Review	Cause for Concern	No Concerns	
	Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
Estates - Planned & Reactive work Performance	Total PPMs planned per month (not KPI)	1,071	956	1,080	979	1,374	1,051	1,178	1,067	1,206	951	1,057	1,094	1,060	958	0		13064	1077	Variable	14			Not a KPI - an indicator of volumes
	Statutory PPMs planned per month	403	369	398	347	796	443	444	398	430	364	386	411	432	339			5960	426	Variable				MMM Sterilisers 16 Mar 20, Gas plasma AHU booked 6 Apr 20
	Statutory PPM % success against plan	98%	97%	98%	98%	98%	96%	100%	95%	100%	98%	98%	90%	99%	99%				97%	97%	85%	85%	97%	Emergency Lights completed in Mar 20
	Mandatory PPMs planned per month	453	444	432	485	422	441	505	449	552	431	438	519	443	444			6458	461	Variable				6 x AHUs aas per programme - later, MRI being Programmed
	Mandatory PPM % success against plan	99%	98%	98%	97%	100%	97%	99%	99%	98%	98%	97%	94%	99%	98%				98%	97%	85%	85%	95%	
	Routine PPMs planned per month	215	143	250	147	156	167	229	220	224	156	233	164	185	175			2304	190	Variable				
	Routine PPM % success against plan	76%	76%	88%	67%	58%	80%	89%	85%	87%	67%	93%	68%	83%	68%				77%	90%	60%	60%	70%	
	Total Reactive Requests per month (not KPI)	995	882	901	851	910	974	1154	793	814	1028	1042	944	1038	828	0		11288	940	Variable	14			Not a KPI - an indicator of volumes
	Emergency - P1 - requests per month	56	71	47	97	60	80	83	95	88	98	86	98	85	119			1163	83	Variable				
	Emergency - % P1 completed in < 2hours	99%	99%	98%	100%	99%	99%	99%	99%	98%	100%	100%	100%	100%	100%				99%	97%	90%	90%	95%	
	Urgent - P2 - requests per month	188	120	135	94	139	128	215	117	116	120	146	94	121	88			1612	130	Variable				
	Urgent – % P2 completed in < 1 - 4 Days	91%	91%	95%	98%	91%	85%	79%	87%	95%	87%	92%	93%	87%	95%				90%	97%	85%	85%	90%	
	Routine - P3 - requests per month	601	556	591	543	564	604	686	487	510	668	664	520	655	496			6994	582	Variable				
	Routine - % P3 completed in < 7 Days	79%	81%	80%	90%	81%	82%	78%	73%	79%	72%	83%	74%	70%	60%				77%	97%	75%	75%	85%	
	Routine - P4 - requests per month	150	135	128	117	147	162	170	94	100	142	146	232	177	125			1723	145	Variable				
	Routine - % P4 completed in < 30 Days	74%	73%	82%	86%	80%	79%	81%	79%	81%	67%	77%	49%	52%	58%				73%	97%	65%	65%	75%	
Estates Internal Critical Failures per month	6	2	4	3	0	3	5	2	5	4	5	2	3	5			49	3.5	0	2	1	0	Car Park A Sewerage Pipework, CCHC Roof, Lifts B&C	
Estates - Statutory / Mandatory Compliance Performance	Fire Alarm Testing Compliance - % In date					100%	100%	99%	98%	99%	99%	98%	99%	98%	99%			Stat	99%	97%	85%	85%	97%	
	Emergency Lighting Compliance - % In date					99%	99%	98%	99%	100%	99%	99%	97%	100%	99%			Stat	99%	97%	85%	85%	97%	
	Fire Extinguisher Compliance - % In date					97%	96%	98%	97%	97%	97%	97%	98%	98%	97%			Stat	97%	97%	85%	85%	97%	Ext Contractor reports
	Fire Dry Risers Compliance - % In date					100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Stat	100%	97%	85%	85%	97%	Annual Testing in Progress
	Fire Hydrants Compliance - % In date					0%	0%	0%	0%	0%	100%	100%	100%	100%	100%			Stat	50%	97%	85%	85%	97%	LAFB completed successful test - 24 Oct 19
	Fire Dampers Compliance - % In date					93%	93%	93%	93%	93%	95%	62%	62%	62%	62%			Stat	81%	97%	85%	85%	97%	99% of tested Fire Dampers are good - see narrative
	Fire Supression Compliance - % In date					100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Stat	100%	97%	85%	85%	97%	
	Fixed Wire Testing Compliance - % In date					93%	93%	94%	93%	94%	94%	94%	94%	94%	94%			Stat	94%	97%	85%	85%	97%	
	Portable Appliance Testing - % in date					100%	100%	100%	100%	100%	100%	95%	83%	83%	83%			Mand	94%	97%	85%	85%	95%	Community site in progress. Acute site, Tender return 10/02/20. IT Equiument is excluded as replacement IT rollout due to be completed in June
	HV Equipment Compliance - % In date					100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Stat	100%	97%	85%	85%	97%	
	Generator Servicing Compliance - % In date					92%	92%	92%	92%	92%	38%	23%	38%	77%	100%			Mand	74%	97%	85%	85%	95%	3 remaining generators completion due week commencing 17/2/2020
	Generator Load Test Compliance - % In date					92%	92%	92%	92%	92%	38%	23%	38%	77%	92%			Mand	73%	97%	85%	85%	95%	3 remaining generators completion due week commencing 17/2/2020
	Lightning Protection Compliance - % In date					100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Stat	100%	97%	85%	85%	97%	
	Auto Door Inspection Compliance - % In date					100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Mand	100%	97%	85%	85%	95%	
	LEVs Testing Compliance - % In date					96%	96%	96%	92%	92%	92%	89%	89%	89%	92%			Stat	92%	97%	85%	85%	97%	
	Critical Vent Varification Compliance - % In date					97%	98%	94%	100%	97%	97%	100%	100%	100%	98%			Stat	98%	97%	85%	85%	97%	Endoscopy Rm 3 Vent reconfiguration required.
	Kitchen + Extract Duct Cleaning - % In date					94%	94%	94%	94%	100%	100%	100%	100%	77%	77%			Stat	93%	97%	85%	85%	97%	2 out of 7 ducts o/s - no cooking going on - decommission
	Gas Pipework Compliance - % In date					95%	96%	71%	82%	93%	93%	86%	100%	100%	100%			Stat	92%	97%	85%	85%	97%	
	Gas Appliance Compliance - % In date					100%	100%	100%	100%	100%	100%	96%	97%	96%	96%			Stat	99%	97%	85%	85%	97%	Remaining Gas Appliances may be decommissioned or out of service
	Landlord Gas Appliances Compliance - % In date					100%	100%	100%	100%	100%	100%	100%	100%	97%	97%			Stat	99%	97%	85%	85%	97%	
	Pressure Systems Compliance - % In date					95%	95%	95%	95%	95%	95%	95%	95%	95%	95%			Stat	95%	97%	85%	85%	97%	A different 5% to be completed each month.
	Window & Restrictor Insp Compliance - % In date					95%	96%	96%	96%	94%	96%	96%	96%	96%	96%			Mand	96%	97%	85%	85%	95%	
	Asbestos Inspections Compliance - % in date					75%	75%	80%	81%	93%	95%	95%	91%	91%	91%			Stat	87%	97%	85%	85%	97%	KAH, Theatres, Walnut + Union to be finished by Feb 20
	Water Safety Checks - works % in date					98%	97%	97%	98%	98%	97%	98%	98%	98%	98%			Stat	98%	97%	85%	85%	97%	Data From Shire Management System
	Edge protection Compliance - % In date					100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Stat	100%	97%	85%	85%	97%	
	Ladder Inspection Compliance - % In date					100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			Stat	100%	97%	85%	85%	97%	

EFM Performance Report

Domain	Estates & Facilities Operations Performance Data Nov-Dec 19 for Jan 2020 Report	2018-19 Quarter Four			2019-20 Quarter One			2019-20 Quarter Two			2019-20 Quarter Three			2019-20 Quarter Four			Trend	YTD 2019 to 2020	Average to date	Target 2019-20	RAG Threshold			Comments
		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	Feb-20	Mar-20					Constant Review	Cause for Concern	No Concerns	
	Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
Porters	Porters - Total Tasks per month	9436	8287	8793	8451	9275	8590	9292	8630	8346	9100	8704	8711	9197	8290		123102	8793	Variable	Not a KPI - an indicator of volume				
	Porters - Bloods Tasks per month	2457	2083	2383	2278	2471	2422	2438	2218	2174	2393	2287	2186	2427	2256		32473	2320	Variable					
	Porters - Patient Transfer Tasks per month	2346	2019	2297	2096	2445	2144	2316	2289	2219	2217	2117	2169	2078	1964		30716	2194	Variable					
	Porters - Notes Tasks per month	1640	1431	1432	1542	1735	1521	1795	1623	1560	1928	1863	1698	1982	1725		23475	1677	Variable					
	Porters - Urgent Tasks per month	169	158	186	186	180	160	178	182	183	194	174	174	209	162			178	Variable					
	Porters - Routine Tasks per month	8995	7826	8307	7939	8827	7156	8786	8146	7841	8600	8266	8272	8685	7829			8248	Variable					
	Porters - Booked Tasks per month	272	303	300	326	268	274	327	302	322	306	264	265	303	299			295	Variable					
Cleaning	Scores - Brixham Hosp - High Risk			99%	99%	99%	99%	99%	99%	98%	98%	98%	98%	98%	98%			99%	95%	90%	90%	95%		
	Scores - Brixham Hosp - Significant Risk			99%	97%	99%	100%	100%	98%	98%	99%	97%	98%	99%	98%			98%	85%	80%	80%	85%		
	Scores - Brixham Hosp - Low Risk			99%	100%	100%	100%	100%	100%	99%	97%	94%	98%	98%	97%			98%	80%	75%	75%	80%		
	Scores - Dawlish Hosp - High Risk			100%	100%	100%	100%	100%	99%	98%	99%	98%	99%	100%	98%			99%	95%	90%	90%	95%		
	Scores - Dawlish Hosp - Significant Risk			100%	100%	100%	100%	100%	100%	100%	99%	98%	99%	99%	98%			99%	85%	80%	80%	85%		
	Scores - Newton Abbot Hosp - High Risk			99%	99%	100%	99%	99%	99%	100%	98%	97%	99%	98%	98%			99%	95%	90%	90%	95%		
	Scores - Newton Abbot Hosp - Significant Risk			99%	99%	99%	100%	98%	98%	98%	98%	98%	98%	98%	98%			98%	85%	80%	80%	85%		
	Scores - Newton Abbot Hosp - Low Risk			99%	97%	100%	99%	99%	99%	99%	99%	99%	98%	98%	98%			99%	80%	75%	75%	80%		
	Scores - Paignton H+WBC - High Risk			100%	96%	100%	100%	100%	99%	99%	99%	98%	98%	98%	98%			99%	95%	90%	90%	95%		
	Scores - Paignton H+WBC- Significant Risk			99%	98%	100%	99%	99%	99%	99%	99%	98%	98%	98%	99%			99%	85%	80%	80%	85%		
	Scores - Paignton H+WBC - Low Risk			98%	98%	99%	99%	99%	99%	98%	98%	95%	96%	96%	95%			97%	80%	75%	75%	80%		
	Scores - Teignmouth Hosp - Very High Risk			100%	100%	100%	100%	100%	99%	99%	99%	99%	98%	98%	98%			99%	98%	95%	95%	98%	Theatres Areas	
	Scores - Teignmouth Hosp - High Risk			100%	100%	100%	100%	100%	100%	99%	99%	99%	98%	98%	98%			99%	95%	90%	90%	95%		
	Scores - Teignmouth Hosp - Significant Risk			100%	99%	100%	100%	99%	99%	99%	99%	99%	97%	97%	95%			99%	85%	80%	80%	85%		
	Scores - Torbay Hosp - Very High Risk			99%	99%	99%	99%	99%	99%	99%	98%	99%	98%	99%	98%			99%	98%	95%	95%	98%	Theatres Areas, Turner, ICU, A+E.	
	Scores - Torbay Hosp - High Risk			97%	97%	99%	98%	98%	98%	98%	98%	97%	97%	99%	98%			98%	95%	90%	90%	95%		
	Scores - Torbay Hosp - Significant Risk			99%	98%	99%	99%	99%	98%	99%	98%	95%	96%	98%	98%			98%	85%	80%	80%	85%		
	Scores - Torbay Hosp - Low Risk			100%	85%	97%	100%	97%	97%	98%	98%	95%	95%	95%	95%			96%	80%	75%	75%	80%		
	Scores - Totnes Hosp - High Risk			100%	99%	99%	100%	98%	98%	99%	98%	98%	98%	98%	98%			99%	95%	90%	90%	95%		
	Scores - Totnes Hosp - Significant Risk			98%	99%	99%	99%	96%	96%	100%	95%	97%	98%	98%	98%			98%	85%	80%	80%	85%		
	Scores - Totnes Hosp - Low Risk			100%	98%	98%	100%	90%	90%	94%	95%	94%	96%	98%	97%			96%	80%	75%	75%	80%		
	HPV Cleans per month	25	11	13	11	21	31	35	21	22	41	20	20	28	21		271	23	Variable	From Porter data HPV data				
	Deep Cleans per month	1018	1052	867	854	887	801	880	779	746	805	789	774	1010	835		10252	864	Variable	From Porter data Deep Clean Categories (x5) data				
	Annual Deep Cleans per month	7	1	5	7	4	1	5	9	34	9	4	4	4	12		90	8	Variable	Added Sep 19 from Porter data Periodic Cleans (Rooms).				
	Critical Cleaning Failures	2	1	1	1	0	0	1	0	0	0	0	0	0	0		6	0.4	0	2	1	0		

EFM Performance Report

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		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	Feb-20	Mar-20					Constant Review	Cause for Concern	No Concerns	
	Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
Accom	Boyce Court Occupancy Void Costs	219	279	1224	0	381	340	1,323	0	479	329	329	0	0	0		4903	350.2	Variable	2000	2000	1000	IVs in arrears. 68 Flats, charges if 95%-70% full. Budget £24,312	
	On-Site - Staff Accomodation Income				34,142	31,084	19,398	19,883	22,385	24,508	25,730	25,304	28,937	25,708			257079	25708	Variable	19256	19256	24391		Annual budget - £308,099
Catering	Patient Meals provided per month				31452	31461	31429	31458	31536	31557	31143	31351	33303	29375	30300		284690	31306	Variable					
	Meals purchased at Bayview Restaurant per month				3874	3917	4027	5848	5413	5769	6389	6292	5384	5732	5539		46913	5289	Trend					
	Meals purchased at Horizon Café per month				2791	2843	2807	2886	1991	2835	3035	3066	2022	2425	2547		24276	2659	Trend					
	Red Catering Trays per month				748	763	724	784	798	783	738	759	793	787	792		6890	770	Trend				Need to establish data collection method	
	% of Catering Food Waste per month				2.0%	2.0%	3.0%	4.2%	3.9%	4.3%	4.1%	4.7%	4.4%	4.9%	5.3%			4%	5%	10.0%	10.0%	5.0%		
	EHO Audit Scores - Acute				2	2	2	3	3	3	3	3	3	3	3			2.7	5	2	2	4		
	EHO Audit Scores - Brixham Hospital				5	5	5	5	5	5	5	5	5	5	5			5.0	5	2	2	4		
	EHO Audit Scores - Dawlish Hospital				5	5	5	5	5	5	5	5	5	5	5			5.0	5	2	2	4		
	EHO Audit Scores - Newton Abbot Hospital				4	4	4	4	4	4	4	4	4	4	5			4.1	5	2	2	4		
	EHO Audit Scores - Totnes Hospital				5	5	5	5	5	5	5	5	5	5	5			5.0	5	2	2	4		
	Catering Audits								28	36	32	38	26	37	32			32.7	5	25	25	30	Added Sep 19	
Waste	Total Tonnage all waste streams per month	202.9	168.6	152.5	161.0	185.0	161.7	182.1	165.3	175.3	176.1	148.0	179.2	178.9	151.0		2057.7	170.5	Trend					
	% of Total tonnage Recycled Waste per month	54.1%	50.4%	46.1%	47.4%	49.5%	50.1%	51.6%	46.4%	52.7%	47.2%	41.1%	53.3%	53.1%	44.2%			49%		40.0%	40.0%	47.0%		
	% of Total tonnage Landfill Waste per month	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			0%		5.0%	5.0%	2.0%		
	% of Total tonnage of Clinical Non-Burn waste per month	8.9%	9.8%	10.5%	10.1%	9.1%	10.7%	9.9%	10.6%	8.9%	9.4%	12.7%	5.5%	5.7%	1.3%			10%	100%	11.0%	9.0%	10.0%		
	% of Total tonnage of Clinical Burn waste per month	9.2%	10.7%	12.2%	10.8%	10.1%	10.5%	10.6%	11.0%	10.1%	11.1%	12.3%	20.1%	19.8%	33.5%			12%	100%	13.0%	9.0%	11.0%	Theatre Waste is incinerated to avoid contaminated waste being sent to contractor.	
	% of Total tonnage of Clinical Offensive waste per month	9.5%	11.2%	12.0%	11.9%	10.6%	10.6%	11.9%	11.6%	10.9%	11.5%	13.7%	6.2%	6.5%	2.6%			11%		12.0%	10.0%	11.0%		
	% of Total Tonnage Waste to Energy	18.4%	17.9%	19.2%	19.9%	20.8%	18.1%	16.0%	20.4%	17.4%	20.7%	20.1%	15.0%	16.2%	18.4%			19%		35.0%	35.0%	24.0%		
	Total Waste to Energy (tonnes)	5.3	28.7	31.4	30.6	29.0	28.6	25.6	31.4	27.5	31.9	48.1	35.0	37.0	27.8		353.0	29.8	Trend				This figure does not necessarily match the % of the total	
	Statutory Waste Audits - % completed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%	Trend	90%	90%	95%	15 Audits per month	
	Water consumed per month (m³)																0		Trend				Not yet ready to report this	
	Gas consumed per month (kWh)																0.0		Trend				Not yet ready to report this	
	Electricity consumed per month (kWh)																0.0		Trend				Not yet ready to report this	

EFM Performance Report

Domain	Estates & Facilities Operations Performance Data Nov-Dec 19 for Jan 2020 Report	2018-19 Quarter Four			2019-20 Quarter One			2019-20 Quarter Two			2019-20 Quarter Three			2019-20 Quarter Four			Trend	YTD 2019 to 2020	Average to date	Target 2019-20	RAG Threshold			Comments
		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	Feb-20	Mar-20					Constant Review	Cause for Concern	No Concerns	
	Metrics	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12								
Workforce	Total Estates and Facilities Staff (FTE)			380	387	391	392	393	390	394	398	398	398	398	394	0			393	12		Update no of Months in V94 for av in T94		
	Estates Staff			34	34	34	34	34	32	34	34	35	37	38	37				35					
	Facilities Management			23	23	23	22	22	21	21	20	20	20	20	20				21					
	Hotel Services - Catering			33	33	33	33	33	33	33	33	33	33	32	31				33					
	Hotel Services - Domestic			216	223	227	230	231	230	231	234	234	233	232	232				230					
	Hotel Services - Other			74	74	74	74	74	75	76	78	78	76	76	74				75					
	Achievement Review Compliance %			96%	92%	95%	95%	93%	85%	85%	85%	85%	90%	89%	89%			90%	95%	80%	80%	90%	Estates 80%, FM Mgt 83%	
	Sickness Absence % (Month Sick Rate)			4.4%	3.8%	3.0%	2.3%	4.5%	4.2%	5.1%	5.9%	5.0%	5.2%	5.5%				4.4%	3%	3.8%	3.8%	3.5%	1 month in arrears. (Catering 6.3%, Domestic - 9.5%)	
	Mandatory Training - Conflict Resolution			95%	93%	96%	97%	93%	96%	95%	95%	94%	94%	95%	96%			95%	90%	75%	75%	85%		
	Mandatory Training - Equality & Diversity			97%	96%	98%	98%	98%	98%	95%	97%	97%	97%	96%	97%			97%	90%	75%	75%	85%		
	Mandatory Training - Fire Training			97%	96%	98%	97%	97%	98%	94%	97%	98%	95%	94%	95%			96%	90%	75%	75%	85%		
	Mandatory Training - Health & Safety			97%	95%	96%	98%	98%	98%	96%	98%	97%	97%	97%	98%			97%	90%	75%	75%	85%		
	Mandatory Training - Infection Control			95%	94%	96%	96%	97%	96%	94%	94%	94%	95%	94%	93%			95%	90%	75%	75%	85%		
	Mandatory Training - Information Governance			96%	94%	94%	94%	95%	97%	93%	94%	93%	92%	90%	91%			94%	95%	85%	85%	95%	Estates - 76%	
	Mandatory Training - Moving & Handling			97%	97%	98%	99%	97%	96%	92%	95%	94%	96%	95%	96%			96%	90%	75%	75%	85%		
	Mandatory Training - Safeguarding Adult Level 1			97%	96%	99%	98%	99%	98%	98%	98%	97%	99%	97%	98%			98%	95%	80%	80%	90%		
	Mandatory Training - Safeguarding Children			97%	95%	96%	97%	98%	98%	96%	97%	97%	98%	97%	98%			97%	95%	80%	80%	90%		
	Mandatory Training - Resuscitation			90%	91%	92%	94%	94%	96%	93%	94%	94%	94%	97%	94%			94%	90%	75%	75%	85%		
	Mandatory Training - Basic Prevent Awareness			98%	97%	99%	99%	99%	98%	97%	97%	97%	98%	93%	98%			97%	90%	75%	75%	85%		
	Safety	EFM Serious/RIDDOR incidents			0	1	0	0	0	0	0	0	0	0	0	0			1	0.1	0	2	1	0
EFM incidents resulting in moderate harm				1	2	0	2	1	2	0	1	2	1	0	1			13	1.1	0	3	3	1	
EFM incidents resulting in minor harm				4	1	5	4	5	10	5	8	5	2	4	7			60	5.0	0	8	8	4	
EFM incidents resulting in no harm				2	2	11	10	12	8	6	10	13	12	11	12			109	9.1	0	15	15	8	
CAS Alerts active and in Progress		9	9	10	9	8	7	7	5	3	3	2	2	4	4			6	Variable					
CAS Alerts Overdue for Completion		6	5	5	5	7	6	5	4	1	2	1	1	1	1			3.6	0	2	2	0	IT Zebra Printers CAS Alert	