




Torbay and South Devon NHS Foundation Trust








Public Board of Directors

Board Room, Hengrave House, Torbay Hospital, Torquay, TQ2 7AA

1 August 2018 09:00 - 1 August 2018 11:30

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	<p>Board Corporate Objectives</p> <p>Information</p> <p> Board Corporate Objectives.pdf 9</p>		
2	PART A: Matters for Discussion/Decision		
2.1	<p>Apologies for Absence - Director of Finance, Mrs V Matthews, Mr J Welch, Councillor J Parrott</p> <p>Note</p>	Ch	
2.2	<p>Declaration of Interests</p> <p>Note</p>	Ch	
2.3	<p>Minutes of the Board Meeting held on the 4th July 2018 and Outstanding Actions</p> <p>Approve</p> <p> 18.07.04 - Board of Directors Minutes Public.pdf 11</p>	Ch	
2.4	<p>Report of the Chairman</p> <p>Note</p>	Ch	
2.5	<p>Report of the Interim Chief Executive</p> <p>Review</p> <p> Report of the Interim Chief Executive (Public).pdf 29</p>	ICE	
2.6	Strategic Issues		
2.6.1	<p>Devon Sustainability and Transformation Partnership Update Report</p> <p>Review</p>	DSI	
3	Delivery Issues		

#	Description	Owner	Time
3.1	<p>Integrated Quality, Performance, Finance and Workforce Report - Month 3</p> <p>Review</p> <p> Integrated Performance Report.pdf 59</p>	DSI/DoF/DW OD	
3.2	<p>Mortality Surveillance Scorecard</p> <p>Information</p> <p> Mortality Surveillance Scorecard.pdf 125</p>	MD	
3.3	<p>South 1 Pathology Network Board Briefing</p> <p>Approve</p> <p> South 1 Pathology Board Briefing.pdf 137</p>	DoF	
4	Governance Issues		
4.1	<p>Report of the Guardian of Safe Working Hours</p> <p>Information</p> <p> Report of the Guardian of Safe Working Hours.pdf 173</p>	MD	
4.2	<p>Annual Safeguarding Children and Looked After Children Report</p> <p>Information</p> <p> Safeguarding Children and LAC Annual Reports.pdf 179</p>	CN	
4.3	<p>Progress Update on Completion of 2018 CQC Inspection Requirement Notices Action Plan</p> <p>Information</p> <p> CQC Inspection Actions Update.pdf 227</p>	CN	
4.4	<p>Adult Social Care Local Account Torbay Report 2017/18</p> <p>Note</p> <p> Adult Social Care Local Account Torbay 2017-18.p... 233</p>	ICOO	
5	<p>Governors' Questions</p> <p>Discuss</p>	Ch	
6	PART B: Matters for Approval/Noting Without Discussion		

#	Description	Owner	Time
6.1	Reports from Board Committees Assurance		
6.1.1	Quality Assurance Committee - 15th June 2018 Information	J Lyttle	
6.1.2	Charitable Funds Committee - 18th June 2018 Information	J Lyttle	
6.1.3	Finance, Performance and Investment Committee - 31st July 2018 Information  2018.07.24_FPI_Cttee_Report_to_Board.pdf 267	R Sutton	
6.2	Reports from Executive Directors		
6.2.1	Report of the Interim Chief Operating Officer Information  Report of the Interim Chief Operating Officer.pdf 269	ICOO	
6.2.2	Safe Staffing Report Information  Safer Staffing Briefing.pdf 277	CN	
6.2.3	Report of the Director of Workforce and Organisational Development Information  Report of the Director of Workforce and OD.pdf 287	DWOD	
6.2.4	Report of the Director of Estates and Commercial Development Information  Report of the Director of Estates and Commercial D... 321	DECD	
6.3	Compliance Issues		
6.4	Any Other Business Notified in Advance	Ch	
6.5	Date of Next Meeting -9.00 am, Wednesday 3rd October 2018	Ch	

#	Description	Owner	Time
6.6	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 'requires improvement' and the inability to deliver sufficient progress to achieve 'good' or 'outstanding'.

**MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST
BOARD OF DIRECTORS MEETING
HELD IN THE BOARD ROOM, TORBAY HOSPITAL
ON WEDNESDAY 4TH JULY 2018**

PUBLIC

Present:	Sir Richard Ibbotson	Chairman	
	Mrs J Lyttle	Non-Executive Director	
	Mr P Richards	Non-Executive Director	
	Mrs J Marshall	Non-Executive Director	
	Ms V Matthews	Non-Executive Director	
	Mr R Sutton	Non-Executive Director	
	Mr J Welch	Non-Executive Director	
	Ms L Davenport	Interim Chief Executive	
	Mr P Cooper	Director of Finance	
	Dr R Dyer	Medical Director	
	Mr J Harrison	Interim Chief Operating Officer	
	Mrs J Viner	Chief Nurse	
	Mrs A Wagner	Director of Strategy and Improvement	
Councillor J Parrott	Torbay Council Representative		
In attendance:	Mrs S Fox	PA to Chief Executive	
	Mr C Helps	Interim Company Secretary	
	Ms C Edworthy	Head of Organisational Development	
	Dr J Watson	Deputy Medical Director	
	Dr J Groves	Clinical Lead, Moor to Sea	
	Dr K Lisset	Clinical Director, Medicine	
	Ms C Gardiner	Administration Support Officer	
Ms M Stewart	Communications Lead		
Governors:	Mrs W Marshfield	Mr K Allen	Mr B Bryant
	Mrs C Day	Mr P Coates	Dr C Davidson
	Mr P Lilley	Mrs A Hall	Mrs M Lewis
	Mrs E Welch		

117/05/18 **User Experience Story**

Dr Ben Ivory (Clinical Lead for Organ Donation/ICU Consultant) presented the User Experience Story which concerned the impact on the ICU when managing an organ donation patient. The case study concerned a lady who had become rapidly unwell and was identified as an organ donation candidate. Ideally, once identified the patient would be moved to ICU to allow the family to come to terms with the diagnosis and to make a decision regarding organ donation. The impact of this on the ICU in this case was that

ACTION

they had a bed occupied by a patient with no prospect of recovery which meant the Unit was unable to accept new patients who would have to transfer to another hospital, balanced with providing a positive experience for the family and team. In terms of the impact on the role of ICU staff, it would mean they extended their roles to include provision of palliative care. There would also be an education need for ED and Anaesthetic staff on the assumption that ICU admission would take place for organ donation patients.

Dr Ivory was asked if it would become mandatory to donate organs and he said that he felt 'deemed consent' would be put in place in the new year with people being required to opt out if they wished. Based on previous experience it was not expected this would place increased demand on the service.

Mr Welch asked if the ICU had the space to accommodate organ donation patients and Dr Ivory explained that normally in the winter months the ICU ran at capacity, but was slightly less stretched in the summer months. In addition, the Board noted that the ICU now treated much older patients than in the past – in the last 10 years the numbers of patients being admitted to ICU aged over 75 had increased.

Mrs Matthews queried the number of beds in the ICU and Dr Ivory explained that the unit had capacity for 14, but it was staffed for 6-7. He added that some patients required 1-1 nursing and others 2-1, so the number of patients on the unit varied, linked to their level of dependency.

Mrs Matthews asked where the ethical issues around issues such as organ donation were debated and Dr Ivory said that monthly ICU meetings were held and he was also part of a national organ donation board.

The Interim Chief Executive queried the support to staff after such difficult cases and Dr Ivory explained that the unit was getting better at involving the speciality nurses for organ donation and also that they held debrief meetings following such cases.

The Board thanked Dr Ivory for attending the meeting.

118/05/18 **Board Corporate Objectives**

Noted.

PART A: Matters for Discussion/Decision

119/05/18 **Apologies for Absence**

Apologies were received from the Director of Estates and Commercial Development, Director of Workforce and Organisational Development, Medical Director and Mrs S Taylor.

120/05/18 **Declaration of Interests**

Nil.

121/05/18 **Minutes of the Board Meeting held on the 23rd May 2018 and Outstanding Actions**

The minutes of the meeting held on the 23rd May 2018 were approved as an accurate record. Councillor Parrott wished to record his thanks to the Chairman for highlighting several issues that he had asked to be raised at the meeting in his absence.

122/05/18 **Report of the Chairman**

The Chairman briefed the Board as follows:

- The annual Volunteers' Team Party was held on the 1st June. The event was well-attended and feedback received noted the increased level of involvement and integration across the Trust.
- Carers' week was held in June and several members of the Board had taken the opportunity to shadow a carer. The Chairman stated that he found the experience very valuable and he was humbled by the dedication he witnessed.
- Several staff engagement sessions were held in June at Torbay and Totnes Hospitals and Kings Ash House. Attendance at the events was varied – and the Chairman noted that if they were not well-attended this could still be seen as positive because it meant staff did not have any concerns they wished to raise.
- The Chairman and the Director of Strategy and Improvement met with Sarah Wollaston MP as part of a series of meetings with the Trust's four local MPs. Sarah Wollaston was keen to support the Trust and understand its challenges. The Chairman stated that the Trust's relationship with her and the other MPs in the locality was valued. The Board noted that the Chairman had been invited by Anne-Marie Morris MP to speak at a cross-party group later in year discussing the challenges to health in geographical areas such as the Torbay and South Devon area.
- The Chairman reported on several recent consultant interview panels he had chaired and reflected on the high level calibre of the candidates attending and being appointed.
- A Staff Heroes event was held last week and had been very well-received.
- The Board noted the recent decision by Mairead McAlinden to take early retirement following the sad death of her husband. The Chairman asked the Board to record a formal vote of thanks to Mairead for her support and championing of the Trust whilst Chief Executive. Councillor Parrott wished to record the Council's sympathy and thanks to Mairead and for her support to the Council and its residents over the past few years.

- The Board noted that the Chairman had already commenced steps to start a recruitment process for a new substantive Chief Executive for the Trust.
- The Chairman drew the Board's attention to a chalice and paten that Ella Rowcroft presented to the Trust and the plan, as part of the NHS 70th Birthday celebrations, to put it on display in the main entrance on Level 4.
- Finally the Board noted the Board to Board arranged to take place with Torbay Pharmaceuticals on the 3rd October.

123/05/18 **Report of the Interim Chief Executive**

The Interim Chief Executive briefed the Board as follows:

- The Interim Chief Executive highlighted the significant contribution Mairead McAlinden had made to the Trust and the clear sense of what was important to the community and benefits of being an ICO. She helped translate the vision and plan into delivery at pace and was able to maintain a focus on strategy whilst paying attention to the detail. Mairead was never afraid to challenge in the organisation or in the wider system and was a supportive member of the Executive Team and has helped the team develop. The Interim Chief Executive said that Mairead would be hugely missed and that she hoped the Trust would be able to drive forward her legacy.
- The Trust has been highlighted by Lord Carter as an example of best practice in integration in a report published last month. The report suggested up to £1b could be saved by the NHS through productivity improvements to mental health and community health services.
- The building work for the new Brixham Day Centre as part of the health and wellbeing offer in Brixham was progressing and it was hoped the Centre would open in early 2019.
- The Trust continued to engage with the Dartmouth community about the establishment of a health and wellbeing centre in the town. A potential site has now been identified for the building and work was ongoing to take these proposals forward with the local community
- Following the consultation events in Teignmouth in respect of the proposal to bring some health and care services together in a new building, the CCG were collating all feedback and would present the outcome of the engagement once that work was completed.
- The STP has appointed Dame Suzi Leather as its new independent Chair.
- Following proposals for the Royal Devon and Exeter and North Devon Trusts to work in collaboration to address service sustainably issues in North Devon, the organisations now had a Chair and Chief Executive in common. This Trust continued to work with the Royal Devon and Exeter to identify how it could support the process.

Councillor Parrott commended the Trust on being highlighted in Lord Carter's report. He added that Torbay Council had been rated exemplary for its educational special needs practice. The Board also noted that Ofsted were in the final week of a three week review of Torbay Council's Children's Services.

Councillor Parrott then noted the results on the recent inpatient audit where the Trust was scored in the bottom 20% compared to the content of the Healthwatch report which was very positive across the board.

Councillor Parrott also commended the recent A&E Workshop he attended which focussed on planning the pathways linked to the Emergency Department capital development.

A member of the public raised a question about the closure of the Minor Injury Units in Brixham and Dartmouth. The Interim Chief Executive confirmed that following the public consultation held in 2016/17 a decision was made to reduce the number of Minor Injury Units. She reminded the meeting that the decision was made to consolidate services on a smaller number of sites so that the Trust could deliver a more reliable service. Low numbers of attendances and difficulty in recruiting key staff, including nurses and radiographers, had informed this decision.

Strategic Issues

124/05/18 Devon Sustainability and Transformation Partnership Update Report

Report Summary

An update from the Devon STP of the following key initiatives and developments from the last two meetings of the Programme Delivery Executive Group (PDEG).

May PDEG:

1. Devon NHS system financial update – 2017/18 final position.
2. Progress in developing an STP-wide prioritised list of capital bids.
3. STP Two-year progress report document.

June PDEG:

1. CCG joint working and progress towards creating a new single, strategic commissioner.
2. Local Authority cost pressures and social care funding.
3. Welfare Reform briefing and update.
4. Acute Services Review:
 - o Current programme overview.
 - o Service Delivery Network development.
5. Peninsula Pathology NHS Network update.
6. STP Wave 4 capital bid prioritisation.

Strategic Context

The Devon Sustainability and Transformation Partnership (STP) provides a single framework through which the NHS, local authorities and other health and care providers work together to transform health and care services. A

single board update is now produced monthly following the Programme Delivery Executive Group (PDEG) meetings. This update follows the meetings of PDEG on 18 May and 15 June.

All partner organisations in the STP are represented at senior level at PDEG. Liz Davenport, Interim Chief Executive attends to represent the Trust

Dependencies and Risk

Executive Directors have identified the following dependencies and risks:

- **Potential merger of the 2 CCGs to form a strategic commissioner:** whilst making strategic sense across the Devon STP footprint, this does pose a potential risk in terms of loss of coterminosity at place for South Devon and Torbay. The population focus for South Devon and Torbay will be a priority for the local system.
- **Local Authority cost pressures and social care funding:** the forthcoming Government's green paper will set out the future funding for social care funding. Given our local demographic and further reductions would have a significant impact on our integrated care model.
- **Acute Services Review (ASR):** progressing the work of the ASR including the move to Service Delivery Networks is supported and in line with the Trust's priorities. We need to make sure we have the clinical and operational capacity to engage.
- **Peninsular Pathology Network:** focus on the creation of a managed clinical network across Devon and Cornwall. Developments under consideration include consolidation of sites for low volume non-urgent tests; establishment of a Pathology Clinical Effectiveness Group and aspiration to deliver a single common IT platform could have an impact on the Trust. Trusts will be asked to endorse the approach. Paul Cooper, Director of Finance, will bring a strategic outline case to the Board in due course.
- **STP Wave 4 capital bid prioritisation:** access to capital for estates and IT infrastructure is now through STPs. The Trust's bids for theatre upgrade and cyber security are included. Other bids including backlog maintenance will have to be progressed through a different funding stream.
- **Leadership and clinical capacity:** to engage in and inform STP programmes and work streams on top of Trust and local system change programmes – this is being kept under review and a "do it once" approach for Devon is being pursued where appropriate.

Councillor Parrott highlighted the current lack of clarity around the local care partnership and wider STP strategy and he hoped that the arrival of the new Chair would place some focus on the way forward. The Interim Chief Executive understood Councillor Parrott's concern, and added that the Trust was not letting the current situation affect the work that was taking place locally in terms of integration.

The Chief Nurse raised a concern that members of staff in the Trust were being asked to input to a range of STP initiatives and she felt that the Trust needed a mechanism to understand the input to the STP being provided by staff and this was acknowledged. The Interim Chief Executive stated that the

Chief Executives across the system shared the same concern and that this was in the process of being reviewed.

Mrs Lyttle raised a concern that, as the STP was required to approve capital bids, this could affect the funding the Trust would receive for the Emergency Department. The Director of Strategy and Information explained that as the bid had already been approved it was fully protected.

Mr Sutton asked if the STP process could delay any of the Trust's capital bids and the Director of Finance stated that he did not think it would. He added that the bidding process was lengthy, but the STP could not affect this process.

The Board formally reviewed the reports and considered the implications on the Trust's strategy and delivery plans.

Delivery Issues

125/05/18 **Integrated Quality, Performance, Finance and Workforce Report – Month 2**

Report Summary

The Integrated Performance Report (IPR) sets out the headline performance for Month 2 (May) 2018/19 against the key quality and safety, workforce, performance and financial standards that together represent our operational plan for 2018/19.

Areas that the Board will want to focus on where the Trust is off trajectory are highlighted in the attached main report.

Strategic Context

This report brings together key areas of delivery into a single integrated view so that the Board can consider performance in the round, review risks and mitigations, and determine whether it is assured the Trust is delivering for the populations of South Devon and Torbay and is on track to deliver key standards including those required by commissioners and the regulators.

Dependencies and Risk

This report reflects the following corporate risks:

- Failure to achieve key performance standards.
- Inability to recruit/retain staff in sufficient number/quality to maintain service provision.
- Lack of available Care Home/Domiciliary Care capacity of the right specification/ quality.
- Failure to achieve financial plan.

The following was highlighted:

- A Board workshop was following the Board meeting to review the integrated report to ensure it was fit for purpose and provided the assurance required by the Board in respect of the Trust's performance.

The review would also look at the language in the report to ensure that it was consistent and easily understood.

- The Trust's mortality rate had increased. This had been reviewed by the Medical Director and was felt to be part of an annual spike. It would be reviewed in depth by the Mortality Surveillance Group.
- Work continued to address sickness prevention; mandatory training and achievement reviews.
- The Trust had exceed plan in respect of the Workforce Plan in that the total headcount was below plan. This had been discussed in some depth in Finance Committee in terms of gaps in the medical workforce and if this was a concern. A deep dive would be undertaken at the Workforce Committee.
- Bed occupancy was a concern and the Board noted how this impacted on waits.
- Four of the Trust's national targets were red and had been for some time. The detail on how the Trust was addressing these targets was in the report.
- The Trust was also struggling to meet some of its local targets which was a concern. This included the waits for cancer patients, in particular the urgent 2 week GP referral target and the impact on patients.
- In terms of finance, month 2 had met plan, but the Board was reminded that the plan required a higher level of performance towards the end of the year, and that there remained gaps in CIP schemes.
- Mrs Marshall informed the Board that she had met with HR team members to discuss the level of sickness in the Trust and she was pleased to learn about the initiatives being put in place to help reduce sickness which focussed on wellbeing including self-managed of stress; coaching etc.
- Mrs Lytle informed the Board that the Quality Assurance Committee had reviewed the performance metrics and quality standards in some detail, to ensure the Committee had a good understanding of the Trust's performance and how it affected quality and safety and to also gain assurance on the Trust's plans to improve performance.
- The Interim Chief Operating Officer provided some more detail on bed occupancy – the Trust's average occupancy was 90-93% compared to an ideal occupancy of 85-88%. The Trust performed well, however, against waits longer than 7 and 21 days and also delayed transfers of care. The Trust was therefore working on reducing occupancy – in particular weekend discharge and also flow through the Emergency Department.
- Mrs Matthews queried the decisions the Trust made over the winter period around performance, and any unintended consequences of

those decisions. The Interim Chief Operating Officer explained that the Trust had made some decisions, such as reducing elective work and that this had impacted on performance, alongside specialities that were struggling to recruit. He added that the Trust was working on some innovative ways of finding solutions to these issues such as the use of non-medical nurses and therapy-led processes.

- Councillor Parrott echoed the concerns in terms of the Trust's performance, in particular dementia screening and 62 day cancer, but said that he was assured to note the actions being taken to address these issues.
- The Chief Nurse drew the Board's attention to VTE assessment performance and stated that she had hoped performance would have moved from red to amber or green. The Board noted that the target related to the need to evaluate if the VTE assessment had been completed correctly, not if assessments had actually taken place or not. She added that the carers' assessment target was now a national target and the Trust's Performance team was working to improve recording of the target.
- Mr Richards queried the number of outliers in the Trust and how this affected bed occupancy, because outliers tended to spend up to a day longer than patients in the right bed. The Interim Chief Operating Officer stated that outliers were managed on a daily basis, and were a reflection of the pressures facing the Trust.
- The Director of Finance briefed the Board on the Trust's financial position. The Trust was ahead of its financial plan for Month 2 with no significant variances. There had been a slight downturn in the rate of agency pay, but the Trust was above the agency cap. Non-pay spend was under budget.
- The budget did not reflect the national pay award and information on this was expected in the near future. Trusts have been informed that they would receive national funding to cover the awards.
- The Trust had to apply to access some of its working capital facility in June because it had not received the Quarter 4 STF and bonus payments from NHSI. These payments were expected in the next couple of weeks.
- Capital spend was under budget at present. The capital spend programme for 2018/19 had been approved. The full value of the programme was £23.7m (including national funding of £6m for the Urgent Care programme).
- There was a £5.9m gap in the CIP target – but a bigger element of the programme has been identified compared to this time last year. A range of actions were being put in place to manage the gap.
- The Head of Organisational Development noted that sickness performance was currently rated red, and informed the Board of the work that was taking place to reduce the level of sickness in the Trust

and the focus on preventing sickness and the range of pro-active measures being put in place. She also informed the Board that a review of the new Achievement Review Process had taken place and that it was in the process of being shortened and modified for different staff groups.

- Mr Welch wished the Board to note that, notwithstanding the amount of work that was taking place to improve performance, the Trust's performance was red on a number of indicators and this needed to be acknowledged.

The Board formally reviewed the documents and evidence presented.

Governance Issues

126/05/18 **Use of Resources Framework**

Strategic Context

In parallel with their inspection of the Well Led standard, the Care Quality Commission have, since 2017 undertaken a 'Use of Resources' review. The exercise compares levels of expenditure and performance against certain key efficiency indicators with other NHS and Foundation Trusts.

The report, informed by a detailed comparative analysis and an in depth site visit conducted in February was published last week.

The Trust has been awarded a rating of '**GOOD**'.

Dependencies and Risk

The report forms the final part of the Care Quality Commission's assessment of the Trust.

The Director of Finance reminded the Board of the recent Use of Resources review by the CQC and the amount of work the Trust had undertaken to prepare for the review. The CQC had scored the Trust 'Good' and reflected the amount of good practice, efficiencies and performance the CQC experienced during their visit. The CQC's report also stated the CQC's support for further capital bids made by the Trust to support backlog maintenance and the Trust's journey of improvement.

The report did highlight some areas of improvement including work to understand the background to emergency readmissions. The Board noted that the Trust's care plan focused on looking after people at home and that some readmissions were in fact planned. An audit of this process was taking place at the Quality Assurance Committee to understand the number of planned readmissions compared to unplanned.

The report also noted that 25% of the Trust's CIP plan last year was non-recurrent; impact of non-elective and community care on performance and use of resources; and performance in respect of pre-procedure non-elective bed days.

The Director of Finance wished to place on record his thanks to the Executive Directors and members of his and the Strategy team for their work to achieve this rating.

The Chairman noted that the Trust was the only one he was aware of to date to receive a good rating from the CQC and stated that this needed to be celebrated across the system.

The Interim Chief Executive extended thanks to the Director of Finance for his leadership, acknowledging its contribution to delivery of the CQC Well-Led review.

The Board noted that the Trust has been rated as GOOD in the Use of Resources assessment, as now published on the Care Quality Commission web site.

127/05/18 Annual Infection Prevention and Control Report

Report Summary

Under the Executive leadership of the Chief Nurse, the Infection Prevention and Control Team (IP&CT) of Torbay and South Devon NHS Foundation Trust (TSDFT) lead the strategy and operational support to prevent infection for the patient journey.

The IP&CT provides advice, direction, audit, action plans, reporting and support in hospital and community based care.

The IP&CT have liaised with the Locality Leads and have an IP&CT representative in each Locality.

The IP&CT work within the NHS Operating Framework (NHS Outcome framework domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm) providing assurances against the South Devon & Torbay Clinical Commissioning Group (SDTCCG) Healthcare Associated Infection commissioning intentions of November 2017.

The Infection Prevention & Control Group (IP&CG) meet quarterly and ensure the IP&C Annual Forward Plan and the IP&C Strategy is followed. The IP&CG report to the Quality Improvement Group (QIG) each quarter. Issues are escalated to the Quality Assurance Committee (QAC) as appropriate. TSDFT IP&CT works closely with Public Health England (PHE) and a PHE consultant or nurse attends the IP&CG.

The Trust reported zero MRSA blood stream infections (BSIs) from 1/4/17 to 31/3/18 and the Trust target was zero. Torbay Hospital reported 17 acute trust, attributable *Clostridium difficile* (*C difficile*) and 11 patients defined as a 'lapse in care', against a contractual target of 18 'lapses in care', (<https://www.england.nhs.uk/patientsafety/associated-infections/clostridium-difficile/>). In 2016/17 there were 19 acute trust, attributable *Clostridium difficile* (*C difficile*) so there has been a reduction by two patients.

Dependencies and Risk

Available capital resources are insufficient to fund high risk/high priority infrastructure/ equipment requirements/ as per Corporate Risk Register.

IP&C support Estates' decisions to: replace a non-compliant ventilation plant in Special Theatres and to build a sewage pipe stack in the tower block.

In the absence of the Director of Infection Prevention and Control (DIPC), the Chief Nurse presented this report and highlighted the following:

- The Trust had met its CDiff target for lapses in care.
- There had been no MRSA bacteraemias in the last year.
- The DIPC was content with the Trust's management of norovirus and flu.
- There was a national target to reduce the number of E.coli bacteraemias by 10% by 2021. 90% of this was in the community and a number of actions were in place to reduce the incidence of E.coli. The Trust had missed the CCG target by 24 and its internal target by 4. Each case was being reviewed to identify any learning. It was noted that the Trust undertook more surveillance than other organisations so was likely to find more cases of E.coli.
- The Trust was working with care homes to help them improve surveillance of residents and reduce the need to admit patients to the Trust.
- The Trust's environment continued to be a challenge in terms of managing infection, in particular the age of the Trust's estate and also lack of side rooms etc.
- Mr Welch noted the need for more side rooms and the challenges placed on the Trust in terms of where it focussed its capital spend. The Chief Nurse asked that the minutes reflected the pressure placed on the Infection Control team when balancing winter pressures and how the Trust responded to these when managing infections in the current environment. The Interim Chief Executive extended thanks to the Infection Control Team.
- Mrs Marshall queried the fact that the Trust was given the trivalent flu jab to administer to staff when the community had been given the quadrivalent and asked if this had impacted on the numbers of staff catching the flu. The Deputy Medical Director stated that the work to analyse the figures was not yet completed.

The Board formally noted the following:

- **The cost pressure of flu' testing and control will be placed in next year's trust budget plans.**

- **A continued focus on the Saving Lives peripheral cannula and urinary catheter care audits & re-Audit until 95% compliance is reached.**
- **Ensure Hand Hygiene audits are submitted from all clinical areas in the hospitals and community care and that a standard of 95% is reached.**
- **IP&C still need to obtain IP&C assurances from the Community Service Delivery Unit (SDU) that all aspects of Care Homes, Community Nursing and Adult Social Care have IP&C integrated within their processes.**
- **The DH's ambition to reduce E.coli bloodstream infections by 50% by 2021 means that there is work required to set up systems to implement this change.**

128/05/18 **Annual Self-Certification**

The Interim Company Secretary presented for approval the Trust's Annual Self-Certification report. The Board noted that it was required to undertake the self-certification following the completion of the Annual Report and external audit process at year end.

Mrs Matthews queried whether the Trust's difficulties in recruiting to some clinical specialties was an issue and it was noted that the Board needed to be aware of the difficulties to recruit and be assured of the mitigating actions to address this issue.

The Board formally approved the self-certification drafted on behalf of the Board on 24 May following approval of the Annual Report and Accounts which contain the relevant audited assurances required for self-certification, coupled with the further evidence provided in this report.

129/05/18 **Governors' Questions**

The following question had been received from Craig Davidson:

In the light of the increase in medical readmissions recently reported by the Nuffield Foundation, partly blamed on closure of community hospital beds, I seek assurance that this has not occurred locally. Could comparative figures for recent years on readmissions for pneumonia, PTE and pressure sores in Torbay be examined?

The Board noted that the Quality Assurance Committee was undertaking a deep dive into medical readmissions to understand the reasons for them, especially as some patients were readmitted in a planned way.

Dr Davidson said he was concerned that the Trust tolerated a lot of red rated targets, in particular ensuring GPs received copies of care plans and he suggested this could be a factor in readmissions. Mrs Lyttle assured Dr Davidson that the Quality Assurance Committee robustly reviewed red rated targets and challenged SDUs on performance.

PART B: Matters for Approval/Noting without Discussion

Reports from Board Committees

130/05/18 **Finance, Performance and Investment Committee – 26th June 2018**

The Board noted the report.

Reports from Executive Directors

131/05/18 **Report of the Medical Director**

Report Summary

Resilience of the medical workforce has been the cause of some concern. The report describes the challenges and actions being taken to address concerns both within the Trust and through the STP.

There is an emerging concern in relation to junior doctor recruitment for August 2018. The Service Delivery Units have risk assessed the situation and identified short-term mitigations. However the result is likely to be additional financial pressure. A longer term strategy will be developed through the medical workforce group.

Other aspects of medical workforce development are described, in particular the recently developed medical leadership programme

The report summarises progress in relation to:

- Clinical Excellence Awards (CEA). The Trust is implementing the new CEA process as mandated whilst assessing the financial impact.
- Job Planning Review. Good progress is being made in implementation of the job planning policy.
- The Trust is in the second wave of streamlining of junior doctor appointments
- The Trust Medical HR team is leading on the harmonisation across the STP of medical recruitment and of terms and conditions of service.
- There is early benefit from the engagement of an agency with the aim of increasing recruitment from overseas.
- Progress in relation to the development of a medical leadership programme for Clinical Service Leads and Associate Medical Directors
- The report includes a summary of recruitment over recent months. The position in relation to vacant posts is stable but with some remaining areas of challenge.
- The early experience of implementation of the STP Mutual Support Agreement, the benefits to the Trust and the support that the Trust has provided to others and future development of Service Delivery Networks.
- There are gaps in recruitment of junior doctors across the majority of areas of Trust activity. A risk assessment is being completed and a short term and longer term action plan is required.

Dependencies and Risk

The resilience of medical workforce is included in the corporate level risk register.

The Board noted the report of the Medical Director.

The Board formally considered the content of the report, the concerns and risks in relation to medical staffing and the actions being taken to mitigate those risks.

The Board formally noted the content in relation to the Mutual Support arrangements requested or in place across the Devon STP, the need for support for some of our services and role of Trust employees in providing support to others under this arrangement.

132/05/18 Report of the Interim Chief Operating Officer

Report Summary

- Operational plans have been finalised and the teams are securing the increase in capacity necessary to stabilise delivery and secure the commitments set out in the Trust plans. (RTT / Cancer and 4 Hours)
- Significant progress in finalising the 4 hour improvement plan and enhancing the means of delivering the plan has been made. These enhancements are described in detail in the report.
- Establishment of the Discharge Hub in the coming days and optimising this new development is expected to contribute significantly to optimise patient's experience of hospital discharge.
- A conference of principle social workers across the region was an excellent example of local leadership. The event focussed on the asset based approach and the teams explored with each other the different approaches to secure the potential benefits from the 2014 Care Act. This learning will be taken forward with support from The National Development Team. There is lots of transferable learning to services across the ICO from this work.
- The Trust has commenced formal consultation on the new delivery structure with those immediately impacted.

Dependencies and Risk

Delivery of the NHSI operational standards and other strategic objectives are monitored and exception reported through the Trust Integrated Performance Report.

This report provides more information on the plans in place to secure improvement in the performance standards.

The Trust Board formally noted the report of the Chief Operating Officer.

133/05/18 Report of the Director of Strategy and Improvement

Report Summary

This is the quarterly report for the Strategy and Improvement Directorate for the period Quarter 1 (April to June 2018) in the financial year 2018/19. It follows the same format as previous reports and provides an overview of the activities, outputs, and focus for each of the five core functions that constitute

the Strategy and Improvement Directorate. This report provides information to the Board about critical areas of development that support the delivery of our organisation's and, where relevant, system objectives as part of our day-to-day operational business. Additionally, this report provides information about the wide range of activities that the directorate lead which are about planning for tomorrow, ensuring that the Board's strategic vision and plans are well communicated and well executed.

Strategic Context

It is important the Board is assured that the Strategy and Improvement Directorate is best positioned to create, enable, and add value across the organisation and health and care system especially in the context of the current challenges that are impacting across the whole of the NHS. Expertise and capacity within the directorate must be focussed towards the organisation's biggest strategic and delivery challenges to optimise the success of the organisation, its partnerships and support long term sustainability.

Dependencies and Risk

This report provides the Board with an overview of the key areas of development and activity for the Directorate. It highlights key areas of focus in the first section which include the next steps in the development of our strategy, and an overview of key areas for performance, quality improvement, strategic communications and the Health Informatics Service.

The Board noted the report of the Director of Strategy and Improvement.

The Board formally reviewed the document and the evidence presented.

Compliance Issues

134/05/18 **Any Other Business Notified in Advance**

Member of the public

National Insurance Fund - check
Management Consultants the hospital -check

135/05/18 **Date of Next Meeting – 9.00 am, Wednesday 1st August 2018**

Exclusion of the Public

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

BOARD OF DIRECTORS

PUBLIC

No	Issue	Lead	Progress since last meeting	Matter Arising From
1	Detailed report to be provided to February meeting on the STP's demand management strategy	DSI	<p>February Update – the STP had not yet published its demand management strategy.</p> <p>April Update – the strategy had not yet been published.</p>	06/12/17
2	March Board Development Session to include a review of winter.	CEPA	<p>April Update - the review of Winter and the Trust's winter plan was taking place and would be brought to the Board when complete.</p> <p>July Update – the Winter Plan was now signed off. The plan formed part of a wider plan across Devon. The A&E Delivery Board, Chaired by the Interim Chief Executive, ensured the actions were being taken forward ready for winter.</p> <p>Closed</p>	07/02/18
3	Provide refresh of paper on the focus and structure of STP	DSI	<p>May Update – this cannot be provided until the STP refresh has taken place.</p>	11/04/18
4	Discuss how Guardians could work with Governors and other groups.	CE/SB	<p>Closed – July Update - the ICE has spoken to the Guardians and Governors about closer working.</p>	02/05/18

5	Respond to query raised by Councillor Parrott regarding the number of patients who spend more than 4 days in A&E. To also ensure it was discussed at QAC.	ICOO/ CGM	July Update - a response had been given to Councillor Parrott and also discussed at QAC. The Board also noted the work taking place to improve flow in A&E including an action plan reviewed through Flow Board and daily and weekly meetings/telecons.	23/05/18
6	DoF to contact Councillor Parrott to clarify savings plans.	DoF	Closed	23/05/18
7	MD to discuss links between local research initiatives and products manufactured by Torbay Pharmaceuticals.	MD	Closed – July Update – to be discussed at the Board to Board with TP later in the year.	23/05/18
8	Discuss issue of car parking on the acute site with the DECD.	ICE	Closed – July Update – the Trust has invested significantly in car parking on the acute site over the last two years and significant improvement has been experienced.	23/05/18

Cover sheet for a report to the Trust Board					
Report title: Chief Executive's Business Update				Date: 1 Aug 2018	
Report sponsor	Interim Chief Executive				
Report author	Director of Strategy and Improvement Joint Heads of Strategic Communications				
Report provenance	Report reviewed by Interim Chief Executive with contributions from Executive Directors				
Confidentiality	Public				
Report summary	An update from the Interim Chief Executive of key corporate, local system and national initiatives and developments since the last meeting of the board.				
Purpose (choose 1 only)	Note <input type="checkbox"/>	Information <input type="checkbox"/>	Review <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>	Approve <input type="checkbox"/>
Recommendation	The Board is recommended to review the report and consider implications on the Trust's strategy and delivery plans.				
Summary of key elements					
Strategic context	Strategic/corporate objectives this report aims to support: <ul style="list-style-type: none"> • Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led 				
Dependencies and risk	This report is set in the context of the following corporate risks: <ul style="list-style-type: none"> • Available capital resources are insufficient to fund high risk/high priority infrastructure/equipment requirements/IT Infrastructure and IT systems. • Failure to achieve key performance standards. • Inability to recruit/retain staff in sufficient number/quality to maintain service provision. • Lack of available Care Home/Domiciliary Care capacity of the right specification/ quality. • Failure to achieve financial plan. • Delayed delivery of integrated care organisation (ICO) care model. 				
Summary of scrutiny	This report has been reviewed by the Interim Chief Executive and reflects contributions from Executive Directors				
Stakeholder engagement	This report is shared widely and forms the basis for Trust Talks, is published on the intranet and internet and is shared with Governors, MPs and other stakeholders				
Other standards affected	Nil				
Legal considerations	None				

Report title: Chief Executive's Business Update	Date: 1 Aug 2018
Report sponsor	Interim Chief Executive
Report authors	Director of Strategy and Improvement Joint Heads of Strategic Communications

1 Trust key issues and developments update

Key issues and developments to draw to the attention of the Board since the last Board of Directors meeting held on 4 July are as follows:

1.1 Safe Care, Best Experience

Torbay and South Devon Foundation Trust finalists at HSJ Patient Safety Awards

A team from Torbay Hospital were finalists in the prestigious HSJ awards for their work in implementing patient blood management to reduce the need for allogeneic blood in surgery. They were selected as one of just eight finalists from thousands of entries to these awards. Well done to them team on this recognition of their excellent work.

Public engagement on emergency care

We have been allocated £13m of national funding to deliver an improved ED environment as well as urgent treatment centres in Newton Abbot Hospital and Torbay. During June and July we asked local people for their views on how we deliver urgent and emergency services in future. Our aim is to care for more patients outside of the hospital setting while improving their experience and maintaining their safety whenever they need emergency care. People's views will feed into our plans for the new facilities.

1.2 Well Led

Our Priorities

It is important that we continue our journey of integration and are absolutely committed to continuing the momentum. We have a very clear focus on supporting health and wellbeing, and providing services as close to people's homes as possible. We are developing new ways of working across our hospital and community teams to make that happen.

Our priorities include:

- Introducing a new delivery structure that allows better flow and communication between teams and across services
- Making the best use of technology and investing in it infrastructure that supports clinical teams and support services right across the patient pathway
- Stripping away needless bureaucracy, and better engaging with staff so that teams and individuals are empowered and enabled to contribute to their full potential, with the intention of supporting self-management
- Planning our services, workforce and finances to best meet the ongoing needs of our communities within the resources available to us

- Continuing the excellent links we have created across the Devon STP and embedding our role as a high quality, high-performing, integrated service provider.

2017/18 Month 3 (June) service delivery and financial performance headlines

Key service delivery and financial performance headlines for Month 3 from the Integrated Performance Report to draw to the Board's attention are as follows:

National Performance Indicators

For Month 3 the Trust did not meet the agreed Operational Plan trajectories against the following national performance standards:

- **4 hour ED standard:** In June the Trust achieved 89.9% of patients discharged or admitted within 4 hours of arrival at Accident and Emergency Departments. This is an improvement on last month (86.7%), however, remains below the Operational Plan trajectory of 92.1% and national standard of 95%.
- **RTT:** RTT performance deteriorated in June with the proportion of people waiting less than 18 weeks reducing to 80.97% (82.1% last month) below Operational Plan trajectory of 82.4%. At the end of June, 41 people were reported as waiting over 52 weeks; a reduction against the 53 reported last month. Operational pressures and slippage against plans to recruit to posts remains a risk to continued reduction of the number of these longest wait patients.
- **62 day cancer standard:** at 80.3% (validated 12 July 2018) performance is below the 85% national target, last month (81.3%). Current forecast for Q1 is 82.0%.
- **Diagnostics:** The diagnostics standard was not met with 5.9% of patients waiting over 6 weeks against the standard of 1%. This is the same as last month. There will remain continued reliance on outsourcing to visiting mobile units for both MRI and CT along with backfill for staff sickness in ultrasound.

Finance Headlines:

- **Overall financial position:** The financial position for the financial period to 30 June 2018 is a deficit of £4.56m against a planned deficit of £4.36m.
- **CIP savings delivery position:** The current month position shows a £0.6m surplus. There is a £0.15m cumulative shortfall against a £2.8m target.
- **Forecast:** Whilst currently in line with plan, the detailed finance sections of this report describe a significant risk in delivering against the full year CIP target. A total of £21m of schemes have been identified, with £5.9m remaining unidentified against the £26.9m target. Failure to deliver identified schemes in full and / or to address the outstanding target will result in the Trust failing to achieve Control Total with a consequent loss of PSF.
- **Use of Resources Risk Rating:** NHS Improvement no longer publish a planned risk rating for Trusts, due to changes they have made to the risk rating calculation. However, at Month 3, the Trust had an actual Use of Resources risk rating of 3 (subject to confirmation by NHS Improvement). The Agency risk rating of 3 is worse than the planned rating of 2.

Comment: The continued challenges in delivering key access targets remains a cause for concern. Teams are working on recovery plans to improve the situation. We are mindful that this is about people not targets and are prioritising clinical need, quality and safety. Directors have briefed the Finance Performance and Investment Committee on proposals to improve access times. The Board will want assurance that plans will deliver and that individual patient safety is not being compromised.

1.3 Valuing our Workforce, Paid and Unpaid

Celebrating 70 years of the NHS

On 5 July the NHS celebrated its 70th birthday, something that was marked across the country. The 70 years have seen some incredible changes to the way people are cared for.

We marked the birthday and celebrated in a number of ways including:

- At a Tea Party held at Torbay Hospital staff, visitors, patients and friends including retired staff, Governors and the League shared stories of the fantastic achievements of the NHS and of the moments that summed up their pride. Cake was also distributed to wards in Torbay Hospital and to our community hospitals and Health and Wellbeing Centres.
- A montage of photographs of staff from across the Trust is being displayed in buildings across the estate. On some people have written what makes them proud.
- An Exhibition of photographs - old and new - was in the Main Entrance of Torbay Hospital
- Children at a local staff nursery sang happy birthday [here](#) and Torbay Hospital staff choir [here](#)
- Dr Matt Fox (GP Clinical Director) and Chloe Myers (Volunteering in Health) from Coastal locality were filmed by Spotlight as part of the NHS 70 round up. They spoke about how care is changing and how we are now successfully caring for more people at home. Spotlight also featured how the Trust is leading the way in developing the use of virtual reality. The Trust is using virtual reality in a number of different and innovative ways including for patient rehabilitation and giving staff a much better understanding of what it is like to receive treatment or suffer from a condition such as dementia.



Care Model Researchers in Residence work recognised

Our Researchers-in-Residence Dr Julian Elston and Dr Felix Gradinger were awarded a runner up prize for best oral presentation at the inaugural Implementation Science Conference in London last week. The theme of the conference was 'Strengthening partnerships between researchers, health professional and policy-makers'.

2 Interim Chief Executive Internal and External Engagement: July

Internal	External
<ul style="list-style-type: none"> • Staff Side • Medical Staff Committee • Medical Staffing Thank You Event • Visits to Castle Circus and Brunel Dental Services and Torbay Pharmaceuticals • Training for Paignton Intermediate Care Team • Team Talks • NHS 70th Birthday Party • Joint Local Negotiating Committee • Self-Managed Teams Event • Freedom to Speak Up Guardians • Back to the Floor – IT Operations Team • Staff Drop in Sessions: Regent House 	<ul style="list-style-type: none"> • STP Programme Delivery Executive Group • Director of Adult Services, Torbay Council • Chief Officer for Adult Care and Health, Devon County Council • Interim Accountable Officer and Director of Commissioning, South Devon and Torbay CCG • Devon A&E Board • Chief Executive, STP • SW Joint Chief Executives' and Chief Operating Officers' Meeting • SPCC Board Meeting • Chief Executive, University Hospitals Plymouth • SDT Partnership Group Meeting

3 Local Health and Care Economy Developments

3.1 Partnership updates

Devon STP two-year report

The Devon STP Two-Year Report has now been published, highlighting our aims, achievements and plans as a health and care system across Devon. Successes to date include developing 'best care for Devon' standards for ED, stroke and maternity services, as well as the Devon-wide mutual support agreement for our hospitals, which was led by Dr Rob Dyer. The document also sets out plans to achieve clinical and financial sustainability over the next three years. The document can be accessed [here](#)

Dr Dyer's blog on STP mutual support published by NHS E

As STP Lead Medical Director, Dr Dyer wrote an article about the ground-breaking approach to mutual support being taken by all four of Devon's hospitals. This has now been published on the NHS England website. In it, he says:

"Across Devon, we've made use of this arrangement several times since it was launched, and we're proving that we have the ability to solve our own problems.

"For example, specialists from Exeter have been working with the breast service in Plymouth to help cover staff sickness, and senior doctors from Exeter and Plymouth have been supporting staff in Barnstaple's obstetrics service. Consultants from

Plymouth, Exeter and Torbay worked together with the stroke service in North Devon and set up a rota to help cover a short-term gap in the service due to a retirement. By working as a single team like this, we are showing that we can support each other to address service challenges, aiming to maintain access to specialist services across the county.”

Torbay Health and Well Being Board

At the July meeting of the Torbay Health and Well Being Board, partners considered the draft Joint Health and Well Being Strategy. The strategy, to which the Trust has contributed, has the following vision:

“To create a healthy Torbay where individuals and communities can thrive”.

The strategy also sets out 7 priority areas:

- Working together, at scale, to promote good health and wellbeing and prevent illness
- Enable children to have the best start in life and address the inequalities in their outcomes
- Build emotional resilience in children and young people
- Create places where people can live healthy and happy lives
- Support those who are vulnerable and living complex lives, addressing the factors that result in vulnerability
- Enable people to age well
- Promote good mental health

The role of the Health and Well Being Board will be to oversee the implementation of the Joint Health and Wellbeing Strategy.

As a key partner, the Board is being asked to endorse the draft strategy (attached Appendix 1) which is now subject to consultation.

In addition the Health and Well Being Board also considered the following key items that will be of interest to the Board:

- Health and Well Being Board 2018/19 work plan: focus areas for 2018/19 agreed as inequalities in outcomes for children; domestic abuse; people with complex needs
- Torbay Suicide and Self Harm Prevention Plan: agreed to endorse plan and recommend approval to elected mayor
- Focus on domestic abuse and sexual violence strategy: strategy has been approved by full council; Council has achieved White Ribbon campaign accreditation in recognition of its commitment to tackling domestic abuse. All H&WBB partners are being asked to sign up to the campaign.
- Focus on addressing Inequalities in Outcomes for children: presentation from new Director of Children for information at this stage. Push for system approach noted and support secured to establish a Childrens Partnership Board

3.2 Partner Updates

NEW Devon and South Devon and Torbay CCGs Ratings Improve

Significant progress is being made in Devon's health system according to an independent assessment. This has been confirmed in an [evaluation](#) released by NHS England, which shows that both of our CCGs have made improvements since last year. NHS Northern, Eastern and Western Devon CCG improved its finance rating from 'red' last year to 'green' in 2018, while South Devon and Torbay CCG has moved from 'red' to 'amber', with its overall rating staying steady. NEW Devon CCG's overall rating has gone from 'requires improvement' last year to 'good' this year. South Devon and Torbay CCG overall rating of 'requires improvement' in the NHS England report is the same as last year

NEW Devon CCG practices vote for joint commissioning

Member practices in NEW Devon have voted in favour of the CCG adopting joint commissioning responsibility for general practice. This brings NEW Devon CCG into line with the position in South Devon and Torbay CCG. The primary care team will now be taking the outcome of the vote through the various governance processes within the CCGs, working closely with NHS England

Proposal for more mental health beds at Torbay hospital

The CCGs are supportive of Devon Partnership Trust's recent bid to secure capital funding to build an additional ward for people in South Devon and Torbay, potentially on the Torbay Hospital site close to its existing wards. This proposal has been given a high priority and is currently ranked second in the list of Sustainability and Transformation Plan (STP) priorities for the allocation of capital resources across all NHS services in Devon. There is also a bid for investment in IM&T being put forward. The STP bids were presented to the Department of Health on 13 July for consideration and, if successful, capital funding will be allocated in 2019/20. The result of this bidding process is not expected to be shared until the end of this year.

4 **National Developments and Publications**

4.1 Government

Matt Hancock appointed health secretary

Matt Hancock has been appointed as the new health and social care secretary following Jeremy Hunt's promotion to foreign secretary. Mr Hancock is to set out his vision for the NHS, urging doctors and nurses to "throw away their pagers" and replace them with smartphone apps as he focuses on technological transformation.

In one of his first speeches, the health and care secretary confirmed the £20bn of additional funding provided by the government for the NHS will be "contingent" on the NHS adopting the latest technology. He said the ten-year plan now being developed for the health service will have the "adoption of the best technology underpinning the whole thing."

He also said that flagship waiting time targets should be made more "clinically appropriate" suggesting there may be a change to the current national access time standards.

NHS Staff Pay Award

As covered in the national press, the Government has reached a settlement with Unions and staff groups regarding a pay award for Agenda for Change staff to be paid from this month and back dated to 1 April. Whilst the agreement was universally welcomed, now the detail is emerging, it would appear the allocations may not cover the full amount depending on local circumstances.

Comment: Detail of national funding allocations are emerging and at the time of writing this report, we are unclear whether the award will be fully funded which could add additional financial risk to the year-end forecast.

Areas of misconduct for new fit and proper person test

A government review into the regulation of NHS managers will consider whether seven specific areas of misconduct, including discouraging whistleblowing, should be specified under a new fit and proper person test. The final terms of reference and protocol for the Kark Review of the fit and proper regulations have been published by the government which sets out how the review, by Tom Kark QC, will gather its evidence. The review will consider the scope, operation and purpose of the regulations and whether other approaches would be more appropriate

Seven sites announced for new mental health training course

The Department of Health and Social Care has announced seven sites to provide a new mental health practitioner course. The announcement forms part of plans to invest nearly £210m to create new mental health support teams to support schoolchildren with mental health problems. This will train up to 8,000 practitioners to work in the new support teams. The sites will be announced this autumn, and rolled out to between a quarter and a fifth of the population by the end of 2022-23. The sites include the University College London; University of Northampton; and University of Exeter. Health Education England will be developing the new course in time for the first intake of students in January, with recruitment beginning in the autumn.

4.2 NHS England

Five priorities for NHS ten year plan

Simon Stevens, the chief executive of NHS England, has set out five major priorities for the ten year NHS plan. Mr Stevens starts with mental health, especially services for children and young people, but warns that major improvements could take more than five years because of a lack of staff, even if efforts to address emerging mental problems earlier working with schools, and employing more non-psychiatrists, proved successful. Secondly, Stevens expressed an intention to overhaul aspects of NHS cancer screening services. He also identified a new focus on cardiovascular disease, including strokes and heart attacks. Additionally, a new focus on prevention and inequality in children's services, as well as wider objectives for reducing national health inequalities. Mr Stevens stressed the plan would contain other priorities and that he is due to meet with leaders of NHS organisations, sustainability and transformation partnerships and integrated care systems in coming weeks to discuss it.

NHS 'best of Britain'

NHS England chief executive Simon Stevens has championed the NHS on its birthday. Speaking at a special service at Westminster Abbey, attended by 2,200 health leaders and NHS staff to mark 70 years since the health service was founded, he said the nation should give thanks to the “extraordinary” staff whom have shown “bravery at times of exceptional challenge”. Trauma surgeon Dr Martin Griffiths, who led a team treating victims of the London Bridge terrorist attack, also addressed the service, describing the NHS as “what is the best about Britain”.

One year waiters double in six months

The number of one year waiters has more than doubled in just six months, from 1,452 in November 2017 to 3,101 in May 2018, according to the latest referral to treatment data. One year waiters are specifically targeted in the [planning guidance for 2018-19](#), which says “Numbers nationally of patients waiting more than 52 weeks for treatment should be halved by March 2019, and locally eliminated wherever possible”. However, the numbers are going in the wrong direction and have already risen by 13 per cent this financial year.

4.4 NHS Improvement

Trust debts overtake PFI liabilities

A steep increase in emergency bailouts means NHS trusts’ total borrowing from the Department of Health and Social Care has overtaken their PFI liabilities.

According to year end accounts published by NHS Improvement, NHS providers owed the DHSC more than £11bn, up from £8.1bn at the end of the previous year.

For the first time, these debts to the department have become the largest source of provider borrowings, ahead of liabilities relating to the private finance initiative. PFI liabilities stood at £9.2bn, down from £9.4bn the previous year.

4.5 Think Tank Reports

Health Foundation on nursing vacancies threat to NHS

The Health Foundation has warned nursing vacancies are one of the biggest threats facing the health service, with one in ten posts vacant. The remarks come as the Nursing and Midwifery Council (NMC) announced that it would be making it easier for foreign nurses to come to work in Britain. Plans include allowing nurses and midwives from outside the EU to apply to join the register immediately after qualifying, rather than having to wait for at least a year, as is currently the case. The latest figures from the NMC show an 86% increase in the number of nurses and midwives joining the register from outside the EU in the past three months. New analysis of the data by the Health Foundation though showed plummeting numbers of EU nurses coming to work in the UK, with the total dropping by 87% from 6,382 in 2016/17 to 805 in 2017/18.

5 Local Media Update

- **Kingsbridge and Salcombe Gazette** - Beds freed by treating people in their homes – Refers to the MAAT team
- **BBH: Building Better Healthcare Case study: Torbay Hospital takes the hassle out of parking** – [here](#)
- **Herald Express** - Work on new ER at hospital ‘on track’ – Refers to Kevin Foster MP raising a question in the House of Commons on progress of plans for a new ED at Torbay Hospital
- **HTN: Health Tech Newspaper** - New app connects rheumatology patients in Torbay – [here](#) Refers to ‘Rheumatology Connect’, a new app being used by patients and physicians at Torbay Hospital
- **Social Media** – Thousands of people have been reached by posts on Facebook and tweets this month. Subjects range from *Have your say on emergency care* to adverts nursing staff. We have celebrated our amazing blood management team being shortlisted from thousands for an HSJ Award. There has also been a lot of interest in a variety of roles we are advertising including nurses, medical education lead and a communications assistant role.
- **Devonlive** – Allied with £20billion a year for the NHS must come increased efficiency – [here](#) (Column by Mel Stride, MP for Central Devon)
- **Devonlive** - More than 300 Devon patients have waited more than a year for hospital treatment – [here](#) Includes system-wide response
- **Release** - Torbay’s unpaid carers ‘take a break’ sent to all local news outlets

6 Recommendation

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



2018-2022

Joint Health and Wellbeing Strategy – Draft for consultation

Creating a healthy Torbay where individuals and communities can thrive

TORBAY Health & Wellbeing BOARD

Report of the Interim Chief Executive (Public).pdf

TORBAY
COUNCIL

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Foreword

Torbay's Strategic Partnership wants the people of Torbay to have an unrivalled quality of life, in one of the UK's most beautiful destinations. It wants to see a place where connectivity, culture and ambition are growing fast, creating opportunities for everyone who lives, works and enjoys being here.

This Joint Health and Wellbeing Strategy has been put together by partners within the health and wellbeing community in Torbay who work across the public and voluntary sectors and form the Health and Wellbeing Board. It is part of the Council's Policy Framework which is a suite of strategies and plans which cover the range of Council functions. Equally, it sits alongside the plans and strategies of NHS commissioners and providers in Torbay.



The Board wants to make a difference for the people that live and work in Torbay and its members are working together as a voice across organisations to agree the areas we all need to focus on if we are to make that real difference. Together, we need to address the wider economic, social, lifestyle and environmental factors which will improve the life chances for individuals. The Board has set its collective ambition **to create a healthy Torbay, where individuals and communities can thrive.**

We want to ensure our effort addresses what's important to people in their lives and what helps us all to enjoy life more, be that at home, at work or in our communities. We have a national and international reputation for our integrated working across health and social care but we know we need to go further if we are to meet our ambition. We need to put greater effort into tackling the inequalities we have across Torbay and into addressing the wellbeing of those who are particularly vulnerable.

The priorities within this Strategy have been shaped and informed by listening to the people of Torbay, by looking at our data and by sharing our experiences. They reflect our common aim of shifting our effort towards prevention, early intervention and self-care and our common vision of a local health and wellbeing system where people are empowered and enabled to take greater control of their lives utilising the many assets we have in our communities. The priorities recognise that we must ensure children and young people grow up in environments where they are safe and that enable them to become healthy, happy and aspiring adults. Importantly they identify the pivotal importance of mental wellbeing to health, especially in our young people, and the importance of our environments and communities to health. Finally they acknowledge the wellbeing aspirations of adults as they age.

In Torbay, the costs of, and demands on, our many services are increasing at a time when our population is ageing and our budgets are under pressure. We need to find new and better ways of working together to address these challenges. This Strategy sets out an objective and set of priorities for a more sustainable future. It is underpinned by a commitment to partnership working by the Health and Wellbeing Board to maximise the utilisation of existing resources and to secure additional resources to improve our response to Torbay's challenges.

Only our collective efforts will turn the tide on the cycle of ever increasing demand and cost. This is the call to action for us to work together over the next five years to deliver a healthy Torbay and to send out the clear message that our people and our population matter.

Councillor Jackie Stockman
Chairman of the Torbay Health and Wellbeing Board

Context

Torbay offers a great quality of life for individuals and families. With its natural environment, clean air, climate, location, excellent schools, growing arts and cultural sector, and wide range of outdoor activities, Torbay provides everyone the opportunity to live a healthy and fulfilled life.

Torbay covers an area of over 24 square miles, located in South Devon, known as the English Riviera. It is made up of the three towns of Torquay, Paignton and Brixham and comprises over 20 beaches and secluded coves along 22 miles of coastline located around the east facing natural harbour of Tor Bay.

With a population of over 133,000, Torbay is the second largest urban area within the Heart of the South West. It is a retirement destination for many fit, active, skilled and affluent older people which is reflected in the population structure.

Like many coastal areas, Torbay has its challenges. There are high levels of poverty and deprivation, with not enough opportunities for our young people. Productivity levels in Torbay remain amongst some of the lowest in the country, mainly due to the high levels of low paid employment in the tourism and health/social care industries, along with a relatively small workforce compared to the population. Our ageing population means that an ever higher proportion of diminishing public resource is spent on care.

Torbay's Economic Strategy will build on our strengths including a strong entrepreneurial culture, our growing reputation in photonics and electronics cluster and our established fishing, tourism and hospitality sectors to deliver economic growth, tackle inequality and create change in the area that benefits everyone who lives here. Torbay also has a national reputation for the ground breaking work that has led to both integrated health and social care and more recently to the integration of the acute and community NHS trusts. Public sector organisations have close working relationships with the Torbay's extensive community and voluntary sector.

Torbay's Joint Strategic Needs Assessment (JSNA) provides a suite of documents, web tools and presentations which help to analyse the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within Torbay. The JSNA enables local leaders to work together to understand and agree the needs of the local population.

What is life like for the people of Torbay?

- The population of Torbay is ageing more than other areas of the country – the number of people over 85 will double over next twenty years
- Levels of deprivation are increasing with 45% of residents living in an area in the top 20% most deprived in England
- Torbay is the most deprived local authority area in the South West and inequalities have been widening as relative deprivation worsens
- There are relatively high numbers of people with few qualifications, low earnings and claiming benefits
- House prices, on average, are £40,000 less than the England average but to buy a house in Torbay costs nearly seven times the average salary
- Housing conditions are an area of concern with a higher percentage of private rented housing and significantly lower numbers of residents in social rented housing
- Homelessness and insecurity of tenure is rising with 24 people street homeless at the last count
- The violent crime rate is significantly higher than the England average
- Anti-social behaviour is significantly higher than England and other similar local authorities

What is life like for children and young people?

- There is good early years educational achievement against the national standard, but a gap is emerging between poorer and better off students especially at secondary school
- 1 in 4 children live in poverty and there are issues of debt and food insecurity
- Almost 1 in 5 mothers smoke during pregnancy, low numbers of infants are breastfed and 1 in 3 children are overweight by age 11
- The rate of Children Looked after is high
- There are significantly worse rates of specific admissions for alcohol and higher prevalence of smoking for young people
- There are significantly higher numbers of admissions for self-harm
- There are high numbers of young people claiming benefits and high rates of first time entrants to the Youth Justice System

What is life like for adults?

- Smoking rates remain higher than the national average - 17% of over 16s smoke compared to 15% nationally
- The rate of physically activity is 66%, similar to national rate of 65%
- The hospital admissions rate for alcohol specific conditions is 79% - higher than the England rate
- Those classified as overweight or obese is 61% which is the same as for England
- There is high prevalence of a range of chronic conditions such as diabetes, depression, hypertension, cardio-vascular disease and Chronic Obstructive Pulmonary Disease - this has led to high levels of preventable admissions

What is life like for older adults?

- Many people chose to retire to Torbay and most live full and happy lives
- However, the numbers with more than one health condition (co-morbidities) is expected to rise by a third in the next ten years
- Frailty and dementia is also estimated to rise
- Age-related dependency and unpaid carer levels are significantly higher than nationally
- Rates of long-term support needs are significantly higher than England, related to mental health and social isolation

This data paints a picture of a community where, despite a vibrant tourism industry, an environment that attracts many to make this their home and Torbay's offer of an active and fulfilling life, there are still many areas and many of its people who lead challenging lives. High levels of deprivation, a low wage economy, poor levels of qualification and poor housing have resulted in some children growing up in relative poverty where inequalities are evident in terms of their educational achievements, aspirations and health. This in turn leads to disparities in lifestyle choices, in illness and disability and ultimately in health and care needs and costs.

The stark fact is that a female living in the most deprived area of Torbay will live, on average 8.9 years less and a male 5.2 years less than a person in the least deprived area.

The following table summarises the strengths that Torbay has together with the issues which we still need to address. To address these issues we need a response across all agencies in Torbay and there are a range of opportunities that are available to us.

STRENGTHS	ISSUES	OPPORTUNITIES
<ul style="list-style-type: none"> ▪ Torbay has a long and successful history of partnership working especially between health and social care with an integrated organisation delivering acute and community healthcare and adult social care ▪ There is a vibrant Community and Voluntary Sector in Torbay which is actively engaged in the integration and prevention agenda ▪ Organisations in Torbay are committed to a common purpose to address inequalities, to work with communities and to bring a greater focus to prevention, early intervention and self-care and to the determinants of poor health. ▪ People are willing to do things differently and there is a culture of learning ▪ We have involved and listened to people and what they want and there are a number of forums for the local voice such as the Older People's Forum ▪ There is a desire to work to address the needs of people living with multiple complex needs ▪ There is a strong sense of community and some innovative community led initiatives in parts of Torbay such as the work on isolation in the over 50s ▪ Torbay has led the way ensuring planning decisions consider health and wellbeing 	<ul style="list-style-type: none"> ▪ Child poverty and levels of deprivation remain high in Torbay ▪ There are many families living in poor housing conditions ▪ There are high levels of violent crime, antisocial behaviour and domestic abuse ▪ Though educational outcomes in schools are generally good there are inequalities between and within schools which need addressing ▪ There are large numbers of people whose lifestyle is having an adverse effect on their health. Most important areas are smoking, obesity and physical activity ▪ Emotional well-being and mental health issues are of concern particularly amongst young people, there are concerning numbers of suicides and higher than national levels of self-harm ▪ Torbay has one of the highest rates of Children Looked After in the country with issues of underlying neglect linked to poverty and drivers of need ▪ There are higher proportions of older people especially over 85s in Torbay. Often these people have high levels of isolation and are carers ▪ There is a lack of resilience in primary care ▪ Though there are emerging pockets of innovative practice and a commitment to shift the focus, currently services still focus on treatment and illness rather than the promotion of well-being 	<ul style="list-style-type: none"> ▪ Expand the work around Healthy Torbay to ensure a focus on regeneration and skills development ▪ Deliver our Lifestyle Service at scale and with greater reach and impact. ▪ Work together to meet the needs of people with multiple complex needs ▪ Build on and expand our work on promoting exercise and addressing the growing levels of obesity ▪ Proactively work with partners to implement the Housing Strategy ▪ Devon-wide Emotional Health and Wellbeing Strategy is in place and links to the Torbay Children and Young People's Plan ▪ New Children and Young People's Plan is in place and will be delivered by the Children's Services Strategic Steering Group ▪ Build on current local work such as the work in Brixham to find local solutions to promote and address mental health ▪ Support the Older People's Forum to work to enable people to age well ▪ The aims of the Prevention Board should be promoted to embed prevention, early intervention and self-care at all opportunities ▪ Create and deliver a training programme to "Make Every Contact Count" ▪ Consider how the workforce within primary care can be strengthened

Objectives and Priorities

Objective

The objective of the Health and Wellbeing Board and of this Joint Health and Wellbeing Strategy is:

To create a healthy Torbay where individuals and communities can thrive.

The Health and Wellbeing Board wants to see a Torbay where:

- All children born and raised in Torbay have the same life chances
- Children and young people have high aspirations and good employment opportunities
- Skill levels are raised and broadened and people are supported to access employment
- Everyone has housing which meets their needs and there are a variety of tenancies and housing opportunities in Torbay
- Mental and emotional health is given an equal focus alongside physical health
- People are enabled to make healthy lifestyle choices
- Services are based on what's important to people not what is the matter with people
- There is an integrated holistic service for those who are most vulnerable
- Older people are supported to be as independent and socially connected as they can be and, if care is needed, it is of quality and compassionate

Priorities

Torbay has a long history of partnership working with a range of partnership bodies in place with their own plans. Many of the priorities of these partnerships overlap and seek to address the issues identified in the Joint Strategic Needs Assessment. The Joint Strategic Needs Assessment indicates the priorities for Torbay Council, South Devon and Torbay Clinical Commissioning Group and its partners – as a system – to address. The priorities form the 'golden threads' which should underpin all commissioning and service activity across the partnership.

Priority 1: Working together, at scale, to promote good health and wellbeing and prevent illness

Priority 2: Enable children to have the best start in life and address the inequalities in their outcomes

Priority 3: Build emotional resilience in young people

Priority 4: Create places where people can live healthy and happy lives

Priority 5: Support those who are vulnerable and living complex lives, addressing the factors that result in vulnerability

Priority 6: Enable people to age well

Priority 7: Promote good mental health



Priority 1: Working together, at scale, to promote good health and wellbeing and prevent illness

What do we want to achieve?

We will work with all sectors and organisations in Torbay to put an emphasis on prevention, early intervention and self-care.

What are our goals?

We want to see:

- more people choosing and enabled to live healthy lifestyles and fewer people unwell
- more people living independently in resilient communities
- people being supported to have the knowledge, skills and confidence to self-care and better manage health conditions
- earlier intervention with the health and care system ready and able to intervene early

What are the specific outcomes that we want to see in Torbay by 2022?

There will be a shift to focus on prevention, self-care and early intervention across all services – prevention will feature in everybody's plans and the new model of care will optimise prevention within health and social care.

Services will take into account the underlying determinants of health in their day-to-day work and strategies and we will build community resourcefulness.

Individual's health literacy and ability to self-help and self-care will be improved and staff will be given the opportunities and skills to work in a strengths-based way. Transformational models of service and care delivery will be developed with a greater emphasis on enablement and information sharing in addition to support.

Priority projects will be those which bring the greatest impact. Services will deliver new ways of working that address what is important to people. These services will inform and empower people to lead healthier lives, to identify and address illness earlier and to enable individuals to manage their illness themselves or with the support of assets within their own community.

To make this happen we will:

- Work to encourage the use of the following enabling tools in front-line services:
 - MECC (Making Every Contact Count)
 - Directories of service
 - Social Marketing
 - Community Grants
 - Patient Activation
 - Social prescribing
 - Shared decision making
 - HOPE (Helping Overcoming Problems Effectively)
- Deliver work year-on-year across Torbay in specific project areas to bring early benefits. These include improving access to lifestyles advice, screening and improvements of pathways into lifestyle services, early intervention in chronic disease, prevention of falls and frailty, mental health promotion and addressing gaps in community infection control.

Priority 2: Enable children to have the best start in life and address the inequalities in their outcomes

What do we want to achieve?

We want all children in Torbay to grow up safe, happy and healthy in order that they can reach their full potential. Children and young people have said they want to have fun, to be safe, to be with friends, to be looked after by someone who cares for them, to have a good education, to eat healthy and nutritious food and to be encouraged and supported to do activities and exercises that interest them.

What are our goals?

We want to see:

- children getting the best start in life
- the impact on children and families from domestic abuse, alcohol/substance misuse and all forms of child exploitation reduced
- improved education outcomes for all children and young people
- young people being healthy, making positive choices and influencing their own futures

What are the specific outcomes that we want to see in Torbay by 2022?

There will be an integrated service for 0-19 year olds focused on their needs and on prevention and early intervention. Torbay Council's Economic Strategy will tackle child poverty and we will focus on addressing the underlying causes of deprivation in those communities most impacted.

There will be a multi-disciplinary model for family support with embedded expertise around substance misuse, domestic abuse and sexual violence, adult mental health and child and adolescent mental health. Services will be trauma-informed and take account of Adverse Childhood Experiences.

We will drive improvements in attainment whilst ensuring services for vulnerable learners are of high quality to close the attainment gap. There will be robust education and employment pathways to maximise opportunities for young people.

The emotional health and well-being of young children and young people will be improved through working with Play Torbay and the Youth Trust to ensure there are opportunities for young people when they need them most. Children and young people will be provided with opportunities which inspire them.

To make this happen we will...

- Deliver the Children and Young People's Plan through the Children's Improvement Board and the Children and Young People's Strategic Steering Group
- Focus on addressing the causes and effects of child poverty
- Promote effective prevention and early intervention

Priority 3: Build emotional resilience in children and young people

What do we want to achieve?

We want all children and young people to experience good emotional health and wellbeing, thrive and have the ability to build emotional resilience.

What are our goals?

We want to see more children and young people:

- with good emotional health and wellbeing
- recovering from their emotional health and wellbeing needs
- having better physical health and better emotional health and wellbeing
- having a positive experience of care and support
- having access to high quality support, as close to home as possible

And we want to see:

- more people having an understanding of emotional health and wellbeing

What are the specific outcomes that we want to see in Torbay by 2022?

Families, schools, colleges, local communities and services will be able to develop and support emotional wellbeing and resilience using a model called the THRIVE framework and principles developed by the Anna Freud Centre.

Transitions between support services will be improved, ensuring the children and young people receive effective support when in crisis and provide support to prevent crisis occurring/re-occurring. Support from specialist mental health services will be there when it is needed. Services will be outcomes focused and evaluated.

There will be support for the emotional health and wellbeing needs of those who have experienced abuse (sexual, physical, emotional and/or neglect) and/or physical ill health. Similarly there will be support for those whose parent(s)/carer(s) experience mental ill health; those with Autistic Spectrum Disorder or learning disability; and those who are demonstrating challenging behaviour.

To make this happen we will:

- Support early years settings, schools and colleges through guidance, resources, training opportunities and service signposting via the Torbay Healthy Learning website and social media platform
- Promote and facilitate coordinated personal health and sex education (PHSE) delivery, training and peer support through the multi-agency Wellbeing Outcomes Network;
- Take a whole family approach
- Ensure our objectives are embedded in the 0-19 year integrated service and in the Child and Adolescent Mental Health Service
- Co-design and co-produce with children and young people who are part of the wider system

Priority 4: Create places where people can live healthy and happy lives

What do we want to achieve?

We want Torbay to be a place where people can thrive, where the housing and infrastructure of the Bay promotes health and where people are engaged with wellbeing.

What are our goals?

We want to:

- get more people moving
- encourage people to have a healthy weight
- promote people drinking sensibly and stopping smoking
- enable people to be a part of their community and live fulfilled lives
- ensure our planning and housing systems promote health

What are the specific outcomes we want to see in Torbay by 2022?

Community resilience will be promoted and improved and there will be a focus on regeneration and skills development.

There will be “Health in All Policies” – the policies of organisations across our partnership will maximise the opportunities to promote health and wellbeing in general, and to tackle inequalities in particular. The health and wellbeing of staff will be improved and they will promote wellbeing through their interactions with others.

Standards of accommodation in the private rented sector will be improved and individuals will be encouraged to express concerns, especially those who feel vulnerable or don't wish to act for fear of repercussions.

To make this happen we will...

- Extend the reach of our Healthy Torbay programme to better engage with communities
- Work to develop the Healthy Towns approach, connecting with a wide range of partners, and in particular the community and voluntary sectors, to engage people in their health and wellbeing. We will develop partnerships with Councillors and community builders in deprived areas as the initial phase
- Deliver the Healthy Weight Action Plan through the Healthy Weights Steering Group with an initial focus on infant feeding and a schools-based holiday hunger programme
- Through the multi-agency Physical Activity Steering Group, launch “Torbay on the Move” to promote flagship projects across the life course such as the Run for your Life challenge for primary schools
- Relaunch the Torbay Housing Partnership to provide leadership in progressing the aspirations set out in the Housing Strategy Action Plan. This will include action to address fuel poverty and to respond to poor housing issues
- Establish a Torbay Tobacco Alliance to support our residents and visitors to be smoke free

Priority 5: Support those who are vulnerable and living complex lives, addressing the factors that result in vulnerability

What do we want to achieve?

We will work together and with people and families with multiple complex needs in order to provide an integrated service based on what's important to them. We will focus on prevention and intervening earlier and work towards full independence.

What are our goals?

We want to:

- develop services for those most in need based on a “Housing First” approach
- develop a more preventative strength-based approach towards Housing Options with appropriate floating support and seamless links to public and third sector services
- redesign the system of existing services such as drug and alcohol treatment, housing and homelessness services, Police and Probation, and mental health services in order to meet the needs of vulnerable people in a broader context and to ensure the needs of families are considered
- ensure the specific needs of young people are considered as they transition into adult services
- ensure any future strategy in relation to mental health considers the needs of those who are vulnerable or living complex lives, including those who have a personality disorder
- tackle domestic abuse and sexual violence, to enable our residents to live safe and happy lives
- ensure young adults with physical and/or learning disabilities and those with autism are supported into independence through appropriate housing, where appropriate close to family and friends, with tailored support to meet individual needs
- those with the most complex needs to be supported by a quality workforce with the necessary skills and support to enable greater independence and avoid admission to hospital
- support young people and adults with a learning disability, autism and poor mental health into meaningful employment

What are the specific outcomes that we want to see in Torbay by 2022?

We will end street homelessness in Torbay. All people with complex needs will have a holistic assessment that is trauma-informed and considers the drivers of need, such as debt and housing. There will be an integrated support offer in place for those with complex lives, informed by and involving those with lived experience.

There will be a decrease in alcohol related admissions and a fall in emergency visits associated with domestic abuse, sexual violence, self-harm and substance misuse.

There will be a fall in isolation and improved emotional health for those who are vulnerable or who are living complex lives. There will be better outcomes for vulnerable children and those transitioning into adulthood.

There will be more adults with learning disability, autism and mental health conditions in suitable, settled accommodation, and in meaningful employment.

To make this happen we will...

- Invest in service re-design to resolve the issues which those with complex needs such as housing, mental health and drug and alcohol disorders

- Implement a multiagency project to focus on a permanent end to rough sleeping and those on the edge of homelessness
- Work to relocate those with the most complex learning disabilities and mental health needs closer to home through the Transforming Care Partnership
- Work with the Department for Work and Pensions and housing providers to support people with learning disabilities and mental ill health, including their carers and those in recovery, into work and housing
- Work with the Devon-wide Sustainability and Transformation Partnership to further integrate mental health and primary care into community settings to take our journey of integration with the NHS further
- Provide further outreach support for vulnerable adults
- Redesign holistic support for families with children who have parents who struggle with mental ill health and/or substance misuse

Priority 6: Enable people to age well

What do we want to achieve?

We want all people living in Torbay, regardless of age, to feel valued, included and able to become involved in a growing and thriving community. We want Torbay to be a place with opportunity for all and where people can grow up, grow old and age well together.

What are our goals?

We want to:

- enable isolated older people to feel re-connected with friends, their communities and where they live through an increased sense of 'neighbourliness' and engagement in a broader range of accessible/affordable activities
- enable older people feel their lives have value and purpose as life changes, contributing their time, skills and knowledge to their community
- ensure older people have high personal, learning and service aspirations for later life facilitated by better information, advice and more integrated services
- ensure more local residents value older people, and that ageing is celebrated and viewed more positively by all
- enable older people to be independent and when care may be needed to support ongoing needs that it is of quality and personal, based on the existing strengths on individuals

What are the specific outcomes that we want to see in Torbay by 2022?

Our older people will feel their lives have value and purpose, through being supported to have a positive sense of identity as life changes and to contribute their time, skills and knowledge to their community. People in their middle years will view older age as an opportunity.

Our older people will feel connected with friends, their communities and where they live through an increased sense of 'neighbourliness' amongst local people and engagement in a broader range of affordable activities and interest groups. They will have greater access to affordable technology for information, leisure and social connection and more opportunities to enjoy the beauty of our surroundings, feel safe in their local environment and have improved transport and access.

Our older people will have high personal and service aspirations for later life through leading and making decisions relating to issues and services that affect them and knowing where and how to find information and support if required. They will learn in later life and care for their health and wellbeing. Their financial hardship will be reduced. Organisations will change services so they focus more on what matters to older people and will be less risk averse.

More of the local community will value older people, and ageing will be celebrated and viewed more positively by all, through building capacity in the community to engage, involve and enable older people. There will be increased opportunities for others to benefit from the skills and experience of older people and increased opportunities between generations to connect and have a greater understanding. We will stimulate positive perceptions about ageing and the value of older people in our community.

To make this happen we will...

- Review the benefits of the Ageing Well programme and mainstream those activities that have produced evidenced benefits
- Build more extra care and supported flexible accommodation to meet changing needs
- Shape the care home and care market through working together and provide more dementia and nursing provision
- Test tech solutions to enable people to stay at home and stay independent

- Support the independent care workforce to be “Proud to Care” and through other innovations including designing new roles to attract people into the sector
- Work with NHS and Council estates to ensure creative housing solutions and changing care settings contribute to the regeneration and vision for our town centres and sense of place

Priority 7: Promote good mental health

What do we want to achieve?

We will improve, build on and link to community assets that promote mental wellbeing.

What are our goals?

We want to:

- improve access to services in the right place at the right time
- have a cohesive and joint strategic approach to all-age mental health
- identify and acknowledge the wider determinants that affect mental health and wellbeing
- give a strong focus to preventing mental ill health
- support individual resilience

What are the specific outcomes that we want to see in Torbay by 2022?

Wellbeing and resilience across the population of Torbay will be improved using evidence based guidance and interventions that are designed to increase awareness and knowledge, reduce stigma and encourage positive behavioural changes.

There will be parity of esteem for mental health across major employers in Torbay. Opportunities will be provided for mental health to be discussed in many more areas than just healthcare settings.

There will be a consistent approach to managing the physical health of individuals with Serious Mental Illness to improve outcomes in relation to long term conditions and life expectancy. Appropriate housing and employment for people with mental illness will be provided.

Access to services will be improved with clear pathways into services, including self-referral, which are easy to use and seamless across organisational boundaries. There will be support within Primary Care settings, such as Health Navigators and specialist practitioners, who can support and signpost individuals, reducing the risk of escalation into secondary mental health services.

To make this happen we will...

- Roll out Making Every Contact Count (MECC) and Making Every Contact Count in Mental Health (Connect 5) training to front-line services and to the community and voluntary sector across Torbay
- Develop a menu of services, within the statutory and voluntary sector, which will support individuals with low level mental health difficulties, such as depression and anxiety, which will reduce the risk of escalation of acuity and crisis
- Run a 5 Ways to Wellbeing social marketing campaign, follow the recommendations of the Public Mental Health Concordat
- Better engage with and build on the many examples of work in schools, workplaces and communities where communities and staff have begun to address the issues around mental ill health within their own town or setting
- Ensure the learning from such local ways of working (such as the community-led work in Brixham) is shared and makes a sustainable real difference

Delivery and Oversight

The delivery of this Strategy will be overseen by the Health and Wellbeing Board. Health and Wellbeing Boards were established to:

- Agree the long-term strategy for improving the health and wellbeing of the people of Torbay.
- Oversee the implementation of the Joint Health and Wellbeing Strategy.
- Promote integration throughout the health and wellbeing system to ensure delivery against the Board's priorities.

However, the integration of health and social care in Torbay was well established before the requirement to appoint Health and Wellbeing Boards. Similarly, and as referenced earlier, many other partnerships have been in place in Torbay for a number of years.

It is also recognised that the system priorities cover many areas and that these are being addressed by a number of established organisations and partnership arrangements. These partnerships include:

- Devon-wide Strategic Transformation Partnership (STP)
- Torbay and South Devon Local Care Partnership
- Prevention Board
- Children and Young People's Strategic Steering Group
- Torbay Community Safety Partnership
- Healthy Torbay Steering Group
- Ageing Well Torbay

The Health and Wellbeing Board will seek assurance that issues are being addressed and it will also identify areas where it can add value.

The work of the Board will be set out in an Annual Work Programme which will be determined by identifying:

- **Issues to Watch** – these are areas where the Board is interested but only needs to keep a watching brief on delivery, probably through oversight of key outcomes. The Board will trust that other organisations or partnerships are delivering the system priorities.
- **Issues to Sponsor** – these are areas that the Board will actively promote but leaves other organisations and partnerships to deliver, seeking only assurance of outputs and outcomes from this work. The Board will encourage integration and partnership working to deliver the system priorities. There will normally be no more than four issues to sponsor each year.
- **Areas of Focus** – these are areas where the Board will have more direct involvement and debate to assure itself the detail of the delivery. The Board will be seeking a commitment to action from its partner members. There will normally be two areas of focus each year.

Each year, a review will be undertaken by the Health and Wellbeing Board to agree which areas require particular focus. The measures on the following page will be used to track progress against the priority areas.

Measure	Time period	Type	Torbay	Similar areas	Devon wide – STP	National	Trend
Early years good development	2016/17	%	71.7%	70.9%	69.8%	70.7%	
Child poverty	2015	%	20.2%	18.1%	14.6%	16.8%	
Attainment gap in schools	2017	%	23%				
Smoking in pregnancy rate	2016/17	%	15.2%	13.5%	12.5%	10.7%	
Adult smoking rate	2016	%	16.7%	16.0%*	14.1%	15.5%	
Physically active adults	2016/17	%	67.1%	65.5%*	69.5%*	66.0%	
Alcohol attributable admissions	2016/17	Per 100,000	2444	2504*	2188*	2185	
Children overweight or obese in year 6	2016/17	%	34.0%	34.8%	30.3%	34.2%	
Self-harm admissions	2016/17	Per 100,000	362.8	249.2*	285.2*	185.3	
Mortality rate from preventable conditions	2014-16	Per 100,000	187.4	202.5*	163.7	182.8	
Low happiness score	2016/17	%	10.0%	9.6%*	8.9%*	8.5%	
Suicide rate	2014-16	Per 100,000	14.1	11.6*	11.5	9.9	
Social connectedness							
Fuel poverty	2015	%	10.8%	11.0%	12.0%	11.0%	
Numbers of category 1 hazards							
Life expectancy gap in males	2014-16	Years	8.6	10.0*	7.5*	N/A	
Life expectancy gap in females	2014-16	Years	4.3	7.6*	4.9*	N/A	
Feel supported to manage own condition	2016/17	%	65.6%	66.1%*	66.9%*	64.0%	
Homelessness rates	2016/17	Per 1000 households	2.72	to be completed	to be completed	2.54	
Domestic abuse crimes and incidents	2017/18	Number	3533				
Successful drug treatment rates	2016	%	8.40%	6.34%	6.54%	6.70%	
Proportion of people who use services who reported they had as much social contact as they would like	2016/17	%	52.70%	48.11%	46.92%	45.40%	
Proportion of carers who reported they had as much social contact as they would like	2016/17	%	34.40%	36.58%	to be completed	35.50%	No trend

Cover sheet and summary for a report to the Trust Board					
Report title: Integrated Performance Report: 2018/19 Month 3 (June 2018)				Date: 1 st August 2018	
Report sponsors	Director of Strategy and Improvement Director of Finance				
Report author	Head of Performance				
Report provenance	Service Delivery Unit Quality and Performance Review meetings (19 th July 2018) Executive Director scrutiny (17 th and 24 th July 2018) Finance, Performance, and Investment Committee (25 th July 2018)				
Confidentiality	Public				
Report summary	<p>The Integrated Performance Report (IPR) sets out the headline performance for Month 3 (June) 2018/19 against the key quality and safety, workforce, performance and financial standards that together represent our operational plan for 2018/19.</p> <p>Areas that the Board will want to focus on where the Trust is off trajectory are highlighted below and detailed in the attached main report.</p>				
Purpose	Note <input type="checkbox"/>	Information <input type="checkbox"/>	Review <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>	Approve <input type="checkbox"/>
Recommendation	The Board is recommended to review the documents and review the evidence presented.				
Summary of key elements	<p>Performance: At Month 3 the Trust did not meet the following national standards or agreed planned improvement trajectories :</p> <ul style="list-style-type: none"> • Urgent Care 4 hour standard; • Referral to Treatment times (RTT); and • Cancer 62 day from urgent referral to treatment. <p>4 Hour Performance: Following a review of the Gold Command process currently running in Plymouth, the operations team has instigated a number of changes to increase the focus on improvement to key metrics and support resilience in delivery of the 4 hour standard. Further detail is included in the main report attached.</p> <p>RTT and Cancer Waits: The operational teams have submitted detailed plans for increasing capacity and securing further redesign aimed at securing improvements towards the RTT and Cancer trajectories. Specifically reducing 52 week waits towards zero and delivering the cancer 93% 2 week wait outpatient and 61 day cancer treatment standards.</p>				

Teams were required to include clear trajectories setting out the staged improvements in all the areas of longest wait, based on known solutions where there is a strong degree of confidence of delivery.

The Interim COO, the Performance Team and the Executive Team have reviewed the trajectories, the plans and the resources against these requirements. Although the plans deliver significant improvement, it is not sufficient to secure the originally submitted trajectories. Specifically the trajectories that are not secured are for no patients to be waiting over 52 weeks and delivery of the 2 week wait outpatient standard in Urology. In addition the level of resource indicated in the current plans exceed the available budget (including predicted underspends) and the investment reserve. A number of areas were presented in the plans where further work is needed to fully understand the rationale behind the additional pressures and why the original planning assumptions have not delivered.

The teams have been asked to reconsider actions to secure the 2 week wait outpatient standard and to avoid all 52 week waits by the end of March. In addition the Executive have asked that, taking all the clinical specialties that are challenged, the required improvement is managed within the available budget and investment reserve or alternatively that additional savings are secured to fund any further costs.

FPIC (24 July) acknowledged the challenges and efforts teams were going to, to make the necessary improvements required to provide assurances around quality and safety. FPIC members reflected on learning from previous planning and prioritisation and how this could be inform future operational planning.

Local quality Indicators

VTE assessment on admission has been highlighted as an area of concern. This is under review.

Workforce indicators

Total workforce numbers are lower than plan by 177. As previously agreed the Workforce Committee is undertaking a deep dive to consider any quality, patient safety or staff health and wellbeing risks as a result of vacancies in key services.

Finance metrics

- The financial position at 30th June 2018 is a £4.56m deficit, which is £0.20m worse than the budgeted position.
- The Trust has not earned the 30% performance element of the Provider Sustainability Fund (PSF) at Q1. The finance element of the PSF (70%) should be secured in full.
- Total pay run rates have reduced by a further £0.18m from month 2; an estimate has been included for the annual pay award.
- Non pay expenditure run rates have increased by a further £0.56m from last month, this reflects the increase in costs

	<p>within the Independent Sector Continuing Healthcare budget. Despite this, non-pay remains below budget, largely reflecting underspends in investment reserves.</p> <ul style="list-style-type: none"> • The CIP target for the period to 30 June 2018 is £2.86m, against which a total of £2.70m has been delivered; an adverse variance of £0.16m. • The Trust is forecasting delivery of the control total less the Q1 PSF income loss of £0.28m • The Trust's Finance Risk Rating is a 3 at M03. The agency spend rating remains adverse to plan.
Strategic context	<p>This report brings together key areas of delivery into a single integrated view so that the Board can consider performance in the round, review risks and mitigations, and determine whether it is assured the Trust is delivering for the populations of South Devon and Torbay and is on track to deliver key standards including those required by commissioners and the regulators.</p>
Dependencies and risk	<p>This report reflects the following corporate risks:</p> <ul style="list-style-type: none"> • Failure to achieve key performance standards. • Inability to recruit/retain staff in sufficient number/quality to maintain service provision. • Lack of available Care Home/Domiciliary Care capacity of the right specification/ quality. • Failure to achieve financial plan.
Summary of scrutiny	<p>This report has been subject to challenge, due diligence, and risk assessment by:</p> <ul style="list-style-type: none"> • Service Delivery Unit Quality and Performance Review meetings (19th July 2018) • Executive Director scrutiny (17th and 24th July 2018) • Finance, Performance, and Investment Committee (25th July 2018)
Stakeholder engagement	<p>This report is shared with Governors and contributes to a quarterly report considered by the Council of Governors. Governors are represented on the Finance, Performance and Investment Committee and Quality Assurance Committee where the integrated performance report is reviewed</p>
Other standards affected	<p>Delivery of CCG commissioning intentions Delivery of Torbay Council and Devon County Council Annual Strategic Agreement requirements</p>
Legal considerations	<p>Maintain Foundation Trust terms of authorisation. Delivery of NHS Improvement Single Oversight Framework for</p> <ol style="list-style-type: none"> 1. Operational performance 2. Quality standards 3. Financial risk rating <p>Delivery of NHS Constitution rights and standards</p>

MAIN REPORT

Integrated Quality, Workforce, Performance, and Finance Report

Date of Report: **1st August 2018**

Reporting Period: **Month 3**

Data Up To : **30th June 2018**

Version Control

Version	Meeting	Date of Circulation	Date of Meeting	Owner	This Version
Draft 1	Trust Executive	13/07/18	17/07/18	Paul Procter	<input checked="" type="checkbox"/>
Published Report	FPI Committee	18/07/18	24/07/18	Ann Wagner Paul Cooper	<input checked="" type="checkbox"/>
Published Report	Trust Board	25/07/18	01/08/18	Ann Wagner Paul Cooper	<input checked="" type="checkbox"/>

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

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

Attached as Appendix (in separate PDF):

- Dashboard

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

1. Introduction and Context

Purpose

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:

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

Report Format

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

Appendix 1: Board Dashboard (PDF file)

Appendix 2: Board Databook (PDF file)

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

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

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

For 2018/19 the Trust submitted an Operational and Financial Plan to NHS Improvement (NHS I) confirming our intention to achieve the £1.7m Control Total and deliver required service performance standards to secure our designated share of the national Provider Sustainability Fund (PSF).

Delivery of the Control Total relies on the Trust, with its system partners, delivering a Systems Savings Plan of £26.9m.

In addition to financial delivery, access to a 30% of the PSF funding, allocated to the Trust for 2018/19, is also dependent on delivery of service standards relating to the national ED 4 hour wait standard and new GP streaming.

Regulatory Context: NHS Improvement Single Oversight Framework

The Single Oversight Framework (SOF) is used by NHS I to identify NHS providers' potential support needs across the five themes of quality of care, finance and use of resources, operational performance, strategic change, and leadership and improvement capability.

Using this framework NHS I segment providers into one of four segments ranging from Segment One (maximum autonomy) to Segment Four (special measures). The Trust remains (as at May 2018) assessed as being in Segment Two (targeted support).

2. Performance Headlines: Month 3 (June 2018)

Key headlines for, quality and safety, workforce standards and metrics, operational performance, and financial delivery for Month 3 to draw to the Board’s attention are as follows:

2.1 Quality Headlines

There are 19 Local Quality Framework indicators in total of which 4 were RAG rated RED for June (4 RED in May) as follows in Table 1:

Table 1: Local Quality indicators RAG rated RED:

Standard	Target	Last month Month 2	This month Month 3
VTE – risk assessment on admission (acute)	>95%	89.3%	90.9%
Medication Errors	0	0	2
Fractured Neck of Femur	>90%	78.8%	68.8%
Follow ups past to be seen date (excluding Audiology):	3,500	7042	7144

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

2.2 Workforce Headlines

Workforce Headlines

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

- **Turnover (excluding Junior Doctors): GREEN** - the Trust’s turnover rate was 10.8% for the year to June 2018, which is within the target range of 10% to 14%.
- **Staff sickness/absence: RED** - The annual rolling sickness absence rate of 4.24% at the end of May 2018 represents a marginal increase from the previous month, and the rate still remains above the 3.8% target.
- **Mandatory Training rate: AMBER** – At the end of June 2018 the overall mandatory training rate was 83.24% which is slightly increase on the previous month of 82.50%.
- **Appraisal rate: AMBER** - The Achievement Review rate for June is at 78.92% against a target rate of 90% which is a slight reduction from May (80.08%). Appraisal rates remain below the overall target of 90%. A review of the process and paperwork has been undertaken and revised paperwork will be rolled out in July. The accountability and oversight framework will be utilized to support and drive improvements.

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

- **Workforce Plan** - The workforce plan aims to have 5,442.65 worked WTE at the end of March 2019. As at end of May 2018, the Trust was exceeding plan by 177.13 wte.
- **Agency Expenditure** – At Month 03 the Trust was £34k above plan and a total of £205K above plan for the first quarter of the year. Plans are in place to recover this situation.

2.3 Operational Headlines

2.3.1 Community and Social Care Summary

There are 15 Community and Social Care indicators in total of which 3 were RAG rated RED in June 2018 (4 in May 2018) as follows in Table 2:

Table 2: Community and Social Care Framework RAG Rated RED

Standard	Target	Last month Month 2	This month Month 3
Delayed transfers of care bed days (acute)	64 days per month	228	116
Carers Assessments completed Year to Date	40% Year end	3.1% (6.0% M2 trajectory)	4.5% (9.0% M3 trajectory)
Community Hospital – admissions (non-stroke)	None set	218	213

Of the remaining indicators, 6 were rated GREEN, 0 AMBER, and 6 indicators do not yet have an agreed target.

2.3.2 NHS Improvement Single Oversight Framework (SOF) National Performance Standards

Against the national performance standards, for Month 3 the Trust has achieved the outcomes in Table 3. Forecast risk against trajectory delivery is indicated as ‘high’ ‘moderate’ or ‘minor’. Where the forecast risk is considered ‘high’ this is accompanied with a brief summary of management action.

Table 3: NHSI SOF National Performance Standards

Standard	Standard / target	Last month Month 2	This month Month 3	Risk
A&E - patients seen within 4 hours (PSF)	>92%	86.7%	90.9%	High
	Trajectory	92.1%	94.6%	
RTT – 18 weeks	>92%	82.2%	80.97%	High
	Trajectory	82.3%	82.4%	
Cancer – 62 day wait for first treatment – 2ww referral	>85%	81.3%	80.3%	Moderate
Diagnostic tests longer than the 6 week standard	<0.1%	5.9%	5.9%	Moderate
Dementia Find – monthly report	>90%	92.6%	93.8%	Low

- 4 hour ED standard:** In June the Trust achieved 90.9% of patients discharged or admitted within 4 hours of arrival at Accident and Emergency Departments. This is an improvement on last month (86.7%), however, remains below the Operational Plan trajectory of 92.1% and national standard of 95%.

Risk: High The delivery of the Q1 target of 92.2% for attainment of the Provider Sustainability Fund (PSF) is not met. Without sustained improvement it is forecast that Q2 PSF

target of 92.4% will also not be met. Actions need to be implemented to bring performance back onto trajectory.

Management action: Led by the Interim Chief Operating Officer and Head of Operations the 'Urgent Care Performance Action Plan' is being implemented reporting to the Patient Flow Board. The immediate actions focus on:

1. **SAFER 7 – focus on discharges processes and improving discharges at weekends**
2. **Optimising flow through rehabilitation pathways across our system**
3. **Management of the urgent care floor – ED and assessment processes and clinical pathways.**

See page 24 of the performance focus report for further details against the 4 hour standard.

Outstanding risk will be escalated to the monthly Patient flow Board and Executive led Quality and Performance Review meetings.

- **RTT:** RTT performance has deteriorated in June with the proportion of people waiting less than 18 weeks reducing to 80.97% (82.1% last month) below Operational Plan trajectory of 82.4%.

At the end of June 41 people were reported as waiting over 52 weeks (local performance indicator Table 4). A reduction against the 53 reported last month. Operational pressures and slippage against plans to recruit to posts remains a risk to continued reduction of the number of these longest wait patients.

Risk: High There is significant risk to delivering the increased levels of activity needed to maintain the 82% RTT performance standard and reduce the longest waits over 52 weeks. Several specialties continue to have capacity and demand imbalances that will see a continued increase in access times. Investment plans however are now finalised along with capital allocation to support activity plans in Urology, Upper Gastrointestinal surgery, Colorectal Surgery, Dermatology and Diagnostics. Implementation timelines are now critical to actual delivery of improving performance.

The impact on the RTT recovery plans from the proposed winter plan "elective pause" is to be evaluated and may increase risk against these plans.

Management action: Led by the Chief Operating Officer all 'at risk' teams have provided plans outlining the actions needed and assessment of progress against these plans. Progress against plans will be monitored through the RTT risk and assurance meeting with any outstanding risk escalated to the monthly Executive led Quality and Performance review meetings.

- **62 day cancer standard:** at 80.3% (validated 12th July 2018) performance is below the 85% national target, last month (81.3%). Current forecast for Q1 is 82.0%.

Risk: Moderate

Management actions: Recovery plans are in place and include the continuation of locum capacity whilst substantive appointments are made in several key specialties (dermatology, urology and colorectal surgery).

Urology has seen waiting times to see urgent referrals extending to 5 weeks. This will put pressure on delivery of the overall 62 day target in future months. Actions agreed are expected to bring performance back to target, however, are dependent upon successful recruitment to the key posts.

- **Diagnostics:** The diagnostics standard was not met with 5.9% of patients waiting over 6 weeks against the standard of 1%. This is the same as last month and better than our NHSI Operational Plan trajectory. Improvements in ultrasound and CT waits have contributed to this improvement. There will remain continued reliance on outsourcing to visiting mobile units for both MRI and CT along with backfill for staff sickness in ultrasound.

Risk: Moderate Actions agreed to continue the backfill capacity for ultrasound and support capacity for MRI and CT with additional outsourcing and mobile van visits scheduled.

- **Dementia screening:** The Dementia Find standard is meeting the standard of 90% with 93.8% achieved In June. This is a significant achievement and aided by the allocation of health care assistant resource to support the wards.

Risk: Low – Good progress maintained against delivering the standard.

2.3.3 Local Performance Indicators

In addition to the national operational standards there are a further 23 performance indicators agreed locally with the CCG, of which 12 were RAG rated RED in June 2018 (11 RED RAG rated in May). The indicators RAG rated RED are summarised in Table 4:

Table 4: Local Performance Indicators RAG Rated RED

Standard	Standard/ target	Last month Month 2	This month Month 3
Cancer 2ww urgent GP referral	>93%	55.7%	75.3%
Cancer 2ww – symptomatic breast	>93%	92.0%	87.0%
Cancer – 31 day wait from decision to treat to first treatment	>96%	97.9%	94.65%
Cancer – 31-day wait for second or subsequent treatment - surgery	>94%	100%	93.5%
Cancer – 62 day wait for treatment - screening	>90%	100%	85.7%
RTT waits over 52 weeks:	0	53	43
Cancellations not readmitted within 28 days	0	6	8
Ambulance handovers > 30 minutes:	0	97	119
Ambulance handovers > 60 minutes:	0	11	8
A&E patients (ED only):	>92.9%	81.1%	86%
Care plan summaries % completed within 24 hrs of discharge weekdays:	>77%	70.4%	69.82%

Standard	Standard/ target	Last month Month 2	This month Month 3
Care plan summaries % completed within 24 hrs discharge weekend:	>60%	34.6%	35.81

Of the remaining indicators, 10 were rated GREEN, 0 AMBER, and 1 indicator does not yet have an agreed target.

2.3.4 Integrated Care model

This Board report now includes a wider set of system view metrics which we have included under the “Integrated care model” section of the dashboard. The metrics have been drawn from a much larger data set and all of the metrics are useful when they are triangulated with other data that gives a more meaningful picture of how our integrated care system is working and evolving in response to changes we are making as part of the care model. To help understand each of the metrics an explanation is provided below:

The modelling which informed the care model developments anticipated that we would see 421 referrals per month into intermediate care. We have seen an increase in intermediate care referrals of 44% since 2015 when the modelling was undertaken, but in the last 12 months we have seen intermediate care referrals stay the same averaging 374 per month. Most of the referrals to intermediate care are as transfers from hospitals. Focus is on supporting GP’s, the ambulance service and health and wellbeing teams to utilise intermediate care to avoid an admission to hospital altogether. This is important to ensure that the care model is optimised and that we are

supporting more people to get better at home and use less bed days in hospital.

The total bed days used metric indicates if we are re-orientating our system to use less bed days overall. Using less bed days for people over 70 years old indicates a shift towards more care at home. Bed days are also calculated by site, acute hospital, community hospital and intermediate care placement and are shown under each category in the report. The data shows that we are seeing an upward trend in the use of bed based care for 70+ age group, however we did see 16,000 fewer bed days overall compared to last year before we closed 99 beds.

Teams are focussed on understanding how we embed changes in the way we work, optimise the new services invested in as part of the care model and increase the number of people we support at home avoiding an admission to hospital.

Further detail and commentary is described in the Focus Reports against the latest data for these metrics.

2.4 Financial Headlines:

- **Overall financial position:** The financial position for the financial period to 30th June 2018 is a deficit of £4.56m against a planned deficit of £4.36m.

Whilst still early in the financial year, indications are that run rates of pay expenditure remain broadly stable and, within that position there has been a reduction in agency spend on the rates experienced during the final quarter of 2017/18.

Non-pay expenditure is underspent by a total of £1.16m.

- **CIP savings delivery position:** The current month position shows a £0.6m surplus. There is a £0.15m cumulative shortfall against a £2.8m target.

Forecast out-turn (FOT) delivery of Current Year Projects:

The CIP target, excluding “Balance to FYE of 17/18 schemes”, is £26.9m against which we have £21m of forecast delivery, resulting in a £5.9m shortfall FOT position.

Further CIP opportunities are being scoped and we hope to have an update next month.

2019/20 Full Yr Effect of 18/19 project delivery:

The forecast full year effect of 2018/19 recurrent projects in 2019/20 is £9.7m reflecting the fact we have a higher proportion of projects making a non-recurrent delivery in the current financial year. Additional projects, capable of delivering recurrent savings will need to be found to close this gap.






- **Forecast:** Whilst currently in line with plan, the detailed finance sections of this report describe a significant risk in delivering against the full year CIP target. A total of £21m of schemes have been identified, with £5.9m remaining unidentified against the £26.9m target. Failure to deliver identified schemes in full and / or to address the outstanding target will result in the Trust failing to achieve Control Total with a consequent loss of PSF.
- **Use of Resources Risk Rating:** NHS Improvement no longer publish a planned risk rating for Trusts, due to changes they have made to the risk rating calculation. However, at Month 3, the Trust had an actual

Use of Resources risk rating of 3 (subject to confirmation by NHS Improvement). The Agency risk rating of 3 is worse than the planned rating of 2.

Integrated Performance Report

July 2018: Reporting period June 2018 (Month 3)

Section 1: PERFORMANCE

	Quality Focus
	Workforce Focus
	Community and Social Care Focus
	NHSI operational performance indicator Focus
	Local performance metric exception

Section 2: FINANCE

	Finance Focus
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Quality Focus

Month 3 (performance to end of June 2018)

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

Quality and Safety Summary

Quality and Safety Summary June 2018

The following areas of performance are noted:

1. The Hospital Standardised Mortality Rate (HSMR) The on-going trend in the HSMR remains in a positive position for the months of May 17 to March 18 (Dr Foster has a three month data lag). March's data has a mortality rate of 87.9 which is within expected limits and completes a relatively lower winter mortality picture which is to be welcomed. The overall yearly mortality is in keeping with the Unadjusted Mortality and the DH's Summary Hospital Mortality Index (SHMI) shown in the report.

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

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

3. Never event - Nil reported in current month - nil year to date .

4. STEIS - Three Strategic Executive Information System (STEIS) reportable incidents where reported in June.

Grade 3 Pressure Ulcer Torquay I/C

Fall with fracture Brixham Community Hospital

Baby with low glucose Maternity

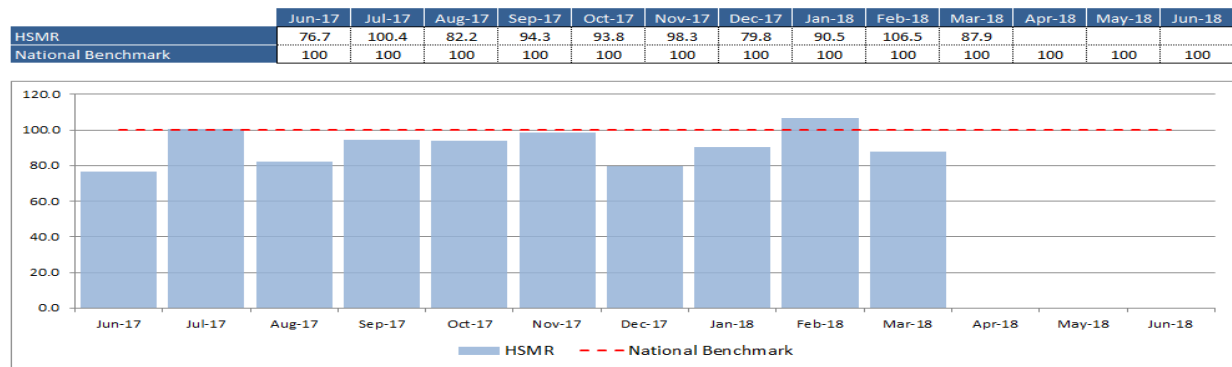
5. Infection Control are reporting a decrease in the number of bed days lost from infection control measures with no bed days lost in June.

6. Clinic Follow ups - the number of patients waiting 6 weeks or more for a follow up appointment beyond the intended to be seen by date has increased from 7042 in May to 7144 in June. This remains above target levels with several specialities having significant backlogs to clear. These are listed in the report.

7. VTE - The VTE deterioration in performance has been both flagged by NHSI and within our own reporting structures. Our reported performance is consistently below the standard of 95%. Safety thermometer audits provide assurance that the clinical assessment are being made, however, we have struggled in recent months to complete accurate recording of this data into the electronic discharge system for reporting this data. Plans are being reviewed to support this and achieve a sustained recovery.

Quality and Safety - Mortality

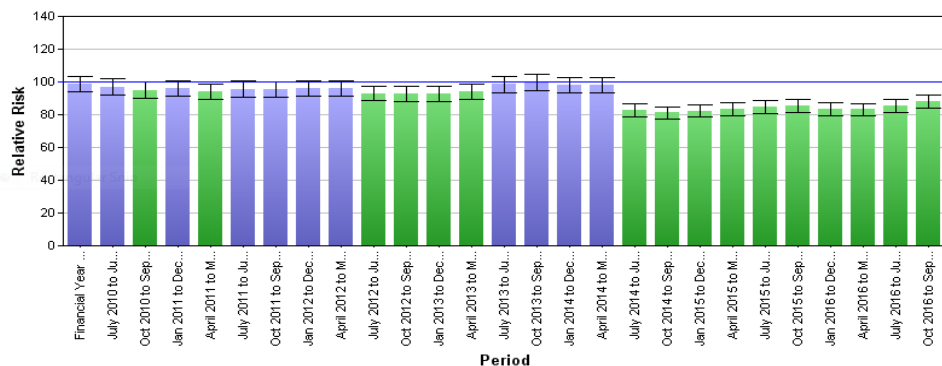
Hospital Standardised Mortality Rate (HSMR) national benchmark = 100



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

The latest data for Dr Foster HSMR is showing a relative risk of 87.9, a reduction from 106.5 last month. Mortality does have a cyclical nature and tends to rise during the colder winter months. The HSMR over this winter, has been the lowest for a number of years which is to be welcomed. The one month (February) which recorded a rate above the 100 average, was much lower than in previous years and within Dr Foster's expected range.

SHMI by data period



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

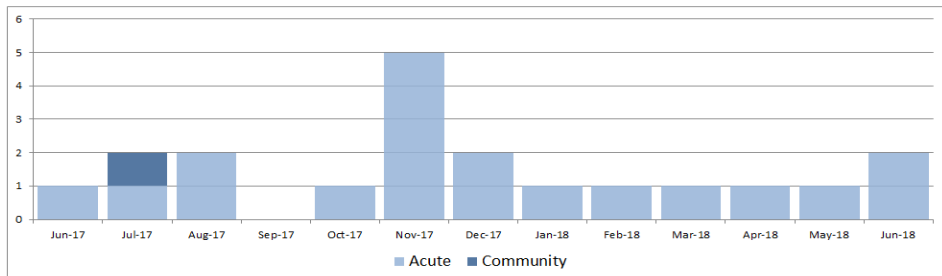
The data is released on a quarterly basis and the latest data release from the DH is October 2016 - September 2017 and records the Trusts at 87.8 against a national average benchmark of 100. This being a slight increase on last period July 2016 - June 2017 of 83.9. The SHMI has remained low for a sustained period of time.

A score of 100 represents the weighted population average benchmark.

Quality and Safety - Infection Control

Number of Clostridium Difficile cases

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



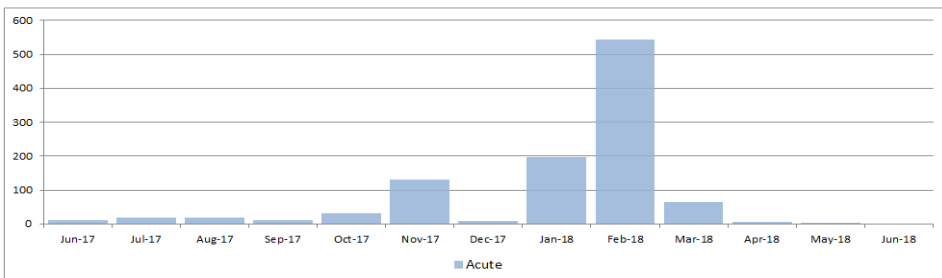
In June there were two reported C-diff cases.

The Target for 18_19 set by NHSE is a total of 17 cases identified as a lapse in care.

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

Infection Control - Bed Closures (acute)

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Acute	12	18	18	12	30	130	8	198	544	64	6	4	0



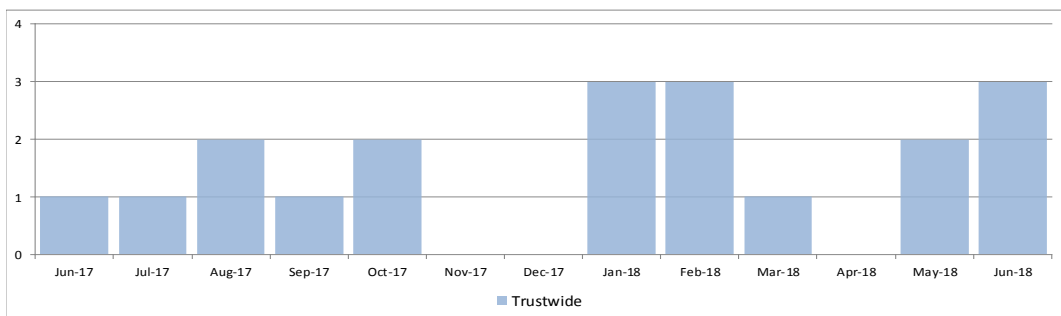
The Infection Control Team continue to manage all cases of outbreaks with individual case by case assessment and control plans.

In June there were no bed closures due to infection control issues , bed closures has remained very low as seen in the graph opposite which records the number of beds closed from Norovirus or flu infection controls.

Quality and Safety - Incident reporting and complaints

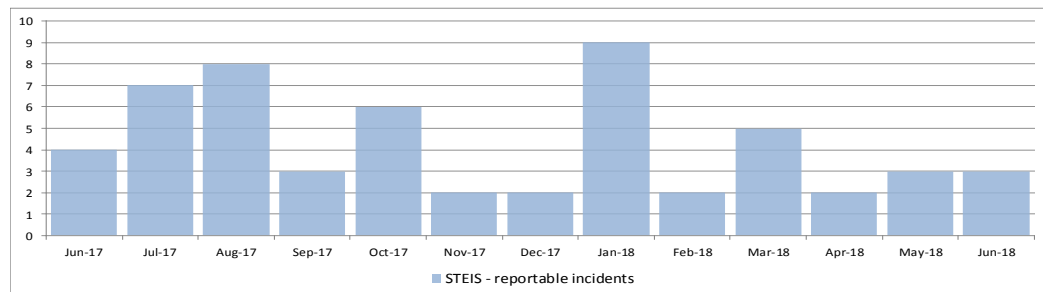
Reported Incidents - Major and Catastrophic

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



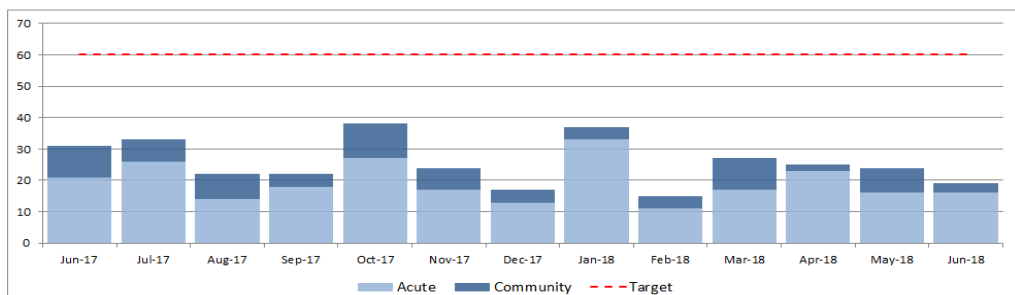
STEIS Reportable Incidents

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
STEIS - reportable incidents	4	7	8	3	6	2	2	9	2	5	2	3	3



Formal complaints

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Acute	21	26	14	18	27	17	13	33	11	17	23	16	16
Community	10	7	8	4	11	7	4	4	4	10	2	8	3
Total	31	33	22	22	38	24	17	37	15	27	25	24	19
Target	60	60	60	60	60	60	60	60	60	60	60	60	60



In June 2018 the Trust recorded 3 serious incidents which is currently under investigation:

- 1: Antepartum stillbirth
- 2: Missing Chemotherapy bag
3. Delay in diagnosing and treating an MI

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

The Trust reported 3 incidents in June on the Strategic Executive Information System (StEIS).

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

- 1: Grade 3 Pressure Ulcer Torquay I/C
- 2: Fall with fracture Brixham Community Hospital
- 3: Baby with low glucose Maternity

In June the Trust received 19 formal complaints.

The number of formal complaints are shown in the table opposite. This shows the split of 16 relating to the Acute site and 3 in the Community.

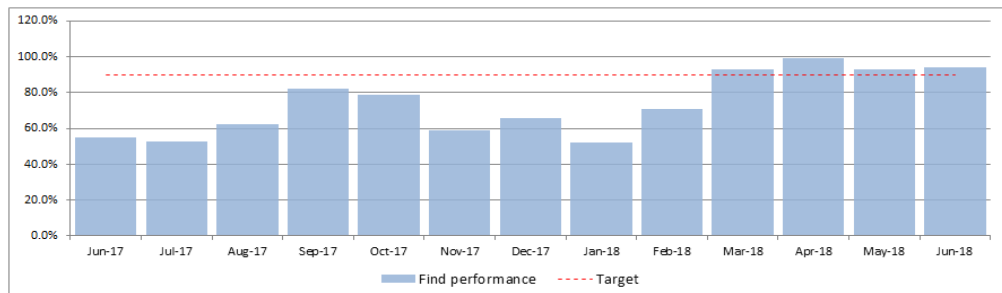
The main themes from the complainants are funding allocations, communication, attitude of staff, and treatment.

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

Quality and Safety - Exception Reporting

Dementia - Find

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Numerator	372	308	360	455	301	230	285	256	269	279	120	362	365
Denominator	603	496	520	536	383	390	435	491	380	301	121	391	389
Find performance	54.9%	52.8%	62.4%	81.8%	78.6%	59.0%	65.5%	52.1%	70.8%	92.7%	99.2%	92.6%	93.8%
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%



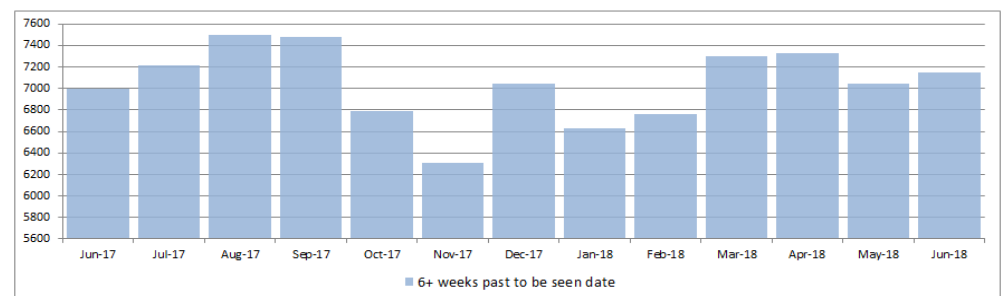
Dementia Find: The NHS I Single Oversight Framework (SOF) includes Dementia screening and referral as one of the NHSI priority indicators.

The Dementia Find in June increased to 93.8% from 92.6% in May.

The improvement is being maintained with support from a Health Care Assistant tasked to support wards with completing assessments and data entry.

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

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
6+ weeks past to be seen date	6999	7209	7496	7477	6790	6308	7041	6630	6761	7301	7323	7042	7144



Follow ups: The number of follow up patients waiting for an appointment greater than six weeks past their 'to be seen by date' increased in June to 7144 (7042 last month).

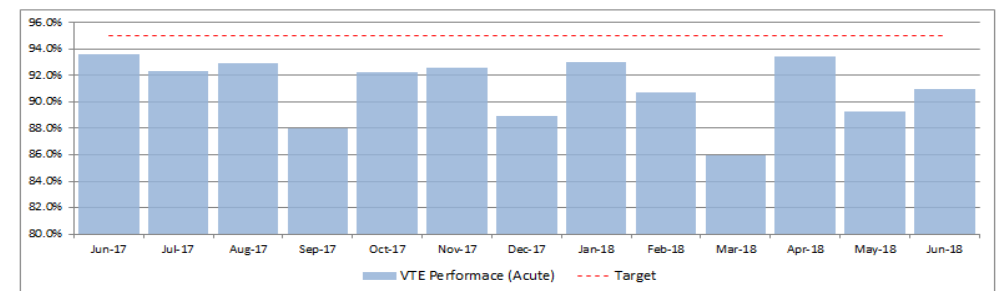
The Quality Assurance Group are maintaining oversight on processes to identify and mitigate clinical risk against patients waiting beyond their intended review date.

Specialties with the greatest numbers of patients waiting longer than six weeks are:

Ophthalmology 3232; Rheumatology 913; Dermatology 441; Urology 4358; Paediatrics 317.

VTE Risk assessment on admission - (Acute)

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
VTE Numerator	5914	5751	5635	5560	5720	5748	5104	5878	5036	4875	5627	5630	5755
VTE Denominator	6319	6227	6065	6317	6200	6209	5740	6318	5549	5671	6021	6308	6328
VTE Performance (Acute)	93.6%	92.4%	92.9%	88.0%	92.3%	92.6%	88.9%	93.0%	90.8%	86.0%	93.5%	89.3%	90.9%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



VTE: VTE performance remains below the standard of 95%.

This is being flagged by NHSI as we remain an outlier compared to benchmark across other trusts.

Data recording remains a risk as is recognised as a key factor in the reported underperformance. Further work is being done to support the timely recording of VTE assessment from medical notes into the data collection system (infoflex).

The "safety thermometer" audits which look at all notes on a single day in the month confirm that actual assessment performance is being maintained at 96% against the target of 95% and reported performance average in Q1 of 91%

Workforce Focus

Month 3 (performance to end of June 2018)

Page 9	Sickness Absence
Page 10	Turnover
Page 11	Appraisal and Training
Page 12	Agency (1)
Page 13	Agency (2)

Workforce - Plan v Actual

Planned Establishment

The table below shows the NHSI reported budget statement for the Financial Year 2018-2019.

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

NHSI Plan WTE 2018/19

Staff Group	NHSI Plan WTE	NHSI Plan WTE	NHSI Plan WTE	NHSI Plan WTE	NHSI Plan WTE	NHSI Plan WTE	NHSI Plan WTE	NHSI Plan WTE	NHSI Plan WTE	NHSI Plan WTE	NHSI Plan WTE	NHSI Plan WTE
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Medical And Dental	518.95	517.03	516.10	513.73	512.36	510.99	509.39	507.79	506.19	504.14	502.10	500.06
Nursing And Midwifery Registered	1,288.59	1,286.61	1,290.07	1,287.26	1,282.93	1,280.09	1,289.73	1,286.76	1,289.71	1,286.55	1,283.37	1,280.20
Support To Clinical Staff	1,825.11	1,822.43	1,831.04	1,824.53	1,818.02	1,814.55	1,802.59	1,803.21	1,805.36	1,800.70	1,796.04	1,791.38
Add Prof Scientific and Technic	385.95	384.48	382.99	381.45	379.90	378.36	376.78	375.19	373.60	371.96	370.32	368.69
Allied Health Professionals	427.42	425.90	424.35	422.72	421.09	419.46	417.78	416.09	414.39	412.63	410.86	409.11
Healthcare Scientists	106.64	106.50	106.35	106.20	106.04	105.89	105.73	105.57	105.41	105.24	105.07	104.89
Administrative And Estates	997.92	993.19	988.32	983.17	978.04	972.87	967.46	962.06	956.55	950.91	945.18	939.51
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total NHSI Plan WTE	5,550.58	5,536.14	5,539.22	5,519.06	5,498.38	5,482.21	5,469.46	5,456.67	5,451.21	5,432.13	5,412.94	5,393.84

Reasons for Movements From Above Plan to Latest Budget

Skill Mix Reviews
Housekeeping - alignment of WTE to £'s
Monthly accrual estimates versus actual (mainly bank & agency)

Budgeted WTE 2018/19

Staff Group	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Medical And Dental	515.22	524.07	518.22	515.83	514.46	513.09	511.50	509.92	508.31	506.26	504.21	502.16
Nursing And Midwifery Registered	1,300.79	1,306.32	1,308.32	1,306.74	1,302.37	1,299.60	1,309.22	1,306.23	1,314.23	1,311.04	1,307.87	1,304.68
Support To Clinical Staff	1,803.69	1,791.70	1,814.29	1,804.95	1,798.42	1,795.96	1,784.02	1,784.64	1,786.75	1,782.11	1,777.42	1,772.78
Add Prof Scientific and Technic	370.02	368.07	384.73	382.83	381.28	380.24	378.65	377.09	375.48	373.85	372.22	370.58
Allied Health Professionals	459.54	462.70	458.57	462.90	461.26	459.61	457.97	456.26	454.56	452.83	451.08	449.28
Healthcare Scientists	106.36	106.24	106.08	105.94	105.76	105.61	105.46	105.29	105.14	104.96	104.78	104.60
Administrative And Estates	995.27	997.18	983.32	980.18	975.07	971.89	966.46	961.02	955.55	949.89	944.18	938.58
Total Staff Budgeted WTE	5,550.89	5,556.27	5,573.52	5,559.37	5,538.62	5,525.99	5,513.28	5,500.45	5,500.01	5,480.95	5,461.77	5,442.65

Workforce - Plan v Actual

Budgeted WTE 2018/19

Staff Group	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE	Budget WTE
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Medical And Dental	515.22	524.07	518.22	515.83	514.46	513.09	511.50	509.92	508.31	506.26	504.21	502.16
Nursing And Midwifery Registered	1,300.79	1,306.32	1,308.32	1,306.74	1,302.37	1,299.60	1,309.22	1,306.23	1,314.23	1,311.04	1,307.87	1,304.68
Support To Clinical Staff	1,803.69	1,791.70	1,814.29	1,804.95	1,798.42	1,795.96	1,784.02	1,784.64	1,786.75	1,782.11	1,777.42	1,772.78
Add Prof Scientific and Technic	370.02	368.07	384.73	382.83	381.28	380.24	378.65	377.09	375.48	373.85	372.22	370.58
Allied Health Professionals	459.54	462.70	458.57	462.90	461.26	459.61	457.97	456.26	454.56	452.83	451.08	449.28
Healthcare Scientists	106.36	106.24	106.08	105.94	105.76	105.61	105.46	105.29	105.14	104.96	104.78	104.60
Administrative And Estates	995.27	997.18	983.32	980.18	975.07	971.89	966.46	961.02	955.55	949.89	944.18	938.58
Total Staff Budgeted WTE	5,550.89	5,556.27	5,573.52	5,559.37	5,538.62	5,525.99	5,513.28	5,500.45	5,500.01	5,480.95	5,461.77	5,442.65

Actual Worked 2018/19

Staff Group	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE	Worked WTE
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Medical And Dental	529.17	511.25	492.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nursing And Midwifery Registered	1,235.71	1,217.17	1,219.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Support To Clinical Staff	1,721.32	1,727.74	1,729.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Add Prof Scientific and Technic	354.82	349.76	354.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Allied Health Professionals	436.51	442.97	428.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Healthcare Scientists	91.14	90.38	91.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Administrative And Estates	1,080.59	1,067.42	1,080.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Staff Worked WTE	5,449.27	5,406.70	5,396.40									

Variance to Budget 2018/19

Staff Group	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE	Variance WTE
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Medical And Dental	13.95	-12.81	-25.50									
Nursing And Midwifery Registered	-65.08	-89.15	-88.74									
Support To Clinical Staff	-82.37	-63.96	-84.38									
Add Prof Scientific and Technic	-15.19	-18.31	-30.09									
Allied Health Professionals	-23.04	-19.72	-30.54									
Healthcare Scientists	-15.22	-15.86	-14.77									
Administrative And Estates	85.32	70.25	96.90									
Any Others - Provisions	0.00	0.00	0.00									
Total Staff Worked WTE	-101.63	-149.57	-177.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Budgeted WTE 2018/19: The table opposite shows the WTE changes from the opening position at the 31.03.2018 for each month of the financial year until the 31.03.2019.

The plan is to reduce the overall budget to 5442.65 WTE at the end of the financial year from 5550.89 WTE .

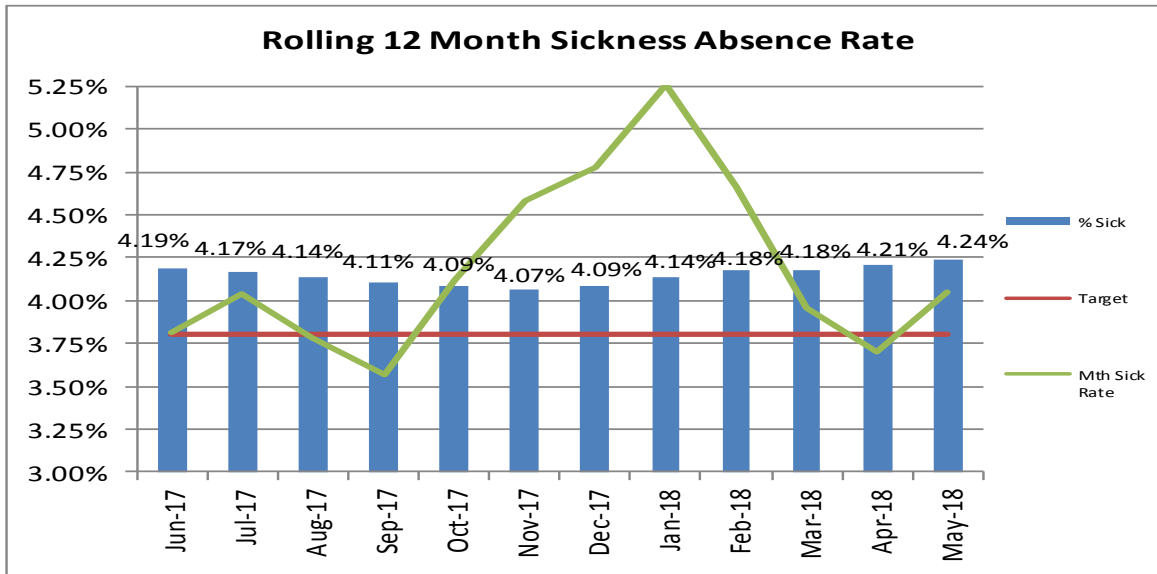
Actual Worked 2018/19: This table shows the outturn against the plan as at the end of June 2018 and for each month of the year to date. Monthly WTE against plan will continue to be monitored and included in this report.

The outcome at the end of June 2018 for WTE worked is a reduction in worked WTE of 177.13 staff against plan.

This is consists of a reduction in substantive staff of 213.55 in June 2018. The bank and agency worked WTE was 36.43 staff above plan.

Workforce - Sickness absence

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



The annual rolling sickness absence rate of 4.24% at the end of May 2018 is slight increase from the 4.21% in April. This is against the target rate for sickness of 3.80%.

The sickness figure for May was 4.05% which is an increase from the 3.70% in April and the reason the annual rate has also increased.

The Trust has introduced a number of initiatives to support staff to improve the attendance . A new staff forum which has fed into a successful Time to Talk event raising the awareness of mental health and a health and Wellbeing week again looking at encouraging staff to take a break and think about their wellbeing.

A new self-care 6 weeks course called HOPE (help in overcoming problems effectively) is being launched in September looking at aspects of self-management for those with a long term condition or who are struggling to maintain their health and wellbeing.

WRAP (wellness recovery action planning) is being promoted as a proactive way for staff to maintain wellbeing for both mental health and long term physical conditions. Managers are being encouraged (through they resilience for managers course) to mention WRAP to staff especially those returning back from long term sickness as a way of managing issues before they become instrumental in sickness leave.

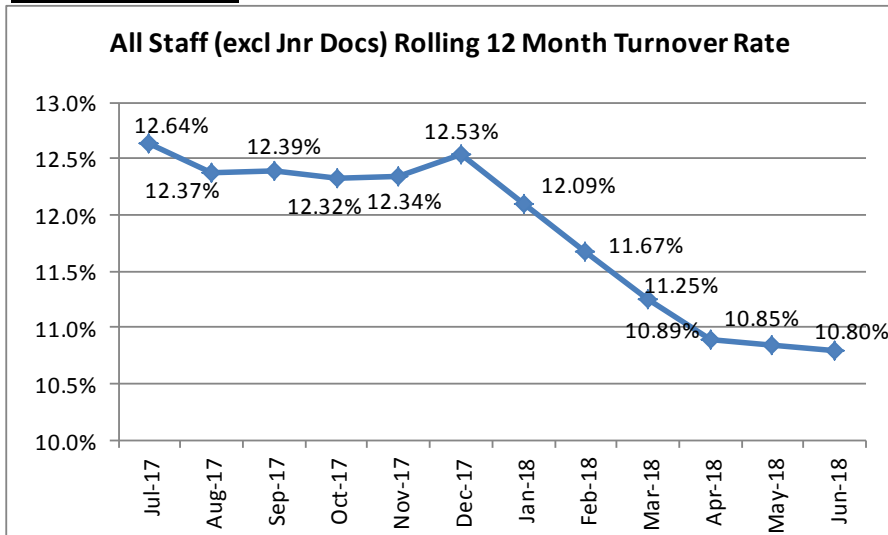
The Coaching Service has been running for just over a year now and focusses on what individuals want to achieve and how to get there.

The Employment Assistant programme continues to support staff 24/7 with their advice and various services.

The absence action plan is reviewed and monitored by the Workforce & OD Group.

Workforce - Turnover

All Staff Turnover

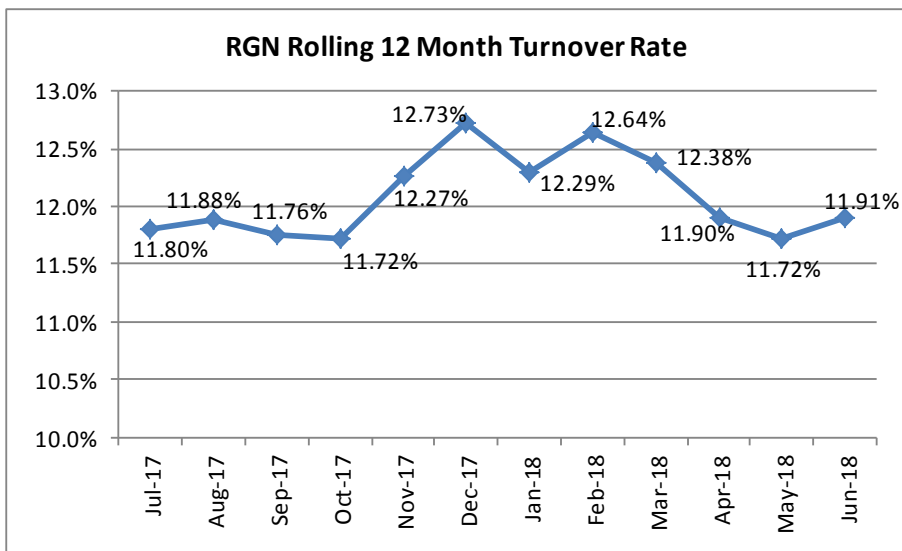


All Staff Rolling 12 Month Turnover Rate

The following graph shows that the Trusts turnover rate was 10.80% for the year to June 2018. This is a minor reduction from last month's 10.85% and within the target range of 10% to 14%.

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

RGN Turnover



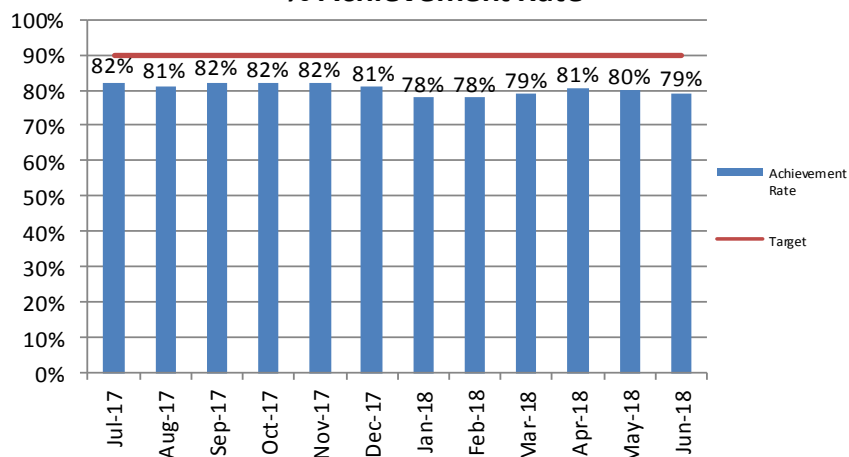
RGN Rolling 12 Month Turnover Rate

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

The turnover rate for this staff group has continued to stay within the target range of 10% to 14% and for the 12 months ending in June 2018 stood at 11.91% which is a marginal increase from last months 11.72%.

Workforce - Appraisal and training

% Achievement Rate



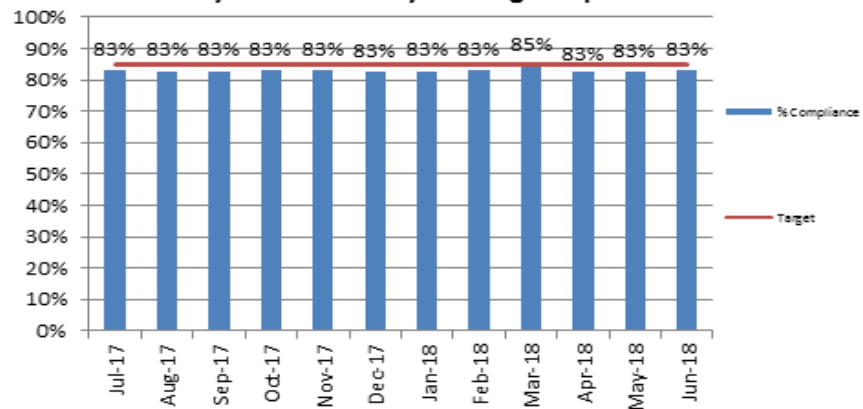
Achievement Review (Appraisal)

The Achievement Review rate for the end of June is at 78.92% against a target rate of 90% which is a reduction from May's 78.92%. Managers are provided with detailed information on performance against the target.

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

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

Statutory and Mandatory Training Compliance % Rate



Statutory and mandatory training

The Trust has set a target of 85% compliance as an average for the statutory and mandatory training modules which is against the 11 subjects which align with the Mandatory and Statutory Training Streamlining project from April 2018. The graph shows that the current is 83.24% for June from to 82.50% in May. Lower rates for Resus that all staff now need to do has reduced the overall rate. The Trust holds all competencies completed in ESR to ensure we are complying with Core Skills Training Framework requirements as part of the NHS Streamlining agenda.

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

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

Module	Target	Performance
Information Governance	95% and above	76.14%
Conflict Resolution	85% and above	82.48%
Infection Control	85% and above	83.68%
Manual Handling	85% and above	81.89%
Safeguarding Children	90% and above	75.68%
Resuscitation	85% and above	64.67%

Workforce - Agency

Budgeted Bank WTE 2018/19

Staff Group	Budget WTE	Budget WTE	Budget WTE
	Apr-18	May-18	Jun-18
Medical And Dental	6.30	6.30	6.30
Nursing And Midwifery Registered	43.20	41.70	40.37
Support To Clinical Staff	147.08	143.58	147.24
Add Prof Scientific and Technic	0.00	0.00	0.00
Administrative And Estates	38.65	38.65	38.65
Any Others - Provisions	0.00	0.00	0.00
Total Staff Budgeted WTE	235.23	230.23	232.56

Actual Bank Worked 2018/19

Staff Group	Worked WTE	Worked WTE	Worked WTE
	Apr-18	May-18	Jun-18
Medical And Dental	3.70	3.53	4.90
Nursing And Midwifery Registered	37.07	35.03	36.47
Support To Clinical Staff	164.29	180.95	174.12
Add Prof Scientific and Technic	1.12	2.32	1.39
Allied Health Professionals	1.93	2.54	3.50
Administrative And Estates	53.66	45.80	46.92
Any Others - Provisions	0.00	0.00	0.00
Total Staff Worked WTE	261.77	270.17	267.30

Variance to Budget Bank 2018/19

Staff Group	Variance WTE	Variance WTE	Variance WTE
	Apr-18	May-18	Jun-18
Medical And Dental	-2.60	-2.77	-1.40
Nursing And Midwifery Registered	-6.13	-6.67	-3.90
Support To Clinical Staff	17.21	37.37	26.88
Add Prof Scientific and Technic	1.12	2.32	1.39
Allied Health Professionals	1.93	2.54	3.50
Healthcare Scientists	0.00	0.00	0.00
Administrative And Estates	15.01	7.15	8.27
Any Others - Provisions	0.00	0.00	0.00
Total Staff Worked WTE	26.54	39.94	34.74

Budgeted Agency WTE 2018/19

Staff Group	Budget WTE	Budget WTE	Budget WTE
	Apr-18	May-18	Jun-18
Medical And Dental	20.46	17.25	16.25
Nursing And Midwifery Registered	46.05	48.11	44.79
Add Prof Scientific and Technic	0.29	0.29	0.29
Allied Health Professionals	9.16	9.14	9.14
Healthcare Scientists	0.00	0.00	0.00
Administrative And Estates	9.72	9.72	3.72
Any Others - Provisions	0.00	0.00	0.00
Total Staff Budgeted WTE	85.68	84.51	74.19

Actual Agency Worked 2018/19

Staff Group	Worked WTE	Worked WTE	Worked WTE
	Apr-18	May-18	Jun-18
Medical And Dental	14.91	18.05	15.00
Nursing And Midwifery Registered	34.24	27.27	39.46
Support To Clinical Staff	-0.16	0.00	0.21
Add Prof Scientific and Technic	1.25	-2.90	2.31
Allied Health Professionals	11.29	19.35	8.60
Healthcare Scientists	0.00	0.00	0.00
Administrative And Estates	27.87	9.54	10.29
Any Others - Provisions	0.00	0.00	0.00
Total Staff Worked WTE	89.40	71.30	75.88

Variance to Budget Agency 2018/19

Staff Group	Variance WTE	Variance WTE	Variance WTE
	Apr-18	May-18	Jun-18
Medical And Dental	-5.55	0.80	-1.25
Nursing And Midwifery Registered	-11.81	-20.84	-5.33
Support To Clinical Staff	-0.16	0.00	0.21
Add Prof Scientific and Technic	0.96	-3.19	2.02
Allied Health Professionals	2.13	10.21	-0.54
Healthcare Scientists	0.00	0.00	0.00
Administrative And Estates	18.15	-0.18	6.57
Any Others - Provisions	0.00	0.00	0.00
Total Staff Worked WTE	3.72	-13.21	1.69

The tables opposite show the bank and agency WTE budgeted and actual worked.

As at the end of June 2018, the bank usage was up against plan by 34.74 WTE, of which 26.88 were support to clinical staff.

Agency was 1.69 WTE above plan as at the end of June 2018.

Workforce - Agency

Agency Spend as at Month 03: The Trust's annual cap for agency spend, set by NHS I, is £6.18 million per year. The table below shows the current agency spend by staff group for 2018/19 compared to the total agency expenditure plan. For the first quarter of the year the Trust is underachieving against the plan by £205K, however there are plans in place to achieve the NHSI cap by the end of March 2019.

Torbay and South Devon NHS Foundation Trust

Total Agency Spend

Financial Year 2018/19

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Yr End
Plan - Total Agency	593	602	559	512	482	507	462	450	487	513	501	512	6,180
Actual Spend													
Non-Medical - Clinical Staff Agency													
Registered Nurses	232	259	201										
Scientific, Therapeutic and Technical	86	105	73										
of which Allied Health Professionals	77	105	68										
of which Other Scientific, Therapeutic and Technical Staff	9	0	6										
Support to clinical staff	-1	1	1										
Total Non-Medical - Clinical Staff Agency	317	364	275	0	0	0	0	0	0	0	0	0	957
Medical and Dental Agency													
Consultants	193	188	223										
Trainee Grades	104	88	63										
Total Medical and Dental Agency	298	277	286	0	0	0	0	0	0	0	0	0	861
Non Medical - Non-Clinical Staff Agency	71	39	32										
Total Pay Bill Agency and Contract	686	680	593	0	0	0	0	0	0	0	0	0	1,959
Over (Under) Spend	93	78	34	-512	-482	-66	-462	-450	-487	-513	-501	-512	

Scientific, Therapeutic and Technical Agency: The largest use of agency in this staff group is CAMHS, which is currently part of a national project, which includes funding for agency staff.

The other areas using agency include cardiology, radiography and mortuary. In Cardiology there has been increased levels of sickness and vacancies within the team which has required additional hours of locum cover.

Medical and Dental Agency: The use of medical agency is mainly attributable to a number of consultant vacancies and gaps in the junior doctor rotas. The Trust also has a number of agency placements which are above £120 per hour, which requires Chief Executive approval.

The Medical Bank is supporting the gaps in the junior doctors rotas, which has reduced the cost of agency for this staff group.

The Trust is also part of the STP Medical Agency Group which is reviewing the number of agencies used (currently in the region of 50) in order to reduce and then actively work with those agencies to reduce rates. In addition the Trust/STP is working with a recruitment agency to support with 'hard to fill' posts.

Nursing & Midwifery: Due to the continued operational demands the use of high cost agency has continued, although there are plans in place to address this, which includes an additional investment in nursing staff with the Medical SDU. This is the main reason for the expenditure being a above plan.

Community and Social Care Focus

Month 3 (performance to end of June 2018)

Page 17	Operational headlines
Page 18	Social Care and Public Health Metrics Torbay LA social care programme board metrics Public health metrics including CAMHS
Page 19	Community services Community Hospitals Community services Intermediate care services Delayed Transfers of care

Community services and Social care Summary

Operational Headlines

Headline risks currently being managed are:

1. Nursing and residential home market and capacity: Managed via The Market Management Group, with Torbay Council, CCG and trust members.
2. Domiciliary care provider not meeting service level demand : there is a comprehensive programme in place to address this issue, with a focus on partnership working, managing demand and strengthening alternatives to residential care.
3. Continuing Health Care (CHC) for placed people volume and price pressures.

Torbay Services –Health and Social care

- There has been some successful recruitment for social workers which over the next few months will mitigate the risks in terms of reduced capacity and recruitment remains on-going. Social care change programmes are well underway and further progress on transformational change will be developed and delivered with the support of investment from iBCF.
- Performance remains strong within Public Health Services against a backdrop of current tendering for the majority of these services with Health and Torbay Council commissioners. The 0-19 tendering process is underway from Torbay Council with a broader range of services on offer.
- An engagement event with drug and alcohol staff across our system will be held in June to discuss opportunities to better align our services.
- Older Peoples Mental Health services are developing their care Home Education and Support Team which is improving the quality of care for people with dementia in care homes and reducing cost. Early indications from the project to develop bank workers in the Trust to cover one to one support for dementia clients in care homes is encouraging.
- Pressures within the domiciliary care market continue and there have been a number of well attended engagement events with providers and stakeholders to develop the sector. Further on-going work is underway across the market to consider opportunities for transformation.
- Community services are continuing their programme of work to maximise the benefits of the care model and engagement with GPs .
- The Hospital Discharge Hub which brings together services from South Devon and Torbay into a single contact point is well underway and due for implementation in early July.

South Devon Services - Social care

- The teams have been experiencing a significant level of safeguarding work within the care home sector, which has diverted resources and impacted on standard waiting lists.
- On-going pressure around timely CHC assessment impacting on the teams.
- The Disability Focus Leads are making good progress on working relationships with CHC in order to address disputes within the process.
- The new Care Homes contract and the changes within the process have caused some impact on the teams and their managers whilst they work through the initial changes that this presents.

Continuing Health Care (CHC)

- National Framework for CHC has been revised and goes live in October 2018.
- NHSE monthly monitoring of all CHC providers on a number of quality performance areas. The biggest challenge for South Devon and Torbay is 28 day decision making for new assessments. NHSE want 80% compliance by the end of Q3. Current activity is 40%. Monthly assurance meetings with NHSE tracking progress.
- To support the above changes a new model of provision based on CHC Hubs, is being rolled out across Torbay and South Devon. The hubs went live at the end of May and are now building to full capacity.
- In response to national directives Personal Health Budgets will need to become the default position for Continuing Health Care funded clients receiving care at home. Plans are being developed to deliver this for April 2019. Support to deliver these plans is being provided from the NSHE mentoring programme

Community Hospitals

- Community Hospitals continue to perform with a lower length of stay (12 days) and maintaining the same activity levels seen prior to the closure of beds in April 2017.

Minor Injury Units (MIUs)

- The community MIUs continue to deliver 100% of patients seen and treated within 4 hours with a median time of 45 minutes.

Social Care and Public Health Metrics performance metrics

Social Care Programme Board				
2018/19 Performance Scorecard to 30 June 2018				
Torbay Social Care KPIs		2018/19 YTD target	Outturn YTD	Comment
% clients receiving self-directed support	92%	92%	94% (92%)	On target
% clients receiving direct payments	28%	28.0%	26.4% (28.0%)	Below target
% clients receiving a review within 18 months	93%	93%	89% (93%)	Within agreed tolerance
No. of permanent care home placements (snap shot)	617	630	616 (630)	On target
Permanent admissions (65+) to care homes per 100k population (BCF) (rolling 12 month)	599.0	584.6	542.5 (585)	On target
Carers receiving needs assessment, review, information, advice, etc.	43%	9.0%	4.5% (9.0%)	Below target. Impacted by a process change on care management system. Carers lead will review to ensure staff are following new process.
% carers receiving self directed support	85%	85%	81% (85%)	Within agreed tolerance
% of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual	100%	No high risk adult safeguarding concerns raised.
% Repeat safeguarding referrals in last 12 months	8.0%	8.0%	9.9% (8.0%)	Below target. Situation monitored by Safeguarding lead.
% Adults with learning disabilities in paid employment	4.0%	2.0%	1.0% (2.0%)	Below target. Recording reset in April 2018 to improve accuracy. Outturn expected to increase throughout year as reviews are completed.
% Adults with learning disabilities in settled accommodation	75%	75%	75% (75%)	On target
Delayed transfers of care from hospital (delays per day) - Torbay residents (BCF)	9.2	9.2	11.2 (9.2)	KPI reported 1 month in arrears Below draft NHSE target

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

Measure	Target 2018/2019	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year to date 2018/19
PUBLIC HEALTH SERVICES															
CAMHS - % Urgent referrals seen within 1 week	88.0%	100.0%	80.0%	100.0%	83.3%	66.7%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
CAMHS - % patients waiting under 18 weeks at month end [B]	92.0%	94.1%	92.0%	100.0%	98.4%	100.0%	100.0%	98.9%	100.0%	98.3%	97.9%	98.4%	97.7%	94.6%	97.0%
% of face to face new birth visits within 14 days *	95.0%	79.2%	85.9%	90.6%	79.0%	96.8%	90.5%	91.2%	93.1%	93.7%	89.9%	93.2%	88.8%	90.2%	90.5%
Children with a child protection plan * [B]		239	238	248	254	235	198	176	160	146	149	146	153		153
4 week smoking quitters (Quarterly) ** [B]		80			156			232			342				342
Opiate users - % successful completions of treatment (Quarterly) ** [B]		8.4%			7.9%			7.8%			8.0%				8.0%

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

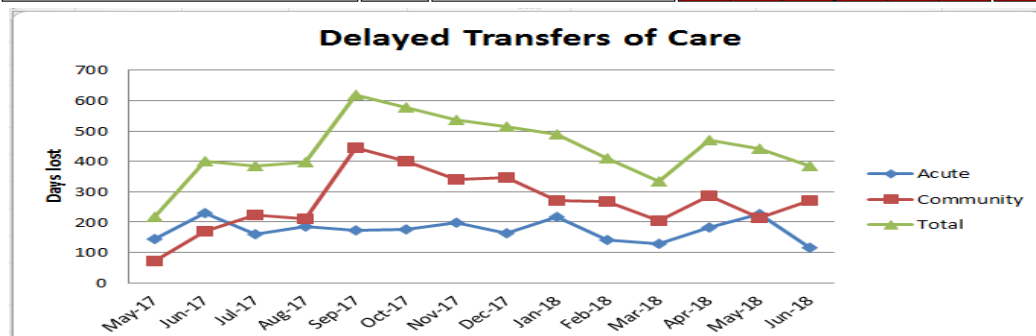
CAMHS - waiting times from referral to assessment and commencement of treatment remain good. Quarterly data in arrears for smoking, opiate users, and children with a protection.

Community Services and Social Care metrics

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

	Act. 15/16 Outturn	16/17 Year End Target	Target Jun- 18	Jun-18	Total	YTD Target	Cum. Direction of Travel
Admissions / Discharges							
Total Admissions (General)	2,841	2,841	247	213	671	693	↓
Direct Admissions (General)	274	274	20	35	83	68	↔
Transfer Admissions (General)	2,567	2,567	227	178	588	625	↓
Stroke Admissions	301	301	29	34	93	76	↑
Transfers from CH to DGH	52	52	14	25	70	48	↑
Beds							
Bed Occupancy ¹	90.9%	90.0%	90%	86.3%	91.3%	90.0%	↓
Bed Days Lost to Delays ²	3,190	0	266	270	773	798	↓
Bed Days Lost to Bed Closure	99			53	60		
Length of Stay							
Delayed Discharges				36	121		
Average Length of Stay - Overall (General)	11			11.8	11.8		↓
Average Length of Stay - Direct Admissions	8.4	12.0	12.0	8.2	8.2	12.0	↔
Average Length of Stay - Transfer Admissions	11.3	12.0	12.0	12.3	12.3	12.0	↓
Average Length of Stay - Stroke	15.1	0.0	0.0	14.5	14.5	18.0	↓
Long LoS (>30 days)	171	171	14	20	47	39	↑
MIUs							
Total MIU Activity ³	37,308	37,308	3,480	4,032	11,323		
New MIU Attendances	31,645	31,645	2,950	3,519	9,614	8,094	↑
All Follow Up Attendances	5,663	5,663	152	513	1,709	1,454	↔
Planned Follow Up Attendances ⁴	4,857	4,857	450	419	1,442	1,249	↑
Unplanned Follow Up Attendances ⁴	806	806	80	94	267	205	↑
MIU Four Hour Breaches	2	2	0	4	5	0	↔
Average Waiting Time (Mins) - 95th Pctile	28	45	45	48	47	45	↔

Measure	Target 2018/2019	13 month trend	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year to date 2018/19
COMMUNITY BASED SERVICES									
Nursing activity (F2F)	204,385		17,615	15,792	15,533	16,933	18,076	14,662	49,671
Therapy activity	65,415		5,771	5,066	4,411	5,496	5,748	5,675	16,919
No. intermediate care urgent referrals [B]	2,189		222	187	161	202	162	160	524
No. intermediate care placements	0		149	112	114	115	94	70	279
Intermediate Care - placement average LoS [B]	12.0		16.4	14.1	17.5	14.9	16.7	17.8	16.2



The Community Hospital Dashboard highlights

The planned levels of activity have been reset to reflect the 2017/18 baseline. In June stroke admissions and transfers back to the DGH are above plan.

The length of stay however (3 month rolling average) is being maintained at 11.8 days. Bed occupancy has reduced in June from last month (93.8%) to 91.3%, however remains higher than target (90%) for optimal patient flow.

There remain capacity pressures to maintain levels of Intermediate Care and Domiciliary Care capacity to support timely discharge and alternatives to community and acute bed based care. The Patient Flow Board have done a review of system pressures experienced over last winter and against desired pathways of care, this exercise has informed a set of actions to build resilience and prepare for next winter.

Minor injury Units

Waiting times in MIUs are being maintained with a median time of 46 minutes.

Community based services highlights

Nursing Community nursing and community outpatient activity targets reflect 2017/18 outturn activity levels. June is seeing a lower than expected level of activity. There is an expectation that teams will deliver an overall increase in productivity this year linked to the cost improvement initiatives of reducing placements.

Intermediate care activity Targets have been set for locality team predicted activity based on the number of wte staff. This highlights variations and will initially focus effort on improved data recording.

Intermediate Care (IC) placements The year to date average length of stay in IC placements remains above target at 16.2 days. There remains variation between different zones in the utilisation of IC and the percentage of referrals that convert to placement, this is being reviewed as part of the wider ICO evaluation work.

Transfers of Care (DToc)

The number of bed days reported as lost to delayed transfers of care (opposite) is being maintained with a reduction over last month. Close monitoring of delays is being maintained with weekly validation in place.

Operational Performance Focus

Month 3 (performance to end of June 2018)

Page 21	NHSI indicators performance summary
Page 22+23	Referral to Treatment
Page 24	4-hour Standard for time spent in the Emergency Department and Minor Injuries Units
Page 25	Cancer treatment and cancer access standards
Page 26	Patients waiting over six weeks for diagnostics
Page 27	Other performance exceptions
Page 28	Integrated care model

NHS I Performance Summary

STP / NHSI operational plan - Monitored indicators

Indicator	National Standard	Operational plan trajectory (M3)	Trust performance (M3)
A&E 4hr waits (PSF)	95%	94.6%	90.89%
RTT 18 week waits	92%	82.4%	80.97%
62 day Cancer waits	85%	82.5%	80.30%
Diagnostics waits < 6 weeks	99.0%	>93%	94.1%
Dementia Find	90%	90%	93.80%

NHSI Operational Plan indicators (Month 3)

A+E: The PSF (Provider Sustainability Fund) operational performance trajectory in Q1 is **not met**. The target set for Q1 PSF is 92.22%.

RTT: The RTT trajectory is **not met** - Recovery plans are being implemented and we will be working with the NHSI support team to evaluate further opportunities for managing longest waits.

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

Diagnostics: The diagnostics trajectory is **met with** 94.1% of patients waiting under 6 weeks. This is ahead of our trajectory for June (93%) with the number of long waits reducing ahead of plan.

Dementia: The Dementia find standard is **met**.

4 hour ED standard: In June the Trust achieved 90.9% of patients discharged or admitted within 4 hours of arrival at Accident and Emergency Departments. This is an improvement on last month (86.7%). The performance in M3 is below the trajectory of 92.1% being the level of performance achieved last year. Evaluation of the continued escalation pressures for emergency admissions has resulted in an updated action plan and is being led through the Patient flow board.

RTT (Target 92% / Trajectory 90.0%): RTT performance (80.97% of patient waiting for treatment under 18 weeks) improved however the total number of pathways awaiting treatment has increased again in June.

Recent performance has been affected by the cap on elective capacity and slippage on recruitment to clinical posts. Teams have completed recovery plans that indicated support needed to deliver the planned level of performance. These plans have been reviewed by NHSI as part of their recent visit to look at RTT planning and performance management. A summary of support required is given in the RTT focus report.

Patients waiting over 52 weeks: The number of patients waiting over 52 weeks decreased to 43 by the end of June. The trajectory for reducing these long waits has been reset in our Operational Plan to clear all patients waiting over 52 weeks by the end of October 2018.

62 day cancer standard: The 62 day referral to treatment standard was not met in June at 80.3% (validated 12th July 2018). Action plans against the two week wait from urgent referral to appointment and the 62 day from urgent referral to treatment standards have been reviewed with teams. This indicated that there remains significant risk until clinical capacity is increased above current levels for Urology Surgery and Dermatology. Progress against these plans will be monitored through the bi-weekly Performance Risk and Assurance Group and exceptions escalated to the monthly Quality and Performance Review meetings.

Diagnostic waits: The number of patients with a diagnostic wait over 6 weeks is maintained in June with 5.9% of patients waiting over 6 weeks.

This performance shows that actions taken with outsourcing for CT / MRI and ultrasound backfill is maintaining the recent improvement in waiting times although remains above the target of 1%. Increasing demand and sickness remain a risk.

NHSI Indicator - Referral to Treatment

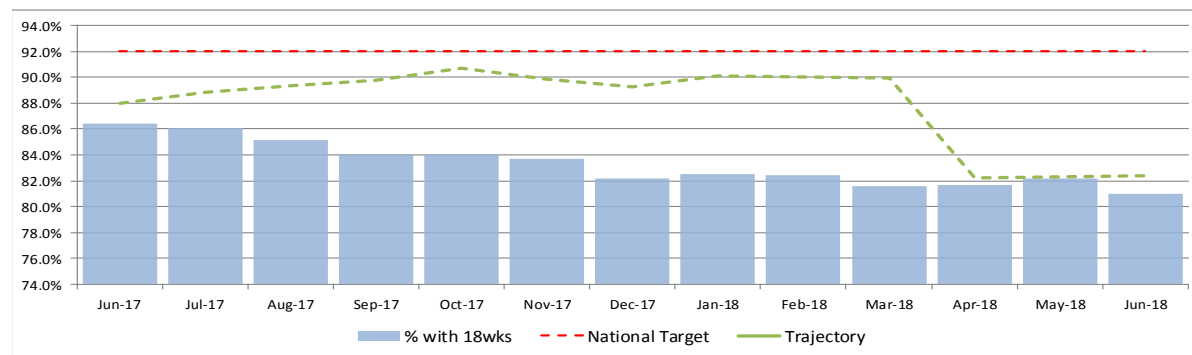
Specialities with highest numbers of patients waiting over 18 weeks RTT

JUNE 2018 Incomplete 92% Table - National Speciality

Submitted Spec	>126		Total	% < 18wk
	IP/DC	OP		
Paediatrics	5	102	107	88.07
Dermatology	1	123	124	88.66
Neurology	4	127	131	76.09
Pain Management	29	118	147	74.83
Rheumatology	1	153	154	73.08
Gastroenterology	63	108	171	86.79
Cardiology	18	159	177	83.97
Colorectal Surgery	107	84	191	71.79
Respiratory Medicine		219	219	73.26
Oral Surgery	129	97	226	81.12
Urology	226	88	314	73.52
Upper Gastrointestinal Surgery	233	97	330	57.53
Ophthalmology	292	60	352	83.36
Trauma & Orthopaedics	518	115	633	70.96

Referral to Treatment - Incomplete pathways

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Incomplete <18wks	15000	15140	15579	15403	15713	14945	14669	14752	14952	15386	15693	16057	15695
Incomplete >18wks	2353	2448	2711	2932	2985	2902	3173	3127	3186	3473	3524	3490	3688
% with 18wks	86.4%	86.1%	85.2%	84.0%	84.0%	83.7%	82.2%	82.5%	82.4%	81.6%	81.7%	82.1%	81.0%
National Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Trajectory	88.0%	88.9%	89.4%	89.8%	90.7%	89.9%	89.3%	90.1%	90.0%	90.0%	82.2%	82.3%	82.4%



At the end of June 80.97% (82.2% last month) of patients waiting for treatment had waited 18 weeks or less at the Trust from initial referral for treatment against the 2018/19 trajectory of 82.39% 2018/19 guidance states that RTT performance will be measured as the number of patients on an incomplete pathway, will be no higher in March 2019 than in March 2018, in these terms June 18 = 19,405 (March 18 = 18,859) showing an overall increase against March 2018. Critical to achieving the improvement trajectory is implementation of the agreed investments and capital plans to support elective care capacity. Teams are now confirming with the RTT Risk and Assurance group the impact of these agreed plans and RTT trajectory through to March 2019.

Delivery of RTT is linked to both the urgent care pressures and delivery of cancer standards where diversion of clinical capacity and beds through prioritisation can impact on these plans. The RTT risk and assurance group is taking the lead to ensure that there is recognition and triangulation against these linked pressures and plans. The priorities include recovery of the cancer 62 day from urgent referral and seeing urgent referrals within 14 days along with urgent care winter plans, where we are anticipating a repeat of lost elective capacity in Q4 due to bed pressures and diversion of clinical capacity to support emergency care assessment and ward based care.

Following the visit of the NHSi support team visit we have now agreed our responses to feedback received covering

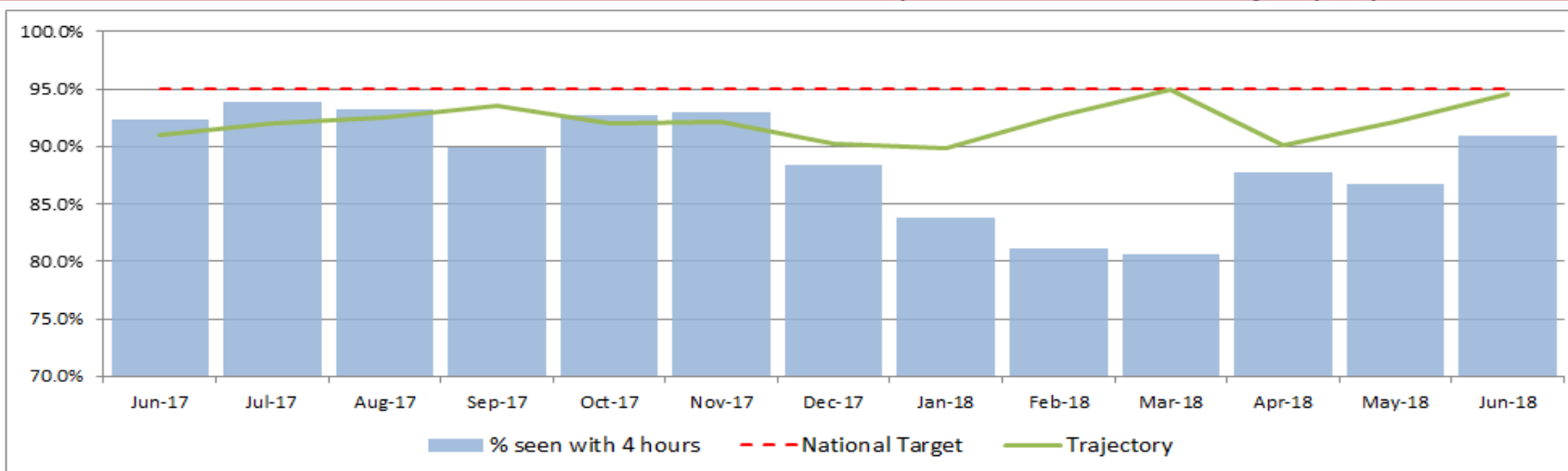
1. Demand and capacity support using IMAS model.
2. Capacity planning fro cancer pathways
3. Development of recovery plans
4. Development of weekly cancer waiting list management meeting

Monitoring patients waiting longer than 52 weeks: At the end of June, 41 patients (target 43) were waiting longer than 52 weeks (52 in May). 2018/19 guidance states that patients waiting more than 52 weeks for treatment should be halved by March 2019. Operational plans confirm commitment to achieving no patients waiting over 52 weeks from December 2018.

NHSI Indicator - Referral to Treatment continued..

Summary of Actions from Recovery Plans	Action
<p><u>COLORECTAL</u></p> <ul style="list-style-type: none"> • Immediately recruit for a substantive 6th colorectal post. Until the post is filled, look to outsource activity to MSH, recruit agency/NHS locum on a fixed term. • Recruit additional nursing to support the extra outpatient activity • Recruit additional administrative support for the new consultant 	<p>Job description with CD for approval – advert to go out W/C 18.06.2018</p> <p>To be approved</p> <p>To be approved</p>
<p><u>UROLOGY</u></p> <ul style="list-style-type: none"> • Immediately recruit for a substantive 5th Urology post. Until the post is filled, look to recruit agency/NHS locum on a fixed term. • Recruit additional nursing to support the extra outpatient activity • Recruit additional administrative support for the new consultant • Laser proof Day Surgery theatre • Purchase new Cystoscopy scopes • Purchase new Laser • Additional outpatient clinic space at Torbay due to specialist room requirements, at Newton Abbot (additional equipment required). • Access to additional day surgery lists if the above solution are not implemented or do not reduce the demand on surgery within the capacity. 	<p>Job description with CD for approval – advert to go out W/C 18.06.2018</p> <p>To be approved</p> <p>To be approved</p> <p>Business Case awaiting App</p> <p>Business Case awaiting App</p> <p>Business Case awaiting App</p> <p>To be agreed</p> <p>To be agreed</p>
<p><u>UPPER GI</u></p> <ul style="list-style-type: none"> • Immediately recruit for a substantive 6th <u>UPGI post</u>. Until the post is filled, look to outsource activity to MSH, recruit agency/NHS locum on a fixed term. • Recruit additional nursing to support the extra outpatient activity • Recruit additional administrative support for the new consultant 	<p>Job description with CD for approval – advert to go out W/C 18.06.2018</p> <p>To be approved</p> <p>To be approved</p>
<p><u>DERMATOLOGY</u></p> <ul style="list-style-type: none"> • Recruitment to additional nursing posts for biopsies & simple minor ops -_2 HCAs, full time Band 5 and full time Band 6 Specialist Nurses. • Request for Locum Consultant Plastic Surgeon 8 PAs • Expand Poly Clinic model • Additional sessions internally • Continue with current locum usage • Demand management schemes 	<p>ECF's submitted</p> <p>With med Recruitment</p> <p>Being discussed</p> <p>Being discussed</p> <p>Being discussed</p>

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



Operational delivery: The Operational Plan trajectory for Accident and Emergency waiting times (< 4 hours) is not achieved in June with 90.9% (87.56% last month) against the trajectory of 94.56%.

In June, there were 26 days at Opel 1 and no days above Opel 2. This indicates a greatly reduced escalation level to previous months and lower than June 2017. Despite this reduced escalation and system pressures, performance has not returned to the levels expected, with the Operational Plan trajectory of performance not being met.

Actions: In response to the deviation from plan in May and now June the focus continues on a 'system reset' to bring performance back into line with expected levels. As described last month this is being supported by an Urgent Care Recovery Action Plan managed through weekly meetings of key stakeholders across the operational teams in the community and acute setting. The Urgent Care Recovery Action Plan is being led by the Interim Chief Operating Officer. In addition to the weekly recovery plan meetings, daily system stakeholder conference calls (commenced in July) have been established with SWAST; Devon Doctors and 111. These calls share the previous day and current day's position regarding system performance and issues for escalation. It is anticipated that areas for system improvement will also be identified through this sharing of operational performance and help manage demand and our combined response to system pressures.

12 hour Trolley wait - In June, no patients are reported as having a trolley wait from decision to admit to admission to an inpatient bed of over 12 hours.

Opel status summary

Opel status	June	July	August	September	October	November	December	January	February	March	April	May	June
Opel 1	15	30	15	4	12	15	6	0	0	2	10	9	26
Opel 2	10	1	11	9	14	11	11	2	2	5	9	6	4
Opel 3	5	0	4	17	5	4	13	23	24	14	10	15	0
Opel 4	0	0	1	0	0	0	1	6	2	10	1	1	0
Performance	92.30%	93.90%	93.20%	89.90%	92.80%	92.90%	88.30%	83.80%	81.10%	80.60%	87.70%	87.56%	90.89%

Cancer treatment and cancer access standards

CWT Measure	Target	June 2018				Quarter 1 Total			
		Within Target	Breached Target	Total	Performance	Within Target	Breached Target	Total	Performance
14 Day - 2ww referral	93%	892	292	1184	75.3%	2312	1319	3631	63.7%
14 Day - Breast Symptomatic referral	93%	67	10	77	87.0%	242	24	266	91.0%
31 Day 1st treatment	96%	177	10	187	94.7%	560	17	577	97.1%
31 Day Subsequent treatment - Drug	98%	70	0	70	100.0%	196	0	196	100.0%
31 Day Subsequent treatment - Radiotherapy	94%	42	1	43	97.7%	162	3	165	98.2%
31 Day Subsequent treatment - Surgical	94%	29	2	31	93.5%	93	2	95	97.9%
31 Day Subsequent treatment - Other		30	0	30	100.0%	95	0	95	100.0%
62 day 2ww / Breast	85%	95.5	23.5	119	80.3%	279.5	61.5	341	82.0%
62 day Screening	90%	6	1	7	85.7%	20	1	21	95.2%
104 day breaches (2ww) - TREATED	0	6.5				23			

Cancer standards - Table opposite shows the June and Q1 performance (at 12th July validation point): *Note these figures are provisional and may change as final validation and data entry is completed for national submission, 25 working days following the month close and at the end of the quarter.*

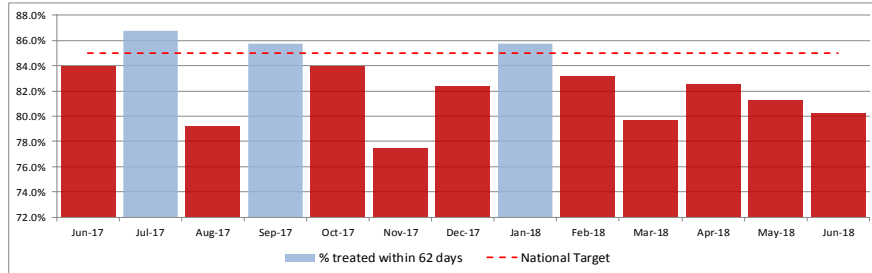
Three cancer treatment time standards have not been met in June:

Urgent cancer referrals 14 day 2ww: At 75.3% this position is an improvement from last month (55.7%). Waiting times have extended in Colo-rectal and Urology . These pathways are now not able to offer urgent appointments within 2 weeks of referral and will continue to impact on future delivery of the 62 day standard. Improvement in Dermatology and straight to test LGI pathway due to additional capacity through insourcing and locum sessions. Action plans across these specialties have been reviewed and additional capacity agreed however this will take some time to implement. The NHSI support team have reviewed our plans and are offering further support.

Urgent cancer referral 14 day breast symptomatic: At 87.0% the standard (93%). Recent loss of capacity in Radiology will have an impact in the ability to offer timely assessment.

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

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
1st treatments (from 2ww)	106	94.5	120	98	94	97.5	85	94.5	83	91	108.5	117.5	119
Breaches of 62 day target	17	12.5	25	14	13.5	22	15	13.5	14	18.5	19	22	23.5
% treated within 62 days	84.0%	86.8%	79.2%	85.7%	83.9%	77.4%	82.4%	85.7%	83.1%	79.7%	82.5%	81.3%	80.3%
National Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



NHSI monitored Cancer 62 day standard: The 62 day referral to treatment standard was not met in June at 80.3% (validated 12th July 2018). Against the reported breaches, specialties with the highest number of beaches of standard are: Urology 11, Colorectal 10, with the remain 6 breaches over UGI 2, CUP 1, H&N 1, Gynae 1, Lung 1.

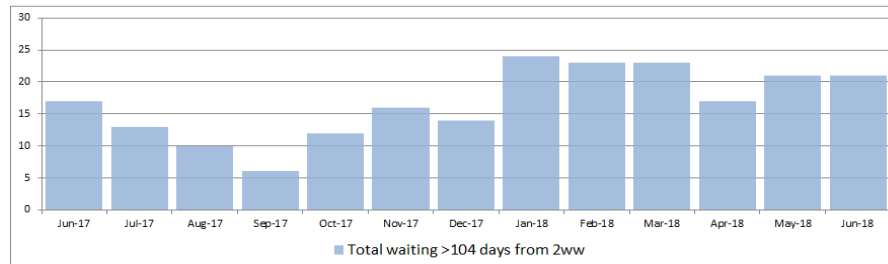
Longer waits for initial appointment will impact on performance in future months with increased breaches for Urology and lower GI pathways anticipated.

Longest waits greater than 104 days

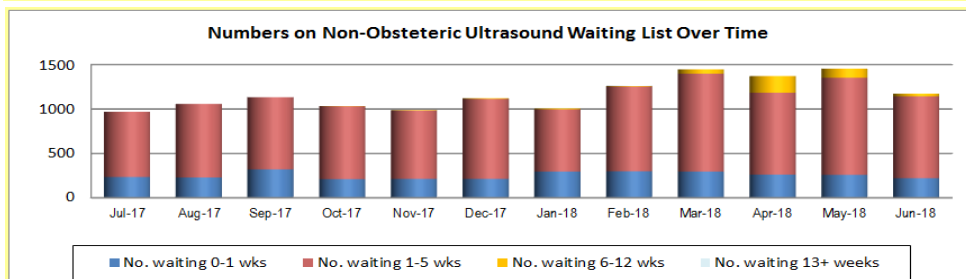
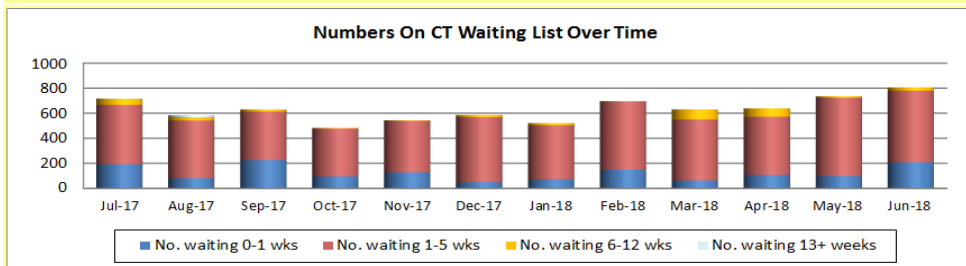
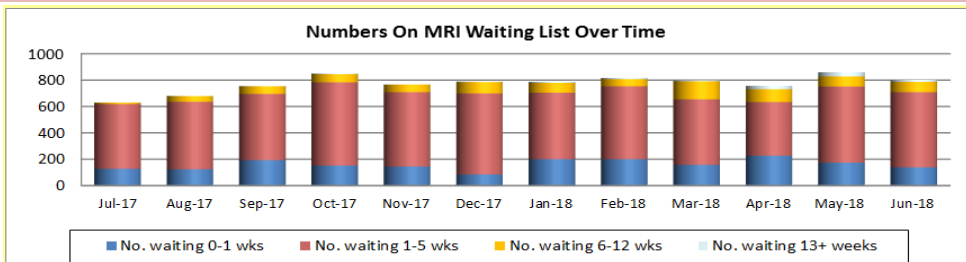
In June, 8 Patients received treatment having a waiting time over 104 days (GI surgery 4, , Urology 3, H+N 1).

To facilitate the early warning of these patients reaching 104 days a governance process is being developed within the MDT teams to highlight patients waiting over 82 days. There is a daily report available for patients who are waiting between 62 and 82 days to support escalation. At the 12th July, 29 patients were waiting over 104 days (17 last month) with confirmed or suspected cancer diagnosis. The extended waits for referral to first seen in Urology and Colo-rectal will increase the number of patients waiting over 104 days for treatment.

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Cancer not discounted	n/a	9	6	4	7	12	13	15	15	11	10	17	18
Confirmed cancer	n/a	4	4	2	5	4	1	9	8	12	7	4	3
Total waiting >104 days from 2ww	17	13	10	6	12	16	14	24	23	23	17	21	21

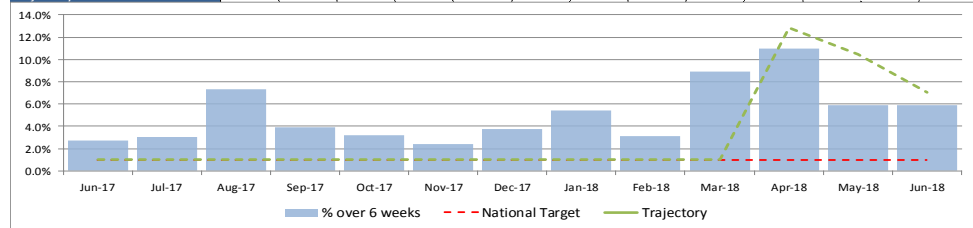


NHSI indicator - patients waiting over 6 weeks for diagnostics



Diagnostic Tests Longer than the 6 week standard

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Patients	3991	3763	3716	3900	3550	3382	3591	3550	4058	4283	4166	4370	3939
Waiting longer than 6 weeks	110	114	273	153	114	81	134	191	125	380	458	256	231
% over 6 weeks	2.8%	3.0%	7.3%	3.9%	3.2%	2.4%	3.7%	5.4%	3.1%	8.9%	11.0%	5.9%	5.9%
National Target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Trajectory	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	12.84%	10.42%	7.03%



The number of patients with a diagnostic wait over 6 weeks decreased in June to 231 (5.9% of total waiting) from 256 maintaining the performance of 5.9% of patients waiting over 6 weeks.

Due to demand now reaching maximum in house capacity (which includes extended days and weekend working) waiting time compliance is regularly borderline within CT and MRI services. Utilisation of mobile van capacity remains in place to support maintenance of waiting times.

The highest number of patients with long waits in June is for non-obstetric ultrasound. This is a result of disruption in March from rebooking patients following the adverse weather events coinciding with prolonged staff sickness. Additional staffing capacity now in place with waits stabilising and forecast to reduce the long waits during June and July.

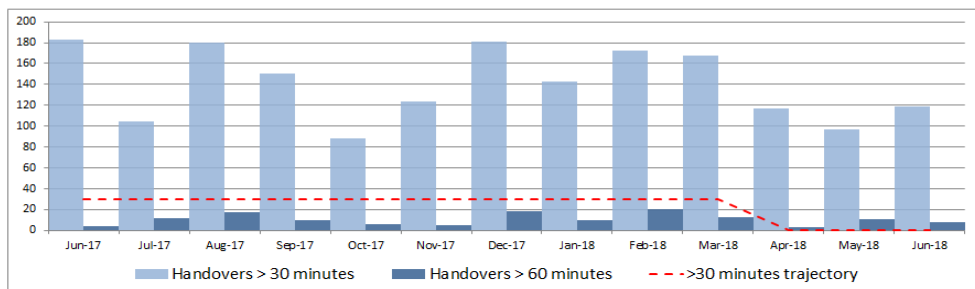
There continues to be pressures from increasing demand across many areas with demand management and options to increase capacity reviewed as part of 2018/19 business planning.

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

Other performance exceptions

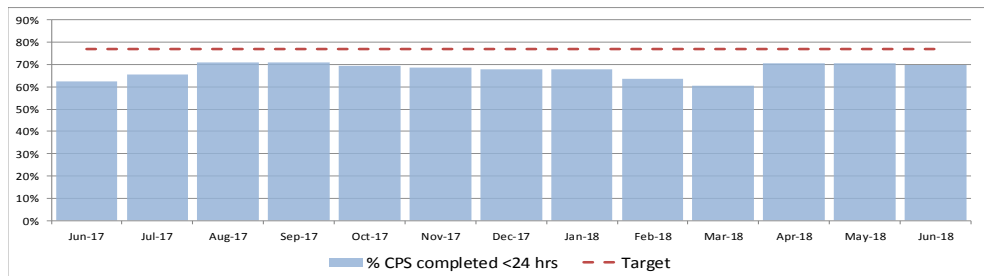
Ambulance handovers

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Handovers > 30 minutes	183	104	180	150	88	124	181	143	172	168	117	97	119
Handovers > 60 minutes	4	12	17	10	6	5	18	10	20	13	3	11	8
>30 minutes trajectory	30	30	30	30	30	30	30	30	30	30	0	0	0



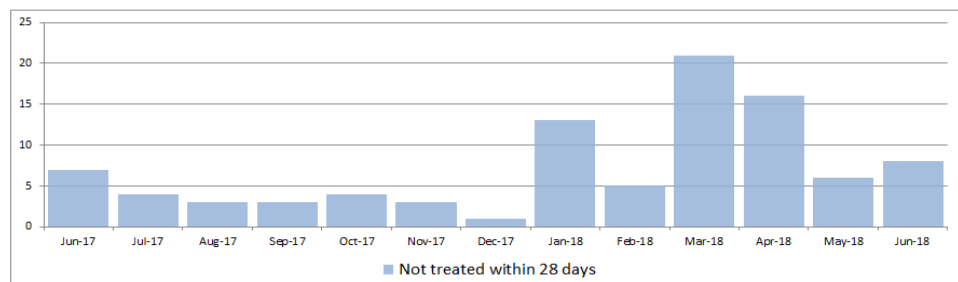
Care Plan Summaries completed with 24 hours of discharge - Weekday

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Discharges	1204	1179	1268	1239	1269	1251	1104	1161	959	1014	1146	1298	1240
CPS completed within 24 hours	1925	1803	1787	1746	1825	1821	1625	1716	1511	1677	1628	1844	1776
% CPS completed <24 hrs	63%	65%	71%	71%	70%	69%	68%	68%	63%	60%	70%	70%	70%
Target	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%	77.0%



Cancelled patients not treated within 28 days of cancellation

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Not treated within 28 days	7	4	3	3	4	3	1	13	5	21	16	6	8



Ambulance Handover

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

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

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

Care Planning Summaries (CPS)

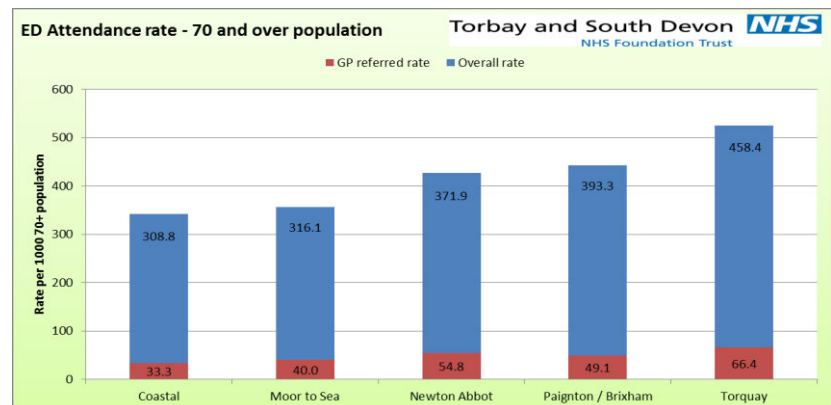
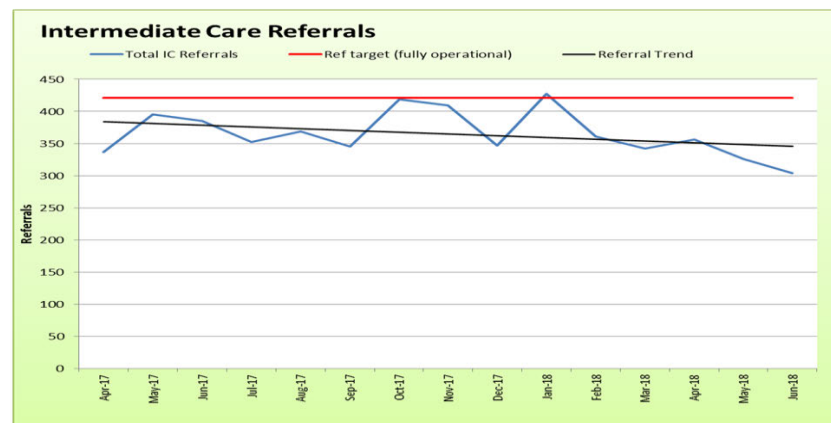
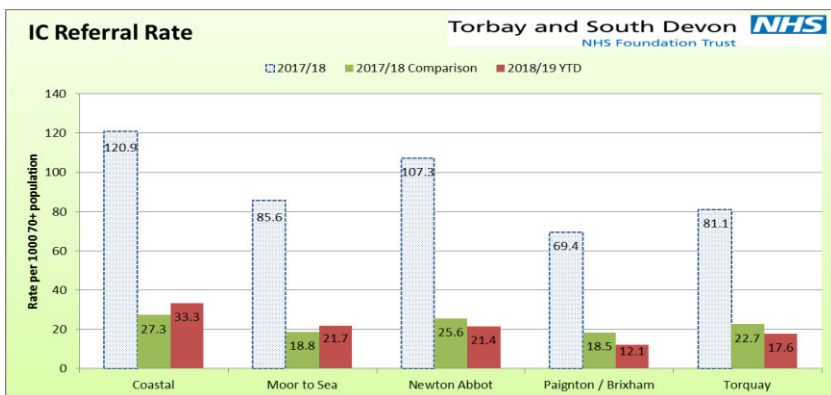
Improvement remains a challenge to complete CPSs within 24 hours of discharge with 69.82% achieved in June for weekday discharges against the internal target for improvement of 77%. The challenges remain with the manual processes and duplication of information already recorded. The strategy is to reduce the manual entry requirements and demands on junior doctor time by increasing the automatic transfer of data from existing electronic records.

The current performance is slightly higher for the same period last year.

Cancelled operations

In June, 8 patients requiring rebooking had to wait longer than 28 days following cancellation by the hospital.

Integrated Care model



Caring for people at home

In the month of June we saw 304 Intermediate Care referrals. This is a lower number compared to the modelled 421 referrals per month into IC. Overall in the last 12 months we have seen a reducing profile of activity in IC.

We are seeing less referrals from GP's into IC compared to this time last year. The use of IC varies across different localities and we see a correlation between a high ratio of GP referrals to IC and low ratio of referrals to ED these variances are being explored with IC leads and Locality Clinical Directors.

We are seeing higher numbers of people placed into IC beds and experiencing longer lengths of stay in an IC bed. Teams describe a lack of capacity by short term support teams such as rapid response who are critical to supporting people to stay safely at home. A review of our short term support offer is underway and additional capacity in being scoped to provide additional resilience during the night. To improve consistency and selection of appropriate step down care from hospital we have now successfully implemented the new 'Discharge HUB', who will coordinate access to appropriate community services as required.

Ambulatory Care Pathways

Having explored the reasons for the variation in IC referrals, some GP's have described needing to admit somebody to ambulatory care for physician review and diagnostics as a preference to or precursor to IC. However we have seen lower levels of referrals to IC from ED/AMU/EAU than expected with 127 referrals in the last 12 months. We are focusing on connecting services together across integrated pathways of care to optimise alternatives to admission.

We know we are experiencing difficulties in helping people get back home again following an ED or AMU attendance when they arrive late in the day due to the time of the visit by GP's and ambulance pick up times. This is a key theme for our urgent care action plan to enhance the hours of medical support including weekends to increase the number of patients assessed earlier in the day and facilitating a home based discharge from assessment.

Hospital Admissions

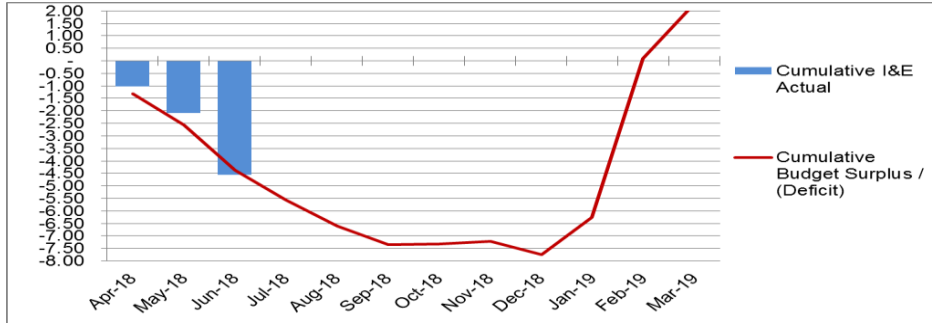
Since 2014/15 we have seen a 9% increase in admissions compared to a national average of 5.7%. National vanguards who have implemented new models of care have achieved about a 1.7% increase. Despite this we have used less bed days in line with a shorter length of stay, low levels of stranded patients and low levels of DTOC compared to national standards. This suggests that our approach as a system still orientates around an acute admission followed by swift discharge back into the community. The work we are doing to embed stronger connections between our integrated teams across acute, community and primary care is critical to supporting people at home avoiding unnecessary attendances and admissions.

Finance Focus

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Summary of Financial Performance

Current Performance



	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£M	£M	£M	£M	£M	£M	£M
Income	103.16	0.17	103.33	102.23	(1.09)	421.47	418.99
Pay	(56.88)	0.12	(56.76)	(56.91)	(0.14)	(225.16)	(224.68)
Non Pay	(46.79)	(0.49)	(47.28)	(46.12)	1.16	(179.63)	(179.71)
EBITDA	(0.52)	(0.20)	(0.71)	(0.79)	(0.08)	16.69	14.60
Financing Costs	(3.84)	0.19	(3.65)	(3.77)	(0.12)	(14.41)	(12.32)
SURPLUS / (DEFICIT)	(4.36)	(0.01)	(4.36)	(4.56)	(0.20)	2.28	2.28
NHSI Exclusions	0.18	0.00	0.18	0.15	(0.02)	(0.56)	(0.56)
Plan Adjusted Surplus / (Deficit)	(4.18)	(0.01)	(4.19)	(4.41)	(0.22)	1.72	1.72
Remove STF Income	(0.92)	0.00	(0.92)	(0.65)	0.28	(6.15)	(6.15)
Variance to Control Total (Excl STF)	(5.10)	(0.01)	(5.11)	(5.05)	0.06	(4.42)	(4.42)

Cash Balance	(0.52)			(0.09)	0.43	8.12	
Capital Expenditure	2.80	0.00	2.80	1.26	(1.54)	17.63	

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

Key Points

- The Trust has agreed its Operational Plan with NHS Improvement, including delivery of the Control Total; a surplus of £1.725m, which includes income from the Provider Sustainability Fund (PSF).
- Maintaining the same Control Total, a refreshed Operational plan was submitted to NHS Improvement, re-profiling the income and the CIP plan based on the latest information known.
- The financial position at 30th June 2018 is a £4.56m deficit, which is £0.20m worse than the budgeted position.
- Excluding the income and expenditure not used by NHS Improvement in their assessment framework, a deficit of £4.41m is recorded; £0.22m worse than the budget for the year to date. NHS Improvement are also measuring financial performance of the Trust against the Control Total excluding PSF; on this metric the Trust is £0.06m better than plan.
- The Trust has not earned the performance element of the PSF at Q1. The finance element of the PSF should be secured, as this has not affected the assessment of financial performance by NHS Improvement, but it will reduce available cash balances by £277k.
- The Trust has an annual savings target of £26.93m, with £21.0m identified schemes currently registered for the current financial year. The phasing of the savings requirement increases from the second quarter of the year, and it should be noted that £8.2m of this forecast is at 'idea / concept' stage only. A significant proportion of the programme remains non-recurrent at present.
- Total pay run rates have reduced by a further £0.18m from month 2; an estimate has been included for the annual pay award.
- Non pay expenditure run rates have increased by a further £0.56m from last month, reflecting an increase in costs within the Independent Sector Continuing Healthcare. Despite this non-pay remains below budget, largely reflecting underspends in investment reserves.
- The CIP target for the period to 30 June 2018 is £2.84m, against which a total of £2.70m has been delivered; an adverse variance of £0.14m.
- The Trust, at this stage of the financial year, is forecasting delivery of the control total less the Q1 PSF income of £0.28m, although this remains subject to full delivery of the savings target, with the consequent risks attached.
- The Trust's Finance Risk Rating is a 3 at M03. The Agency spend rating remains adverse to Plan.

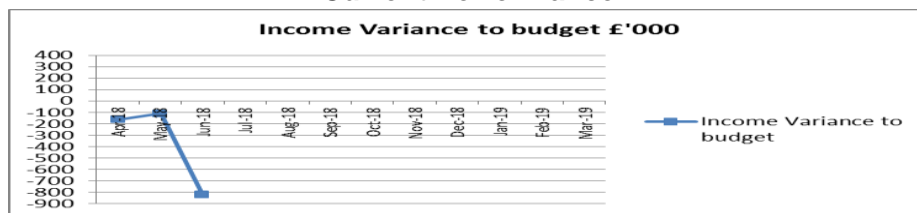
Summary of Financial Performance

	Month 03					Year to date					Prior Month Variance YTD	Change	Annual Plan	Annual Budget
	Current Month Plan	Re- Categoris ation of Plan	Current Month Budget	Current Month Actual	Current Month Variance to Budget	Plan for Period YTD	Re- Categoris ation of Plan	Budget for Period YTD	Actual for Period YTD	Variance to Budget YTD				
	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M				
Operating income from patient care activities	31.65	(0.78)	30.87	30.47	(0.40)	92.73	0.09	92.82	92.03	(0.79)	(0.39)	(0.40)	371.25	371.66
Other Operating income	3.53	0.02	3.55	3.13	(0.42)	10.43	0.07	10.51	10.21	(0.30)	0.12	(0.42)	50.22	47.33
Total Income	35.19	(0.77)	34.42	33.60	(0.82)	103.16	0.17	103.33	102.23	(1.09)	(0.27)	(0.82)	421.47	418.99
Employee Benefits - Substantive	(18.38)	(0.11)	(18.49)	(18.26)	0.23	(55.13)	(0.02)	(55.15)	(54.94)	0.21	(0.02)	0.23	(218.98)	(218.83)
Employee Benefits - Agency	(0.56)	0.08	(0.48)	(0.60)	(0.12)	(1.75)	0.14	(1.61)	(1.97)	(0.36)	(0.24)	(0.12)	(6.18)	(5.85)
Drugs (including Pass Through)	(2.84)	0.01	(2.83)	(2.62)	0.21	(8.50)	0.01	(8.49)	(7.83)	0.66	0.45	0.21	(32.61)	(32.57)
Clinical Supplies	(2.12)	(0.02)	(2.13)	(2.12)	0.01	(6.28)	(0.04)	(6.32)	(6.31)	0.01	(0.00)	0.01	(23.86)	(24.02)
Non Clinical Supplies	(0.41)	0.01	(0.40)	(0.44)	(0.04)	(1.17)	0.02	(1.15)	(1.18)	(0.03)	0.01	(0.04)	(4.56)	(4.47)
Other Operating Expenditure	(10.38)	(0.43)	(10.81)	(10.74)	0.07	(30.83)	(0.48)	(31.32)	(30.79)	0.52	0.45	0.07	(118.59)	(118.66)
Total Expense	(34.68)	(0.46)	(35.14)	(34.78)	0.36	(103.68)	(0.37)	(104.04)	(103.03)	1.02	0.66	0.36	(404.79)	(404.39)
EBITDA	0.51	(1.23)	(0.72)	(1.18)	(0.46)	(0.52)	(0.20)	(0.71)	(0.79)	(0.08)	0.38	(0.46)	16.69	14.60
Depreciation - Owned	(0.70)	0.00	(0.70)	(0.70)	(0.00)	(2.10)	0.00	(2.10)	(2.08)	0.02	0.02	(0.00)	(8.73)	(8.73)
Depreciation - donated/granted	(0.06)	0.00	(0.06)	(0.05)	0.01	(0.18)	0.00	(0.18)	(0.15)	0.02	0.02	0.01	(0.74)	(0.74)
Interest Expense, PDC Dividend	(0.52)	0.00	(0.52)	(0.55)	(0.03)	(1.57)	0.00	(1.57)	(1.54)	0.03	0.06	(0.03)	(6.23)	(6.23)
Donated Asset Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.30	1.30
Gain / Loss on Asset Disposal	0.00	0.19	0.19	0.00	(0.19)	0.00	0.19	0.19	0.00	(0.19)	0.00	(0.19)	0.00	2.09
Impairment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SURPLUS / (DEFICIT)	(0.77)	(1.03)	(1.80)	(2.48)	(0.67)	(4.36)	(0.01)	(4.36)	(4.56)	(0.20)	0.48	(0.67)	2.28	2.28
Adjusted Plan Position														
Donated Asset Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(1.30)	(1.30)
Depreciation - Donated / Granted	0.06	0.00	0.06	0.05	(0.01)	0.18	0.00	0.18	0.15	(0.02)	(0.02)	(0.01)	0.74	0.74
Impairment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adjusted Plan Surplus / (Deficit)	(0.71)	(1.03)	(1.74)	(2.42)	(0.68)	(4.18)	(0.01)	(4.19)	(4.41)	(0.22)	0.46	(0.68)	1.72	1.72
NHSI Adjustment to Control Total														
Remove STF Income	(0.31)	0.00	(0.31)	(0.22)	0.09	(0.92)	0.00	(0.92)	(0.65)	0.28	0.18	0.09	(6.15)	(6.15)
Variance to Control Total Excluding STF	(1.02)	(1.03)	(2.05)	(2.64)	(0.59)	(5.10)	(0.01)	(5.11)	(5.05)	0.06	0.64	(0.59)	(4.42)	(4.42)

- The overall position in Month 03 is a deficit of £2.48m, which is £0.67m worse than the budgeted position (£1.80m deficit) before NHSI exclusions. For the year to date, the cumulative deficit of £4.56m is £0.20m worse than budget.
- Income is lower than budget by £0.82m in Month 03; cumulatively £1.09m lower than budget.
- Pay expenditure is £0.11m lower than budget in Month 03, mainly within agency pay (£0.12m) and in registered nursing, with overspends across the majority of other pay types. An estimate for the annual pay award has been included within the Month 3 position in line with NHS I requirements. For the year to date, the pay position is £0.14m over budget. The savings target is phased at its lowest in the first quarter of the year, increasing from Quarter 2.
- Non-pay expenditure is £0.25m lower than budget in Month 03, and £1.16m under budget for the year to date. Again the phasing of savings targets profiled at the lowest in the first quarter of the year.
- The challenge increases considerably as the year progresses to reduce costs and meet savings targets in line with plan in order to achieve the control total.

Income

Current Performance



Operating Income	Year to Date - Month 03					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	78.42	(0.40)	78.02	77.18	(0.84)	(0.44)	(0.40)
Council Social Care (inc Public Health)	11.44	0.48	11.93	11.70	(0.23)	0.00	(0.23)
Client Income	2.24	0.02	2.26	2.47	0.21	0.04	0.16
Private Patients	0.45	0.01	0.46	0.41	(0.05)	(0.03)	(0.02)
Other Income	0.17	(0.02)	0.15	0.27	0.12	0.03	0.09
Operating Income from patient care activities	92.73	0.10	92.82	92.03	(0.79)	(0.40)	(0.39)
Other Income	7.28	0.07	7.35	7.23	(0.12)	0.24	(0.36)
Research and Education	2.24	0.00	2.24	2.33	0.09	0.06	0.03
Sustainability & Transformation funding	0.92	0.00	0.92	0.65	(0.28)	(0.19)	(0.09)
Other operating income	10.43	0.07	10.51	10.21	(0.30)	0.12	(0.42)
Total	103.16	0.17	103.33	102.24	(1.09)	(0.28)	(0.81)

Contract income by Commissioner	Year to Date - Month 03					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Budget - (adv)/+fav	Change
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
South Devon & Torbay Clinical Commissioning Group	44.18	0.02	44.20	44.20	0.00	(0.00)	0.00
North, East & West Devon Clinical Commissioning Group	1.48	(0.23)	1.25	1.12	(0.12)	(0.10)	(0.03)
NHS England - Area Team	1.94	(0.00)	1.94	2.14	0.20	(0.02)	0.21
NHS England - Specialist Commissioning	7.69	0.00	7.69	6.97	(0.72)	(0.38)	(0.33)
Other Commissioners	2.06	(0.49)	1.56	1.42	(0.15)	(0.06)	(0.09)
South Devon & Torbay Clinical Commissioning Group (Placed People and Community Health)	20.56	0.23	20.79	20.77	(0.03)	0.14	(0.16)
Other Commissioners	0.51	0.08	0.59	0.57	(0.02)	(0.02)	(0.00)
Operating Income from patient care activities	78.42	(0.40)	78.02	77.18	(0.84)	(0.44)	(0.40)

MEMO - CCG Block Adjustment	Year to Date - Month 03					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Budget - (adv)/+fav	Change
	£m			£m	£m	£m	£m
CCG Block adjustment	(1.62)	0.00	(1.62)	(2.33)	(0.70)	(0.49)	(0.21)

Key points

- Overall Operating Income from Patient Care Activities is behind plan by £0.79m.
- Within this, there is a variance of £0.84m on income from contract healthcare. This reflects a reduction in pass through activity of £0.47m. New out-patient cost & volume activity is £0.058m behind plan. Radiotherapy activity is £0.029m behind plan, and chemotherapy is £0.039 above plan. Outpatients activity is £0.051m behind plan, elective activity is £0.075m behind plan and non-elective activity is £0.106m behind plan. Neonatal critical care is £0.063m behind plan, and A&E is £0.032m behind plan.
- At Commissioner level, variances are marginal except for the NHS England Specialist Commissioning Contract which is £0.72m behind plan. This reflects a reduction in pass through income of £0.56m, as well as being £0.029m behind plan in Radiotherapy and £0.107m behind plan within admitted patient care activity. Neonatal critical care is £0.063m behind plan and chemotherapy is £0.039 above plan.

Income

Other Operating Income	Year to Date - Month 03					Previous Month	
	Plan	Recategorisation of plan	Budget	Actual	Variance to Budget	Variance to Plan - (adv)/+fav	Change
	£m	£m	£m	£m	£m	£m	£m
R&D / Education & training revenue	2.24	0.00	2.24	2.33	0.09	0.06	0.03
Site Services	0.56	0.03	0.59	0.57	(0.02)	(0.02)	0.00
Revenue from non-patient services to other bodies	0.93	0.10	1.03	0.97	(0.06)	0.03	(0.10)
Sustainability Transformational Funding (STF) Income	0.92	0.00	0.92	0.65	(0.28)	(0.19)	(0.09)
Misc. other operating revenue	5.79	(0.06)	5.73	5.69	(0.04)	0.22	(0.26)
Total	10.44	0.07	10.51	10.21	(0.30)	0.12	(0.42)

At Month 3, Other Operating income is behind of the cumulative budget by £0.30m.

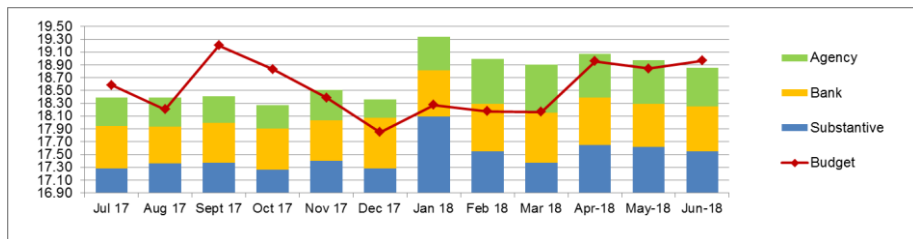
Key headlines / variances are:

- R&D and Education income ahead of budget by £0.09m
- Overachievement of income CIP £0.14m
- Provider Sustainability Fund (PSF) income behind budget by £0.28m due to loss of A&E income for Quarter 1 performance.
- Income earned by Torbay Pharmaceuticals £0.27m behind budget

Annual PSF funding of £6.18m has been budgeted; at Month 03, £0.65m has been included in the position.

Pay Expenditure

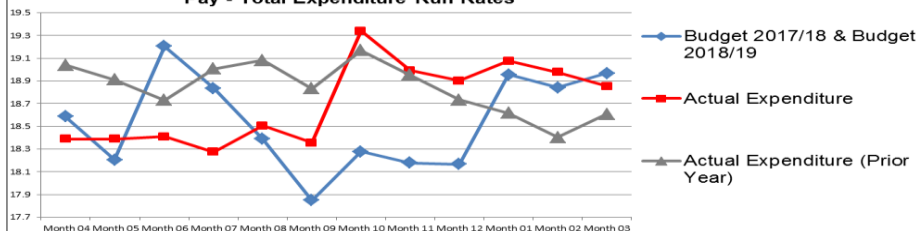
Current Performance



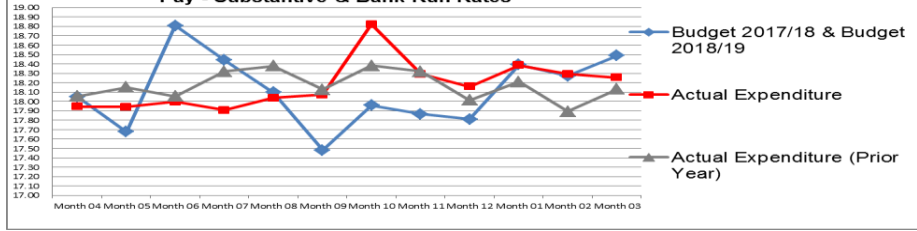
Key points

- Total pay costs are showing an overspend against year to date budget at Month 3 of £0.14m.
- Substantive and Bank pay costs are £0.21m under budget, and agency costs are overspent by £0.36m.
- In setting the annual plan, agency budgets have been set in line with the Agency Cap. At Service Delivery Unit (SDU) level, there are overspends within most SDUs with the exception of Medical Services which £0.32m underspent.
- Agency spend is primarily in medical and registered nursing staff, with the largest spends in those categories within Emergency Medicine, Cancer Services and Dermatology.
- Run rates in substantive and bank pay have reduced overall by £0.04m from the previous month (substantive decreased £0.06m and bank increased £0.02m). An estimation for the annual pay award has been included in the Month 3 position.
- Agency run rates have reduced by £0.08m during June.
- The Apprentice levy balance at Month 3 is £833,707 (£810,367 at month 2) the Trust is currently at risk of not using levy monies before the rolling two year access window starts to close. Better forecasting of spend is being developed to ensure actions are taken and this risk is mitigated.

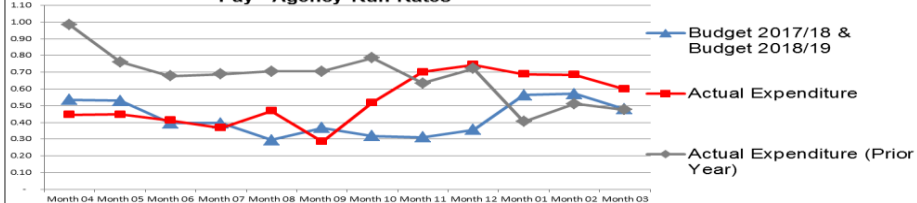
Pay - Total Expenditure Run Rates



Pay - Substantive & Bank Run Rates

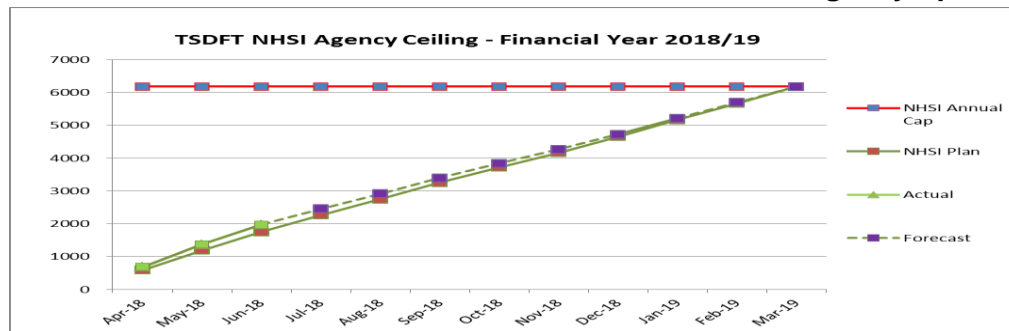


Pay - Agency Run Rates



	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	(13.77)	0.30	(13.47)	(12.85)	0.62	(54.30)	(53.12)
Nursing and Midwifery	(21.99)	0.09	(21.90)	(21.98)	(0.08)	(87.88)	(87.45)
Other Clinical	(12.82)	(0.23)	(13.04)	(12.72)	0.33	(51.33)	(52.32)
Non Clinical	(8.31)	(0.03)	(8.35)	(9.36)	(1.01)	(31.65)	(31.78)
Total Pay Expenditure	(56.88)	0.12	(56.76)	(56.91)	(0.14)	(225.16)	(224.68)

Pay Expenditure Agency Spend Cap



Agency - All Staff Groups	April	May	June
Agency Plan 2018/19 (NHSI Ceiling)	£m	£m	£m
Planned Agency Cost	(0.59)	(0.60)	(0.56)
Total Planned Staff Costs	(18.97)	(18.98)	(18.94)
% of Agency Costs against Total Staff Cost	3.1%	3%	3%
Agency Actual Costs 2018/19			
Agency Cost	(0.69)	(0.68)	(0.60)
Actual Staff Cost	(19.07)	(18.98)	(18.86)
% of Agency Costs against Total Staff Cost	3.6%	4%	3%
Agency Cost vs Plan	(0.10)	(0.08)	(0.04)
% of Agency Costs against Total Staff Cost	-0.5%	0%	0%

Agency - Nursing	April	May	June
	£m	£m	£m
Agency Nurse Staff Cost	(0.23)	(0.26)	(0.20)
Actual Registered Nurse Staff Cost	(4.65)	(4.59)	(4.49)
% of Agency Costs against Nursing Staff Cost	5%	6%	4%

Agency - All Staff Groups	Q1
	£m
Agency Plan 2018/19 (NHSI Ceiling)	
Planned Agency Cost	(1.75)
Total Planned Staff Costs	(56.89)
% of Agency Costs against Total Staff Cost	3%
Agency Actual Costs 2018/19	
Agency Cost	(1.97)
Actual Staff Cost	(56.91)
% of Agency Costs against Total Staff Cost	3%
Agency Cost vs Plan	(0.22)
% of Agency Costs against Total Staff Cost	0%

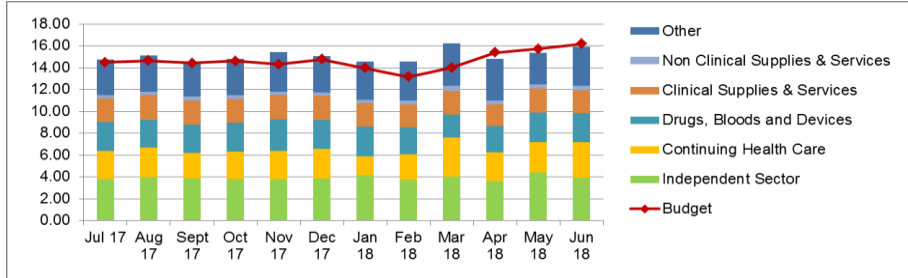
Agency - Nursing	Q1
	£m
Agency Nurse Staff Cost	(0.69)
Actual Registered Nurse Staff Cost	(13.74)
% of Agency Costs against Nursing Staff Cost	5%

Agency staff costs in Month 3 across all staff groups is £0.60m. This is £0.04m higher than the NHSI cap of £0.56m. The overall Agency cap for the Trust is £6.18m in FY 2018/19.

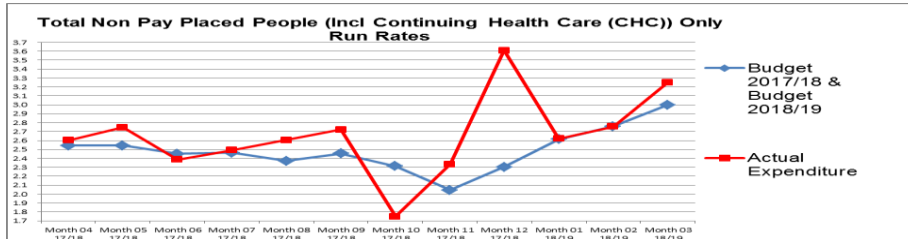
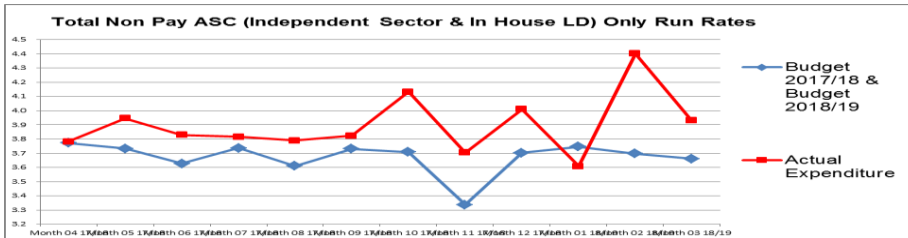
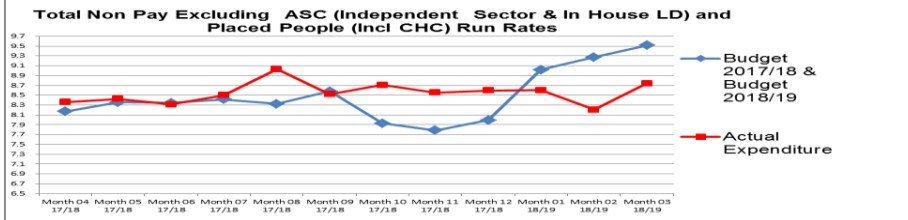
- Although higher than the plan by £0.04m in month 03, year to date the agency usage has reduced in each of the last 3 months.
- Medical agency spend is £0.29m at Month 3 which is £0.09m higher than the £0.20m plan.
- Nursing Agency spend at Month 3 is £0.20m, being £0.07m lower than the £0.27m plan. Spend in month has fallen by 22.5% from Month 2.
- The adverse Agency cost variances are in the following areas: Medical Staff, Ancillary (Domestic) and Other Clinical Staff, principally CAMHS). These overspends are offset by lower than planned spend in Nursing.
- The individual price rates for Nursing and Medical staff are all above NHSI individual shift rates.
- Actual staff cost for purposes of calculating the NHSI agency cap is based on pay amount of £18.86m (gross amount before deducting capitalised staff cost).

Non Pay Expenditure

Current performance



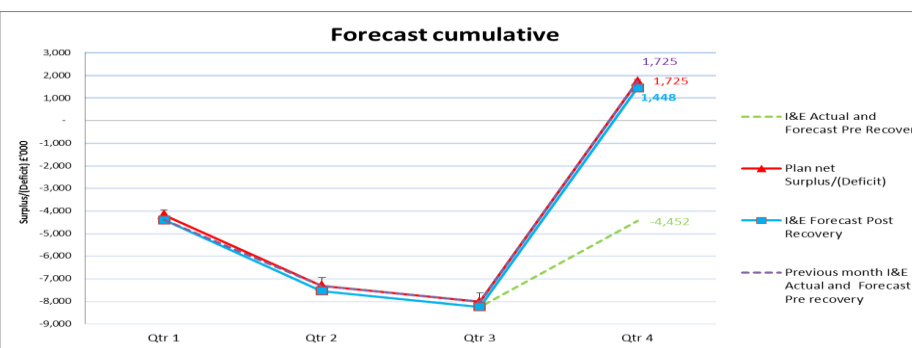
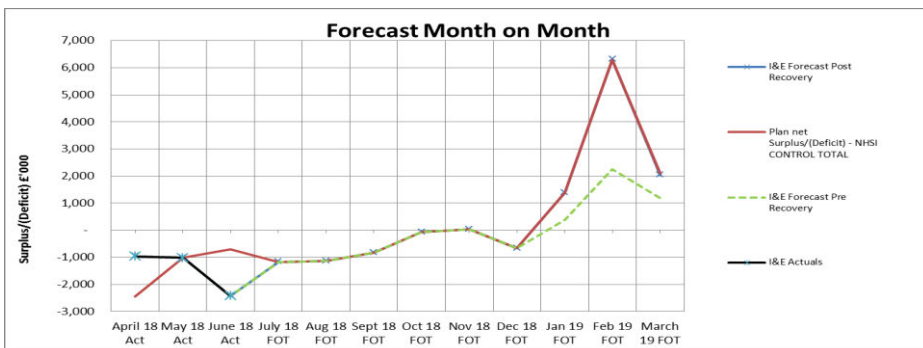
	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Drugs, Bloods and Devices	(8.50)	0.01	(8.49)	(7.83)	0.66	(32.61)	(32.57)
Clinical Supplies & Services	(6.27)	(0.04)	(6.31)	(6.30)	0.01	(23.89)	(24.04)
Non Clinical Supplies & Services	(1.17)	0.02	(1.15)	(1.18)	(0.03)	(4.55)	(4.46)
Other Operating Expenditure	(11.60)	(0.25)	(11.85)	(10.24)	1.61	(41.64)	(43.45)
ASC (Independent Sector & In House LD)	(11.17)	0.06	(11.11)	(11.94)	(0.84)	(44.61)	(41.54)
Placed People (Incl Continuing Healthcare)	(8.08)	(0.29)	(8.38)	(8.63)	(0.25)	(32.33)	(33.65)
Total Non Pay Expenditure	(46.79)	(0.49)	(47.28)	(46.12)	1.16	(179.63)	(179.71)



Key Points

- Drugs, Bloods and Devices - Underspent by £0.66m mainly due to pass through (£0.45m) for which income is similarly reduced for NHS England.
- Clinical Supplies – Spend is in line with budget at Month 3; underspends in Surgery, Estates and Torbay Pharmaceuticals are offset by overspends in Medicine (internal services provided and pacemakers), Womens and Children (laboratory managed service and X-ray equipment / chemicals) and in Health Informatics contract maintenance. Run rates have decreased from Month 2 by £0.10m.
- Non Clinical Supplies – Total overspend of £0.03m; under spends in Estates (provisions, cleaning materials) offset with overspends in Health Informatics project scanning costs. Run rates have increased by £0.07m on the previous month.
- Placed People (including Continuing Healthcare) - Over spend of £0.25m against budget at Month 3, backlog of high cost reviews combined with new high cost cases in Adult Placed People.
- Adult Social Care - Over spent by £0.84m mainly as a result of a shortfall in the delivery of the Systems Savings Plan as well as high activity in Paignton / Brixham Residential Care.
- Other Operating Expenditure - Under spent by £1.61m reflecting:
 - Premises costs underspent by £0.44m; Investment reserve not yet utilised.
 - Purchase of social care underspent by £0.37m.
 - Other £0.41m overspent – unachieved CIP (£0.36m) offset with underspends in professional services and investment reserve not yet utilised.
 - Purchase of Healthcare £0.31m overspent - Women and Child's Health for Radiology / Breast Care Medical services provided (£0.15m) and CT Scanning outsourcing (£0.05m), Medical Services outsourcing of Gastroenterology weekend working (£0.17m). Run rates have increased by £0.06m from the previous month.
 - Underspends in Education and Training £0.10m; Bad debt Provision £0.28m, Establishment and Transport £0.11m and Clinical Negligence / Consultancy £0.21m.

Forecast



Forecast position with mitigations	Plan £m	Forecast £m	Variance £m
Income			
Gross	417.19	416.91	(0.28)
Planned CIP	4.28	3.17	(1.12)
Net position	421.47	420.08	(1.39)
Pay			
Gross	(235.38)	(235.38)	0.00
Planned CIP	10.22	7.10	(3.12)
Net position	(225.16)	(228.28)	(3.12)
Non Pay			
Gross	(207.02)	(207.02)	0.00
Planned CIP	12.43	10.77	(1.66)
Net position	(194.59)	(196.25)	(1.66)
Total net position Surplus/(Deficit)	1.72	(4.45)	(6.18)
Mitigations:-			
Further Schemes yet to be identified		5.90	5.90
Variance Against Plan	1.72	1.45	(0.28)
Removal of Performance Sustainability Fund (PSF)	(6.15)	(5.87)	0.28
Variance Against Control Total Excluding PSF	(4.42)	(4.42)	(0.00)

The forecast at Month 3 for the Trust is a deficit of £1.45m, against a plan of £1.72m. This represents a £0.28m gap to the adjusted financial performance including PSF.

This position reflects the loss of the A&E Performance related Provider Sustainability Fund (PSF) for the first quarter of this financial year.

The forecast continues, at this stage to assume delivery of the full CIP target, and the Trust is working hard to identify further improvement schemes of £5.9m to meet the current shortfall in identified projects. The forecast will deteriorate in future months to the extent that this is unsuccessful.

The Trust is also monitored against the Control Total excluding PSF for which the Trust forecasts a surplus of £4.42m which is on plan.

Financial Position by SDU

Key Drivers

	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Trust Total Position							
Income	103.16	0.17	103.33	102.23	(1.09)	422.77	420.29
Pay	(56.88)	0.12	(56.76)	(56.91)	(0.14)	(225.16)	(224.68)
Non Pay	(46.79)	(0.49)	(47.28)	(46.12)	1.16	(179.63)	(179.71)
Financing Costs	(3.84)	0.19	(3.65)	(3.77)	(0.12)	(15.71)	(13.62)
SSP Plans	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Trust Surplus / (Deficit)	(4.36)	(0.01)	(4.36)	(4.56)	(0.20)	2.28	2.28
NHSI Exclusions	0.18	0.00	0.18	0.15	0.00	(0.56)	(0.56)
Variance Against Plan Surplus / (Deficit)	(4.18)	(0.01)	(4.19)	(4.41)	(0.20)	1.72	1.72

The year to date position is a deficit of £4.56m against a budget deficit of £4.36m.

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

	Plan for Period	Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Community							
Income	0.23	0.05	0.28	0.45	0.17	0.93	1.13
Pay	(9.69)	0.14	(9.55)	(9.83)	(0.28)	(38.17)	(37.61)
Non Pay	(2.44)	(0.20)	(2.64)	(2.37)	0.28	(8.44)	(9.25)
Financing Costs	(0.44)	0.00	(0.44)	(0.45)	(0.01)	(1.77)	(1.77)
Surplus / (Deficit)	(12.34)	(0.01)	(12.36)	(12.20)	0.16	(47.45)	(47.50)

The underspend generally relates to phasing and YTD over achievement of TWIP. The majority of the pay overspend is offset by income.

	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
ASC (Independent Sector & In House LD)							
Income	2.34	0.02	2.36	2.56	0.20	9.36	9.46
Pay	(0.21)	(0.02)	(0.23)	(0.31)	(0.08)	(1.01)	(0.95)
Non Pay	(11.17)	0.06	(11.11)	(11.94)	(0.84)	(44.61)	(41.54)
Surplus / (Deficit)	(9.04)	0.06	(8.98)	(9.69)	(0.71)	(36.26)	(33.03)

The £710k overspend is driven by £675k in unachieved TWIP. In addition to this, ASC and In House services are £45k overspent collectively. The underachievement in TWIP is partly linked to the way delivery savings are profiled, with more cost reductions anticipated in the latter part of the year than the former. The overspend in ASC contains various unders and overs however the key driver is an overspend in Paignton & Brixham Residential Care - driven by increased activity since the start of the year.

	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Placed People (includes Continuing Healthcare)							
Income	0.00	0.00	0.00	0.02	0.02	0.00	0.00
Pay	(0.30)	0.03	(0.27)	(0.22)	0.05	(1.06)	(1.09)
Non Pay	(8.08)	(0.29)	(8.38)	(8.63)	(0.25)	(32.33)	(33.65)
Surplus / (Deficit)	(8.38)	(0.27)	(8.65)	(8.83)	(0.18)	(33.39)	(34.75)

£370k overspend linked to a £110k overspend in Adult IPPs and a £410k overspend in CHC South. The increase in Adult IPPs is linked to new high cost cases (in excess of £1k/week) with the increase in CHC South solely due to a number of backdated LD review cases from the DPT (reported previously). The above has been partially offset by various underspends across other areas, notably Intermediate Care and Children's IPPs.

Financial Position by SDU

Key drivers

	Plan for Period	Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Medical Services							
Income	24.28	0.00	24.28	24.45	0.17	98.69	98.69
Pay	(11.21)	(0.01)	(11.22)	(12.10)	(0.88)	(44.39)	(44.43)
Non Pay	(6.71)	0.02	(6.69)	(6.67)	0.02	(25.34)	(25.26)
Surplus / (Deficit)	6.36	0.01	6.37	5.68	(0.69)	28.97	29.00

Income from patient care activities is £138k greater than the plan for the period which is helping to offset overspends against pay that include unachieved TWIP and overspends across wards particularly in Emergency due to continued high levels of agency to fill vacant posts. Non Pay underspend includes underspends against pass through drugs & devices of £431k which is helping to offset outsourced Gastro weekend working as well as on-going cost pressures in Emergency identified during 2017.18 for provisions and enhanced cleaning and portering.

	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Surgical Services							
Income	18.32	0.02	18.35	18.54	0.19	72.25	72.35
Pay	(11.87)	(0.01)	(11.88)	(12.11)	(0.23)	(46.40)	(46.44)
Non Pay	(5.52)	0.00	(5.51)	(5.15)	0.37	(20.17)	(20.16)
Surplus / (Deficit)	0.94	0.02	0.96	1.29	0.33	5.68	5.75

M03 Patient related income does not contain a block adjustment at Divisional level. Other income is over recovering due to a 201718 transaction (£26k). Pay is under achieving due to transacting VF to CIP and leaving true cost pressures within Medical staff and Wards. Non pay is under-spending across the board but mainly within Theatres due to a reduction in additional activity. CIP is over delivering by £282k due to VF. £2,882k under delivery FY.

	Plan for Period	Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Women's, Children's, Diagnostics and Therapies							
Income	11.29	0.06	11.36	11.45	0.10	46.09	46.34
Pay	(9.50)	(0.06)	(9.55)	(9.69)	(0.14)	(37.78)	(38.01)
Non Pay	(2.17)	0.01	(2.16)	(2.44)	(0.28)	(7.58)	(7.54)
Surplus / (Deficit)	(0.37)	0.02	(0.35)	(0.67)	(0.32)	0.73	0.80

Income from patient care activities is overachieving by £133k at month 3 which is helping to offset overspends against pay and non pay. Pay overspent but includes £225k for vacancy factor which is not being fully achieved. Non Pay overspends include costs for the Histopathology breast services being hosted by RD&E and outsourcing CT & MRI costs in Radiology which are not fully funded.

	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£'M	£'M	£'M	£'M	£'M	£'M	£'M
Corporate Services							
Income	46.69	0.01	46.70	44.75	(1.95)	195.45	192.31
Pay	(14.10)	0.05	(14.05)	(12.64)	1.41	(56.36)	(56.15)
Non Pay	(10.71)	(0.09)	(10.80)	(8.93)	1.86	(41.16)	(42.31)
Financing Costs	(3.40)	0.19	(3.21)	(3.32)	(0.11)	(13.93)	(11.84)
Surplus / (Deficit)	18.48	0.17	18.65	19.85	1.21	84.00	82.01

Income - For Month 03, Central Income holds the block adjustment for the Trust. Pay - Underspent by £1.41m; Investment reserves £632k and Vacancies across the SDU including, Pharmacy £135k due to unfilled vacancies, Torbay Pharmaceuticals £171k, Education / Research & Development £244k, Strategy incl Health Informatics £61k, offset with unachieved CIP across the Corporate SDU
Non pay - Overall underspend £1.86m; Contract Income bad debt provision under spent £280k, investment budget held in reserves £870k, Finance underspend in CNST Premium £216k, general misc and provisions; HR underspend in overseas recruitment costs £159k.

Items Outside of EBITDA

	Year to Date - Month 03			Previous Month YTD	
	Plan	Actual	Variance	Variance	Movement in Variance
	£m	£m	£m	£m	£m
Operating income/expenditure outside EBITDA					
Donated asset income	0.00	0.00	0.00	0.00	0.00
Depreciation/Amortisation	(2.27)	(2.23)	0.04	0.03	0.01
Impairment	0.00	0.00	0.00	0.00	0.00
Total	(2.27)	(2.23)	0.04	0.03	0.01
Non-operating income/expenditure					
Interest expense (excluding PFI)	(0.40)	(0.38)	0.02	0.02	0.01
Interest and Contingent Rent expense (PFI)	(0.44)	(0.45)	(0.01)	(0.00)	(0.00)
PDC Dividend expense	(0.73)	(0.73)	0.00	0.00	0.00
Gain/loss on disposal of assets	0.00	0.00	0.00	0.00	0.00
Other	0.01	0.02	0.01	0.05	(0.03)
Total	(1.57)	(1.54)	0.03	0.06	(0.03)
Total items outside EBITDA	(3.84)	(3.77)	0.07	0.09	(0.02)

Key points

- No noteworthy variances.

Balance Sheet

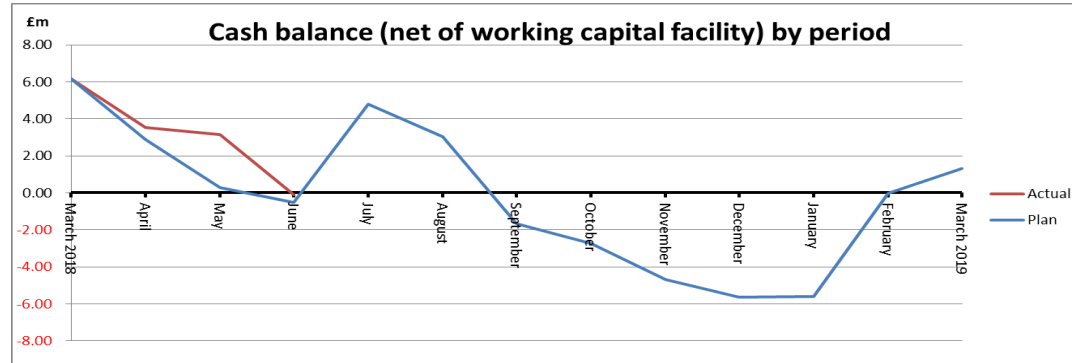
Key Points

	Year to Date - Month 03			Previous Month YTD	
	Plan	Actual	Variance	Variance	Movement in Variance
	£m	£m	£m	£m	£m
Non-Current Assets					
Intangible Assets	8.92	8.66	(0.26)	(0.64)	0.37
Property, Plant & Equipment	164.64	163.48	(1.16)	(1.70)	0.54
On-Balance Sheet PFI	15.15	15.08	(0.06)	(0.04)	(0.02)
Other	2.37	2.37	(0.00)	(0.01)	0.01
Total	191.09	189.59	(1.49)	(2.39)	0.90
Current Assets					
Cash & Cash Equivalents	2.48	2.91	0.43	2.89	(2.45)
Other Current Assets	37.44	38.24	0.81	1.96	(1.15)
Total	39.91	41.15	1.24	4.84	(3.60)
Total Assets	231.00	230.75	(0.25)	2.46	(2.71)
Current Liabilities					
Loan - DH ITFF	(9.91)	(9.90)	0.00	0.00	(0.00)
PFI / LIFT Leases	(0.81)	(0.81)	0.00	0.00	0.00
Trade and Other Payables	(31.85)	(31.77)	0.08	(0.70)	0.78
Other Current Liabilities	(2.58)	(2.62)	(0.04)	(0.06)	0.02
Total	(45.15)	(45.10)	0.05	(0.76)	0.80
Net Current assets/(liabilities)	(5.24)	(3.95)	1.29	4.09	(2.80)
Non-Current Liabilities					
Loan - DH ITFF	(56.17)	(56.15)	0.02	0.02	(0.00)
PFI / LIFT Leases	(19.29)	(19.31)	(0.02)	(0.02)	(0.00)
Other Non-Current Liabilities	(4.80)	(4.80)	0.00	(0.20)	0.20
Total	(80.26)	(80.26)	0.00	(0.20)	0.20
Total Assets Employed	105.59	105.38	(0.20)	1.50	(1.71)
Reserves					
Public Dividend Capital	62.83	62.83	0.00	0.00	0.00
Revaluation	39.03	39.03	0.00	0.00	0.00
Income and Expenditure	3.73	3.53	(0.20)	1.50	(1.71)
Total	105.59	105.38	(0.20)	1.50	(1.71)

- Intangible Assets, Property, Plant & Equipment and PFI are £1.5m adverse. This is due to capital expenditure being £1.5m lower than planned.
- Cash is £0.4m favourable to Plan, as explained on the commentary to the Cash Flow Statement.
- Other Current Assets are £0.8m higher than Plan, largely due to income received in arrears from NHSE.
- Trade and Other Payables are £0.1m higher than Plan, largely due to increased general payables £0.8m, offset by the paying down of the capital creditor £0.8m.

Cash

Current Performance



Key points

The Trust commenced using its working capital facility at the end of M03, due to the delay in receipt of Q4 STF income £7m (which was received early in M04).

The cash position is presented net of this working capital facility, in order to show the underlying cash position.

- Capital-related cashflow is £0.7m favourable due to capital expenditure £1.5m favourable, partly offset by the paying down of the capital creditor £0.8m.

Other elements:

- Cash generated from operations is £0.3m adverse, due to the adverse YTD variance on EBITDA £0.3m.
- Working Capital debtor movements is £0.8m adverse, mainly due to income received in arrears from NHSE, partly offset by reduced PSF A&E debtor £0.3m.
- Working Capital credit movements is £0.7m favourable, mainly due to an increase in general payables £0.8m.

	Year to Date - Month 03			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Opening cash balance (net of working capital facility)	6.17	6.17	(0.00)	(0.00)	0.00
Capital Expenditure (accruals basis)	(2.80)	(1.26)	1.53	2.42	(0.88)
Capital loan drawdown	0.00	0.00	0.00	0.00	0.00
Capital loan repayment	(0.97)	(0.99)	(0.02)	(0.02)	0.00
Proceeds on disposal of assets	0.00	0.00	0.00	0.00	0.00
Movement in capital creditor	0.00	(0.81)	(0.81)	(0.73)	(0.08)
Other capital-related elements	(0.03)	(0.00)	0.03	0.03	(0.00)
Sub-total - capital-related elements	(3.80)	(3.07)	0.73	1.70	(0.97)
Cash Generated From Operations	(0.52)	(0.79)	(0.28)	1.41	(1.69)
Working Capital movements - debtors	(1.33)	(2.14)	(0.81)	(1.96)	1.15
Working Capital movements - creditors	(0.01)	0.73	0.73	1.47	(0.74)
Net Interest	(0.71)	(0.63)	0.07	0.06	0.01
PDC Dividend paid	0.00	0.00	0.00	0.00	0.00
Other	(0.34)	(0.35)	(0.02)	0.20	(0.22)
Sub-total - other elements	(2.89)	(3.19)	(0.30)	1.19	(1.48)
Closing cash balance (net of working capital facility)	(0.52)	(0.09)	0.43	2.89	(2.45)
Closing cash balance	2.48	2.91	0.43	2.89	(2.45)
Closing working capital facility	(3.00)	(3.00)	0.00	0.00	0.00
Closing cash balance (net of working capital facility)	(0.52)	(0.09)	0.43	2.89	(2.45)

Capital

Current Performance

Key Points

	Year to date Mth 03 - Based upon Operational Plan (June 18)					Full Year Plan		
	Plan	Budget	Actual	Variance to Plan	Variance to Budget	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m	£m	£m
Capital Programme	2.80	2.76	1.26	(2.41)	(2.41)	27.34	27.34	0.00
Significant Variances in Planned Expenditure by Scheme:								
HIS schemes	0.79	0.79	0.53	(0.26)	(0.26)	5.01	6.22	1.21
Estates schemes	1.69	1.69	0.38	(1.31)	(1.31)	9.22	10.82	1.60
Medical Equipment	0.09	0.09	0.18	0.09	0.09	7.79	8.44	0.65
Other	0.00	0.00	0.00	0.00	0.00	0.04	0.04	0.00
PMU	0.23	0.23	0.17	(0.06)	(0.06)	1.32	1.32	0.00
Contingency	0.00	0.00	0.00	0.00	0.00	3.96	0.50	(3.46)
Anticipated slippage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	2.80	2.80	1.26	(1.54)	(1.54)	27.34	27.34	(0.00)
Funding sources								
Secured loans	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Unsecured loans	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Strategic Estates P'ship	0.00	0.00	0.00	0.00	0.00	0.70	0.70	0.00
Finance Leases	0.00	0.00	0.00	0.00	0.00	5.71	5.71	0.00
Disposal of assets	0.00	0.00	0.00	0.00	0.00	2.36	4.36	2.00
PDC	0.00	0.00	0.00	0.00	0.00	3.62	3.62	0.00
Charitable Funds	0.00	0.00	0.00	0.00	0.00	1.30	1.30	0.00
Internal cash resources	2.80	2.80	1.26	(1.54)	(1.54)	13.65	11.65	(2.00)
Total	2.80	2.80	1.26	(1.54)	(1.54)	27.34	27.34	0.00

- In June 2018 the Trust updated its 2018/19 Operational Plan to reflect an increase in capital expenditure and a consequential reduction in its planned cash reserves as approved by Trust Board.
- The total outline capital programme for 2018/19 now totals £27.34m.
- At the time the capital expenditure programme was submitted to NHSI the capital expenditure programme had not been fully prioritised, consequently a large contingency sum of £4.0m was reported to NHSI.
- The full prioritisation of the program has now concluded and £3.5m of the £4.0m contingency has been allocated to specific projects.
- Scheme leads have been requested to prepare business cases and to present these for approval (in line with the Trust's Investment Policy) so that the capital program can move at pace.
- Scheme leads have also been requested to provide the Trust's Finance Department with an updated phased expenditure profile so that any potential slippages can be identified early and be appropriately managed and reported.
- The cumulative capital expenditure at 30th June 2018 totals £1.26m, which is £1.54m less than the profiled plan. (Please note that although the Trust was able to update the full year planned spend in June 18 it was unable to amend the previous planned spend profile for April 18 and May 18).

Activity

setting	Annual Plan	YTD Plan	YTD Actual	Cumulative variance Current Month	Cumulative variance Previous Month	% variance to plan
Day Case	32,116	8,129	8,345	216	255	3%
Elective	3,379	893	879	-14	-1	-2%
Non-Elective Emergency	29,875	7,485	7,110	-375	-202	-5%
Non-Elective Non-Emergency	3,189	791	807	16	-8	2%
Non-Elective CDU	4,576	1,085	1,157	72	86	7%
Non-Elective AMU	3,275	598	1,068	470	315	79%
TOTAL APC	76,410	18,981	19,366	385	445	2%
New	107,775	26,959	27,418	459	316	2%
F-Up	258,463	64,175	64,684	509	1,168	1%
TOTAL OPA	366,238	91,134	92,102	968	1,484	1%
A&E	79,143	20,393	20,769	376	3	2%

Activity variances to plan -Month 3

Activity variances for M3 against the contract activity plan are shown in the table opposite. In M3, Day Case and Outpatient activity is above plan. Non Elective Emergency activity is behind plan. Both AMU and CDU activity are both above plan. For AMU the activity phasing is based on 2017/18 actuals and there was a noticeable incremental increase in activity from September, and again in November. Therefore we will continue to see an over performance throughout the year.

At treatment function level the greatest variance in day cases is within Gastro where activity is 294 attendances above plan (in PBR terms £161k).

Within Outpatients, the specialties with the greatest variances are, Dermatology which is 490 New attendances above plan (in PBR terms £39k), and T&O which is 405 attendances behind plan (in PBR terms -£15k).

For Follow Ups, Dermatology is 481 attendances above plan (in PBR terms £109K), and T&O is 782 attendances behind plan (in PBR terms -£52k).

In 17/18 the underperformance against commissioned elective activity plan has been one of the factors behind the deteriorating RTT performance and increased waiting lists. **At month 03, the committee is asked to note:**

Risk Share Agreement will continue to mitigate any immediate income risk from below plan activity.

Plans for 18/19 require overall increase in activity run rate to deliver the required improvement in access targets.

Risk remains that delays in increasing run rates will see further increase in waiting times and impact on achievement of RTT NHSI trajectory of 82%. June performance predicted to be under the trajectory target of 82.27%

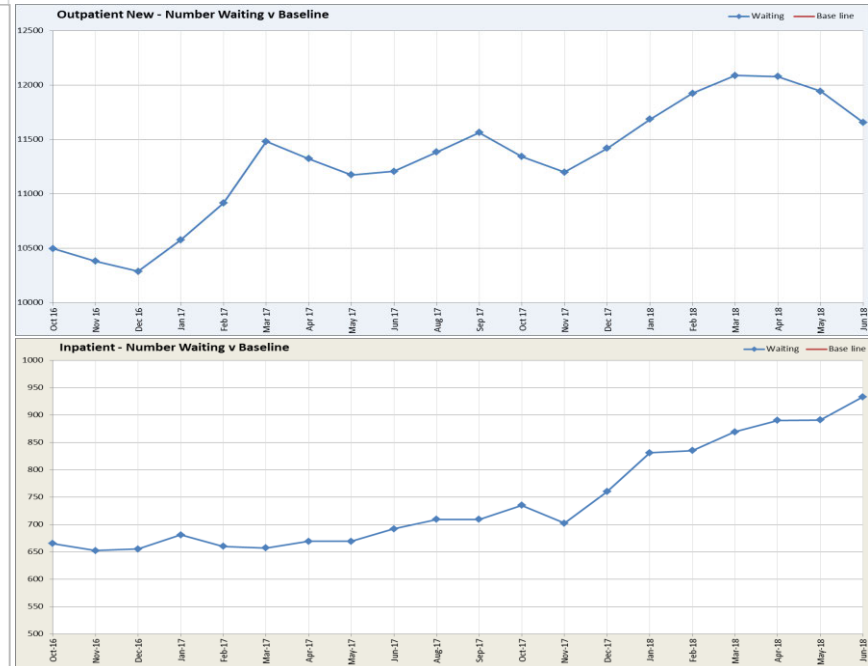
The RTT risk and Assurance group are maintaining the performance oversight with the RTT position and forecast reviewed at individual team level.

Referrals over a rolling 12 month period are remaining at historical levels.

The winter plan for 18/19 to escalate bed capacity and medical cover during December / January 2019 and beyond if needed is likely to have a further impact on elective activity. Teams are being asked to bring forward plans to enable this planned winter support to emergency care. Current activity plans need to also priorities recovering 14 day & 62day Cancer targets, reducing 52wk wait numbers to zero and stabilising RTT performance to agreed level of 82%.

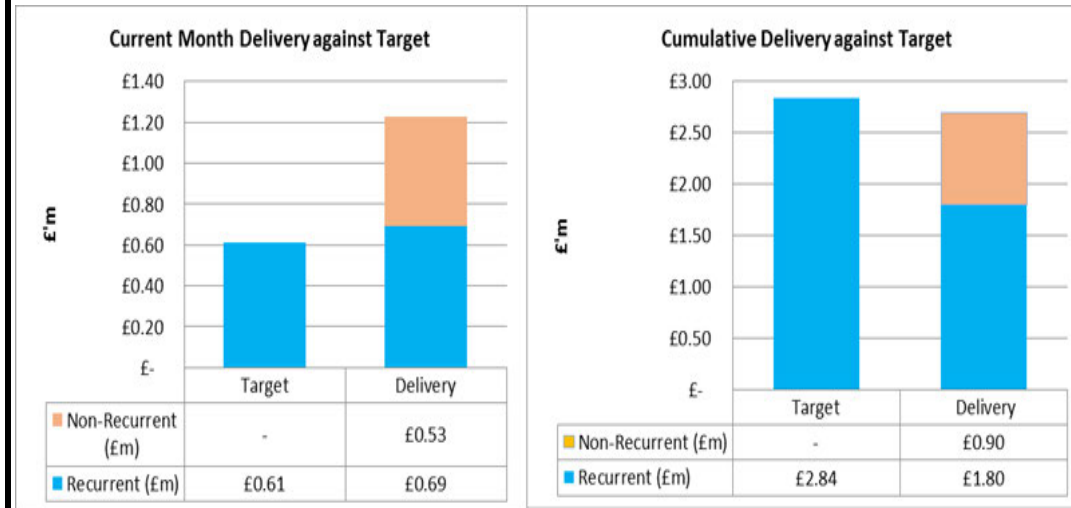
Overall waiting list number for inpatients have now increased above expected levels of normal variation and is considered a risk to patient experience and delivery of agreed RTT trajectories.

Orthopaedic inpatient and day case lists increased by 10% (100 cases) in Q1.



CIP Delivery: Current Mth, Cumulative & Forecast

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



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

Summary>

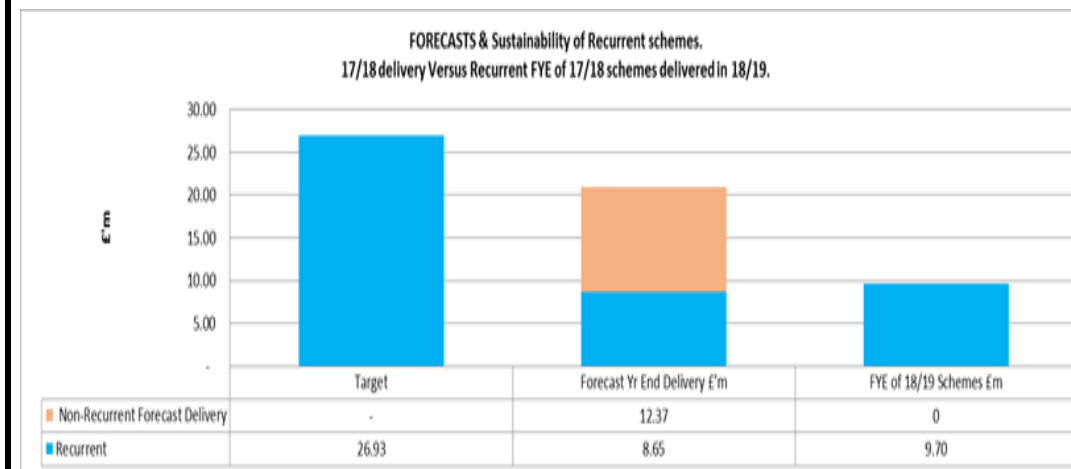
-Current Month Surplus: £0.6m

-Cumulative Shortfall: £0.2m

Commentary>

The current month improvement reflects an element of backdated delivery.

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



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

Target: The CIP target shown is £26.9m

Target: £26.9m

Yr End Forecast Delivery: £21.0m

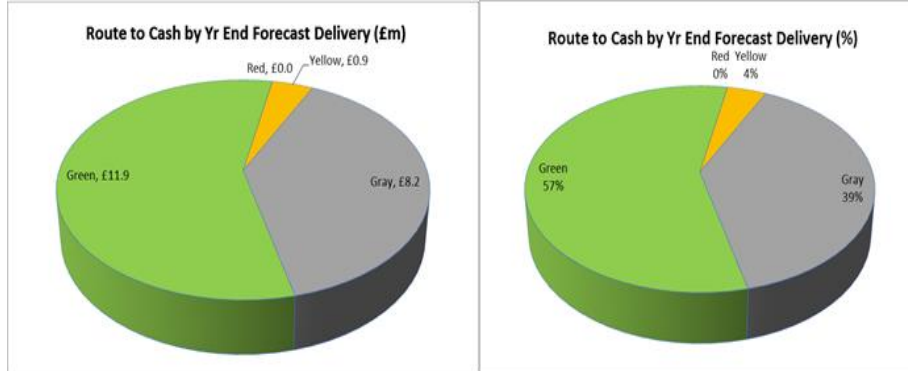
Shortfall: £5.9m

Forecast 19/20 Recurrent FYE of 18/19 projects: £9.7m. Further recurrent projects need to be found to close the FYE gap.

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

CIP- Delivery Assurance - Yr end delivery forecast-

c) CIP Delivery Assurance- Route to Cash

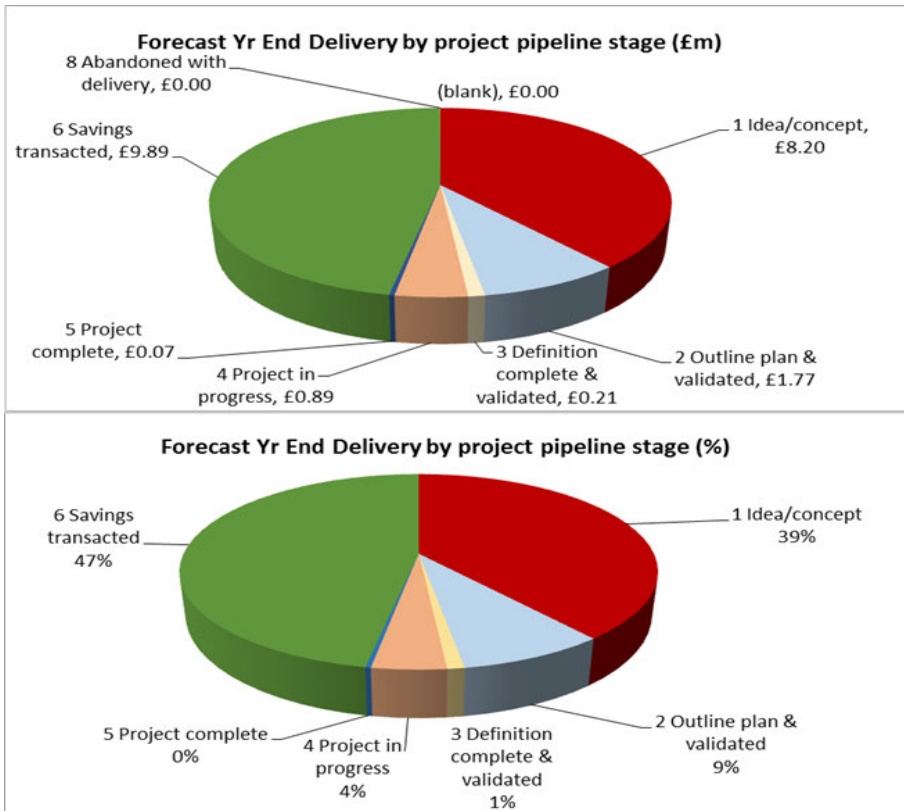


(c) CIP Delivery Assurance:- Route to Cash

Newer projects in the "ideas" pipeline have not yet been assessed with a RTC, so remain as "Gray".

Good progress continues to be made in moving projects to "Green" RAG and only 4% of projects remain in Amber RTC.

d) CIP Delivery Assurance:- Pipeline stage



(d) CIP Delivery Assurance:- Pipeline stage

Of the projects comprising the £21.0m forecast delivery:

£9.969m (47%) of projects are either Complete, and delivering savings or in "Delivery" stage whereby the project is finalised but savings awaited.

£0.89 (4%) relates to schemes which are in progress.

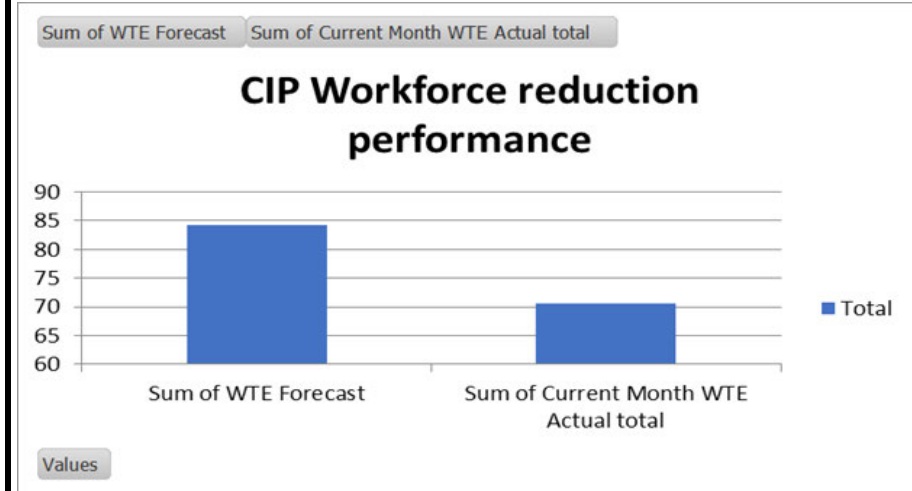
£1.98m (10%) relates to schemes where definitions are complete and validated and outline plans are validated.

£8.2m (39%) relates to schemes which are in Ideas/concept pipeline

This represents a good level of progress so early in the year, albeit that there is a need for additional projects to be identified to close the Scheme Gap.

CIP- Delivery Assurance - Yr end delivery forecast-

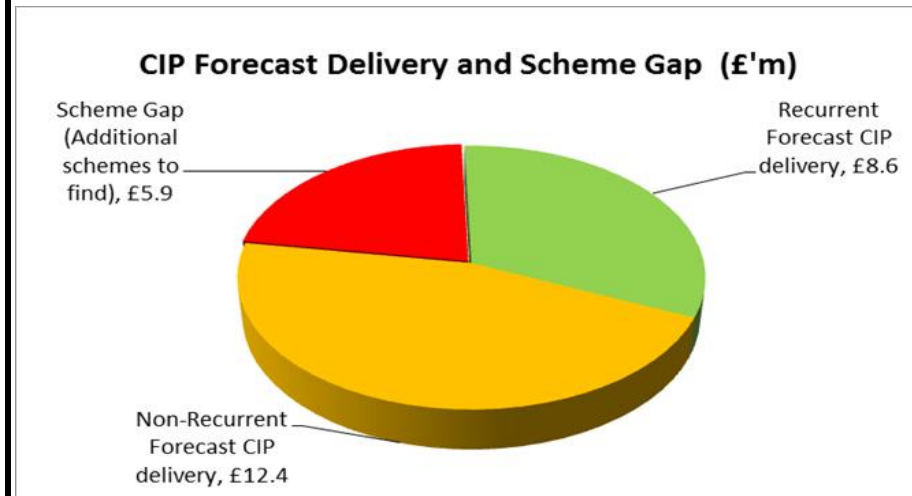
e) CIP Workforce reduction against plan



e) CIP Workforce forecast reduction

The graph identifies that we have forecasted the removal of 84.15 wte posts against the 70.57wte delivered in month 3.

f) CIP Scheme Gap- Value of additional schemes required to be identified



f) CIP Scheme Gap- Value of additional schemes required to be identified.

Presuming the forecast delivery value identified, delivers at £21m, there is a need to identify £5.9m of further savings schemes.

This can be partially mitigated through identifying opportunities from improving clinical efficiency (derived from Model hospital benchmarking); Specific values are yet to be identified, but more schemes will need to found to ensure full programme delivery.

Corporate Objective	Target 2018/2019	13 month trend	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year to date 2017/18
QUALITY LOCAL FRAMEWORK																
1	Safety Thermometer - % New Harm Free	>95%	97.3%	95.9%	96.3%	96.0%	97.2%	96.4%	97.1%	96.2%	96.4%	97.8%	95.3%	97.1%	98.0%	96.8%
1	Reported Incidents - Major + Catastrophic *	<6	1	1	2	1	2	0	0	3	3	1	0	2	3	5
1	Avoidable New Pressure Ulcers - Category 3 + 4 * (1 month in arrears)	9 (full year)	1	0	2	0	0	1	1	2	0	2	1	0	0	1
1	Never Events	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
1	Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	0	4	7	8	3	6	2	2	9	2	5	2	3	3	8
1	QUEST (Quality Effectiveness Safety Trigger Tool) - Red Rated Areas / Teams	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0
1	Formal Complaints - Number Received *	<60	31	33	22	22	38	24	17	37	15	27	25	24	19	68
1	VTE - Risk assessment on admission - (Acute)	>95%	93.6%	92.4%	92.9%	88.0%	92.3%	92.6%	88.9%	93.0%	90.8%	86.0%	93.5%	89.3%	90.9%	91.2%
1	VTE - Risk assessment on admission - (Community)	>95%	100.0%	96.9%	96.4%	97.9%	100.0%	97.5%	96.1%	98.9%	94.6%	100.0%	97.8%	97.9%	98.7%	98.1%
1	Medication errors resulting in moderate to catastrophic harm	0	0	1	0	0	0	0	0	2	1	0	1	0	2	3
1	Medication errors - Total reported incidents (trust at fault)	N/A	37	64	43	68	64	48	42	55	49	40	42	46	40	128
1	Hospital standardised mortality rate (HSMR) - 3 months in arrears	<100%	76.7%	100.4%	82.2%	94.3%	93.8%	98.3%	79.8%	90.5%	106.5%	87.9%				94.7%
1	Safer Staffing - ICO - Daytime (registered nurses / midwives)	90%-110%	100.8%	98.4%	95.5%	100.0%	107.3%	104.2%	106.6%	105.2%	104.3%	106.6%	105.6%	107.3%	107.3%	106.7%
1	Safer Staffing - ICO - Nighttime (registered nurses / midwives)	90%-110%	98.5%	95.6%	101.6%	101.4%	106.6%	101.7%	105.6%	105.8%	100.4%	103.9%	103.2%	106.6%	106.6%	105.5%
1	Infection Control - Bed Closures - (Acute) *	<100	12	18	18	12	30	130	8	198	544	64	6	4	0	10
1	Hand Hygiene	>95%	91%	96%	95%	99%	98%	96%	95%	89%	96%	91%	97%	94%	91%	94%
1	Fracture Neck Of Femur - Time to Theatre <36 hours	>90%	86.1%	82.4%	71.0%	73.5%	68.6%	76.3%	71.4%	75.6%	71.0%	80.0%	79.4%	81.1%	68.8%	76.7%
1	Stroke patients spending 90% of time on a stroke ward	>80%	84.5%	95.6%	86.0%	77.1%	79.4%	83.3%	72.5%	84.4%	66.7%	92.3%	77.8%	75.0%	87.8%	81.2%
1	Follow ups 6 weeks past to be seen date (excluding Audiology)	3500	6999	7209	7496	7477	6790	6308	7041	6630	6761	7301	7323	7042	7144	7144

Corporate Objective	Target 2018/2019	13 month trend	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year to date 2017/18	
WORKFORCE MANAGEMENT FRAMEWORK																	
2	Staff sickness / Absence (1 month arrears) Rolling 12 months	<3.8%		4.19%	4.17%	4.14%	4.11%	4.09%	4.07%	4.09%	4.14%	4.18%	3.96%	3.70%	4.05%	4.05%	
2	Appraisal Completeness	>90%		81.66%	81.66%	81.00%	82.00%	82.00%	82.00%	81.00%	78.00%	78.00%	79.00%	81.00%	80.00%	78.92%	78.92%
2	Mandatory Training Compliance	>85%		83.86%	83.00%	83.00%	83.00%	83.00%	83.00%	83.00%	82.79%	83.24%	85.00%	83.00%	82.00%	83.00%	83.00%
2	Turnover (exc Jnr Docs) Rolling 12 months	10% - 14%		12.30%	12.64%	12.37%	12.39%	12.32%	12.34%	12.53%	12.09%	11.67%	11.25%	10.89%	10.85%	10.80%	10.80%
COMMUNITY & SOCIAL CARE FRAMEWORK																	
1	Number of Delayed Discharges (Community) *	16/17 Avg 315		261	225	211	445	401	340	348	272	267	206	288	215	270	773
1	Number of Delayed Transfer of Care (Acute)	16/17 Avg 64		230	159	185	172	177	197	165	218	144	128	182	228	116	526
1	Timeliness of Adult Social Care Assessment assessed within 28 days of referral	>70%		73.9%	74.6%	75.9%	77.2%	78.3%	79.1%	79.1%	79.0%	78.5%	79.0%	78.6%	77.6%	76.6%	78.6%
3	Clients receiving Self Directed Care	>90%		92.6%	92.8%	92.9%	93.6%	93.1%	93.2%	92.8%	92.3%	92.5%	92.6%	92.6%	93.7%	93.9%	92.6%
2	Carers Assessments Completed year to date	40%		17.0%	20.7%	24.8%	31.1%	33.9%	34.5%	35.9%	38.1%	41.1%	42.2%	1.4%	3.1%	4.5%	1.4%
	Carers Assessment trajectory	(Year end)		10.8%	14.3%	17.9%	21.5%	25.1%	28.7%	32.3%	35.8%	39.4%	43.0%	3.0%	6.0%	9.0%	9.0%
3	Number of Permanent Care Home Placements	<=617		619	634	637	638	632	637	634	629	608	604	602	605	616	616
	Number of Permanent Care Home Placements trajectory	(Year end)		635	633	631	629	627	625	623	621	619	617	630	630	630	630
1	Children with a Child Protection Plan (one month in arrears)	NONE SET		239	238	248	254	235	198	176	160	155	150	146	153		146
3	4 Week Smoking Quitters (reported quarterly in arrears)	NONE SET		80			156			232			342				342
3	Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	NONE SET		8.4%			7.9%			7.8%			8.0%				8.0%
1	Safeguarding Adults - % of high risk concerns where immediate action was taken to safeguard the individual [NEW]	100%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
1	Bed Occupancy	80% - 90%		88.4%	80.7%	89.2%	93.2%	92.7%	93.2%	92.4%	93.1%	95.0%	92.6%	92.9%	94.6%	86.3%	92.9%
1	CAMHS - % of patients waiting under 18 weeks at month end	>92%		94.1%	92.0%	100.0%	98.4%	100.0%	100.0%	98.9%	100.0%	98.3%	97.9%	98.4%	97.7%	94.6%	98.4%
1	DOLS (Domestic) - Open applications at snapshot	NONE SET		599	608	574	579	596	603	609	610	597	569	556	557	560	556
1	Intermediate Care - No. urgent referrals	113		181	182	181	151	200	204	171	222	187	161	202	162	160	524
1	Community Hospital - Admissions (non-stroke)	NONE SET		247	225	253	242	241	224	252	278	223	235	236	222	213	671

Corporate Objective	Target 2018/2019	13 month trend	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year to date 2017/18
			NHS I - OPERATIONAL PERFORMANCE (NEW SINGLE OVERSIGHT FRAMEWORK FROM OCTOBER 2017)													
1	A&E - patients seen within 4 hours [STF]	>95%	92.3%	93.9%	93.2%	89.9%	92.8%	92.9%	88.3%	83.8%	81.1%	80.6%	87.7%	86.7%	90.9%	88.5%
	A&E - trajectory [STF]	>92%	91.0%	92.0%	92.5%	93.5%	92.0%	92.2%	90.2%	89.9%	92.6%	95.0%	90.1%	92.1%	94.6%	94.6%
1	Referral to treatment - % Incomplete pathways <18 wks	>92%	86.4%	86.1%	85.2%	84.0%	84.0%	83.7%	82.2%	82.5%	82.4%	81.6%	81.7%	82.1%	81.0%	81.0%
	RTT Trajectory		88.0%	88.9%	89.4%	89.8%	90.7%	89.9%	89.3%	90.1%	90.0%	90.0%	82.2%	82.3%	82.4%	82.4%
1	Cancer - 62-day wait for first treatment - 2ww referral	>85%	84.0%	86.8%	79.2%	85.7%	83.9%	77.4%	82.4%	85.7%	83.1%	79.7%	82.5%	81.3%	80.3%	81.3%
1	Diagnostic tests longer than the 6 week standard	<1%	2.8%	3.0%	7.3%	3.9%	3.2%	2.4%	3.7%	5.4%	3.1%	8.9%	11.0%	5.9%	5.9%	7.6%
1	Dementia - Find - monthly report	>90%	54.9%	52.8%	62.4%	81.8%	78.6%	59.0%	65.5%	52.1%	70.8%	92.7%	99.2%	92.6%	93.8%	94.0%
LOCAL PERFORMANCE FRAMEWORK 1																
1	Number of Clostridium Difficile cases - Lapse of care - (ICO) *	<17 (year)	0	1	2	0	0	3	2	0	0	0	1	0	0	1
1	Cancer - Two week wait from referral to date 1st seen	>93%	86.5%	74.3%	65.3%	61.1%	63.1%	70.4%	76.0%	77.7%	67.4%	71.7%	60.4%	55.1%	75.3%	63.5%
1	Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	>93%	94.8%	74.0%	17.1%	69.7%	94.7%	95.1%	93.2%	94.6%	97.6%	94.5%	93.3%	91.2%	87.0%	90.6%
1	Cancer - 31-day wait from decision to treat to first treatment	>96%	97.1%	98.8%	98.6%	98.9%	95.5%	95.0%	98.0%	90.8%	96.1%	98.1%	97.9%	97.9%	94.65%	96.8%
1	Cancer - 31-day wait for second or subsequent treatment - Drug	>98%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
1	Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	>94%	98.3%	95.3%	100.0%	98.1%	95.2%	100.0%	97.7%	96.3%	95.1%	100.0%	98.4%	98.4%	97.7%	98.2%
1	Cancer - 31-day wait for second or subsequent treatment - Surgery	>94%	97.0%	97.2%	100.0%	91.1%	95.8%	94.6%	100.0%	97.1%	97.1%	100.0%	100.0%	100.0%	93.5%	97.9%
1	Cancer - 62-day wait for first treatment - screening	>90%	100.0%	100.0%	100.0%	100.0%	87.1%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	85.7%	95.2%
1	Cancer - Patient waiting longer than 104 days from 2ww			13	10	6	12	16	14	24	23	23	17	21	21	21
1	RTT 52 week wait incomplete pathway	0	21	15	19	16	26	36	42	29	33	34	43	53	41	41
1	Mixed sex accomodation breaches of standard	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	On the day cancellations for elective operations	<0.8%	0.6%	0.7%	0.6%	1.0%	1.1%	0.7%	1.6%	0.9%	1.4%	4.5%	1.1%	1.4%	0.6%	1.0%
1	Cancelled patients not treated within 28 days of cancellation *	0	7	4	3	3	4	3	1	13	5	21	16	6	8	30

Corporate Objective	Target 2018/2019	13 month trend	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year to date 2017/18
LOCAL PERFORMANCE FRAMEWORK 2																
1	Ambulance handover delays > 30 minutes	0	183	104	180	150	88	124	181	143	172	168	117	97	119	333
	Handovers > 30 minutes trajectory *		30	30	30	30	30	30	30	30	30	30	0	0	0	0
1	Ambulance handover delays > 60 minutes	0	4	12	17	10	6	5	18	10	20	13	3	11	8	22
1	A&E - patients seen within 4 hours DGH only	>95%	88.1%	90.5%	89.9%	85.5%	89.7%	90.0%	84.0%	77.2%	72.8%	72.3%	81.8%	81.1%	86.0%	83.0%
1	A&E - patients seen within 4 hours community MIU	>95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%
1	Trolley waits in A+E > 12 hours from decision to admit	0	0	0	0	0	0	0	1	8	3	6	1	0	0	1
1	Number of Clostridium Difficile cases - (Acute) *	<3	1	1	2	0	1	5	2	1	1	1	1	1	2	4
1	Number of Clostridium Difficile cases - (Community)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
1	Care Planning Summaries % completed within 24 hours of discharge - Weekday	>77%	62.5%	65.4%	71.0%	71.0%	69.5%	68.7%	67.9%	67.7%	63.5%	60.5%	70.4%	70.4%	69.8%	70.2%
1	Care Planning Summaries % completed within 24 hours of discharge - Weekend	>60%	28.1%	33.6%	33.8%	38.5%	25.1%	35.9%	25.6%	28.0%	39.1%	28.6%	30.5%	34.6%	35.6%	33.5%
1	Clinic letters timeliness - % specialties within 4 working days	>80%	81.8%	86.4%	86.4%	90.9%	86.4%	90.9%	90.9%	81.8%	90.9%	86.4%	81.8%	72.7%	81.8%	78.8%
NHS I - FINANCE AND USE OF RESOURCES																
4	Capital Service Cover	2	4	4	4	4	4	4	4	4	3	3	2	4	4	4
	Plan		4	4	4	4	4	4	3	3	3	2	2	4	4	4
4	Liquidity	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3
	Plan		4	4	4	4	4	4	4	4	4	4	3	3	3	3
4	I&E Margin	1	4	4	4	4	3	3	3	2	2	1	4	4	4	4
	Plan		4	4	4	4	4	3	3	2	2	1	4	4	4	4
4	I&E Margin Variance from Plan		1	1	1	1	1	1	1	2	2	1	1	1	2	2
4	Variance from agency ceiling	1	1	1	1	1	1	1	1	1	1	1	3	3	3	3
	Plan		4	4	3	3	2	2	2	2	2	1	2	2	2	2
4	Overall Use of Resources Rating		3	3	3	3	3	3	3	2	2	2	3	3	3	3

Corporate Objective	Target 2018/2019	13 month trend	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year to date 2017/18
FINANCE INDICATORS - LOCAL																
4	EBITDA - Variance from PBR Plan - cumulative (£'000's)		389	-479	-732	-543	-1123	-2545	-3560	-4464	-5587	-3832	1469	664	-275	
4	Agency - Variance to NHSI cap		2.38%	2.00%	2.00%	1.41%	1.27%	1.09%	1.05%	0.89%	0.65%	0.44%	-0.50%	0.50%	0.40%	
4	CIP - Variance from PBR plan - cumulative (£'000's)		1392	822	1942	1475	3114	3711	2813	2263	1565	3417	-820	-758	-129	
4	Capital spend - Variance from PBR Plan - cumulative (£'000's)		6106	7708	9560	11689	13770	14723	17672	19886	22110	22318	955	2413	1531	
4	Distance from NHSI Control total (£'000's)		1696	1247	997	1503	1201	89	495	-15	-674	2287	1488	1486	-228	
4	Risk Share actual income to date cumulative (£'000's)		-192	-124	-98	0	0	0	0	0	0	0	0	0	0	

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

NOTES
* For cumulative year to date indicators, (operational performance & contract indicators) RAG rating is based on the monthly average
[STF] denotes standards included within the criteria for achieving the Sustainability and Transformation Fund

INTEGRATED CARE MODEL																
	Intermediate Care Referrals (All)		385	352	369	345	419	409	347	427	361	342	356	326	304	
	Intermediate Care GP Referrals		90	95	83	87	90	97	86	101	76	91	79	65	71	
	Average length of Intermediate Care episode		19.65	24.98	19.15	20.92	20.84	19.45	17.07	23.31	19.43	16.56	22.26	19.61	20.99	
	Total Bed Days Used (Over 70s)		10385	8516	8689	9348	9337	10265	9505	11269	9965	10780	10803			
	- Emergency Acute Hospital		5671	4505	4942	5045	5090	5293	5281	6076	5811	5680	5973			
	- Community Hospital		2897	2576	2769	2935	2918	2963	2918	3427	2762	3094	2918			
	- Intermediate Care		97	127	46	84	54	145	94	244	85	149	221			

Corporate Objective	Target 2018/2019	13 month trend	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year to date 2017/18
3	Number of Emergency Admissions - (Acute)		3101	3111	3040	3030	3232	3130	3176	3258	2913	3145	3103	3150	3125	9378
3	Average Length of Stay - Emergency Admissions - (Acute)		2.9	2.7	2.9	2.9	2.8	2.7	2.7	3.1	3.2	3.1	3.1	3.0	2.8	2.9
3	Hospital Stays > 30 Days - (Acute)		21	24	19	32	34	28	28	41	38	30	38	37	37	112

Cover sheet and summary for a report to the Trust Board Meeting 1st August 2018

Report title: Mortality Surveillance Score Card		Date: 1 st August 2018			
Report sponsor	Medical Director				
Report author	Patient & Experience Lead				
Report provenance	First presentation of this update.				
Confidentiality	The contents of this paper are suitable for presentation to the public.				
Report summary	This report provides an update (as at 19 th July 2018) of the current mortality of patients who have used inpatient services of the Trust				
Purpose (choose 1 only)	Note <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	Review <input type="checkbox"/>	Decision <input type="checkbox"/>	Approve <input type="checkbox"/>
Recommendation	The Trust Board is asked to consider the risks and assurance provided within this report and to agree any further action required.				
Summary of key elements					
<ul style="list-style-type: none"> The standardised mortality statistics for inpatients remain stable and acceptable, being significantly lower than benchmarked and neighbouring organisations The expected increase in mortality seen in the winter months has returned to baseline levels as in previous years. The rate of review of deaths, including potential avoidability, continues to rise, though still less than target. An action plan for increasing compliance has been developed. In light of recently reported concerns around deaths in a community hospital setting in Gosport, a review of deaths in all ward areas has been undertaken with expected levels of deaths reported. A more detailed review of use of opiate drugs is being undertaken. In light of the excess deaths in a Special Care Baby Unit in another Trust a review of the number of deaths in the Torbay SCBU have been review over the last 10 years with low numbers of deaths proportionate to the level of acuity of the unit. 					
Strategic context	The content of the report support the following strategic aims: <ul style="list-style-type: none"> Safe, quality care and best experience Well-led 				
Dependencies and risk	The data can be cross checked in the Board Databook, QIG Dashboard and independently from Dr Foster.				
Summary of scrutiny	The contents and recommendations in this report have been subject to challenge, due diligence, and risk assessment by: Executive team meeting 24 th July 2018.				
Stakeholder engagement	The following stakeholders were consulted during the compilation of this report: Information Team				
Other standards affected	Compliance with Health and Social Care Act				
Legal considerations	Compliance with Health and Social Care Act				

Report title: Mortality Score Card		Date: 1 st August 2018
Report sponsor	Medical Director	
Report author	Patient & Experience Lead	

Introduction & Data Source

The indicators for this score card have been collated from a variety of data sources using defined methodology. The report is designed to give a top level view of our bed based mortality over time and by week and weekend split. The report also includes mortality cases reviewed via the Trusts Morbidity and Mortality meetings using a proforma based on the Royal College of Physicians Structured Judgement Frame Work (SJF) looking at any lapses in care as well as good practice. Data sourced includes data from the Trust, Department of Health (DH) and Dr Foster. The data in the appendices has, in the main, been displayed as run charts. The report is generated for the Trust Board, Quality Improvement Group, Quality Assurance Committee and Mortality Surveillance Group as well as local governance groups.

The run charts used are designed to look for *trends* and *shifts* in the data.

Trends: If 5 or more consecutive data points are increasing or 5 or more consecutive points decrease, this is defined as a trend. If a trend is detected it indicates a non-random pattern in the data. This non-random pattern may be a signal of improvement or of process starting to err.

Shifts: If 6 or more consecutive data points are all above or all below the median this indicates a non-random pattern in the data which may be a signal of improvement or of a process starting to err.

Table 1: Torbay & South Devon NHS Foundation Trust Data Sources

Safety Indicator		Data Source	Target	RAG
Appendix 1	Mortality	Dr Foster 2016/17 benchmark Month	Aim for a yearly HSMR ≤90	
<ul style="list-style-type: none"> Hospital Standardised Mortality Rate (HSMR) Summary Hospital Mortality Index (SHMI) 		DH SHMI data		
Appendix 2		Trust Data	Yearly Average ≤3%	
<ul style="list-style-type: none"> Unadjusted Mortality rate 		Dr Foster	All 15 safety indicators positive	
Appendix 3		Trust Data Structured Judgement Framework M&M reviews		
<ul style="list-style-type: none"> Dr Foster Patient Safety Dashboard 				
Appendix 4				
<ul style="list-style-type: none"> Hospital Mortality 				
Overview				

Overview The Hospital Standardised Mortality Rate (HSMR) and Summary Hospital Mortality Index (SHMI) at TSDFT remain within the accepted range for our population over a prolonged period. The latest trends continue to show the monthly trend 'as expected' and the 12 month rolling rate performing within the top third of the Southwest Hospitals. The Trust also has a low number of Dr Foster alerts which are being reviewed.

Appendix 1 Hospital Mortality

This metric looks at the two main standardised mortality tools and is therefore split into:

- 1A – Dr Foster Hospital Standardised Mortality Rate (HSMR) and
- 1B – Department of Health Summary Hospital Mortality Index (SHMI)

1A The HSMR is based on the *Diagnosis all* Groups using the 16/17 monthly benchmark and analysis by Trend Month

Our HSMR Measure aim is to reduce and sustain the HSMR below a rate of ≤ 90

A rate above 100 with a **high relative risk** may signify a concern and needs to be investigated.

Chart 1 - HSMR by Month Apr 15 – Mar 18

Chart one (as below) shows a longitudinal monthly view of HSMR as well as highlighting the current month. The latest month's data, February has a relative risk of **85.8**– this may change as more data is processed by Dr Foster. This is under the 100 line and within the expected range. Mortality over 17/18 has been very positive and lower that the preceding years.

[Diagnoses | Mortality \(in-hospital\) | Apr 2015 - Mar 2018 | Trend \(month\)](#)

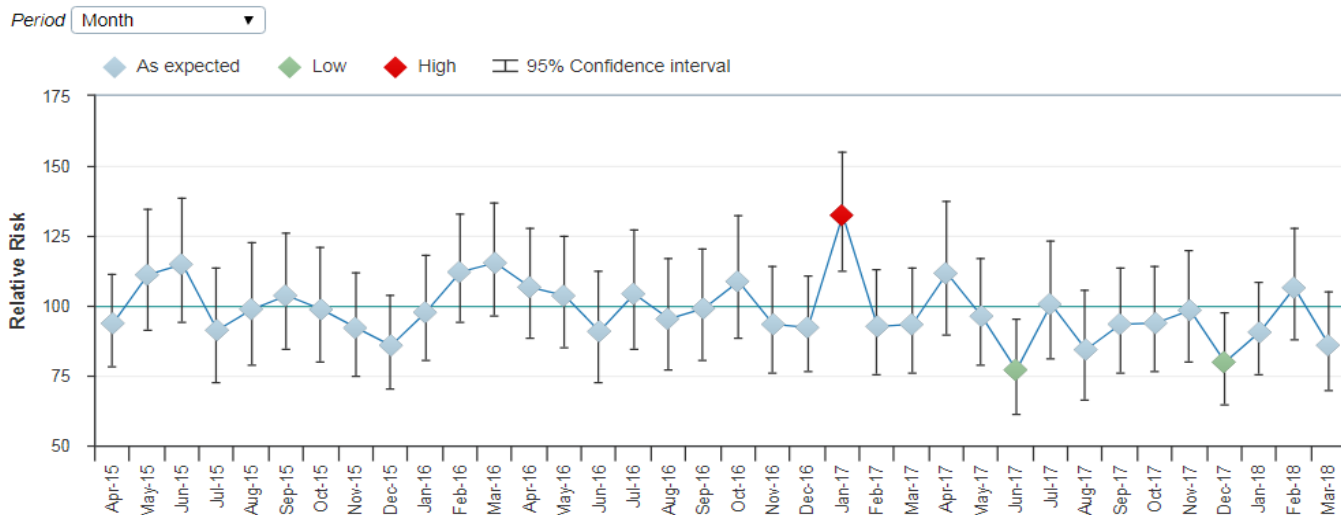


Chart 2, as below, highlights HSMR as a peer comparison across the South West Mortality using a 12 monthly annual total - Apr 17 to Mar 18. Torbay and South Devon are in the top third performing trusts.

Diagnoses | Mortality (in-hospital) | Apr 2017 - Mar 2018 | REGION (acute)

Peers Measure Benchmarks Order chart by Show

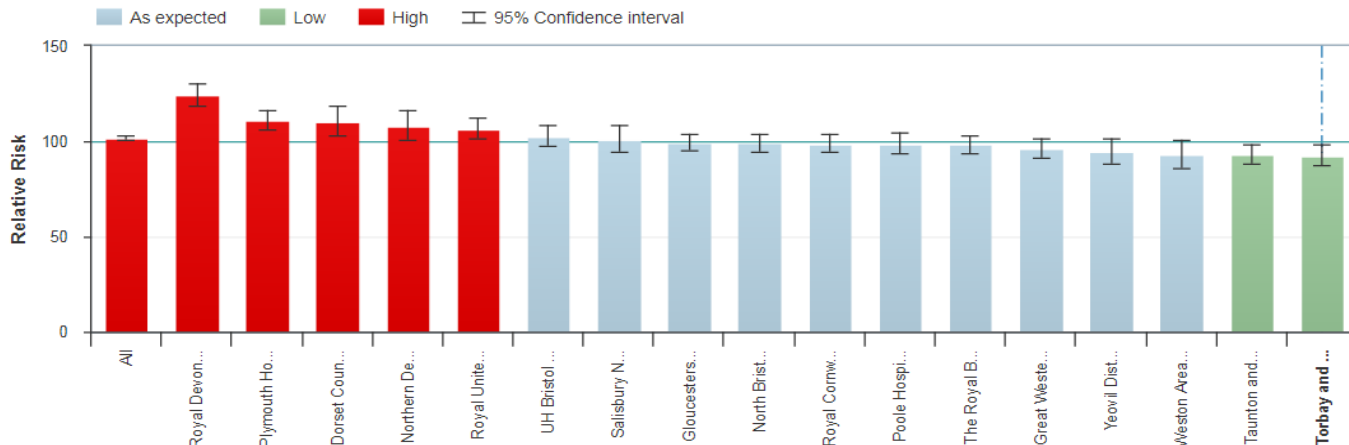


Chart 2

1B Summary Hospital Mortality Index (SHMI) Reporting period Oct 2016 – Sept 2017

SHMI is derived from Hospital Episode Statistics (HES) data and data from the Office of National Statistics (ONS). SHMI is based upon death up to 30 days post discharge from hospital and this is the main difference between SHMI and HSMR. The data is released on a 3 monthly basis and is very retrospective; therefore, please note the following data is based on the Oct 2016 – Sept 2017 data release.

Chart 3, as below, highlights SHMI by quarter period with all data points within the expected range and trending below our 90 target which is very positive.

SHMI trend for all activity across the last available 3 years of data

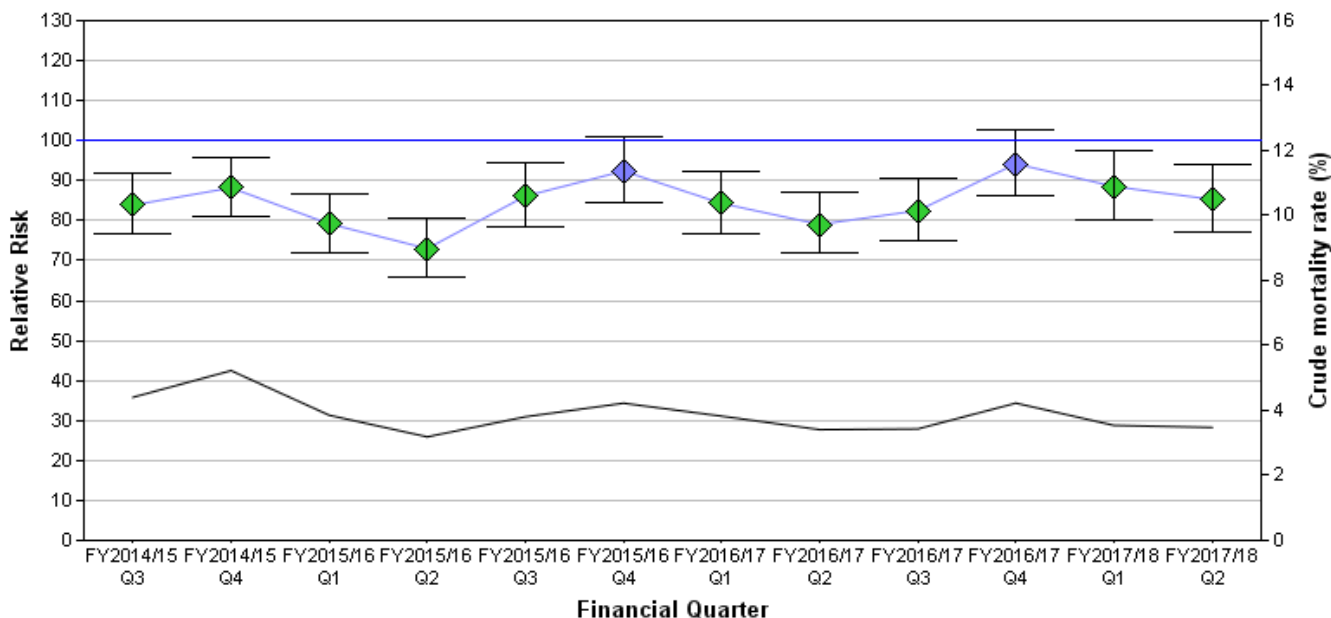


Chart 4 SHMI all deaths, SHMI in hospital deaths and HSMR comparison

SHMI (all deaths), SHMI* (in hospital) and HSMR for all admissions to Torbay and South Devon NHS Foundation Trust in Oct 2016 to Sep 2017

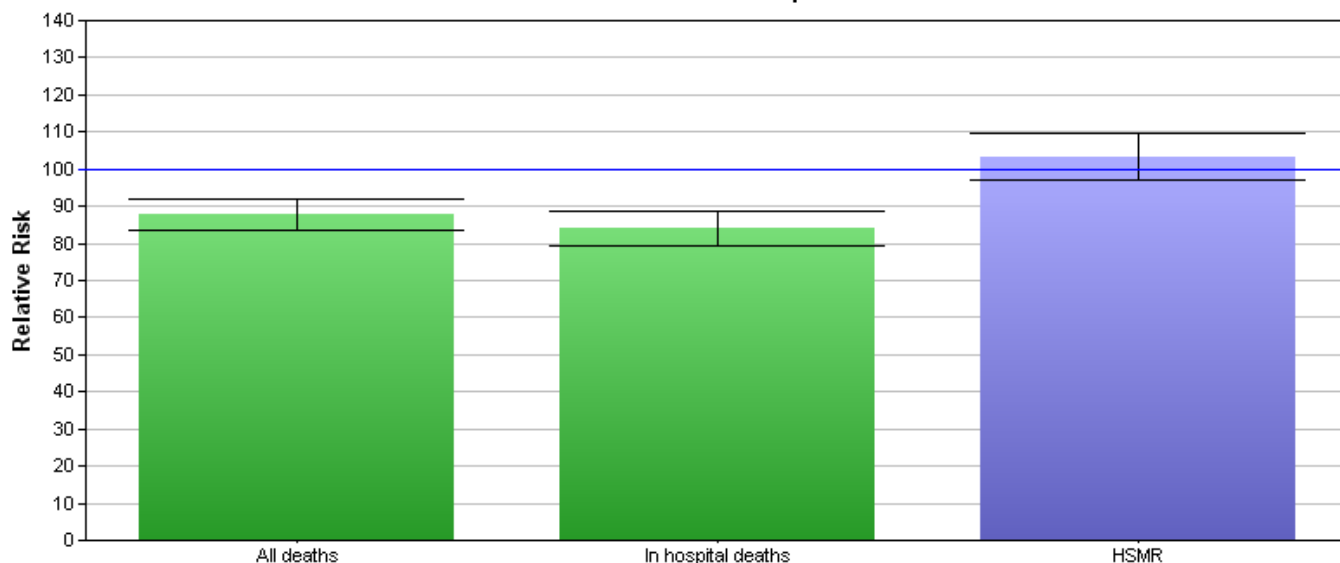


Chart 4 (as above) records all SHMI deaths, deaths in hospital and HSMR. The SHMI data are within expected range and show the in-hospital deaths at a very low relative risk. What this chart does highlight is the differential between HSMR and SHMI.

Chart 5 shows the 12-month rolling SHMI data by time period and demonstrates a significant fall at the time of establishment of the ICO which has remained low

SHMI by data period

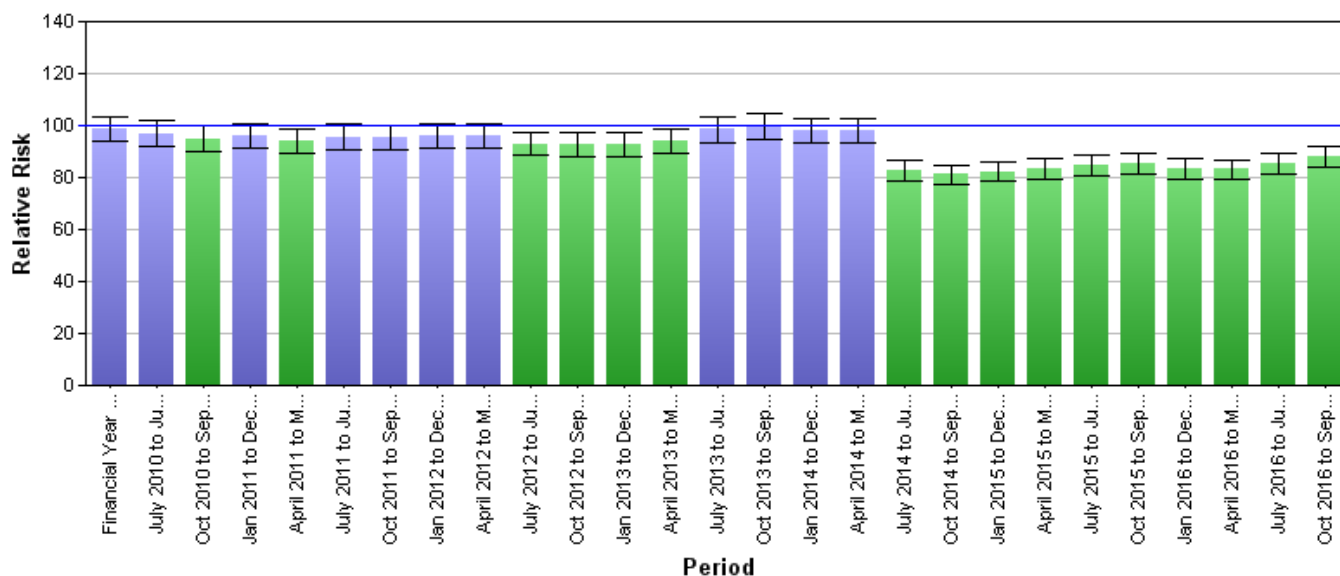
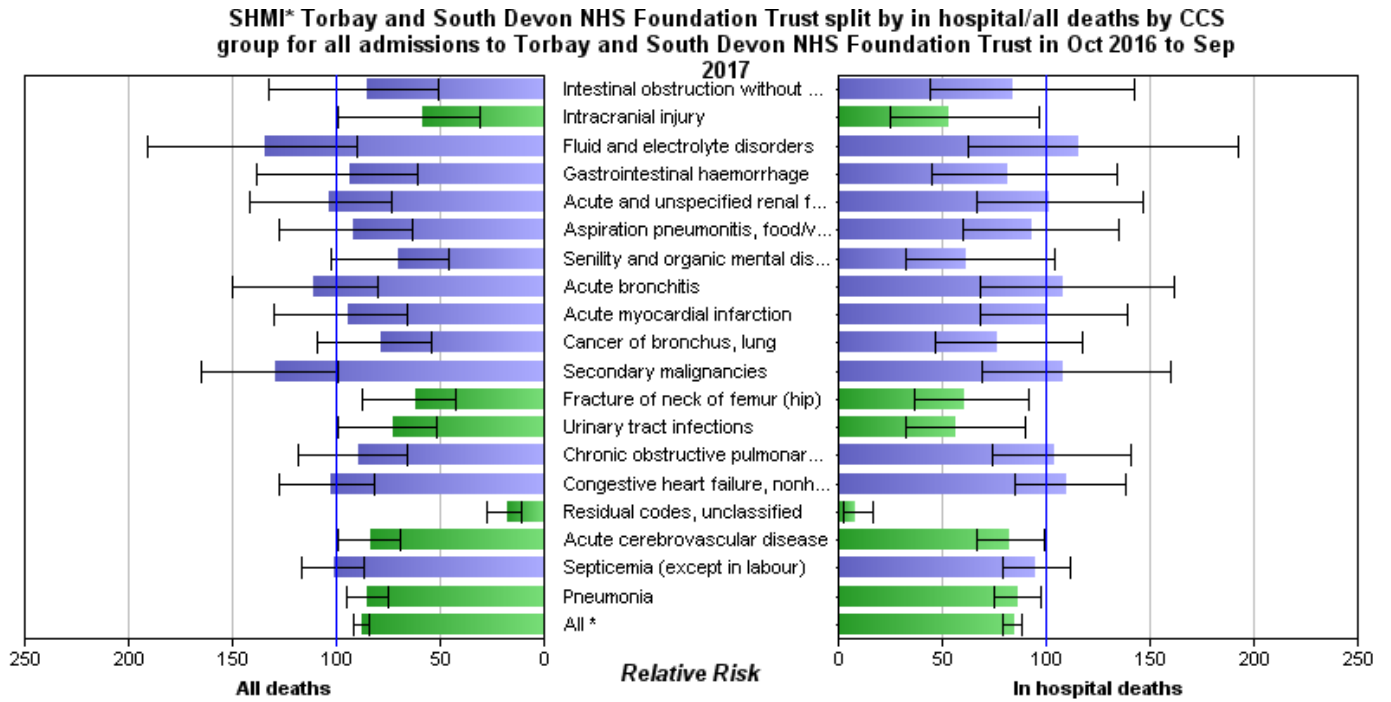


Chart 6 allows a comparison of the mortality clinical classification software (CCS) groups for in hospital and all deaths (i.e. within 30 days post discharge). All areas are within *normal range* or are performing *better than the norm*.



Appendix 2

This data looks at the number of deaths in hospitals and expresses this as an unadjusted death rate as a percentage

This percentage is defined as the monthly unadjusted or 'raw' mortality. It is calculated as follows:

Determine the numerator: the total number of in hospital deaths (TD) for the current month (excluding stillbirths and deaths in A & E).

Determine the denominator: the current month's total number of deaths (TD) + live discharges (LD).

Calculate the actual percent monthly-unadjusted mortality by dividing (TD) by (TD + LD) and then multiply by 100.

Chart 7 The unadjusted mortality has to be viewed along with the more in-depth analysis provided by HSMR and SHMI. Mortality rises in the winter periods and this year the peak months have been Jan & Feb 2018. The HSMR data – chart 1 has remained low despite this rise which is encouraging.

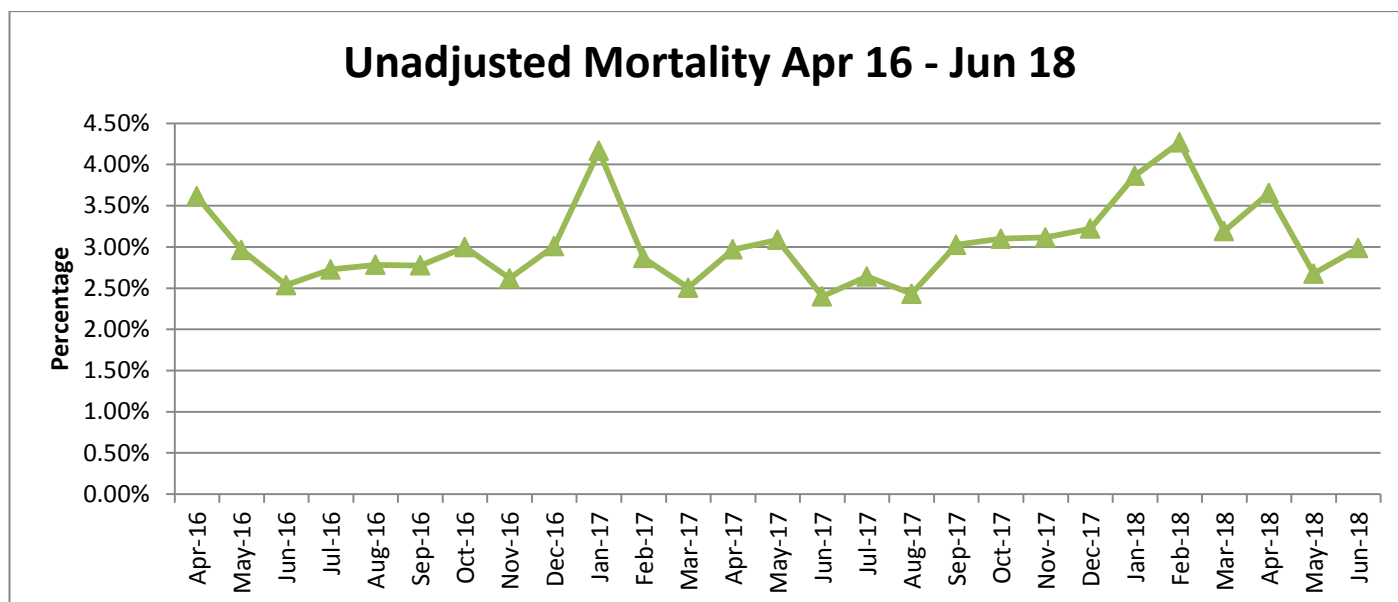
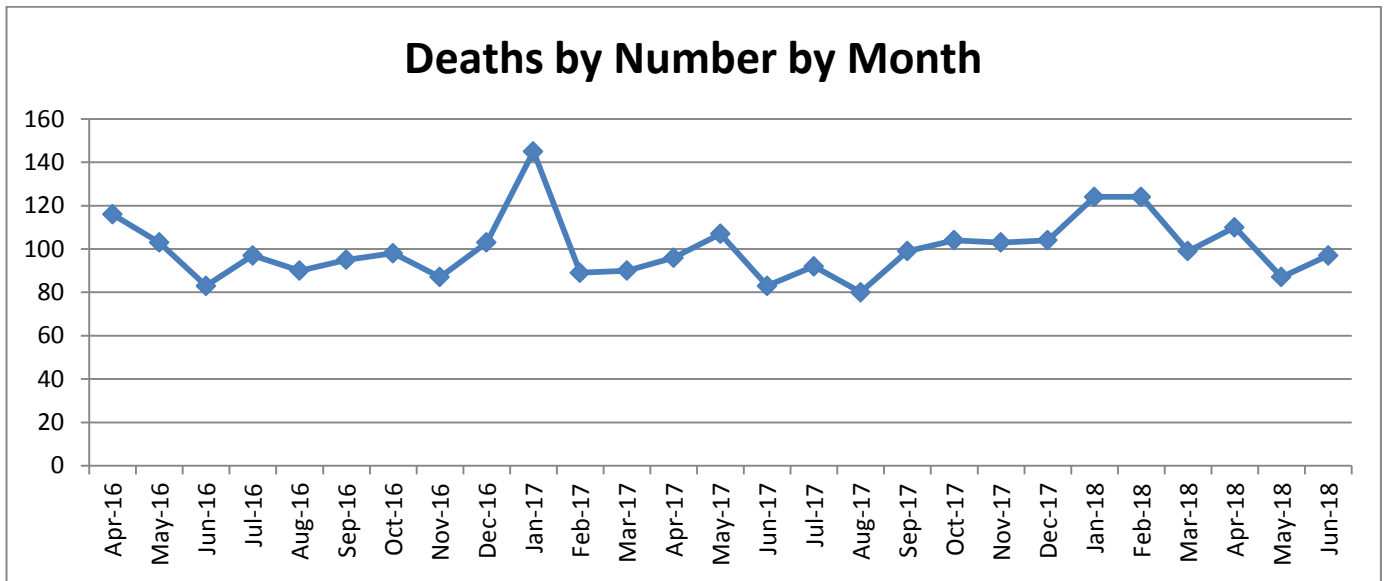


Chart 8 highlights the monthly mortality by number of deaths within the hospital based care setting. Jan/ Feb 2018 appear to be the peak winter periods for this year, as opposed to the spike experienced in Jan 2017 and numbers by month are reducing thereafter which is to be expected.

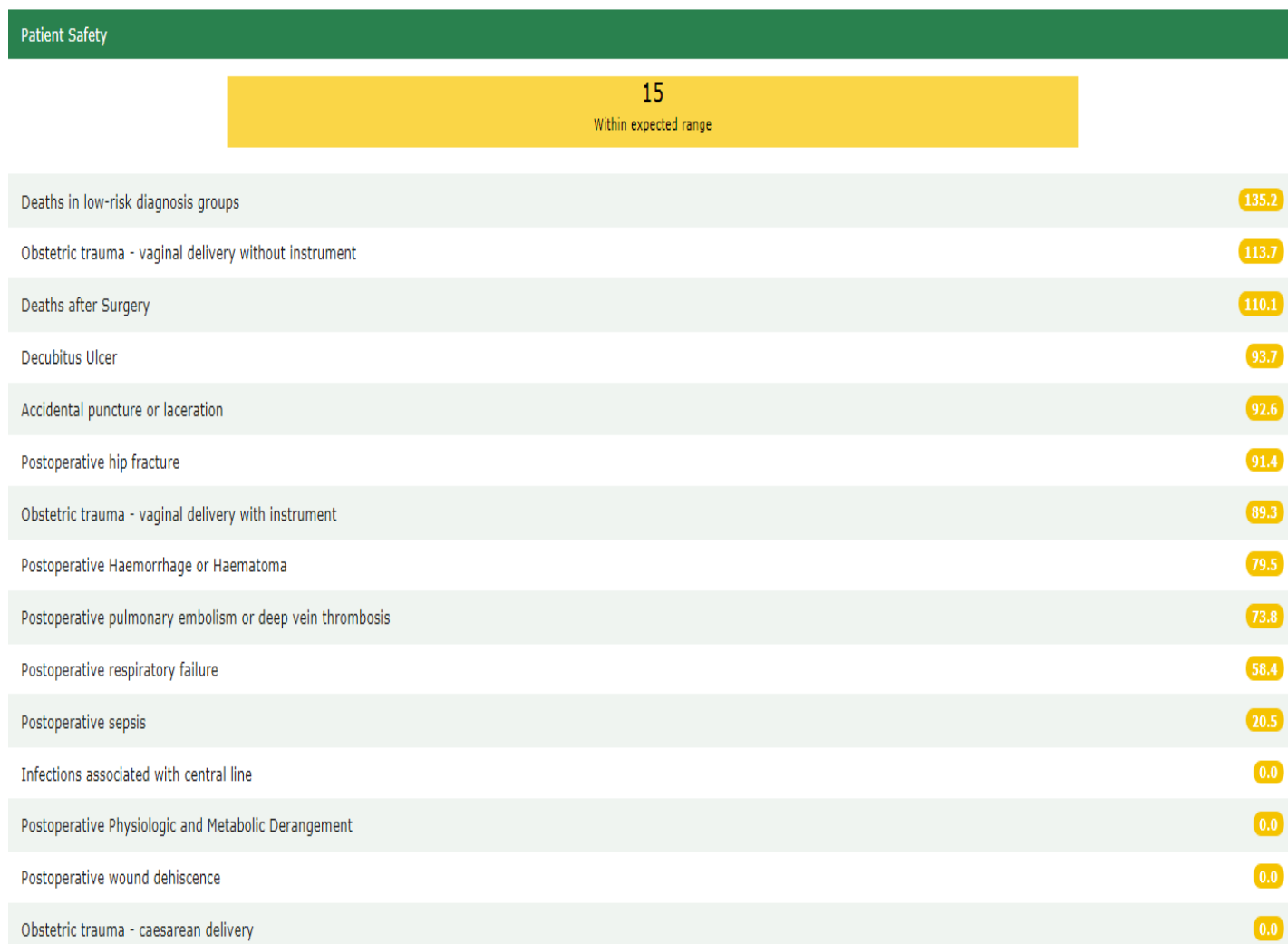


Appendix 3

Dr Foster Patient Safety Dashboard

These Patient Safety Indicators are taken from Dr Foster and are adapted from the set of 20 devised by the Agency of Healthcare Research & Quality (AHRQ) in the US. The AHRQ developed its indicators after extensive research and they have the benefit of being based on routinely available data which in turn are based on procedure codes used in the NHS.

The data was pulled on the 19th July 2018 and all of the 15 indicators are within the expected norm



Appendix 4

A - Trust Mortality Reviews

Of the mortality reviews undertaken in Quarter One of 2018/2019, all have been assessed as unavoidable to date. The proportion of deaths being reviewed remains below the level planned. An action plan to increase completeness is being developed through the Mortality Surveillance Group.

B - Trust Mortality distribution July to April

In light of the reported events in Gosport a review of mortality across all clinical inpatient areas has been performed. The table below highlights mortality by month by ward and location. There are no clinical areas that show mortality outside expected norms.

A similar analysis has been undertaken in relation to deaths in Special Care Baby Unit after the reports of excess deaths and possible homicide in the Countess of Chester Trust. The numbers of deaths of babies in SCBU over the last 10 years has been very low and within the range expected and appropriate to the level of acuity of the unit.

Monthly mortality in Clinical Areas of Torbay and South Devon NHS Foundation Trust, July 2017 to July 2018.

Row Labels	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Sparkline
AINSLIE	1	1	1	4	1	0	1	4	4	0	1	1	
ALLERTON	4	3	1	5	3	4	5	2	6	10	6	4	
BRIXHAM	1	1	0	2	1	3	2	1	1	2	1	1	
CHEETHAM HILL	11	9	16	10	15	19	12	10	11	8	12	9	
CROMIE	1	2	3	1	3	3	8	8	9	2	2	2	
DART	0	2	1	2	2	0	1	2	0	3	1	1	
DAWLISH	1	1	3	2	3	0	4	3	3	3	4	4	
DUNLOP	2	5	10	3	4	10	6	7	7	5	3	8	
EAU3	3	7	3	8	11	7	9	7	4	9	6	7	
EAU4	12	4	6	8	5	8	7	10	11	12	2	7	
ELLA ROWCROFT	0	0	0	0	0	0	1	0	0	1	1	2	
FORREST	1	1	0	3	2	3	5	3	2	4	2	0	
GEORGE EARLE	14	8	6	11	10	9	14	10	14	6	16	9	
ICU	11	6	6	8	9	12	13	12	6	10	8	6	
MIDGLEY	7	10	15	11	9	8	12	13	8	11	8	10	
SIMPSON	7	5	11	8	6	4	6	9	3	9	4	9	
TEIGN WARD	1	1	0	2	3	3	1	3	3	2	1	1	
TEMPLAR WARD	3	3	1	4	4	2	1	5	2	1	3	1	
THEATRES	0	0	0	0	1	1	1	0	0	0	0	0	
CHEST PAIN UNIT	1	0	0	0	0	0	0	0	0	0	0	0	
CCU	2	4	4	2	4	1	3	3	1	3	1	2	
TURNER	8	7	11	10	6	6	8	8	3	9	5	13	
Grand Total	92	80	99	104	103	104	124	124	99	110	87	97	

Glossary of Terms

HSMR (Hospital Standardised Mortality Rate) - the case-mix adjusted mortality rate relative to the national average.

- **Relative Risk (RR)** - The ratio of the observed number of negative outcomes to the expected number of negative outcomes. The benchmark figure (usually the England average) is always 100; values greater than 100 represent performance worse than the benchmark, and values less than 100 represent performance better than the benchmark. This ratio should always be interpreted in the light of the accompanying confidence limits. All HSMR analyses use 95 % confidence limits.

CUSUM Alerts - CUSUM is short for 'cumulative sum'. The charts show the cumulative sum of the differences between expected outcomes and actual outcomes over a series of patients. The total difference is recalculated for each new patient and plotted on a chart cumulatively (i.e. where one patient's difference ends the next one starts). Alerts are designed to signal that a pattern of activity appears to have gone beyond a defined threshold. They indicate a series of events that have occurred that are sufficiently divergent from expectations as to suggest a systematic problem. Alerts are triggered when the CUSUM statistic passes through a set threshold. This is shown graphically on the charts by a black cross on the threshold. Once an alert has been triggered the chart is re-set to the mid-way point. This will mean that another run of negative outcomes compared with expected outcomes will trigger an alert in a shorter timescale. The threshold value determines when the CUSUM graph is deemed to be out-of-control (i.e. higher or lower than the benchmark). At this point an Alert is raised and the CUSUM value is reset to half the threshold. The value selected affects the probability that an Alert is a False alarm and the probability that a real alarm is successfully detected. A high threshold is less likely to trigger false alarms but is more likely to miss a genuine out-of-control condition, and vice versa for a low threshold. For example, if chosen "Maximum (99.9%)" the system will select the highest threshold which corresponds to a False Alarm Rate (FAR) that is less than or equal to 0.1% given the annual volume and expected outcome rate of the analysis. With that threshold, only 0.1% of hospitals with in-control outcome rates (i.e. equal to the benchmark) will alert

Charlson Index of Comorbidities

Co-morbidity is assigned to the spell from assessing the secondary diagnoses codes, that are coded in the episode of care used to derive the primary diagnosis. In majority of cases this will be the first episode of care (on admission to hospital), however, where the primary diagnoses in the first episode of care is an R code, the system will look to the second episode of care to identify a clearer diagnosis, should one be available. In that case the secondary diagnoses of the second episode will be used. The Charlson Index of comorbidities is used both for the HSMR and the SHMI.

The Standardised Hospital Mortality Indicator (SHMI) is the ratio of the observed number of deaths to the expected number of deaths for a provider. The observed number of deaths is the total number of patient admissions to the hospital which resulted in a death either in-hospital or within 30 days post discharge from the hospital. The expected number of deaths is calculated from a risk adjusted model with a patient case-mix of age, gender, admission method, year index, Charlson Comorbidity Index and diagnosis grouping. The cumulative risk of dying within the spell for each patient within the selected group gives the number of expected deaths.

Cover sheet and summary for a report to the Trust Board	
Report title: South 1 Pathology Board Briefing	Date: 1 August 2018
Report sponsor	Director of Finance
Report author	Programme Director, South 1 Pathology Board
Report provenance	Approved by the South 1 Pathology Programme Board and the STP Chief Executives via the PDEG Group.
Confidentiality	This report is open and in the public domain.
Report summary	<p>The attached paper describes the approach of the South 1 – Devon and Cornwall – grouping of providers in addressing the productivity requirement placed on Pathology services by NHS Improvement. Central to the approach is the establishment of a Pathology Clinical Effectiveness Group, which will operate in a clinical commissioning capacity and inform the development of a future operating model, including consideration of:</p> <ul style="list-style-type: none"> - A common quality policy and quality standards for tests and services across all sites - An evidence based test repertoire, or directory, linked to delivering best practice and improvements in patient pathways - A test directory based on clinical pathways and with clear definitions of the expected quality of the test/s (for example, turnaround time, minimum retest intervals, accuracy, sensitivity, specificity and cost) - The consolidation, on less sites than currently, of low volume non-urgent tests and low volume tests requiring specialist/complex equipment and/or clinical knowledge, to include the repatriation of some tests currently referred outside the South 1 Network - Adoption of a principle that shares the re-location of low volume/complex non-urgent tests across all South 1 sites, to support service resilience and recruitment and retention improvements - An assurance that the cost, price and benefits of any service change are distributed equitably across organisations - Adoption of the Devon STP principles of mutual support to ensure continuing service delivery during normal operations and in times of crisis - An aspiration to deliver a single common Laboratory Information Management System platform or at the very least interoperability between systems to allow for the easy and safe transfer of work where required - A willingness to be open and transparent across South 1 where business developments, staffing changes and procurements are being considered - A longer term plan to replace the existing Managed Laboratory Services contracts with a single contract across all South 1

	services, to the mutual benefit of all sites and to allow for the development of new services and the adoption of new technologies				
Purpose	Note <input type="checkbox"/>	Information <input type="checkbox"/>	Review <input type="checkbox"/>	Decision <input type="checkbox"/>	Approve <input checked="" type="checkbox"/>
Recommendation	NHS Improvement has asked the network to produce a Strategic Outline Case by the end of July 2018. In support of this, the Board is asked to endorse the approach outlined in this paper, specifically the establishment of a Pathology Clinical Effectiveness Group in a clinical commissioning capacity.				
Summary of key elements					
Strategic context	<p>In September 2017, Dr Jeremy Marlow, Executive Director of Operational Productivity and Professor Tim Evans, National Director of Clinical Productivity wrote to all Trusts confirming the establishment of 29 pathology networks across England. The letter stated that networks were <i>“to be run as a Hub and Spoke model – preserving essential services relevant to each hospital on site, whilst centralising within each the performance of both high volume and more complex tests.”</i></p> <p>These proposals follow two reviews by Lord Patrick Carter, which highlighted that up to £0.2 billion could be saved nationally across England if pathology networks were established, services were consolidated, and unwarranted variation removed. NHSI have set the Peninsula network a combined savings target of £4.5m compared to the 2015/16 budget.</p>				
Dependencies and risk	Provide guidance as to where board members can cross- reference the information in this report. List the major risks identified and cross-reference to risk register and risk score, if appropriate. Include the risk of not adopting the recommendation.				
Summary of scrutiny	<p>The recommendations in this report have been subject to challenge, due diligence, and risk assessment by:</p> <ul style="list-style-type: none"> • South 1 Pathology Board – June 2018 • Executive Directors – July 2018 				
Stakeholder engagement	<p>The following stakeholders were consulted during the compilation of this report:</p> <ul style="list-style-type: none"> • Clinical and managerial teams in Pathology services • STP Partner organisations • NHS Improvement 				
Other standards affected	<p>The recommendations made in this report will impact upon:</p> <ul style="list-style-type: none"> • None 				
Legal considerations	None at this stage				

Peninsula Pathology (South 1) NHS Network Briefing Paper for STP Bodies, CCGs, Trusts & Pathology Departments

Background

In September 2017, Dr Jeremy Marlow, Executive Director of Operational Productivity and Professor Tim Evans, National Director of Clinical Productivity wrote to all Trusts confirming the establishment of 29 pathology networks across England (Appendix 1). The letter stated that networks were “*to be run as a Hub and Spoke model – preserving essential services relevant to each hospital on site, whilst centralising within each the performance of both high volume and more complex tests.*”

These proposals follow 2 reviews by Lord Patrick Carter, which highlighted that up to £0.2 billion could be saved nationally across England if pathology networks were established, services were consolidated, and unwarranted variation removed. NHSI have set the Peninsula network a combined savings target of £4.5m compared to the 2015/16 budget. Trusts were asked to confirm their commitment to move towards this Hub & Spoke model. The responses from Devon STP and Royal Cornwall Hospitals NHS Trust are attached at Appendices 2 & 3.

Purpose of this paper

The purpose of this paper is to brief STP bodies, Executive Directors, Boards and Pathology Departments on progress to date and to seek support for the approach we intend to take to deliver the challenge set by NHSI.

Progress to date

The Peninsula Pathology (South 1) NHS Network Board was established in December 2017, is chaired by Ann James, Chief Executive of University Hospitals Plymouth NHS Trust and has met on five occasions. The membership includes Executive Directors, clinical and laboratory management representatives from the 5 acute Trusts across Devon and Cornwall, together with representatives from CCGs and primary care.

The partner organisations have agreed an approach that is fully transparent and mutually supportive, including a set of principles and behaviours, complete financial transparency and the sharing of intelligence on current pathology services.

The Board are committed to delivering a high quality and more efficient service than the current model. Trusts are facing significant workforce and service delivery challenges, however, there are opportunities to work together and to do things differently e.g. mutual support, developing a digital network and joint procurements. The network is committed to developing an approach focussed on clinical effectiveness, as there is evidence that this approach is likely to provide more significant improvements in patient pathway cost

and quality, with reductions in patient harm than could be achieved through a focus on pathology service consolidation and efficiency alone.

Our approach will influence the development of the national Pathology GIRFT programme, as the work will be led locally by Dr Tom Lewis from Northern Devon Healthcare NHS Trust, who was recently appointed joint national lead of the Pathology GIRFT programme. The Peninsula is fortunate that Dr Simon Knowles from Royal Devon & Exeter NHS Foundation Trust has also been appointed as one of the national GIRFT leads. It is important to acknowledge that the work we undertake in the peninsula, based on clinical effectiveness will be seen as a pilot for the national GIRFT programme and as such there will be an expectation that we make good progress and that it is suitably impactful.

In January, the Board confirmed our “*commitment to working together and with NHSI to develop the most efficient, effective and appropriate model of service delivery across the Peninsula*” (Appendix 4). NHSI have asked the Board to submit a Strategic Outline Case by the end of July 2018.

Key challenges & support required

Previous experience with the Peninsula Pathology Partnership in 2012¹, and the experience of others across the UK, shows that creating laboratory networks is complex with a high risk of failure. Although an approach based on clinical effectiveness may be compelling, in practice there are likely to be significant political, financial and clinical hurdles to overcome. It is vitally important, therefore, that the Board establishes effective, clinically led governance arrangements and our approach is fully endorsed by Trusts and CCGs.

The Governance Framework

The governance framework supporting the approach outlined in this paper is shown at Appendix 5 and the roles of the Groups and Boards within that framework are summarised below

Peninsula Pathology Effectiveness Group (PPEG)

The Peninsula Pathology Effectiveness Group (PPED) will work in a clinical commissioning capacity, underpinned by agreed quality criteria, in an approach which is consistent with the national GIRFT programme and parallels that taken in Medicines Optimisation. The drivers for its work programme include:

- Specialty Group recommendations
- Unwarranted variation as identified by Model Hospital, GIRFT and the Finance workstream

¹ PPP originally comprised UHP, RCHT & SDHFT. It was expanded to include NDH in 2012

- Sustainability issues, both manpower and equipment
- Procurement opportunities e.g. contract renewals
- Strategic options
- Horizon scanning

Three initial workstreams have been identified which could, in principle, be progressed fairly quickly (as evidenced by early success in North Devon) and which will test the clinical and organisational willingness to support change. Those workstreams are:

1. Primary care chronic disease monitoring
2. Sexual health
3. Immunology testing

Peninsula Pathology Delivery Group (PPDG)

The Peninsula Pathology Delivery Group (PPDG) provides tactical and operational delivery support. It will work through the workforce, estates, logistics, I.T., procurement and financial implications of recommendations from PPEG and will provide recommendations to the Peninsula Pathology Network Board on how best to implement those recommendations.

Peninsula Pathology Network Board (PPNB)

The Peninsula Pathology Network Board (PPNB) provides the strategic direction and decision making for the South 1 Pathology Network.

The Board will consider the recommendations from PPEG in the context of any implications identified by the PPDG and convey their recommendations to Trusts. The Board will also provide the oversight to ensure timely, efficient and effective implementation of those recommendations across the Peninsula.

What does this mean for organisations ?

- A common quality policy and quality standards for tests and services across all sites
- An evidence based test repertoire, or directory, linked to delivering best practice and improvements in patient pathways
- A test directory based on clinical pathways and with clear definitions of the expected quality of the test/s (for example, turnaround time, minimum retest intervals, accuracy, sensitivity, specificity and cost)
- The consolidation, on less sites than currently, of low volume non-urgent tests and low volume tests requiring specialist/complex equipment and/or clinical knowledge, to include the repatriation of some tests currently referred outside the South 1 Network
- Adoption of a principle that shares the re-location of low volume/complex non-urgent tests across all South 1 sites, to support service resilience and recruitment and retention improvements

- An assurance that the cost, price and benefits of any service change are distributed equitably across organisations
- Adoption of the Devon STP principles of mutual support to ensure continuing service delivery during normal operations and in times of crisis
- An aspiration to deliver a single common LIMS platform or at the very least interoperability between systems to allow for the easy and safe transfer of work where required
- A willingness to be open and transparent across South 1 where business developments, staffing changes and procurements are being considered
- A longer term plan to replace the existing MLS contracts with a single contract across all South 1 services, to the mutual benefit of all sites and to allow for the development of new services and the adoption of new technologies

Recommendation & next steps

STP bodies, CCGs and Trusts are asked to endorse the approach outlined in this paper, specifically the establishment of a Pathology Clinical Effectiveness Group in a clinical commissioning capacity.

This paper will be circulated for comments then presented for approval by Pathology Heads of Department. Trust Executive Teams, the STP Clinical Cabinet and the STP Chief Executives Group.

Given that NHSI have asked the network to produce a Strategic Outline Case by the end of July 2018, we need to complete the approval process within that timeframe.

Appendices:

1. Letter from NHSI “Establishing & Implementing 29 Pathology Networks across England”, 7 September 2017
2. Letter from Devon STP to Marlow & Evans, 20 October 2017
3. Letters from RCHT, to Marlow, 17 October 2017
4. Letter from Ann James to Marlow & Evans, 31 January 2018
5. Peninsula Pathology (South 1) NHS Governance Framework
- 6a. Briefing Note Pathology Network Board December 2017
- 6b. Briefing Note Pathology Network Board January 2018
- 6c. Briefing Note Pathology Network Board February 2018
- 6d. Briefing Note Pathology Network Board April 2018

Approved by the Board on: 14 June 2018

7th September 2017,
Plymouth Hospitals NHS Trust

ESTABLISHING AND IMPLEMENTING 29 PATHOLOGY NETWORKS ACROSS ENGLAND

Dear Ann James, Phil Hughes & Neil Kemsley,

Since the end of last year, we have been working with your teams to validate your 2015-16 pathology data and we have since collected the majority of the required information for 2016-17. This last enabled us to construct a comprehensive picture of NHS pathology services across the country, through which it is possible to compare overall, regional and local performance year-on-year. This builds upon Lord Carter's pathology service reviews of 2006 and 2008 and work looking into operational performance and productivity in acute trusts published in 2016. The exercise has revealed continued unwarranted variations across England in how rapidly and efficiently services are delivered to patients and how productively laboratories are run. We must now take urgent action to implement Lord Carter's recommendations in order to provide high-quality, rapid and comprehensive diagnostic services for patients which are delivered in the most efficient manner. This will facilitate the introduction of, and widest access to, new investigations and diagnostic systems, and improve training and career development for our scientific and technical staff.

Using the national data from acute non-specialist providers we have identified 29 potential pathology networks to be run as a Hub and Spoke model – preserving essential laboratory services relevant to each hospital on site, whilst centralising within each the performance of both high volume and more complex tests. The most advanced investigations utilising, for example, genetic and molecular techniques, may need to be restricted to fewer sites, necessitating 'cross network arrangements'. Such a structure will support a high quality service to patients and facilitate the introduction of a new generation of investigations; enhance the career opportunities for clinical scientific and technical staff working within the service; and be more efficient, delivering recurrent projected annual savings to the NHS of at least £200m.

The 29 networks have been shared with our Pathology Optimisation Delivery Board, which is chaired by Professor Adrian Newland, and attended by representatives of the professional organisations of the Pathology Alliance. The Board has reviewed the configuration of the proposed networks, and recognises that adjustments may be needed to accommodate progress already made in some regions, and to reflect established patient pathways. A major task for the Board will be to work within NHS Improvement to ensure a smooth implementation of the proposed plans over the next three years.

We now need your Trust to review your proposed network and confirm your commitment to move towards this Hub and Spoke model. After seeking approval from your Board, please can each Chief Executive and Medical Director across the proposed network sign and return a letter to nhsi.pathservices@nhs.net which states their agreement to establish the proposed network by 30 September 2017.

About your proposed network

We have attached a data pack about your proposed network which explains how the Hub and Spoke model can best serve your patients whilst ensuring that any services critical to your health population remain in place and available for patients. Within your pack, you will see this network models a future state in which Plymouth Hospitals NHS Trust becomes the Hub for the south west peninsula. The model shows a potential saving opportunity of £10.70 million. We are aware that previous attempts to establish a network across these 5 providers has been unsuccessful however, in order to deliver the available efficiencies, a network of this scale will be necessary.

If you have any questions regarding your proposed network and the data, please contact the team on nhsi.pathservices@nhs.net or call 0203 747 0604.

What your Trust needs to do by the end of September 2017:

- Send a formal written response returned to NHS Improvement confirming that your trust Chief Executive, Medical Director and Chair agree with the composition of the proposed pathology network;
- If you disagree with your proposed network and would like to be considered as part of a different cluster, please contact NHS Improvement urgently, setting out your evidence-base for this alternative. We will help work towards your proposed network as long as there is a strong rationale that services to patients will thereby be improved including improved quality and enhanced value as compared with the suggested configuration. We will also seek confirmation that the model would pass inspection/certification by relevant national bodies.
- Provide reassurance that commitment to any agreement relating to, for example initiation or renewal of a managed service contract, will be postponed pending review and agreement with NHS Improvement.

What your agreed network needs to do by the end of October 2017:

- Ensure Executive level attendance at the relevant NHS Improvement facilitated workshop for your proposed network. The expectation is that this workshop will deliver agreement between network partners concerning:
 - A commitment from all network partners to a timetable for achieving formal board agreement on a partnership or outsourcing model with the aim of rationalising pathology services;
 - The formation of a project team and the necessary commitment to resources to progress rapidly to deliver:
 - A strategic outline business case, approved by all partnership boards, for provision of pathology across a network;
 - A governance structure, timetable and deliverables for an inter trust Steering Group to oversee these processes;
 - A local engagement plan on how you will keep patients and wider public, and the clinical and scientific communities responsible for delivering the service informed and engaged as you start to implement your network.

An NHS Improvement representative will contact the CEO of each Trust with further details regarding the timing of these workshops within the next two weeks.

What your agreed network needs to do by the end of January 2018:

- Provide written confirmation to NHS Improvement that your Trust Board has formally agreed on a partnership or outsourcing model with the aim of rationalising pathology services.
- Provide NHS Improvement with a written update on progress made to establish where services will be delivered, the anticipated savings, and implementation timeline.

Learning from established networks

There are a number of networks which are already up and running .Some are wholly based upon NHS providers, and some are partnerships between the NHS and private sector. These have provided insight into the national pathology programme through the National Pathology Implementation Optimisation Delivery Board, and we would be pleased to arrange introductions to interested parties so that experiences can be shared.

Our support offer to your network

We recognise that a programme of this scale delivered at pace requires guidance and support, and we aim to ensure you are helped at every phase. There will be a series of activities over the coming three months to ensure your network is learning from our pathfinders as well as being supported with the latest evidence and a template toolkit so you do not have to start this process with a blank page. We also recognise that the availability of resources, including capital and change management capacity, are potentially important enablers for the implementation of Pathology networks. Trusts should prioritise resources already available to them to support delivery of network formation and service consolidation as an investment in recurrent benefits for patients and the NHS's finances. NHS Improvement will ensure that "Carter compliant" business cases are prioritised for approval where NHS Improvement sign-off is necessary.

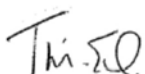
We will be hosting facilitated workshops for each proposed network during September and October so please send us the contact details of anyone trust who should be invited to attend. In order to continuously support you throughout the implementation phase, we have recruited a Regional Diagnostic Implementation Lead with subject-matter expertise in Pathology network formation and service consolidation.

We also recognise there are risks in delivering this programme, but will work with all our networks to regularly review risks and support them to find solutions, which we will share. We will also support and encourage all networks to be open and transparent with their workforce and the patients they serve about what the new Hub and Spoke model will mean to them. Finally, we will be working closely with partners at NHSE who refer in the 'Five Year Forward View Next Steps' document to the work of NHS Improvement and to facilitate engagement with Commissioners, thereby ensuring a 'joined up' approach throughout this vital exercise.

We are grateful for your ongoing commitment in making the 29 pathology networks a reality for the NHS and its patients.



Dr Jeremy Marlow
Executive Director of Operational Productivity



Professor Tim Evans
National Director of Clinical Productivity

Cc: Professor Adrian Newland, Chair, National Pathology Optimisation Delivery Board
NHS Improvement Regional Executive Managing Directors

NHSI NETWORK CONSOLIDATION MODEL METHOD STATEMENT FOR PATHOLOGY NETWORKS IDENTIFICATION AND SAVINGS CALCULATION

All analysis and modelling for your proposed network was based on the 15/16 data submitted in October 2016. Feedback was received from 133 of 136 of the non-specialist acute trusts which included submissions from pathology networks that already deliver services for a number of trusts and trusts that outsource their pathology to NHS, private or public/private joint venture partners.

1. Network Identification

Identifying target pathology networks was the result of a number of analysis, modelling and review processes. Below is a summary of the key steps that led to your current network configuration.

Step 1: Future Hub Shortlist

Analysis of 15/16 data showed that 25 providers (out of the 112 trusts that submitted data) currently account for half the volume and cost of pathology provided by the NHS. Please refer to figure 1 below. These top 25 providers were set as likely hubs for modelling future consolidation options and value.

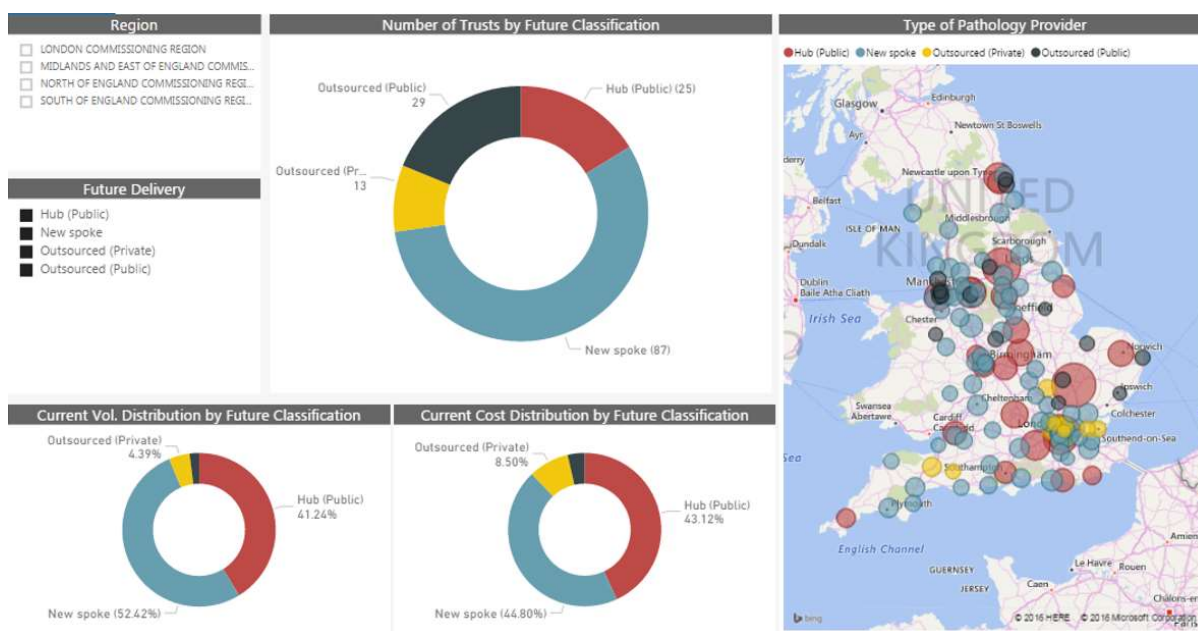


Figure 1: Workload and cost distribution analysis

All other provider trusts were classed as future spokes for analysis and modelling purposes.

Step 2: STP & Population Alignment

Once the potential hub sites were identified, alignment between these sites and STP boundaries were analysed. This identified areas where services were already provided by a single supplier across multiple STPs, isolated STPs that did not include a possible hub site from the analysis as well as regions where STPs were being provided services by a single provider that could potentially work within a larger regional network. We also considered trust location and driving distances to identify areas where smaller services should operate as a hub to ensure that all routine services could be delivered regionally.

The outcome of this analysis was an initial identification of 29 possible pathology networks that were analysed based on population size. The aim was to create networks that would deliver services to populations of between 1.5 million and 2.5 million. Exceptions to this were areas such as Greater Manchester that went beyond this but were already collaborating or isolated areas where there were no obvious partnership options, such as Norfolk.

Step 3: Network Refinement

Once the initial network options were defined, each network was reviewed with the project's clinical advisory team to identify those natural clusters of trusts where STP boundaries did not align with existing clinical networks and patient flows. Existing pathology relationships and networks were also considered. Finally, the list of networks was shared with all the regional NHSI DIDs who were asked to highlight any areas where proposed networks did not align with changes in trust relationships, for example, merging trusts or trusts with a shared executive team.

The resulting target network model is the 29 networks that will be presented to trust CEOs.

Step 4: Model Hub Selection

As a rule, each network was modelled with a single hub and multiple spokes. The hub was selected as the provider with the highest reported volume. However, where there was a query about the volume data submitted by any one trust, the number of FTEs and trust pathology budget were used as additional indicators to identify the largest pathology operation within the network. Further adjustments to the volume rule include existing networks, partnerships and projects where a hub, or even multiple hubs, have already been identified.

Other Consideration

It is accepted that there are several alternative configurations that can also deliver the target savings and service improvements associated with pathology consolidation. There are also associations such as the already well-established cancer networks and the genetics networks that influence the forming of pathology networks. It is proposed that, as part of the network review, these alternatives be considered.

2. Savings Calculation

2.1. Cost of current operations: All staff costs except those associated with consultants and consultant clinical scientists plus the costs of consumables, reagents and equipment & maintenance.

2.2. Cost of Hub Future: The cost of current operations with a factor included for expected staffing efficiency gains. These expected staffing efficiency gains are calculated through benchmarking of similar laboratories.

2.3. Cost of referrals to hub: This is the sum of all costs for work that is currently being done onsite that will be transferred to the hub. This is achieved by adding up the costs involved in processing cellular sciences/anatomical pathology and microbiology combined with an added efficiency factor (13%) for economies of scale at the hub. The cost of non-urgent blood sciences that will be transferred to the hub is then calculated by estimating the percentage of blood sciences work that will remain onsite (60%). These blood sciences costs also have an efficiency factor applied to reflect economies of scale benefits (32%).

The non-pay costs for this metric refer to consumables, reagents, equipment & maintenance. The pay costs refer to operational staff and the cost of management and band 8 staff are not transferred across to the hub.

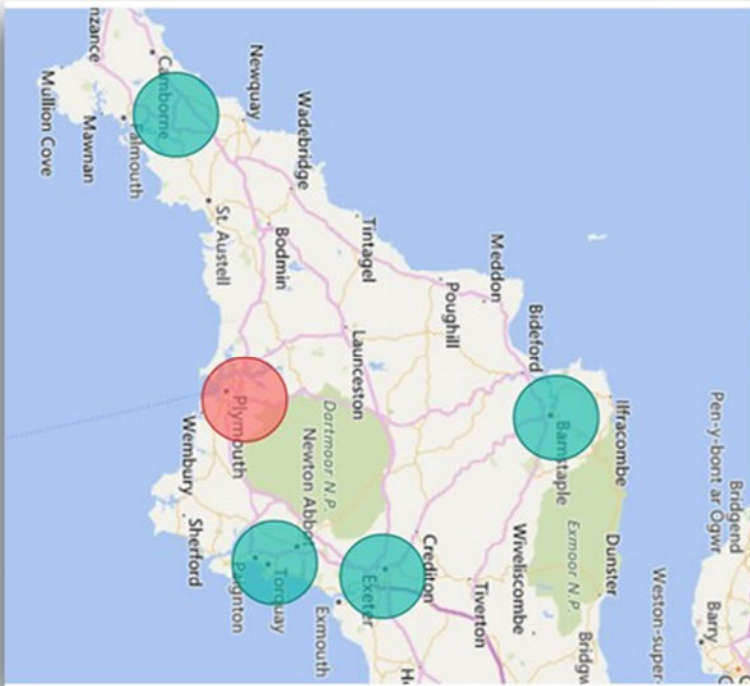
2.4. Cost of spoke labs: The staff costs are calculated by ascertaining the existing cost per test for blood sciences and then applying that to the new volume that will be kept onsite calculated earlier. A minimum value of £1042870 is placed on this calculation as a spoke lab will carry costs associated with shift work and have minimum staff cost despite volume.

The staff costs are then added to the spoke's future non-pay costs which are calculated by totalling the consumable, reagent and equipment and maintenance costs associated with blood sciences and adjusting for the factor that will remain onsite (60%).

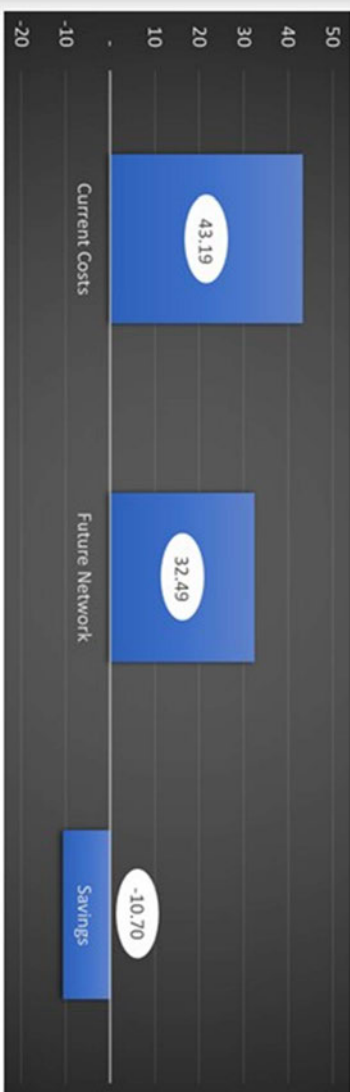
- 2.5. Cost of consolidated service:** This is calculated by adding the future cost of the hub as calculated above to the cost of each spoke lab also as calculated above. The cost of the calculated work that is transferring from the spoke to the hub, also calculated above, is then added to the total. This figure is the predicted cost of the new network.
- 2.6. Consolidated savings:** Savings are calculated by subtracting the new cost of the network as a consolidated service from the original cost of current operations.

South 1

Future Classificati... ● Hub (Public) ● New spoke



TrustName	TrustCode	Status
PLYMOUTH HOSPITALS NHS TRUST	RK9	Hub (Public)
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	RH8	New spoke
ROYAL CORNWALL HOSPITALS NHS TRUST	REF	New spoke
NORTHERN DEVON HEALTHCARE NHS TRUST	RBZ	New spoke
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	RA9	New spoke



TrustName	Future Cla...	Sites 24/7	Total Cost	Total FTE	Total Tests
PLYMOUTH HOSPITALS NHS TRUST	Hub (Public)	1.00	£18,376,247.00	220	7,449,690.00
TORBAY AND SOUTH DEVON NHS FOUNDATION TRU...	New spoke	1.00	£9,497,000.00	84	6,403,656.00
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	New spoke	1.00	£20,002,089.30	214	6,318,501.00
NORTHERN DEVON HEALTHCARE NHS TRUST	New spoke	1.00	£6,702,764.00	75	5,353,434.00
ROYAL CORNWALL HOSPITALS NHS TRUST	New spoke	1.00	£16,736,483.80	183	5,353,434.00
Total		3.00	£71,314,584.10	776	25,525,281.00

TrustName	Cost of Current Ops	Cost of Hub Future	Cost of Referrals to Hub	Cost of Spoke Labs	Cost of Consolidated Service	Consolidation Saving
PLYMOUTH HOSPITALS NHS TRUST	11,274,118.00	10,639,290.00	2,376,396.94	1,350,541.62	10,639,290.00	634,828.00
NORTHERN DEVON HEALTHCARE NHS TRUST	4,213,964.00		3,857,751.56	1,740,639.29	3,726,938.55	487,025.45
ROYAL CORNWALL HOSPITALS NHS TRUST	9,559,620.00		7,993,219.06	930,721.57	3,857,751.56	5,701,868.44
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	12,381,037.90		3,604,429.27	4,021,902.48	9,733,858.35	2,647,179.56
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	5,764,000.00				4,535,150.84	1,228,849.16
Total	43,192,739.90	10,639,290.00	17,831,796.82	4,021,902.48	32,492,989.30	10,699,750.61

Summer 2017: NHS Improvement proposed pathology networks

Improvement



Mairead McAlinden
Interim Lead Chief Executive (Strategic) - Devon STP
Newcourt House
Newcourt Drive
Old Rydon Lane
Exeter
Devon
EX2 4JQ

Sent by email to:

Dr Jeremy Marlow, Executive Director of Operational Productivity - NHSI
Professor Tim Evans, National Director of Clinical Productivity – DoH

20th October 2017

RE: Establishing and implementing 29 pathology networks across England

Dear Dr Marlow and Professor Evans

Thank you for your confidence in allowing the Devon and Cornwall partners to respond collectively to a slightly later timescale. I can confirm that we have used this extra time constructively and offer the following progress report.

The Devon and Cornwall partners met on 5th October to review the proposed network. Attendance at the meeting was a strong mixture of pathology and finance leads from all our providers, and the meeting was led by Ann James our nominated CEO for this work-stream.

The meeting was supported by Ewan Cameron (NHSI) and Daniel Frayne (LTS Health) who provided the appropriate expertise, and we were therefore able to understand the basis and assumptions underpinning the proposed network.

We are confident that we can work together across our footprint to deliver the level of savings indicated for the South 1 network, and can also see benefits of linkages to other proposed networks. To this end we have arranged a further series of meetings to facilitate this delivery. Whilst we are confident of delivering the overall benefits, it may be that the network works in a different way to achieve this, and we understand that this will be acceptable.

We also note that there will be opportunities to progress similar discussions for radiology, and have had some early conversations with our clinical leadership that would be supportive of progressing this.

We have discussed and agreed this way forward at our system governance meeting today, and we therefore look forward to working with your team to deliver the proposed benefits.

Yours Sincerely

A handwritten signature in black ink, reading "Mairead M. McAlinden", enclosed in a thin black rectangular border.

Mairead McAlinden
Interim Lead Chief Executive (Strategic) - Devon STP

17 October 2017

Dr Jeremy Marlow
Executive Director of Operational Productivity
Operational Productivity Directorate
NHS Improvement
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Chief Executive's Office
Royal Cornwall Hospital
Bedruthan House
Truro
Cornwall
TR1 3LJ
Tel: 01872 250000

Direct line: 01872 252902

Email: rcht.chiefexecutive@nhs.net

www.rcht.nhs.uk

Dear Dr Marlow

RE: Establishing and Implementing 29 Pathology Networks across England

Thank you for your letter of 7 September 2017.

The Trust is supportive of the principles described in this letter; it links to providing a quality focused and efficient service that delivers across patient pathways, and the membership of our proposed network.

With regards to our on-going exercise for a replacement managed laboratory service, we have finished the procurement process and are currently undergoing an approval process with NHS Improvement. We have agreed with the NHSI South Diagnostics lead that we will include in our strategy.


May I take this opportunity to highlight some areas of concern:

- We would highlight the need for clear, accurate and reproducible data across all areas, based on a clear understanding of the datasets involved. Noting the criticality for this as network plans develop over the next period, we have requested a meeting with the management consultants to understand methodology and assumptions. Your letter contained several significant data errors and omissions (executives named, cost and workload omissions, and two views on where the proposed hub for South 1 will be).
- The delivery of benefits from the development of networks should continue to reflect the quality and patient pathway benefits as well as financial and efficiency savings. We are in the process of understanding the financial modelling and will need to ensure the quality and safety issues of any network are as robustly met.
- The development of networks and the ability to manage local workload across a wider area (where clinically appropriate and acceptable) will require significant investment in IT and transport costs. 20% of our proposed network is currently on the same LIMS.
- Recruitment and retention of scientific, medical and support staff in pathology remains a national issue. Improving this situation will be critical to the provision of a quality led, cost effective and efficient pathology service.

- We will require more information about how the hub and spoke model will operate to enable us to support staff. Whilst the concept is understood, anecdote, history and perception will inevitably lead to presumptions that may not be accurate in the mid to longer term.

We look forward to working with our network colleagues across the two STP areas concerned, and with NHSI to develop a model, business case, governance and operational plans in support of delivering network benefits.

Yours sincerely



Kathy Byrne
Chief Executive

Ann James
Lead Chief Executive
Peninsula Pathology Network (South 1)
Plymouth Hospitals NHS Trust
Derriford Road
Plymouth
Devon
PL6 8DH

Sent by email to:

Dr Jeremy Marlow, Executive Director of Operational Productivity - NHSI
Professor Tim Evans, National Director of Clinical Productivity – DOH

31 January 2018

**Establishing and Implementing 29 Pathology Networks across England
Peninsula Pathology Network (South 1) Update**

Dear Dr Marlow and Professor Evans,

I am writing in response to your letter of 7 September 2017, which requested a written update of progress by the end of January 2018. The Peninsula Pathology Network (South 1) was established on 5 October 2017 and has met on two further occasions, chaired by myself.

The Board have reflected on the lessons learnt from the Peninsula Pathology Project in 2012/13 so that this learning can be factored into our future work. In addition, we have incorporated some of the successful methodologies from the Devon STP Acute Service Review work programmes:

- We have agreed a set of principles and behaviours between our Trusts, including complete financial transparency.
- Trusts have openly shared the strengths and challenges of their Pathology services.
- Board members have agreed the criteria which we will use to evaluate strategic redesign options

The Board has agreed our Terms of Reference and established a Governance Structure comprising an already established Peninsula Delivery/Management Group which will provide direction and oversight to three Specialty Groups and seven workstreams (Annex 1). One of those workstreams, GIRFT/Optimisation, will be led by Dr Tom Lewis from Northern Devon who has recently been appointed joint National Lead of the Pathology GIRFT Programme.

The Board has commissioned a financial stocktake, so that cost savings both delivered and projected can be compared with the 2015/16 baseline. We will use this information to inform our strategic options and redesign opportunities.

The biggest risk we face is within our Histopathology service where we are expecting to have up to 17 WTE consultant retirements (34% of the consultant workforce) over the next 3 years. This risk will be particularly acute in Torbay where there will be 5 WTE consultant vacancies out of an establishment of 6 WTE later this year.

The Histopathology Acute Service Review was established in March 2017 to address this risk. Amongst the emerging recommendations is the implementation of a digital network across the 5 Trusts to enable consultants across the network to provide reporting support to Torbay.

The Histopathology Acute Service Review submitted a bid for STP Capital to establish a digital network in September 2017 and felt optimistic that our bid demonstrated a transformational network approach to delivering clinical and financial sustainability with an excellent return on investment. In December, however, we were informed that our bid had not been successful but would be referred to the provider Digitisation Programme. We have subsequently been informed that the provider Digitisation Programme currently has no timeline and no funding.

This is a hugely disappointing response which seems to have taken little, if any, account of the risks or the opportunity to mitigate those risks. The Board have asked Ewan Cameron to try to resurrect our bid and we would be grateful for your help in doing so.

Finally, we are encouraged by Ewan's RAG assessment of our progress as GREEN, however, we recognise that there is a huge amount of work for us to do and we are committed to working together and with NHSI to develop the most efficient and effective model of service delivery across the south west peninsula.

Yours sincerely,

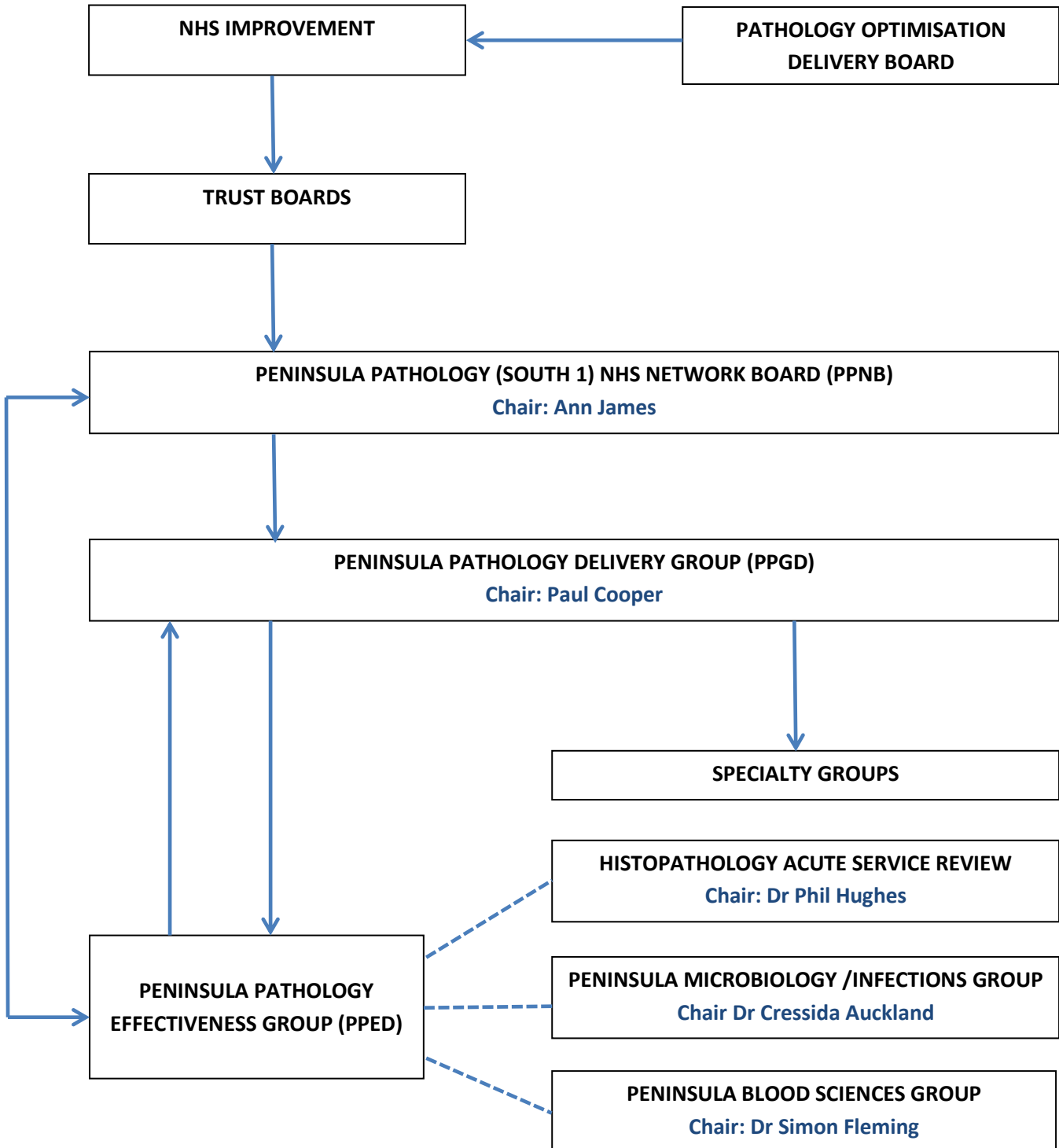
Ann James

Lead Chief Executive

Peninsula Pathology Network (South 1)

Copies to: Members of Peninsula Pathology Network (South 1) Board

**PENINSULA PATHOLOGY NHS NETWORK
CLINICAL EFFECTIVENESS FRAMEWORK - 7th Draft**



Briefing Note on the Pathology Network (South 1) Board

Introduction

This note summarises the discussion of the Pathology Network (South 1) Board meeting held on 1 December 2017.

The aims of the Board

The Pathology Network (South 1) Board was established to respond to proposals by NHS Improvement and the Department of Health to create 29 pathology networks across England. These proposals follow a review by Lord Patrick Carter, which highlighted that up to £0.2 billion could be saved nationally across England if pathology networks were established, services were consolidated and unwarranted variation was removed.

The 'South 1' area includes pathology services for Devon and Cornwall. The NHS partners in the South 1 Board represent: Plymouth Hospitals NHS Trust, Royal Devon and Exeter NHS Foundation Trust, Northern Devon Healthcare NHS Trust, Torbay and South Devon NHS Foundation Trust, Royal Cornwall Hospitals NHS Trust, and the NEW Devon, South Devon and Torbay and Cornwall CCGs.

NHS Improvement has indicated that a sum between £4.86 and £6.45 million could be saved in Devon and Cornwall if the proposals are applied across the current pathology services.

Key discussion points from the meeting

1. The Board signalled its commitment to embracing what Devon and Cornwall has been asked to do by NHS Improvement and that this should now be referred to as a Peninsular approach. Much work will be undertaken in the months ahead to design an approach that works for Devon and Cornwall. The proposals will deliver an improved, higher quality, patient focussed and more efficient service than the current model.
2. The Board reviewed the lessons learnt from the Peninsula Pathology Project, so that this learning could be factored into future plans. Some of the key themes that emerged were:

Overall

- The context now is very different.
- It is important to embrace what the Board has been asked to do by NHSI
- Strong clinical buy-in is critical, including primary care and the range of clinical and non-clinical users of services
- Board/senior level commitment and trust is vital.
- The resource supporting delivery of the programme needs to match its ambition

Key learning from the past

- Clarity on service needs is paramount.
 - There is a need to model and test all options thoroughly.
 - The focus needs to be on patient outcomes, not just cost.
 - Better data collection and analysis is required e.g. Keele
 - A different delivery 'model' might be needed given the number of partners and geographical context of the network
3. A copy of Terms of Reference from another region in the South of England was shared with members for information. These were discussed and it was agreed that more work would be undertaken to prepare a specific draft Terms of Reference for the South 1 Board and these would come to the next meeting.
4. The Board discussed the importance of strong data. It was agreed that:
- There was an urgent need to establish the costs of currently running pathology services across Devon and Cornwall. This is a comprehensive piece of work, and needs to factor in transportation costs and IT requirements.
 - It was agreed that we needed to be mindful of financial materiality, and not get lost in micro level issues
 - All data will be shared transparently by all partner organisations.
5. The financial projections of each service were shared and discussed as part of fully understanding the baseline. It was agreed to establish a Finance Group to refine this information so that cost savings, both delivered and projected could be compared with the 2015/16 baseline (as requested by NHSI).
It was agreed that it was important to establish what costs were included, or not (for example, mortuary & bereavement services) and greater focus was needed to understand the current and future demand on services.
6. The Board were presented some of the learning from the *Acute Services Review* (ASR) model used in Devon. Key points:
- The ASR highlighted good, collaborative working across the Devon system. It was a good model to emulate.
 - Criteria had been developed to support the consistent and systematic evaluation of service options:
 - Fixed points: What services have to remain at which points?
 - Hurdle criteria: These criteria must be met for a service option to be viable
 - Evaluation criteria: such as safety, quality and cost-effectiveness.
 - The Board discussed the important evaluation criteria that would be needed for the review of pathology, and these included financial sustainability, demand optimisation, user experience, national and local best practice, and patient pathways as important elements.
 - ASR workstreams agreed 'Best Care' and identified KPI's. Carter has produced a Dashboard of KPI's which the Histopathology ASR amended then adopted. NHSI have asked us to incorporate a series of KPI's which have been circulated. The Board heard that Trusts currently had different standards of care, turnaround times & SOP's. There was a measure of support for having the same level of service

across the Peninsula. It was agreed that a Quality Group should be established to take this forward.

- There was an agreement to develop opportunities for demand optimisation and the potential to link this with the emerging GIRFT programme.

7. Members discussed the vision and scope of the review of pathology services. Some key points were as follows:

- It was critical to establish a vision about the future services, including the potential for pathology to impact on service wider transformation/ pathways redesign
- It was agreed that this review was a real opportunity to explore doing things differently.
- It should be approached in a similar way to other key hospital services that have been reviewed.
- stepping up to this challenge the group needed to consider the service from a commissioner perspective i.e. delivering value for money
- Evolution may well be needed, however, are there things that can be done quickly?
- It was agreed that Devon and Cornwall should be put forward to be part of national approaches, such as on the GIRFT programme.
- The programme of work should reflect interdependencies with strategic workstreams on specialist services such that Pathology services supported these changes.

8. Some of the 'fixed points' for this review were explored and agreed, including:

- Maintaining turnaround times and 24/7 requirements.
- Supporting care pathways, and the concept of managing patients "closer to home".
- Managed laboratory service contracts
- Screening.service requirements (for example in GU medicine)
- Known technological and other advancements, including genetics/geonomics.
- Financial sustainability.
- Service resilience.
- UKAS accreditation for all services

9. The Board finally explored the strategic options for the review. The main points were:

- The importance of focusing the review on patient need and outcomes.
- A networked approach would be beneficial
- Consideration is required on the type of network, for example as a type of Accountable Managed Network,
- It was important to invest capital money where it is needed.
- A geographical focus was not beneficial at this stage.
- A clear plan was needed for January 2018, to meet the requirements set out by NHS Improvement, backed up by a longer term plan to improve services and gain more value.
- There was a collective commitment to look for quick wins, as well as on a focus on the need for a longer term strategy to include the next round of MLS procurements

Next meeting of the Board

The date of the next meeting is Thursday, 11 January 2018, 09:00-12:30, Conference Room, Lifton Farm Shop.

Between now and the next meeting, a team from each provider organisation will work together to shape our next discussion.

Ann James
Nominated Lead Chief Executive
Pathology Network (South 1) Board

Briefing Note on the Peninsula Pathology Network (South 1) Board – 11 January 2018

Introduction

This Briefing Note summarises the topics covered at the Peninsula Pathology Network (South 1) Board meeting, held on 11 January 2018.

A summary Briefing Note is produced after each Board meeting, and members agreed that the last one was helpful in keeping colleagues informed on update and progress.

1. National update on Pathology Network proposals

Ewan Cameron of NHS Improvement gave a short update on the progress that is being made nationally to create 29 pathology networks across England. The rationale is that £0.2 billion could be saved across England if new pathology networks are put in place, services are consolidated and unwarranted variation is removed.

The main points from Ewan's update:

- All areas of the country are at different stages of development.
- In the South of England, there are eight pathology networks.
- The Peninsula Network is seen as one of the most advanced, and is recognised as an exemplar with an active Board in place and strong working relationships between partner organisations.
- The next step is for all networks to submit a Strategic Outline Case by 31 January 2018, which will identify proposals for the way forward.

2. Terms of Reference

The draft Terms of Reference presented to the Board were approved, subject to some revisions to the supporting governance framework (see below). The Terms of Reference, as agreed, are shown in Appendix 1.

3. Governance Framework

The outline Governance Framework for the Board was discussed, and is attached to the Terms of Reference. Whilst the overall framework was agreed, additional work will be progressed to refine the Working Groups that are part of the framework. The final list of Working Groups will be agreed at the next Board meeting.

4. Evaluation Criteria

Eight core criteria have been developed, which will be used to evaluate any proposed changes to pathology services. These are shown in Appendix 2. Board members have been asked to rank these in order of priority.

5. National KPIs and a refresh of the Pathology Quality Assurance Dashboard

National Pathology Consolidation KPI's: A set of national and regional indicators have been shared and these will be reviewed and developed so that a range of indicators for the Peninsula Network can be agreed.

Pathology Quality Assurance Dashboard:

- Not all Trusts report monthly
- RD&E report on a modified group of indicators
- NHSI to circulate a refreshed list of PQAD measures

6. Finance group

Paul Cooper described how he intends to collate financial information across the 5 Trusts so that cost savings, delivered and projected can be compared with the 2015/16 baseline. The aim is to be able to compare costs per test across each organisation.

An open and transparent approach to reviewing the savings required and how it impacts on organisations was endorsed by the Board.

7. Current pathology service strengths and weaknesses

Each of the five Trusts in the Peninsula has undertaken a detailed review of the strengths and weaknesses of current pathology service provision.

These were shared for review by colleagues. There were significant common strengths identified, including the quality of services, customer satisfaction and strong benchmarking. These will be built on as part of future proposals.

The weaknesses identified were fairly consistent across Trusts and centred on recruitment and retention challenges, and lack of resources and investment.

8. Demand optimisation

Tom Lewis and Richard Croker gave a presentation on demand optimisation. The key points to note from the presentation are as follows:

- Unnecessary testing is expensive and generates primary care workload with no added value.
- The costs of downstream investigation resulting from unnecessary tests are far greater than any laboratory cost.
- Unnecessary testing makes for anxious patients, with increased dependence on health services.
- Optimisation is not just about demand management, as it is about doing the right tests when they are indicated and paying attention to all aspects of pathology.
- It also helps good decision-making.
- It was recommended for the future that:
 - We establish a Peninsula Optimisation Group.
 - We use what matters to people, like patient stories.
 - We use data to discover problems.
 - We need to understand the needs of stakeholders.
 - We make it easy to do the right thing.

9. Options for future services

Bruce Daniel summarised key issues/ideas discussed by the Pathology Board sub group:

- Proposal for the Peninsula Pathology Management Group (PPMG) to become the delivery group. PPMG to have an Executive chair
- A LIMS procurement is an early pre-requisite of all options
- 3 fundamentals before confirmation of preferred strategic options:
 - What are the required TATs ?
 - Stability of the specimen/sample. Are there limits to transit times
 - Costs at each Trust
- Willingness to work in partnership with the commercial sector
- Longer term to procure a single MLS

10. Other issues

It was agreed the Peninsula Pathology Network Board would be strengthened by having some key new representatives. Two GP representatives would be invited to join the Board (one from Devon and one from Cornwall), as well as two Healthwatch representatives.

Next meeting of the Board

The next Board meeting is on Thursday, 22 February 2018 at 0900-1230 hours,
Lifton Farm Shop.

Ann James
Nominated Lead Chief Executive
Peninsula Pathology Network (South 1) Board

Briefing Note on the Peninsula Pathology Network Board

Introduction

This Briefing Note summarises what was discussed at the meeting of the Peninsula Pathology Network (South 1) Board, **held on 22 February 2018**.

A summary Briefing Note is produced after each Board meeting so that key clinical and other staff can be kept up to date with progress on creating a new pathology network for the Peninsula, which will become one of 29 networks across England.

1. Update letter to the Department of Health and NHS Improvement

Ann James, Chair of the Peninsula Pathology Board, wrote recently to Professor Tim Evans, National Director of Clinical Productivity, Department of Health and Dr Jeremy Marlow, Executive Director of Operational Productivity at NHS improvement, to update them on progress in the Peninsula.

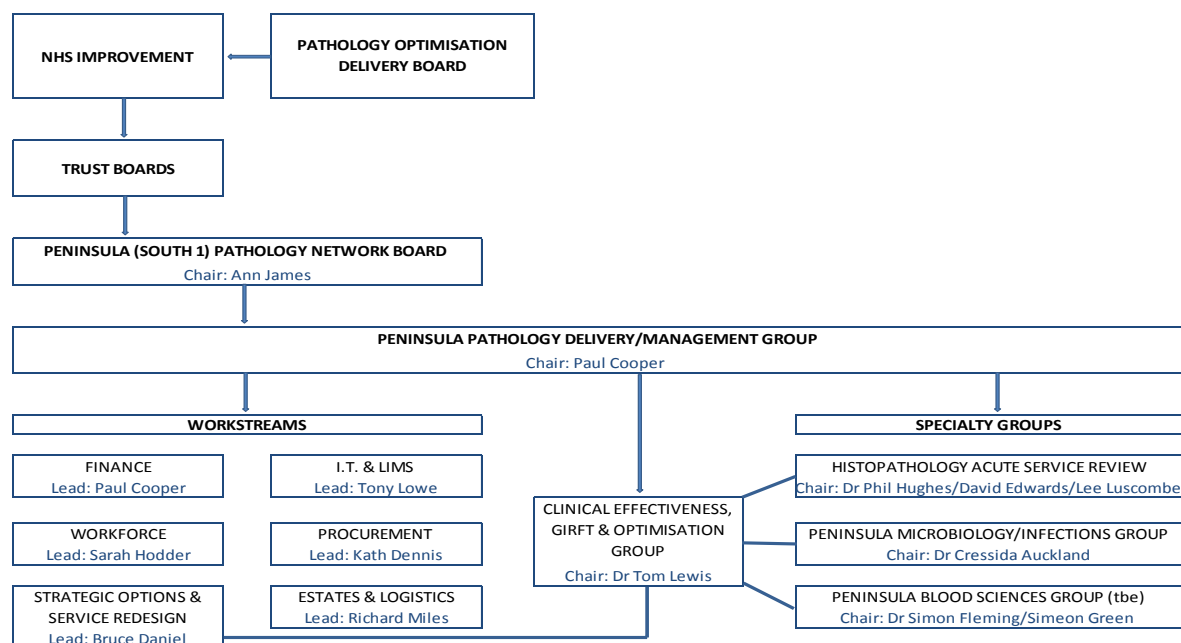
Some of the key points from Ann's letter are as follows:

- The Board have reflected on the lessons learnt from the Peninsula Pathology Project in 2012/13 so that this learning can be factored into our future work.
- We have agreed a set of principles and behaviours between our Trusts, including complete financial transparency.
- Trusts have openly shared the strengths and challenges of their Pathology services. Board members have agreed the criteria which we will use to evaluate strategic redesign options.
- The biggest risk we face is within our Histopathology service where we are expecting to have up to 17 WTE consultant retirements (34% of the consultant workforce) over the next three years. Amongst the emerging recommendations is the implementation of a digital network across the 5 Trusts.
- We submitted a bid to NHS Improvement for capital to establish a digital network, however, to date our bid has not been successful. We have asked NHS Improvement to try to resurrect our bid.
- We are encouraged by NHS Improvement's assessment of the progress of the Peninsula Pathology network – which was rated as 'GREEN'.
- We are committed to working together to develop the most efficient and effective model of service delivery across the south west peninsula.

A formal reply is awaited.

2. Terms of Reference and Governance Framework agreed

A third draft of the Terms of Reference for the Board was agreed. They will be reviewed on a six-monthly basis. The associated ‘Governance Framework’ was also agreed and is shown below. This highlights the key groups and workstreams that will undertake work on behalf of the Pathology Board.



3. Evaluation criteria

Board members have agreed the criteria that will be used to evaluate any future proposals for change. The criteria are presented below, however, the Board agreed to do more work to finalise them before they are used.

Safety	Maintains or improves patient or staff safety
Effectiveness	Optimises patient pathways & outcomes. Improves hospital efficiency & effectiveness. Optimises demand
Quality & Access	Achieves quality measures on the PQAD including specified turnaround times
Service Sustainability	Results in improved sustainability & addresses known and/or imminent workforce challenges
Workforce	Improves sustainability & supports workforce challenges e.g. recruitment, training, role development
Financial Improvement	Reduces the cost of Pathology service delivery or care delivery
Productivity	Improves productivity. Supports the delivery of upper quartile benchmarking
User experience	Provides a satisfactory user experience

4. Peninsula Pathology Delivery/Management Group

As part of the new governance arrangements, the Peninsula Pathology Delivery/Management Group has been established, chaired by Paul Cooper from Torbay and South Devon NSH Foundation Trust. Its role will include:

- Providing tactical and operational/delivery support, including oversight and implementation of the workstream and speciality groups.
- Providing recommendations to the Project Board on how best to use resources to deliver on key outcomes.
- Providing management and delivery support to ensure timely, efficient and effective implementation of the preferred option across the Peninsula.

5. Clinical Effectiveness, GIRFT and Optimisation Group

Also as part of the new governance arrangements, a Clinical Effectiveness, GIRFT and Optimisation Group will be established. Its role will be to:

- Define the clinical questions that need to be answered by the specialist groups.
- Provide challenge to the output of the specialist groups.
- Derive specifications for tests from this output (end-to-end).
- Work with service delivery workstreams to study current and potential capability for meeting specification.

6. Meeting the challenges set by NHS Improvement

The Board discussed the importance of considering the challenges set by NHS Improvement, but ensuring that whatever was recommended as a final option was beneficial for the Peninsula.

Some of the current issues to consider include:

- The options for service delivery and service redesign, including the 'hub' and 'spoke' model as described by NHS Improvement.
- The Essential Services Laboratory design proposals.
- The 'Efficiency Suggestions' proposed by NHS Improvement.
- How we will make the required efficiency savings, which currently sits at £4.6 million.

Pathology Board members also highlighted the need to communicate the benefits and changes that have already been made across the Peninsula since 2014/15.

7. Finance and procurement update

Paul Cooper briefed members about the first meeting held by the Finance workstream.

They are working on a data collection proposal which will see finance data collected for the last three financial years. A template will ensure consistency of data by organisation, and returns are expected by 30 March 2018.

8. Other issues

- Unifying rates of pay for work outside of job plans: a proposal has been shared with Chief Executives and the Board has requested a formal response from each Trust.
- Histopathology: discussions have taken place with NHS Improvement around the unsuccessful capital bid for monies to support digital developments. A Business Case is being prepared to support the development of a digital histopathology network across the Peninsula, the first element of which is a detailed financial model which will be developed with the full involvement of each Trust.

Next meeting of the Peninsula Pathology Board

The next Board meeting is on Thursday, 12 April 2018 at 0930-1230 hours at the Lifton Farm Shop.

Ann James
Nominated Lead Chief Executive
Peninsula Pathology Network (South 1) Board

Briefing Note on the Peninsula NHS Pathology Network (South 1) Board –12 April 2018

1. Introduction

This Briefing Note summarises the topics covered at the Peninsula NHS Pathology Network (South 1) Board meeting, held on 12 April 2018.

A summary Briefing Note is produced after each Board meeting so that staff are kept informed about the progress of the network.

2. The Pathology Effectiveness Group

The Briefing Note circulated following the meeting on 22 February described the developing governance arrangements for the Peninsula Pathology Network. A key element of the governance framework will be the Clinical Effectiveness Group.

This group will be led by Dr Tom Lewis, from Northern Devon Healthcare NHS Trust, who was recently appointed joint National Lead for the Pathology GIRFT (Getting It Right First Time) Programme. Dr Lewis presented his thoughts on how the Clinical Effectiveness Group might be established. The key message was that a focus on effectiveness is likely to provide larger and faster improvements in both cost and quality, than could be achieved through a focus on consolidation and efficiency alone.

Dr Lewis put forward three initial workstreams, which could in principle be progressed fairly quickly and would be a good test of the clinical and organisational willingness to support change. Those workstreams are:

- Primary care chronic disease monitoring
- Chlamydia testing
- Immunology testing

There was a productive discussion at the board and it was agreed that a sub group would develop a consolidated paper for consideration by stakeholders. In the first instance, the paper will be presented to the Chief Executives, Medical Directors and Finance Directors for approval in principle.

3. Communication & Engagement

The board acknowledged the importance of an effective communications and engagement plan. The board considered a draft stakeholder analysis which identified the board members responsible for ensuring effective engagement with specific stakeholder groups. This will be developed over the course of the work programme.

David Edwards agreed to liaise with Plymouth I.C.T. to set up a secure file sharing account so that members of the Network Groups could share materials and develop documents.

4. Finance

Paul Cooper reported that work was underway to collate and analyse financial information across the 5 Trusts so that cost savings, delivered and projected could be compared with the 2015/16 baseline. The relevance of this is that NHSI have set the Peninsula network a combined savings target of £4.5m compared to the 2015/16 budget. It is planned that the initial analysis will be available for the next Board meeting on 10 May.

This work will enable the board and individual Trusts to understand the comparative costs of their services although it was acknowledged that it may take some time to refine the financial and activity data to enable meaningful comparisons between Trusts.

5. Procurement Priorities

Peninsula Procurement priorities were reported at the January board. Of these a Peninsula histopathology outsourcing procurement is an immediate priority because of the number of pending retirements at Torbay in particular. It was agreed that the 5 Trusts would inform Paul Cooper of their outsourcing requirements. This would be used as the basis for deciding whether to co-ordinate a single Peninsula outsourcing procurement.

6. Histopathology

The Histopathology ASR will be reconvened in the next few weeks to:

- Review progress
- Agree next steps to support TSD
- Consider the sustainability of specialist services
- Validate information underpinning the Full Business Case development and share the financial methodology

7. Next meeting of the Board

The next Board meeting is on 10 May 2018 at 09:30 – 12:30 at Lifton Farm Shop.

Ann James
Nominated Lead Chief Executive
Peninsula HNS Pathology Network (South 1) Board

Peninsula NHS Pathology Network Board Briefing Note

Introduction

This Briefing Note summarises discussions and actions from the meeting of the Peninsula NHS Pathology Network (South 1) Board held on 10 May 2018.

A Briefing Note is produced after each Board meeting so that clinical and other staff are kept up to date with progress on creating a new pathology network for the Peninsula.

Below, and overleaf, are the main topics discussed this month.

1. *Developing a shared IT platform*

There is an aspiration to deliver a common LIMS platform or at the very least interoperability between systems. Paul Cooper and Antony Lowe agreed to draft a short summary paper and liaise with the I.T. leads across Devon and Cornwall.

2. *Briefings for all Boards and Governing Bodies*

A briefing paper is being prepared to update STP bodies, CCGs, Trusts and Pathology Departments on progress in developing the pathology network. The paper will seek support for the approach we intend to take to deliver the challenges set by NHSI.

In particular, Boards and Governing Bodies will be asked to endorse the plan to establish a Pathology Clinical Effectiveness Group, which will work in a clinical commissioning capacity.

3. *Communications next steps*

Members of the Peninsula NHS Pathology Network Board agreed that it was important that a plan was put together to outline how those staff affected, and a range of other key stakeholders (like the trades unions and MPs), would be informed about future developments.

At the next meeting a timeline will be presented on the sequencing of communications with key people, such as staff, unions, MPs and other groups.

4. Finance

The Finance Working Group has almost completed an analysis of the cost of pathology tests and services across the Peninsula.

All organisations have openly shared data so that there is a consistent baseline, which will then enable organisations to see how they compare with national pathology benchmarks.

The Finance Working Group signalled that it wants to maximise any support to the Peninsula from national programmes, such as *Getting it Right First Time* (GIRFT) and the national digital work.

5. Preparing the 'Strategic Outline Case' for a new Peninsula pathology network

It was agreed at the meeting that the Peninsula NHS Pathology Network Board will write to NHS Improvement to set out a timetable for producing a 'Strategic Outline Case' for developing the new network.

The end of July 2018 is the proposed timeline for producing the Strategic Outline Case, which will outline the preferred model for creating a new pathology network that meets the needs of the Peninsula. Between now and mid-July 2018, work will be undertaken on writing the business case, as well as discussions and endorsement by Trust Boards and Governing Bodies.

6. Histopathology

Dr Rob Dyer, Medical Director for Torbay & South Devon NHS Foundation, has written to Dr Phil Hughes and David Edwards setting out the support Torbay require from the Histopathology network. There is a further opportunity to bid for STP capital funding to develop a histopathology digital network across the peninsula.

The next meeting of the Peninsula NHS Pathology Board

The next Board meeting is scheduled for Thursday, 14 June 2018, 0930-1230 hours.

Ann James
Nominated Lead Chief Executive,
Peninsula NHS Pathology Network Board

Cover sheet and summary for a report to the Trust Board					
Report title: Report of the Guardian of Safe Working (GOSW) of Junior Doctors' hours.				Date 1 August 2018	
Report sponsor	Medical Director				
Report author	Mr Shah Punwar, Consultant Orthopaedic surgeon and GOSW				
Report provenance	The report has been considered by the Executive Directors' meeting 24 th July 2018.				
Confidentiality	The report is expected to be in the public domain.				
Report summary	<ul style="list-style-type: none"> • The report contains information with regard to exception reporting by junior doctors on the terms and conditions of the new contract. • The level of reporting is stable. The Guardian continues to encourage increasing reporting and the use of other intelligence in relation to junior doctors' hours compliance. The level of completion of actions from the exception reporting remains relatively low, in the main due to lack of action by junior doctors. • The Guardian has been focussing on the general surgical 'hotweek' which has been highlighted as the cause of a significant proportion of non-compliance with the new contract hours of working. Trials of new ways of working are in progress. Improved Information Technology solutions are developed and being trialled. <p>Failure to recruit junior doctors, sickness and other absence or inability of some junior doctors to fulfil on-call commitments are also contributing to exception reporting. The level of vacant posts from August 2018 onwards is higher than it has been previously. The causes of this have been examined and an action plan will be developed at the Medical Workforce Group. The education and medical HR departments are working together to mitigate the impact of those shortages. It is to be expected that levels of reporting may increase in the coming months.</p>				
Purpose (choose 1 only)	Note <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	Review <input type="checkbox"/>	Decision <input type="checkbox"/>	Approve <input type="checkbox"/>
Recommendation	The Trust Board is asked to consider the risks and assurance provided within this report and to agree any further action required. Board members are asked to note the expectation that the level of exception reporting will rise in coming months due to the increased level of vacant junior medical posts.				
Summary of key elements					
Strategic context	<p>The content of this report has significance in respect of the following strategic objectives of the Trust:</p> <ul style="list-style-type: none"> • Safe, quality care and best experience • Valuing our workforce • Well-led 				

Dependencies and risk	<p>The level of reporting has remained stable over recent months. The General Medical Council report of satisfaction with training has been reported in the last month which shows that the Trust remains the top Trust in the peninsula and second in the South West for overall satisfaction.</p> <p>The elevated levels of junior medical vacancies from August 2018 which has been felt across a number of departments, is likely to have an adverse impact on exception reporting and potentially on overall trainee satisfaction.</p> <p>The level of vacancies has been entered as a new Corporate Level Risk .</p>
Summary of scrutiny	<p>The recommendations in this report have been subject to challenge, due diligence, and risk assessment by:</p> <ul style="list-style-type: none"> • Executive Directors meeting dated 24th July 2018
Stakeholder engagement	<p>The Chair of the Trust provides non-executive Board level support to the Guardian of Safe Working.</p> <p>The Guardian links with other Guardians through a NHS England network.</p> <p>Levels of exception reporting are reported to Health Education England and NHS England.</p>
Other standards affected	N/A
Legal considerations	It is recognised at a national level that the new junior doctor contract is disadvantageous to women

Report title: Report of the Guardian of Safe Working		Date 01 August 2018
Report sponsor	Medical Director	
Report author	Mr Shah Punwar, Guardian of Safe Working (GOSW)	

1. Introduction

This report covers a period of approximately three months from 20 April 2018 – 18 July 2018.

2. Exception Reports

This data is collated from the Allocate IT system.

Total number of Exception reports		89
Number by specialty/rota	Surgery (F1)	35
	Surgery (F2)	0
	Medicine (F1)	14
	Medicine (F2)	24
	Anaesthetics	3
	Obs and Gynae	9
	Paediatrics	4
Nature of exception	Additional hours	76
	Variation in rota pattern	13
Outcomes	Time off in lieu (TOIL)	34
	Overtime payment	10
	Request for Further Information	1
	Agreed no further action required	2
	Outstanding	42

3. Comment on Exception Reporting

Regular review of Exception Reports by the Guardian with prompt intervention as required. There have been no Exception Reports flagged as immediate safety concerns. There are several departments who have not engaged with the Exception Reporting system yet, most notably ED. The first few Exception Reports from the Anaesthetic department have been filed and resolved. The majority of Exception Reports are still from General Surgery and Medicine. Reports are most common from the most junior members of the workforce (F1/F2s). It is rare to receive reports from the higher training grades. Many of the outstanding Exception Reports are due to trainees not signing off reports as resolved on the Allocate system.

4. **Activity of the Guardian and Engagement with Medical Staff**

- Meeting with Surgical F1 to explore the issues on Allerton Ward which have generated multiple Exception Reports – further liaison with the Surgical team (Practice Manager/Consultants) to resolve the issue is ongoing.
- The General Surgery department will be recruiting to a Clinical Administrator post which should help reduce exception reporting during the Surgical Hot Week by performing many of the routine clerical tasks.
- Liaison with Anaesthetic Clinical Director regarding a trainee working additional shifts post nights to gain additional paediatric experience.
- Follow up to be arranged with the Emergency Department Clinical Director regarding lack of Exception Reports submitted by this department.
- Attendance at the Guardian of Safe Working Hours Regional Meeting on 05 June 2015 – common issues faced by other Trusts discussed.
- We have been proactive in responding to rota concerns from trainees. For example, the Orthopaedic SHO rota was revised for the new rotation in August following concerns from the current Orthopaedic trainees
- New starters in August have been given contact details of the trainee currently in post
- The Guardian Oversight Group continues to review issues concerning the Junior Medical staff with representation from the Junior medical staff, Medical Education and Medical HR.

5. **Future Plans**

- Guardian presentation at the new doctor intake in August 2018.
- The Trust Chairman has been invited to a Guardian Oversight Group meeting.
- Meeting with the Junior Doctor Manager for Medicine arranged.
- Attendance at the National Guardian of Safe Working Hours Conference on 17 September 2018 in Leeds.
- Further engagement with the Director of Medical Education to identify where educational opportunities are being missed from work related issues.
- New members will be sought for the JDC as current members rotate elsewhere.
- The Guardian will attend the JLNC and Junior Doctor Forum meetings where possible.

6. **Current Rota Gaps**

1 x LAS Registrar in Obs & Gynae
1 x LAS Registrar in Respiratory
2 x Upper GI/Colorectal Fellows

From 1 August 2018

7 x Trust Doctors in Acute Medicine/GIM
3 x Trust Doctors in Emergency Medicine
2 x Trust Doctor Fellows in General Surgery
2 x Trust Doctor Fellows in T & O
1 x Registrar in T & O
1 x Registrar in Diabetes & Endocrinology

9 x GPST1s
1 x ACCS CT1 vacancy in Acute Medicine
1 x F2 in ED
1 x F2 ENT

7. **Conclusions**

The Exception Reporting system is being used regularly and patterns of reporting have been identified. Both the Guardian and the DME have continued to encourage use of the system and raise awareness with both trainees and educational supervisors. Awareness of the new contract is highest among F1s and new starters. Multiple reports have been received from a small cohort of trainees. Where this happens frequently without apparent resolution we have been intervening directly with Practice Managers and Educational Supervisors. Close links are maintained with HR and rotas are reviewed when necessary.

The next goal is to encourage reporting from departments such as ED where we are aware of work related issues and yet a culture of non-reporting exists. Likewise we will try and encourage reporting from the higher training grades. Attendance at the National forum in September should highlight any other important issues that require attention.

8. **Recommendations**

The Trust Board is asked to consider the content of the report and the actions reported.

Cover sheet and summary for a report to the Trust Board Meeting 1st August 2018					
Report title: Annual Safeguarding Children and Looked After Children (LAC) Report				Date: 01 August 2018	
Report sponsor	Chief Nurse				
Report author	Named Nurse Safeguarding Children Named Nurse for Looked After Children and Young People				
Report provenance	First presentation of this update.				
Confidentiality	Public				
Report summary	<p>This report will inform Torbay and South Devon NHS Foundation Trust board members on safeguarding children and young people including looked after children in Torbay and South Devon. The report sets out the activity, achievements, priorities and challenges.</p> <p>The Trust is a partner organisation working with Devon County Council and Torbay Council who are the lead agencies for Safeguarding Children. This duty is outlined in Section 11 of the Children's Act 2004.</p> <p>The Director of Nursing is Executive Lead for Safeguarding and is supported in this role by the Associate Director of Nursing and Midwifery and the Named Professionals.</p>				
Purpose (choose 1 only)	Note <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	Review <input type="checkbox"/>	Decision <input type="checkbox"/>	Approve <input type="checkbox"/>
Recommendation	For information only.				
Summary of key elements					
Strategic context	Strategic aims supported: <ul style="list-style-type: none"> • Safe, quality care and best experience • Improved wellbeing through partnership • Well-led 				
Dependencies and risk	Childrens services procurement process 0 – 19 childrens services procurement process LAC service procurement process <p>The number of Looked After Children has increased to 365 in July. This exceeds the capacity of the LAC nursing and medical staff to respond to Initial Health Assessment within the time frame. The CCG and Torbay Childrens Improvement Board have been informed.</p>				

<p>Summary of scrutiny</p>	<p>The recommendations in this report have been subject to challenge, due diligence, and risk assessment by:</p> <ul style="list-style-type: none"> • Executive Directors meeting on 23 July 2018 • Torbay Council Childrens Improvement Board 12 June 2018 • NEW Devon CCG Head of Safeguarding
<p>Stakeholder engagement</p>	<ul style="list-style-type: none"> • NEW Devon CCG • Torbay Council Director of Childrens Services
<p>Other standards affected</p>	<p>Working Together to Safeguard Children (2018) The multi-agency response to ‘Children living with domestic abuse’ report Torbay Domestic Abuse and Sexual Violence Strategy for 2018-2022.</p>
<p>Legal considerations</p>	<p>Childrens Act (1989 and 2004)</p>

1.0 Introduction and Purpose

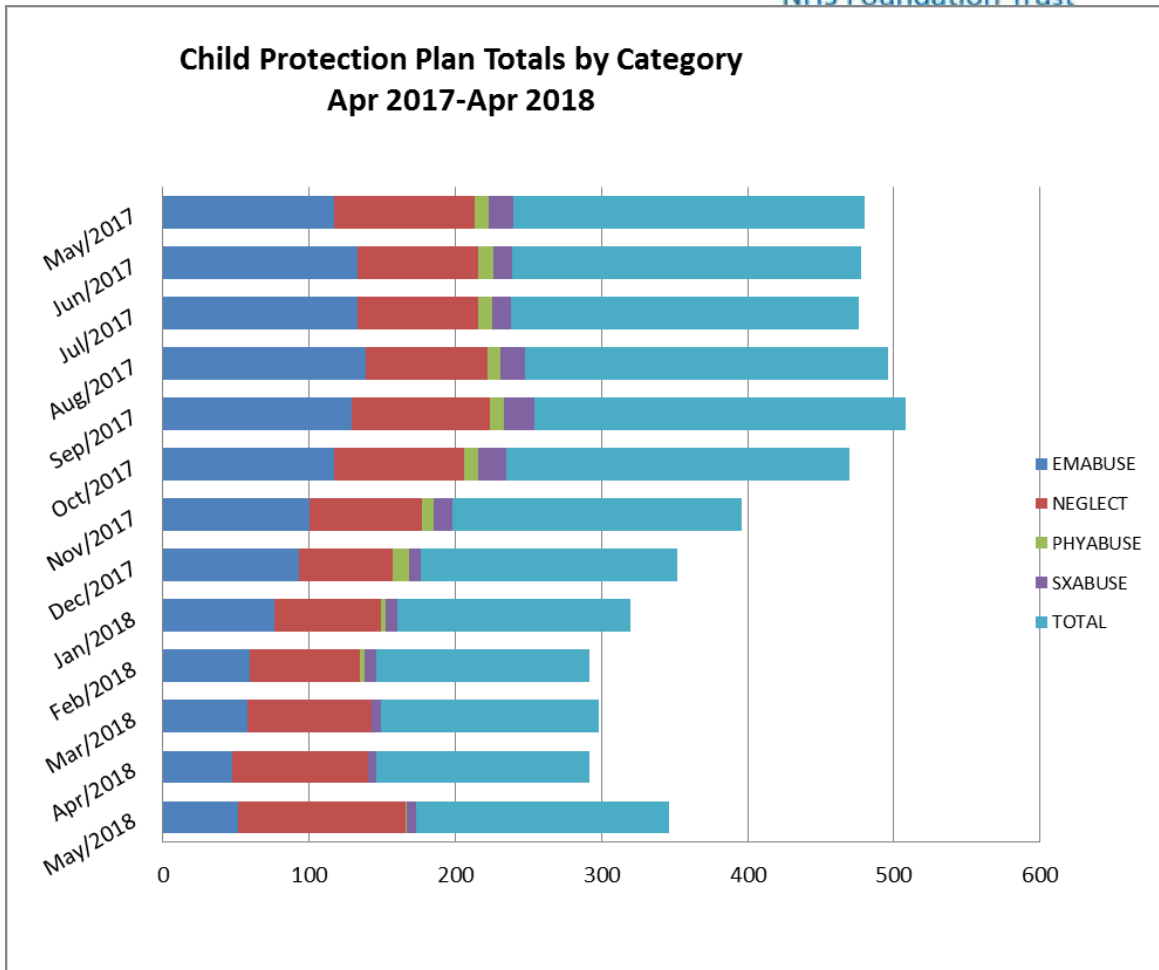
- 1.1 This report informs the Trust of its compliance in safeguarding children against the guidance set out in the HM Government (2018) 'Working Together to Safeguard Children' document, and provides assurance that it is discharging its duties for observing both the safety and wellbeing of children and young people using services provided by Torbay South Devon NHS Foundation Trust. (TSDFT)
- 1.2 The report also informs the Trust of children's safeguarding activities during June 2017 - 2018 and outlines the Trust's progress and activities in ensuring that a robust child protection framework is in place for all children and young people who are patients of Torbay South Devon NHS Foundation Trust.

2.0 Context and Demographics

2.1 Child Protection:

continues to have a high profile on a national basis. TSDFT Safeguarding and Looked after Children teams continue to work closely with both Torbay and Devon Children Services, partner agencies and commissioners in both the CCG and Local Authority.

- 2.1.2 Over 2017/2018 we have seen a steady decline in numbers of children and young people who are subject to Child Protection Plan. Torbay Childrens Services data – June 2018, total Number of Children on a CP Plan 144:
- Of which Sexual Abuse 6
 - Of which Emotional Abuse 48
 - Of which Physical Abuse 1
 - Of which Neglect 89
 - Of which 0 - 1 24
 - Of which 2 - 4 26
 - Of which 5 - 18 94



- 2.1.3 A paper was presented by the Named Nurse to the TSCB and to the Trust Board in December 2017, in response to rising numbers of CP cases and the capacity of the School Nursing Team to ensure that all of the childrens health needs were assessed and supported within the Child Protection process.
- 2.1.4 Ensuring the correct health professional supports child and family health is essential especially when the child is subject to CP planning. These children and families are vulnerable and will have health needs. TSDFT recognises its duty to support statutory CP meetings when the child and family require services provided by the Trust and will continue to do so.
- 2.1.5 Whilst currently the CP numbers have dropped, the re-procurement process and planned budget reduction for the School Nurse and Heath Visitor service (SCPHN) will have a similar impact on this capacity. This situation will be monitored and assessed by the Service Leads, in conjunction with the Named Nurse, and will be escalated via SCOG, with an understanding that the CP figures are subject to change on a daily basis.

2.2 Working Together to Safeguarding Children 2018:

2.2.1 The new revised guidance has been released and the changes are being considered by all partner agencies. There are significant implications to the changes; some of which are in accordance with the Woods review.

There are a number of changes to be considered under different categories:

2.2.2 Assessing need and providing help:

The guidance highlights specifically that practitioners should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child”.

2.2.3 The guidance also includes:

- a new section on referral highlighting that anyone with a concern about a child’s welfare should make a referral to local authority children’s social care
- a myth busting guide to information sharing
- a new section on assessment of disabled children and their carers; young carers; children in secure youth establishments;
- a new section on contextual safeguarding.

2.2.4 Organisational responsibilities:

The guidance includes a new section on “people in positions of trust” highlighting that organisations and agencies working with children and families should have clear policies for dealing with allegations against people who work with children.

Other changes relate to:

- All schools: specifies that this guidance applies in its entirety to all schools.
- Early years and childcare: there is a new requirement that they must “have and implement a policy and procedures to safeguard children”.
- Health: a new section on “designated health professionals”.
- New section on “children’s homes”.
- New section on “Multi-Agency Public Protection Arrangements” (MAPPA).
- Voluntary, charity, social enterprise, faith-based organisations and private sectors: Highlights that “all practitioners working in these organisations and agencies who are working with children and their families are subject to the same safeguarding responsibilities, whether paid or a volunteer”. The guidance also highlights that: charity

trustees are responsible for ensuring that those benefiting from, or working with, their charity, are not harmed in any way through contact with it.

2.2.5 Multi-agency safeguarding arrangements:

Local Safeguarding Children Boards (LSCBs) will be replaced by “safeguarding partners” Under the new legislation, three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups) must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area. The geographical footprint for the new arrangements is based on local authority areas. Every local authority, clinical commissioning group and police force must be covered by a local safeguarding arrangement.

2.2.6 Safeguarding partners:

- The 3 safeguarding partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents.
- To fulfil this role, the three safeguarding partners must set out how they will work together and with any relevant agencies.
- All 3 safeguarding partners have equal and joint responsibility for local safeguarding arrangements.

2.2.7 Relevant agencies:

Relevant agencies are those organisations and agencies whose involvement the safeguarding partners consider is required to safeguard and promote the welfare of local children. For local arrangements to be effective, they should engage organisations and agencies that can work in a collaborative way to provide targeted support to children and families as appropriate. The safeguarding partners must set out in their published arrangements which organisations and agencies they will be working with to safeguard and promote the welfare of children.

2.2.8 Schools, colleges and other educational providers:

- All schools, colleges and other educational providers have duties in relation to safeguarding children and promoting their welfare.
- The safeguarding partners should make arrangements to allow all schools (including multi academy trusts), colleges and other educational providers, in the local area to be fully engaged, involved and included in the new safeguarding arrangements.
- It is expected that local safeguarding partners will name schools, colleges and other educational providers as relevant agencies.
- Once designated as a relevant agency, schools and colleges, and other educational providers, in the same way as other relevant agencies, are under a statutory duty to co-operate with the published arrangements.

2.2.9 Local and National child safeguarding practice reviews:

The guidance sets out the process for new national and local reviews. The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel (the Panel) and at local level with the safeguarding partners. The Child Safeguarding Practice Review Panel operates from 29 June 2018, and will consider all notifications of serious incidents.

2.3 Child Safeguarding Practice Review Panel:

- The Panel is responsible for identifying and overseeing the review of serious child safeguarding cases which, in its view, raise issues that are complex or of national importance.
- The Panel must decide whether it is appropriate to commission a national review of a case or cases
- The Panel must set up a pool of potential reviewers who can undertake national reviews, a list of whom must be publicly available.

2.3.1 Local safeguarding partners:

- Local safeguarding partners must make arrangements to identify and review serious child safeguarding cases which, in their view, raise issues of importance in relation to their area.
- A copy of the rapid review should be sent to the Panel who decide on whether it is appropriate to commission a national review of a case or cases.
- The safeguarding partners are responsible for commissioning and supervising reviewers for local reviews.

Information on the rapid review process and criteria, and guidance safeguarding partners must consider is also included.

2.4 Torbay Domestic Abuse and Sexual Violence Strategy:

During 2017/18, two influential documents have been published with regards to Domestic Abuse requirements for Torbay and the potential impact for support services and partner agencies. There are clear considerations for the safeguarding of children.

2.4.1 The joint targeted area inspection programme published “The multi-agency response to children living with domestic abuse” report. The report defines domestic abuse as ‘any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; and emotional.

2.4.2 Previously, the Adoption and Children Act 2002 (section 120) extended the definition of ‘harm’ as under the Children Act 1989 to include ‘impairment suffered from seeing or hearing the ill-treatment of another’. Therefore, children who are harmed through witnessing domestic abuse or violence at home are considered to be in need of help and protection from their local authority. The report calls for a national public service initiative to raise awareness of domestic abuse and violence. It also calls for a greater focus on perpetrators and better strategies for the prevention of domestic abuse.

2.4.3 These findings have been considered in the publication of the Torbay Domestic Abuse and Sexual Violence Strategy for 2018-2022. Local context shows that Torbay experiences higher than average volumes of domestic abuse than other areas with a similar profile, with continued increases in the number of recorded domestic abuse related crimes and sexual offences throughout 2016/17. Rates of crime and in particular

sexually violent crime are higher in Torbay than the England and Wales comparators. A high proportion of referrals into the Sexual Assault Referral Centre are for children and young people under 18 years old with males being identified as the main offender.

2.4.4 Local analysis shows that between 30% and 40% of Children's Social Care activity (including Early Help, Child in Need and Child Protection) is related to domestic abuse. The highest number of female victims fall into the age groups 15-29 years (40%), with 35% of these being aged between 20-29 years. Other known risk factors for becoming a victim of domestic abuse include being within the criminal justice system, being homeless, having a disability, alcohol and substance misuse, being pregnant and identifying as lesbian, gay, bisexual or transgender. Well documented risk factors are present within Torbay, including high levels of poor mental health and alcohol and drug misuse. Data recorded by Torbay Domestic Abuse Service shows increasing numbers of victims presenting with complex needs including drug and alcohol misuse, mental ill health, financial difficulties and experiencing social isolation. Health services are pivotal in the consideration and provision of safeguarding and support services to victims and their children.

2.5 Torbay Neglect Strategy (March 2017):

Understanding of child neglect and its consequences on the future wellbeing and development of children has increased over the last two decades. The impact of neglect on children and young people is enormous. Neglect causes great distress to children, leading to poor physical and mental health, educational and social outcomes and is potentially fatal. Lives are affected and their ability to attend and attain at school is reduced. Their emotional health and wellbeing is often compromised and this impacts on their success in adulthood and their ability to parent in the future (Taylor, 2005), thereby repeating the cycle of neglect and consequential abuse.

Neglect has been identified as a priority for the Torbay Safeguarding Children Board (TSCB) because of the serious impact it has on the long term chances for Children. Neglect in the first three years of life can seriously impact on brain development and have significant consequences through adolescence and into adulthood.

2.5.1 Local Context (as of 2017):

- 21.6% of Torbay children are living in poverty.
- Torbay is ranked as the highest nationally for households being at risk of falling into poverty, at 37% (22,600) (Experian).
- Compared to England, Torbay is ranked amongst the 20% most deprived district local authorities (46th out of 326 in 2015)
- 28 Lower Super Output Areas in Torbay (out of 89) are within the top 20% most deprived in England
- Around 1 in 3 (32% - 42,000) of Torbay residents live in areas amongst the 20% most deprived in England.
- Domestic Abuse rates in Torbay are 431 per 10K which is the highest across the Devon and Cornwall Police Force area.

- The number of recorded crimes on under 18 year olds is high. The rate of sexual offences across age ranges in Torbay is double the national average and is the highest in the Peninsula.
- Just over 100 children per 10K of the population are looked after which is disproportionate for the size of Torbay.
- The number of pupils with SEN statements is the highest in the country at just over 4% with the national average being 2.8%
- Domestic abuse is a significant feature in Torbay and this alone accounts for around 40% of cases held across all levels of thresholds of the child's journey.
- In October 2016 year to date, Torbay had 156 Children subject to child protection plans which is significantly higher than the national average.

2.5.2 The strategy outlines 3 main priorities:

- Knowing our problem, knowing our response
- Effective prevention, recognition, assessment and support
- Strong leadership and Partnership.

2.5.3 These are underpinned by key principles which provide a strategic framework:

Children being neglected, or at risk of being neglected, need to be seen, heard and helped.

- **Seen** - in the context of their lives at home, friendship circles, health, education and public spaces (including social media).
- **Heard** - to effectively protect children and young people, professionals need to take time to hear what children are saying and put themselves in the child or young person's shoes and think about what their life might truly be like.
- **Helped** - by remaining professionally curious and by implementing effective and imaginative solutions that help children and young people. Professionals should give parents and families clear information in relation to expectations and improvements.

As a key partner the Trust are collaborating with other partners in the delivery of the TSCB priorities.

3.0 Safeguarding Children Activities

3.1 Team Resource:

The Safeguarding Children Team are based across the ICO and comprise of:

- 1.0 wte Band 8a Named Nurse
- 0.2 wte Band 8a Named Midwife
- 3.6 wte Band 7 Safeguarding Supervisors
- 0.8 wte Band 7 Safeguarding Midwife
- 1.0 wte Band 6 Paediatric Liaison Nurse
- 5 PA's for Named Doctors

The Nursing / Medical Team are currently supported by:-

- 0.9 Band 5 Child Protection Administrators
- 1.6 Band 3 MASH/ Safeguarding Administrator
- 0.6 Band 2 Safeguarding Administrator

These posts are currently funded from a combination of Torbay Local Authority Public Health Commissioners and CCG funding. The current procurement bids will have a direct impact on the Safeguarding Children and Looked after Teams.

3.2 Female Genital Mutilation (FGM):

The demographics of Torbay mean that FGM is rarely identified; however the Trust has policies and procedures in place to support staff to identify and consider risks relating to FGM. Mandatory reporting processes are in place and reported quarterly to the Home Office. In the June 2017/18 annual reporting period there were 2 cases reported. Appropriate referrals were made, in line with the current Trust Policy and the statutory reporting requirements. Both cases were complex, for different reasons and learning has been disseminated via team meetings and essential Midwifery training sessions; facilitated by the Public Health Midwife and Safeguarding Midwife.

Training is also included in the Doctors induction programme to ensure knowledge of statutory reporting and professional accountability.

3.3 Torbay Safeguarding Children Board (TSCB) has a number of sub groups with representation by TSDFT Safeguarding Team:

3.3.1 Training Sub group:

The Trust Safeguarding Team provides representation to the training sub group. They have been influential in ensuring that the training needs of TSDFT Health staff are met and that there is a strong consideration of the impact and consideration of safeguarding children factors that are encountered by staff that are providing healthcare needs to children and family in Torbay and South Devon. The Safeguarding Team have also supported with the facilitation of a number of Best Practice Forums that have been arranged by the TSCB, including Mental Capacity Act , documentation and future planning for a Missing focused forum.

3.3.2 Quality Assurance sub group:

The Named Nurse attends this sub group to represent TSDFT. The group has governance oversight of the other groups and collates the Section 11 returns process. The group also leads on the multiagency audit process, which is currently under review.

3.3.3 Missing, Exploitation and Trafficked TSCB sub group (MET) sub group:

The Trust supports the membership of the MET Torbay Safeguarding Children Sub Group from Safeguarding, Sexual Health Team and Looked After Team perspective. Child Sexual Exploitation (CSE) is not a new phenomenon but it has been given greater prominence in recent years following some high profile cases across the country.

3.3.4 The MET Subgroup:

has a wide representation and feedback was heard regarding the training of taxi drivers on the subject of Child Sexual Exploitation, this has been extremely successful and will soon be a mandatory part of their role. The group is also working towards a peninsula wide (although Cornwall are not currently participating) exploitation toolkit to ensure a consistent approach to screening and pathways of care for a young person who comes into contact with services across Devon. As part of the role of the

forum, feedback will be provided to the board on the quality of the data for missing children, children who have been identified as having suffered Child Sexual Exploitation, female genital mutilation or modern day slavery.

3.3.5 CSE Champions sub group:

TSDFT is represented by a member of the Safeguarding Team. This group has recently re-formed and is currently in consultation to transform into a group with a wider focus; so that all forms of exploitation are encompassed into the group role. Discussions around support for education in school regarding exploitation and County Lines have identified examples of good practice and possible ways forward. Further consideration of the role of the forum is needed and the possible recommendations from the recent inspection which may highlight potential new areas of work.

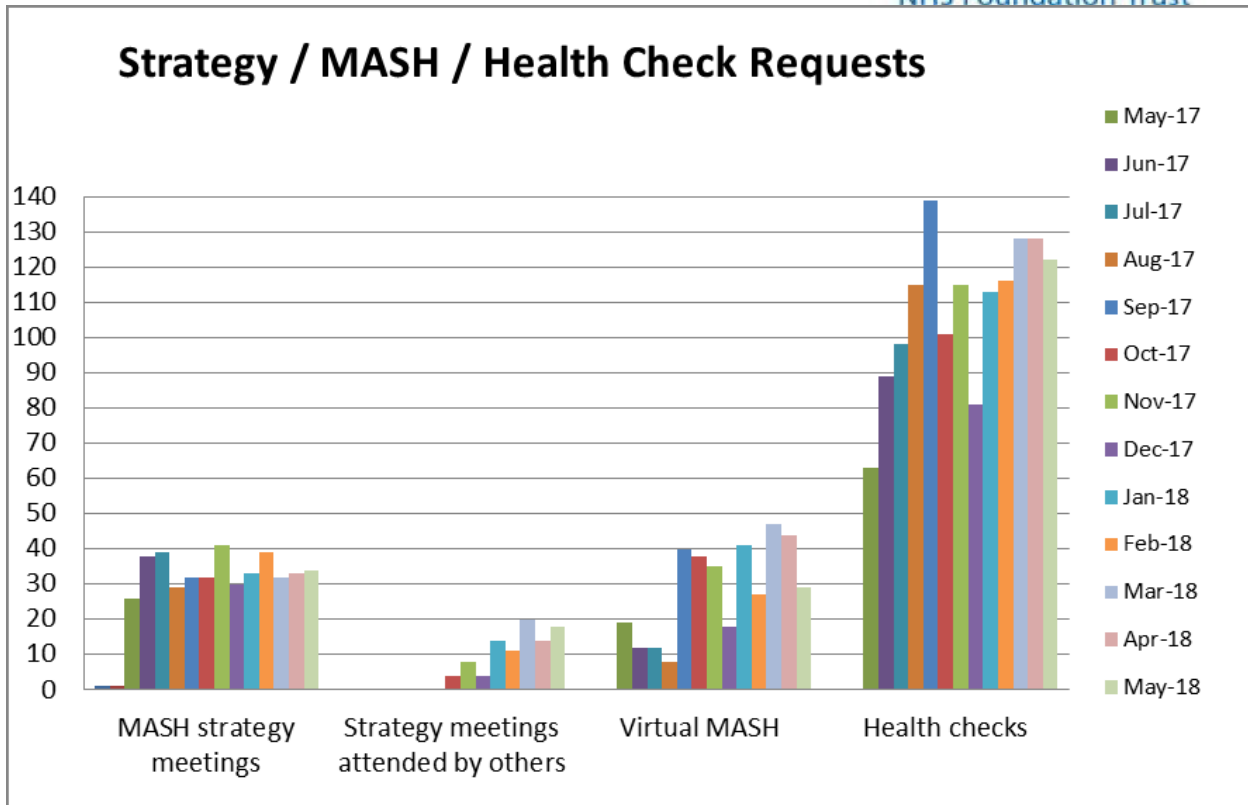
3.3.6 Missing and Child Sexual Exploitation (MACSE) meetings:

Following the service redesign for the Safeguarding Children Team, TSDFT has, for the first time, been able to provide consistent representation to both South Devon and Torbay MACSE meetings.

The format of both meetings has been reviewed. The changes are in order to ensure that they are operating in line with the South West Peninsula Missing and Child Exploitation Principles. This will involve significant changes to confirm that the group is prioritising the role of giving professionals a forum to meet and share information regarding children's safeguarding concerns. In particular the locations and perpetrators involved as this will help professionals to identify the scale of community issues and the changing landscape of safeguarding concerns. The MACSE will a move away from individual case discussion – to ensure that the forum does not act as a secondary social work team by providing case-working for individual referrals, but individuals are able to alert other professionals at the meeting to present difficulties and seek advice. The changes will also help to ensure that children are similarly protected and supported throughout the peninsula.

3.4 Torbay MASH (Multi- Agency Safeguarding Hub):

For the period June17-18, the health staff working within MASH, have contributed to 502 Section 47 strategy discussions compared with 488 in the previous year. This figure does not include the number of planned strategy meetings which other staff employed by TSDFT attend to safety plan children and young people. Virtual MASH meetings were totalled at 35. Health checks on MASH referrals have been measured since January 2018 and they have been were completed on 904 occasions. The Safeguarding Children Supervisors rotate into the MASH to support Health decision making as part of the MASH team. They collect , analyse and share relevant information from a variety of sources / teams; including hospital , Public Health Nursing, GP's , CAMHS , Sexual Medicine service and adult support services , such as mental health and substance misuse.



3.5 Domestic Abuse:

- 3.5.1 Domestic abuse practice has remained a priority for TSDFT safeguarding services during 2017/18. The topic of domestic abuse has been integrated into mandatory training for safeguarding children at all levels.
- 3.5.2 Continuation of the delivery of training workshops by “Led by Dreams” in conjunction with the Named Nurse for TSDFT has had a positive impact on TSDFT staff. Practice changes have been developed, with staff identifying and creating safe environments for patients to have the opportunity to disclose concerns or allegations of domestic abuse. Good practice has been evidenced in Gynaecology clinic with a whole team training session, which led to facilitating routine practice for women presenting to clinic. Maternity care, with the support and guidance of the Public Health Midwife, continues with a strong emphasis on consideration and safety planning for domestic abuse concerns identified during pregnancy.
- 3.5.3 TSDFT, in support of the actions identified within the Torbay Domestic Abuse strategy, have identified a number of staff who will complete specialist training to become Domestic Abuse Champions. They will be enabled and supported to provide targeted training across the Trust to improve awareness of domestic abuse, the impact on families and how to access support.

MARAC (Multi Agency Risk Assessment Conference):

TSDFT Safeguarding Children Team provides representation at both Torbay and Devon MARAC’s. The Safeguarding Midwife, Paediatric Liaison Nurse, Safeguarding Supervisor and a representative from the Emergency Department, work collaboratively to gather

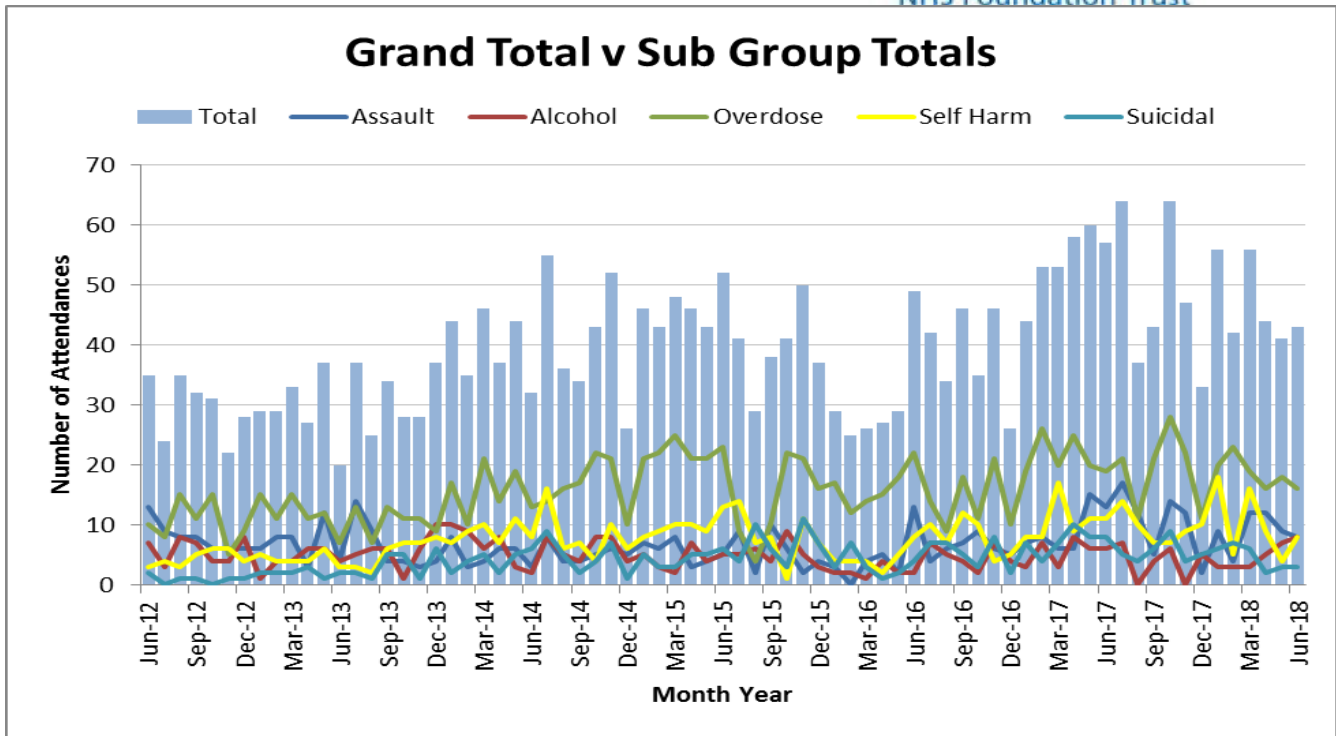
relevant information for cases discussed at the conference. The meeting discusses cases that have identified victims to be at high risk of murder or serious harm. The TSDFT team are in the process of aligning Trust process across the ICO to publish guidance and a standard operating procedure for all staff that support information sharing to MARAC.

3.6 Paediatric Liaison Service:

Overview – From the period of 1st June 2017 to 31st May 2018 the Paediatric Liaison Service has endeavoured to adapt and develop to ensure that the needs of children, families and staff are met. The service has continued to achieve this through four overarching themes including; information sharing, special case flagging, the acquired brain injury project and staff supervision.

3.7 Information Sharing:

- 3.7.1 Within this time frame, the service has received 2473 Paediatric Liaison Referrals from the Emergency Department and Minor Injury Units within the trust. Elsewhere, we have received 231 referrals from other departments and services, of which, 97 referrals were submitted via the new electronic referral form since its inception on the 3rd January 2018.
- 3.7.2 The service also had oversight of 254 Multi Agency Safeguarding Hub (MASH) referrals, providing additional information forms as appropriate to ensure effective sharing of information to relevant safeguarding hubs and health partners. In April 2018, the service adopted the responsibility of overseeing all Multi Agency Referral Assessment Conference (MARAC) referrals completed by the Emergency Department and Minor Injury Units. Since this, the service has processed 12 referrals, once more providing additional information as appropriate.
- 3.7.3 As the service has adapted it's processes to meet the vulnerabilities of the children and young people within the local and national communities, the service has made; 6 Interagency Referrals raising concerns regarding risk indicators of County Lines activity, 49 referrals to local drug and alcohol support services for young people and has shared 26 Paediatric Liaison Communication Forms to Safeguarding Supervisors for onward consideration within local safeguarding board sub groups. Such communication has been well received by such agencies and has been commended by the Police for providing high quality information sharing that directly enabled the multi-agency team to safeguard a young person.



3.8 Special Case Flagging:

The service has continued to develop special case flags to ensure relevant and accurate information is readily accessible to frontline practitioners thus enabling them to provide individualised and informed decisions about the care delivered to children and families. The service can receive flag requests from different service providers and from this, the service manages 158 special case flags which include; medical flags (68), safeguarding flags (25), high risk missing person flags (7) and drug box flags (58). These flags are reviewed annually and audited to ensure they are kept relevant and up to date.

3.9 Acquired Brain Injury Project:

Every month the service receives a radiology audit of all children aged between 0-18 years that have had a Computerised Tomography (CT) scan at the hospital. While an acquired brain injury may not have been diagnosed within the presentation/admission, the service acknowledges that a child/young person may develop on-going or emerging difficulties. Therefore the Paediatric Liaison Service provides clinical oversight of these presentations or admissions to identify any children/young people whose presentation may have an emerging acquired brain injury. In order to promote the health and wellbeing of children and young people, the service sends out an information leaflet to families to raise awareness and provide signposting to supporting health professionals and community support groups. From this, the service has overseen 118 presentations and shared information accordingly.

3.10 Staff Supervision:

The Paediatric Liaison Service has continued to be a point of contact to all agencies as well as providing ad hoc supervision to trust staff. Within this, the service has received 409 contacts and/or ad hoc supervisions requests. The service has developed excellent working relationships with community agencies and service providers to promote; effective information gathering/sharing and enhance engagement in supervision by trust staff that fits the complex demands of a busy hospital. Within this, the service has received 409 contacts and/or ad hoc supervisions requests and in September 2017, the Paediatric Liaison Service, alongside the Named Nurse, was presented with a Staff Heroes Award, nominated by staff within the Emergency Department due to this service provision.

In summary the service has embraced various changes but has maintained its core vision and passion that information sharing is at the heart of promoting the safety and well-being of children and young people.

3.11 Torbay Sexual Medicine Service:

The Torbay Sexual Medicine Service has undergone significant changes over the 2017/18 period. Following a public consultation period the Local Authority reduced the budget to this service and subsequent changes had to be made to this service. The service has also undergone a re-procurement process and is now managed by North Devon Healthcare.

The service has been particularly proactive in their safeguarding practice. There are currently 3 supervisors trained from the clinical team, to support safeguarding decisions for their patients. Compliance with Level 3 safeguarding children training and also the specialist course for Child Sexual Exploitation is consistently high.

The whole team, including medical and nursing staff, attend group supervision sessions which are facilitated by the TSDFT Named Nurse on a quarterly basis. They have identified service gaps and taken action to improve their processes and practice, for instance, the service is now practicing routine enquiry for all patient attendances to their service. Strong consideration of young person's risk factors and safeguarding concerns and use of the "Think Family" approach in relation to parent's attendances to the service can be evidenced from the case discussions that take place within supervision sessions. The Named Nurses for North Devon Healthcare Trust and TSDFT work closely together to monitor key performance indicators and consistent safeguarding practice.

4.0 Maternity Safeguarding Children Activities

- 4.1 During 2017, midwives completed 363 interagency communication forms (ICF), identifying pregnant women who have safeguarding and vulnerability factors. This includes substance misuse, domestic abuse, mental health, teenager, etc. This equates to nearly 16% of women using the maternity services within Torbay and South Devon and requires a significant amount of resource to ensure that needs are assessed and appropriate plans are put in place to safeguard the baby and family.

- 4.2 The volume of safeguarding children work continues to provide challenge for the maternity service. As identified in previous year's Reports, we acknowledge the difficulties surrounding the legality of separating mothers and their new born when there have been significant risks identified to the baby from the potential care they would receive from their parent(s). This is further complicated by requirements around supervised contact for parents with their baby. This continues to necessitate frequent multi-agency discussions.
- 4.3 The maternity service in conjunction with the Special Care Baby Unit had tried to engage with Children's Services to identify how we could reduce the impact of this, in particular pre-birth planning. However due to changes in Children's Services' senior staff, it had not previously been possible to move this agenda forward. This was escalated through the Designated Nurse and, as a consequence, two meetings were held in August 2017 to address the issues. These were both very productive meetings and helped both agencies to appreciate the challenges the other faced. The "Summary of Safeguarding Plan", developed to aid communication for frontline staff and to provide a clear plan to safeguard the newborn baby, was shared with Children's Services' Head of Service. This document is now embedded in both maternity and within Children's Services and is frequently discussed and agreed at Core Groups. The document ensures the safe care and discharge of babies considered to be at risk. The plan includes details of agreed birthing partners, level of supervision required for both parents and requirements for discharge planning meeting.
- 4.4 The Public Health Midwife continues to chair the monthly Perinatal Wellbeing Group meeting. This is a multi-disciplinary meeting involving midwifery, Consultant Paediatrician, Perinatal Mental Health Team, Paediatric pharmacist and Specialist Health Visitor. It is held to develop a care plan for babies who have additional care needs due to issues, such as maternal substance use. This enables a clear plan to be put into place regarding the observations the baby will require. Following a review around a case, the process has been amended to ensure that all relevant professionals are informed about the agreed plan.
- 4.5 The Safeguarding Midwife supported by the Specialist Public Health Midwife provides staff with an annual update as part of the essential maternity training. The current session includes an overview of the South West Child Protection Procedure for Bruising in non-mobile babies. This was in response to a number of local cases of bruising/marks in young babies and following the Safeguarding Midwife's attendance at a learning event in October 2017. This was a joint Devon Children & Families Partnership (DCFP) and Torbay Safeguarding Children Board's (TSCB) learning event: Bruising in Non-Mobile Babies – Management Review.

The session on the essential maternity training also covers a case review around neglect linking in with the Torbay Safeguarding Children's Board Neglect Strategy.

- 4.6 A new Named Midwife came into post during the latter part of 2017. She has recently completed her level 4 safeguarding children training. It has been agreed that the safeguarding midwife will also complete this level of training and she is booked to attend the next available course.

4.7 Safeguarding supervision continues to be embedded within maternity. The Community Team Leaders provide planned formal supervision for the Community Midwives quarterly. The Safeguarding Midwife and the Named Midwife provide quarterly supervision for the Community Team Leaders. The Safeguarding Midwife and the Inpatient Matron provide biannual supervision for the Meridian Band 7 midwives. The Safeguarding Midwife provides ad-hoc supervision to all grades of staff. She also provides group supervision for the Meridian core staff. This is captured on the safeguarding supervision database.

5.0 Partnership Working

5.1 Local Safeguarding Children Boards (LSCB):

Partnership working as directed by Working Together to Safeguard Children (2018) and the Children Acts (1989, 2004) underpins the ethos and values of the safeguarding children's team. In a bid to achieve this, the Trust is represented at both executive level and within sub groups/panels on Torbay and Devon Safeguarding Childrens Boards, by the Chief Nurse, the Named Safeguarding Professionals in line with Section 13 of the Children Act 2004.

5.2 Child Protection meetings:

In spite of significant staffing challenges, Torbay School Nurse service attended 86.53% of ICPC's and 66.5% of reviews for children aged 5 to 18 years. Review meetings that were not attended have had oversight from Safeguarding Supervisors. Where there were no unmet health needs for young people, apologies were given, in line with policy. If a Health Visitor was involved with other children in the family, the Health Visitor would take any relevant information to share at the meeting. If attendance was not possible due to staff capacity, a professionals report was sent, in line with TSCB and Trust policy.

5.3 MARAC:

The Trust is represented at both Torbay and Devon Multi Agency Referral Assessment Conference (MARAC) by relevant services who contribute health information in high risk domestic abuse cases which adults with children, pregnant women and victims aged 16-18yrs. The number of victims with children (and/or pregnant) discussed in the report period for Torbay is 131, including consideration for 277 children within those families. This was compared with 179 victims for the same period in 2016/17.

5.4 Child Protection Medicals:

There have been 118 Child Protection Medicals undertaken by the Paediatricians in this annual report period compared to 72 the same period for 2016/17:

Torbay: 78
Devon: 40

Following the publication of the report – ‘The Radiological investigation of suspected physical abuse in children’ – implications for the multiagency process and consideration of required child protection skeletal surveys have been under discussion. A multiagency task and finish group, led by the Named Professionals for TSDFT, met to agree a pathway. This work is forming a larger project encompassing the Child Protection Medical Process, including referrals for specialist sexual abuse examination, currently in progress and is aiming for completion in autumn 2018. This is an issue that is under consideration across the South West peninsula.

5.5 Early Help:

- 5.5.1 Torbay Council has been working with partners to develop an early help strategy and embed the learning into practice. TSDFT has supported these developments and is an active member of the TSCB Early Help Sub group and the Targeted Help Panel. The TSCB has now agreed the strategy and partners are supporting the delivery of the new strategy and work to the memorandum of understanding which through partnership working aims to improve the quality of life for families who need help.
- 5.5.2 The Targeted Help panel receive requests for families that are stepped down from a Level 4 service (Child Protection) following a screening process to determine that they are fit for panel. The Early Help Sub Group will perform a monitoring role for the Supporting (Troubled) Families programme, aiming to increase uptake by 40 families per month.
- 5.5.3 Health representatives are working in partnership to deliver the TSCB Early Help training, which is currently being rolled out across agencies in Torbay.
- 5.5.6 Similar work is taking place within the Devon Children and Families Partnership, which differs due to the nature of the organisational structure. The work is currently supported by the Named and Designated Professionals providing representation for TSDFT, in conjunction with New Devon CCG.

5.6 Childrens Improvement Board (CIB) reports:

Children’s services improvement plan and the Section 11 duties set out in Working Together (2018) are submitted to the Torbay and Devon NHS Foundation Trust Board; Torbay Safeguarding Children Board and the Children’s Services Improvement Board.

5.7 Looked After Childrens Team:

The looked after children’s team are based across the ICO and comprise of:

5.7.1 Health Assessments:

It is a statutory requirement that children and young people who are looked after receive health assessments at specific points during their time in care. The Purpose of these health assessments is to identify and address any health needs promptly and improve health outcomes for looked after children. Initial Health Assessment (IHA) should be completed by a medical practitioner within 20 working days with receipt of paperwork within 5 working days from children’s services. Health and social care have a joint

responsibility and must work together to ensure the timeliness and quality of health assessments for looked after children.

Review Health Assessments (RHA) are completed on a yearly basis; these are completed by the Looked After Health Nursing Team.

- 5.7.2 Adoption care constitutes a significant proportion of the hours for the looked after children medical adviser. This consists of adoption panel attendance, adoption medical reports/ assessments and adult medical advice in relation to the Foster Carers.
- 5.7.3 TSDFT Looked After Children and Safeguarding Children Teams are co-located at Torbay Hospital. This has allowed for joint working and support for young people who attend hospital and may require admission. The ability for staff and young people to have prompt access to staff who have knowledge of their cases and any additional needs, has had a positive impact on outcomes for young people.

Further detailed information is outlined in the Looked After Children Report.

6.0 Serious Case Reviews and Child Deaths

6.1 Working Together to Safeguard Children (2018):

Identifies four possible different types of review as a result of a child death. A serious Case Review, a Child Death Review, a review of child protection incidents which fall below the threshold for a Serious Case Review or an audit of practice in one or more agencies.

Working Together to Safeguard Children March 2018 lays out statutory guidance about how organisations should work together to safeguard and promote the welfare of children. Within this guidance is a requirement for “child death review partners” (consisting of local authorities and any clinical commissioning groups for the local area) to make arrangements to review all deaths of children under 18 years of age who are normally resident within their area and, if they consider it appropriate, for any non-resident child who has died in their area. The Peninsula Child Death Overview process is supported by a multidisciplinary Rapid Response Team (RRT) for unexpected deaths, collating the minimum data set, and information from other agencies involved with the child, and feeding this information into the joint Child Death Overview Panel (CDOP) for reviews to be undertaken.

6.2 Child Deaths:

In this annual report year there have been 13 child deaths - 7 expected and 6 unexpected of which one case was identified for Serious Case Review (SCR). Another case was referred for consideration for Serious Case Review but was not found to meet criteria.

- Neonatal deaths: 9
- Teenage deaths / suicides: 3
- Road traffic accident: 1

Local review meetings have been completed in relation to these cases, led by the Child Death Coordinator and Named Doctor for Child Death. All cases have had staff debrief and support completed. Multiagency actions were identified as a result of the meetings and these are monitored and reported to CDOP and the Trust SCOG.

The position for Named Doctor for Child Death has been re-assigned since April 2018. Both Named Doctor and Child Death Coordinator have been supported to attend National Conference to ensure Trust practice is updated in line with new guidance published in 'Working Together to Safeguard Children 2018'.

6.3 Serious Case Reviews:

6.3.1 Working Together to Safeguard Children 2018 advises that "a serious case review (SCR) takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved". It looks at lessons that can help to prevent similar incidents from happening in the future. There is a requirement for all local Safeguarding Childrens Boards to undertake reviews of serious cases in specified circumstances, under regulation 5 of the guidance. The definition states that a SCR is one where:-

- a) abuse or neglect of a child is known or suspected; and
- b) Either – (1) the child has died or (2) the child has been seriously harmed and there is cause for concern as to the way in which the authority , their board partners or other relevant persons have worked together to safeguard the child

6.3.2 All reviews of cases meeting SCR criteria should result in a report which is published and readily accessible on the LSCB's website for a minimum of 12 months. Reports should be written with consideration of publication and written in such a way to be unlikely to harm the welfare of any children or vulnerable adults associated to the case.

6.3.3 A number of serious case reviews have been agreed during 2017/8 for both Torbay and Devon:

C60 report has been recently published and an action plan is in progress.

CN16 is awaiting the report but action plan is already in progress and has been partially completed.

C69 case did not meet criteria but identified a requirement for internal management for TSDFT which is in progress; nearing completion.

C74 case is postponed for 6 months pending Police investigation.

2 further cases – C66 and C67 - are in progress and reports from TSCB are awaited.

The Named Professional from the Safeguarding Team provide representation to the review meetings and support staff to attend professionals meeting where the methodology determines that this is required.

All serious case reviews and subsequent action plans are scrutinised and monitored at SCOG.

7.0 Governance

7.1 Section 11:

NHS organisations are subject to the section 11 duties set out in Working Together 2018. It states that health professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating effectively with children and families, liaising with other agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews.

This year neither Devon nor Torbay Safeguarding Boards have requested Section 11 returns from TSDFT. This decision has been agreed at both Quality Assurance sub group meetings, which have representation from TSDFT / Health partners.

Key information continues to be shared from TSDFT with the CCG and Quality assurance sub groups and progress against action plans for serious case reviews is monitored via the Trust Governance structure, with initial oversight at Safeguarding Children Operational Group (SCOG)

7.2 Key Performance Indicators (KPIs):

Public Health Nurses Safeguarding Supervision.

Further information can be found in section 8.

Safeguarding Training Compliance.

Further information can be found in section 8.

These KPI's are monitored through SCOG and in quarterly contract monitoring meetings.

7.3 CQC:

In February 2018, TSDFT services were subject to inspection by the Care and Quality Commission. This was following a previous inspection in 2016.

Community Childrens Services were scrutinised as part of this routine. Extracts from the report are below:

“Community health services for children and young people got better since our last inspection and were rated as good overall. Safe, responsive and well-led all improved and were rated as good. Effective and caring stayed the same and were rated as good.

“In community children and young people, most staff were up-to-date with mandatory training, and all staff were up to-date with the appropriate level of safeguarding training. There was a positive incident reporting culture, and learning from incidents was evident. Records were clear and up-to-date, treatment areas were visibly clean and well maintained, and there were sufficient staff to keep patients safe”.

Actions identified that the Trust should consider in community children and young people: Consider improving the opportunities and processes for obtaining feedback from children in community services.

- Consider providing a complaints process for children that is easily understood and accessible.

- Continue developing plans to reduce the waiting times for autistic spectrum disorder assessments.
- Ensure lone working assessments are completed across all the community children's teams.
- Ensure staff compliance with mandatory and safeguarding training in community children's services meets the trust's targets in all subjects

Actions have been taken in response to the CQC's findings and the actions are monitored via SCOG.

7.4 Audit:

7.4.1 Audit process forms an essential part of the monitoring and governance process for both Safeguarding and Looked After Children work plans. The audit plan is a regular agenda item for the SCOG meetings and all completed audits are reported to and scrutinised by the meeting and action plans agreed, prior to further presentation at the Integrated Safeguarding Group meeting.

Risk is shared through Datix, the escalation process and also monitoring by the CCG.

7.4.2 Quality of referrals to Torbay MASH:
Findings reported to SCOG in September 2017 - This audit shows good compliance with the audit standards and as a result does not need a review in the immediate future.

7.4.3 SSPAU audit:
considering impact of repeat attendances (response to Health Management review)
– planned repeat audit following previous in July 2017 – currently in progress

7.4.4 Police Notification and Domestic Abuse Routine Enquiry Audit (Nov2017):
Findings reported to SCOG Jan 2018
This audit shows a significant improvement in the management of police reports by public health nurses and there is no immediate need to re audit.

7.4.5 Teenage Pregnancy pathway Audit:
Findings reported to SCOG Feb 2018
Outcome - to revise pathway in response to practice changes. 100% cases referred to Safeguarding Lead and 95% of all appropriate referrals made.

7.4.6 Safeguarding Children Supervision:
Findings reported to SCOG May 2018 - High levels of awareness (85%) and good levels of compliance (81%) with supervision policy. Action that policy needs update and revision – targeted audit in specialist areas to commence following relaunch of updated policy in Sept 2018

7.4.7 Vulnerable attendances to ED/MIU:
Complete - Scheduled for presentation to SCOG Sept 2018

8.0 Training and Supervision

8.1 Safeguarding Children Mandatory Training:

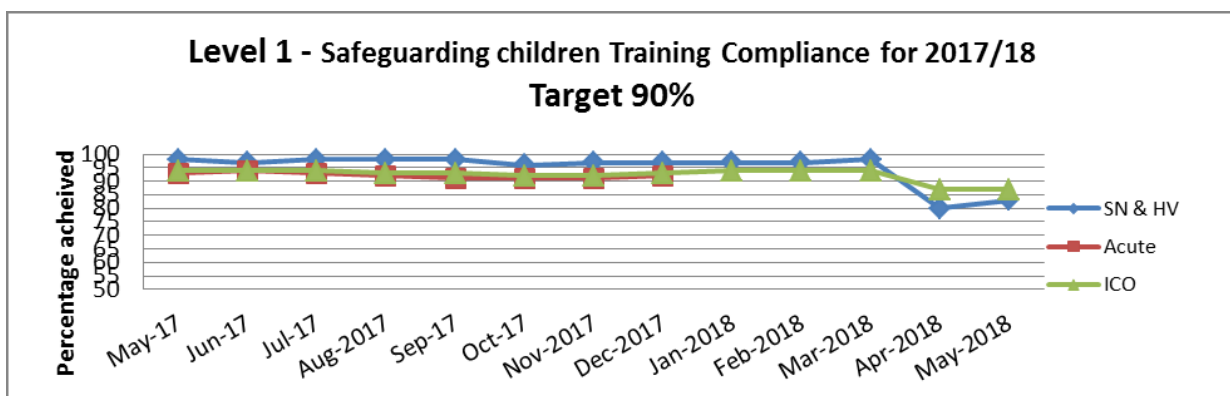
Mandatory training is currently under review with reference to the revised Royal College of Paediatrics and Child Health (RCPH) 'Intercollegiate Document' (2014). Both Level 1 and 2 have the training requirement for Safeguarding and Looked After children encompassed in the training. This has been complied and agreed by the Named Professionals and agreed via SCOG. Level 3 is individualised, allocated according to the intercollegiate document guidance and registered on staff personalised mandatory requirements via "The Hive".

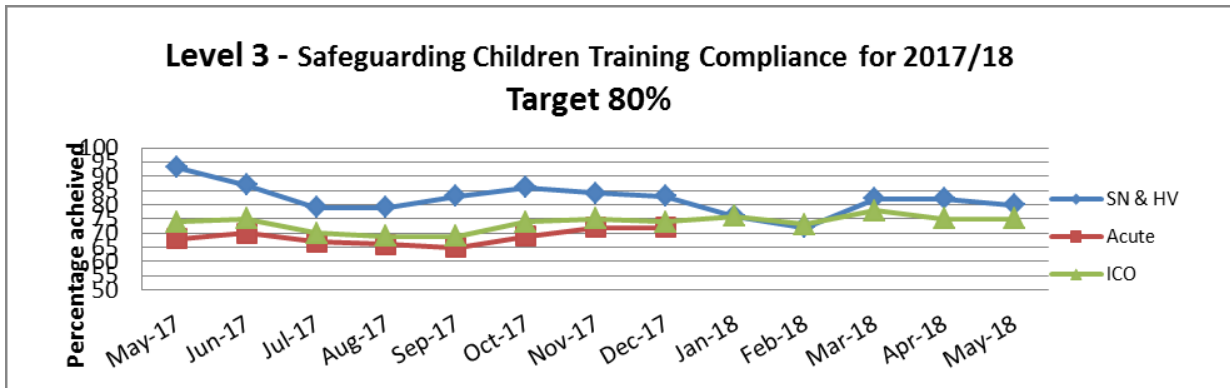
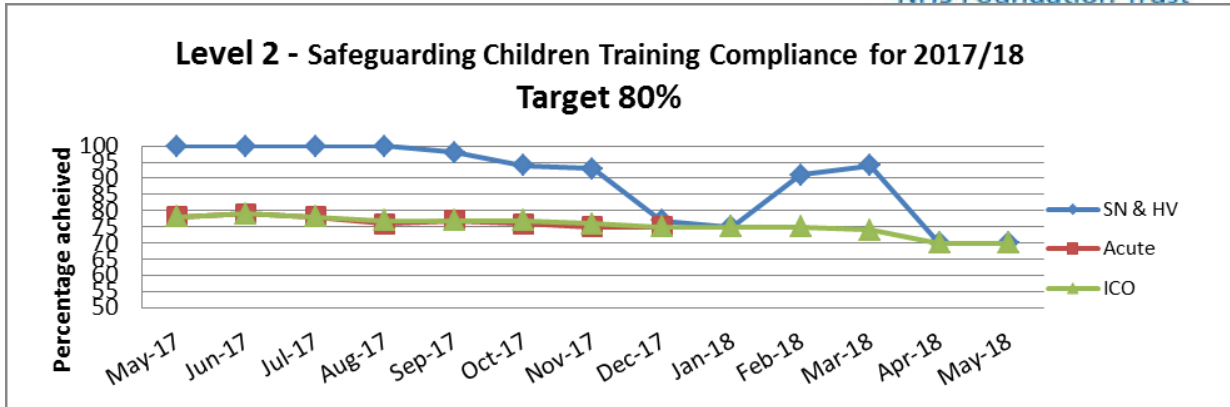
Level 1 and 3 have been completed; Level 1 accessed via "The Hive" and delivered at Corporate Induction. Level 3 is multiagency training accessed via LSCB external training. Level 2 review is currently in process and will be launched in April 2019. Level 2 will be a combination of e-learning via "The Hive", with a supporting workshop for relevant staff. Staff training levels will be identified according to job role and the training will be designed with particular relevance to requirements for TSDFT staff.

The training data is now monitored using "The Hive". This has had an impact on the methodology of the monitoring figures gained. The compliance measures are in relation to the number of staff who require each level, as staff only require completion of their allocated level and not a cumulative number of levels i.e. only level 2, not level 1 and 2, to be compliant.

It was agreed that the change to monitoring would start from April 2018, as there would be an expected impact on the training figures.

Following the service redesign for the Safeguarding Team it was agreed that the separate monitoring of the compliance for acute staff would cease in December 2017. Compliance is monitored through the Safeguarding Operational Group (SCOG).





ICO figures for June 2018 are below: -

SGC L1 – 87.90% (1583 people have completed this training out of the 1801 people that are required to complete this level)

SGC L2 – 69.67% (2483 people have completed this training out of the 3564 people that are required to complete this level)

SGC L3 – 74.90% (540 people have completed this training out of the 721 people that are required to complete this level)

Targets are 90% for Level 1 and 80% for Level 2 and 3

8.2 Child Protection Supervision:

Following the Safeguarding Team redesign, a new process was launched in January 2018, to support staff to access safeguarding supervision.

The Named Professionals and all Band 7 Safeguarding Supervisors support the formal supervision sessions which are delivered to Level 3 staff who hold case loads. This would include staff from School Nurse and Health Visitors, Childrens Community Teams, CAMHS, Sexual Medicine Service, Childrens Learning Disabilities Team, Paediatric Diabetes Team and all Paediatric Consultants.

Midwifery Service arrangements differ: the formal supervision is delivered by the Safeguarding Midwife and the Teams Leads , who are all trained Safeguarding Supervisors , additional to their clinical role.

Speech and Language Therapy have also adopted a similar structure. This is particularly helpful for the teams who are located away from the main Hospital site.

Group Safeguarding supervision forms an important part of the mandatory study days for the Emergency Department and Child Health teams. The teams engage in scenario based sessions, utilising the “Signs of Safety” framework, which have been adapted from recent clinical episodes within the Trust, to share learning and highlight areas of practice which need improvement. Staff feedback is positive and change in practice can be demonstrated by improved clinical practice, supervision accessed and referrals that are made following sessions.

To support delivery of ad-hoc and team based supervision, the Trust currently has 39 trained Safeguarding Supervisors who provide this service additional to their clinical role. The training is provided “in house” by a member of the Organisational Development team and the Named Nurse for Safeguarding Children. Trained supervisors attend quarterly updates and it is planned that they will support the Level 2 workshop delivery, following the training review. There have been 9 further identified members of staff awaiting training.

Ad hoc supervision continues to be made available and is provided by all clinicians in the Safeguarding team, including the Paediatric Liaison Nurse. The Emergency Department; including EAU’s , MIU’s and AMU; in particular utilise this aspect of service and the Paediatric Liaison Nurse / Safeguarding Supervisor, who are based at the Hospital, provide supervision by telephone or face to face, depending on staff or case requirement. The recent Safeguarding Supervision audit evidenced that staff valued the flexibility of the arrangements provided by the Safeguarding Supervisors.

The Trust Safeguarding Children Supervision policy is currently under revision/update; taking into consideration feedback from the recent audit and has been written in accordance with TSCB and DSCB supervision principles. All staff who are Level 3 trained require supervision and those who are case holders require quarterly supervision of their child protection cases.

A further audit of paediatric teams is planned for Autumn 2018, following the relaunch of the updated policy.

SCHPN (Specialist Community Public Health Nurses):

Supervision for health visitors (HV) and school nurses (SN) is monitored through SCOG and reported to the Public Health Commissioners as a KPI.

Q2 2017	91%	KPI Parameters	
Q3 2017	96%		
Q4 2017	100%		90%-94%
Q1 2018	100%		95%-100%

9.0 Priorities for 2017/18

9.1 Challenges:

- Capacity to respond to an increase in number of requests for court reports from SCPHN (Health Visitors / School Nurses) and subsequent court attendances.
- Capacity to respond to an increase in number of requests for court reports from Child Health staff and subsequent court attendances.
- Torbay Council re-procurement of the SCPHN service to a new 0-19 Integrated Children Service with an 18% budget reduction in 2019
- Implications of the Trust bid for procurement of Childrens Community Services across Devon on staffing of Safeguarding / Looked After Teams and information sharing processes to maintain safeguarding standards for TSDFT patients.
- Implications on TSDFT processes by Devon MASH operational changes to referral process

9.2 Summary of achievements:

- SCPHN representatives attending Targeted Help Panel sharing information and contributing to safe decision making for families.
- SCPHN representatives contributing to the rollout of the Early Help training including the launch off of the interactive threshold tool.
- The introduction of electronic records for the SCPHN service in Torbay giving timely access to information in the MASH, resulting in improved quality of information shared. This is an extension of the CQC action identified in previous review.
- Routine enquiry for Domestic Abuse in high risk areas i.e. Sexual Medicine Service, Gynaecology Service, Midwifery Service, Health Visitor Service.
- In September 2017, the Paediatric Liaison Service, alongside the Named Nurse, was presented with a Staff Heroes Award, nominated by staff within the Emergency Department due to the support provided by safeguarding supervision.
- Safeguarding Supervisor Team / Looked After Team rotating into the Acute Trust enabling support for strategy meetings taking place for children / young people admitted to wards within the Hospital. This is leading to improvements in practice and consistency in feedback / documenting of outcomes from meetings.
- Networking of Safeguarding Supervisors (trained additional to their clinical role) leading to shared practice and positive changes to safeguarding practice and developing shared processes e.g. safeguarding documentation developed by Safeguarding Midwife adopted by Special Care Baby Unit and recently trialled on Louisa Cary Ward.
- Commendation from Devon and Cornwall Police strategic group for information sharing processes re: County Lines risks: resulting in positive safeguarding outcome for young person. Shared with other agencies as “Gold standard”

9.3 Priorities for 2018/2019:

- Achieve compliance with safeguarding children training across all levels at identified appropriate levels.
- Improve ability for children and young people to provide feedback on Trust services
- Increase Level 3 trained staff compliance with safeguarding supervision
- Review Safeguarding Children training at Level 2 to meet the needs of TSDFT staff; ensuring compliance with the Intercollegiate Document guidance and that the training

meets the priorities of the TSCB/DSCB with regard to the impact of domestic abuse, neglect, missing, exploited and trafficked children and young people.

- Complete action plans identified by SCR / IMR's
- Support process of Domestic Abuse training in collaboration with the Torbay Domestic Abuse strategy.
- Support process of Early Help in collaboration with both Local Safeguarding Childrens Boards to improve the holistic support for families receiving care from TSDFT
- Safeguarding related policies to be reviewed and aligned as ICO Trustwide policies where possible.

Annual Report 2017-2018 - Promoting the Health and Wellbeing of Looked After Children

1.0 PURPOSE OF THE REPORT

This is the annual report for the TSDFT Board and covers the period of April 2017-March 2018. This report provides information about local developments and activity in response to policy framework, including how statutory requirements are being fulfilled. It evidences work undertaken by the Looked after children team in meeting the health needs of looked after children, which includes the Named Doctor and Nurse, medical secretary and looked after children admin and specialist nurses for looked after children.

2.0 EXECUTIVE SUMMARY

2.1. Overview

At 31 March 2017, there were 72,670 looked after children in England¹. The numbers of looked after children has steadily increased over the past decade and are now higher than at any point since 1985.

The above statistic excludes children in agreed short term respite looked after children placements. Due to movements in and out of care more than a third as many children again will experience the care system in any one year. Such short periods of being looked after create particular challenges for assessing and meeting health needs, as does the movement of children between different carers and looked after children placements. This dynamic picture is particularly relevant when planning local service provision.

Nationally, most children become looked after as a result of abuse or neglect. Risks to both their physical and mental health, although similar to those of their non-looked after peers, are often exacerbated due to their past experiences. CLA show significantly higher rates of emotional and mental health problems with almost half having a diagnosable mental health disorder. Delays in identifying and addressing their health needs can have far-reaching and long term effects on all aspects of their lives.

Between 2017-2018 the number of looked after children in Torbay fluctuated between 276 and up to 321 in March 2018. Statutory guidance on Promoting the Health and Wellbeing of Children in Care suggests annually evaluating the delivery of health services for looked after children. Torbay has an extremely high ratio of looked after children with a ratio of 112:10,000 child population the highest in the South West (ratio 53) and one of the highest in the country (ratio 62).

2.2. Quality and performance

The quality of health assessments is reviewed as an ongoing process by both the Named Doctor and looked after children's nursing team. In 2017-2018 around 10 % of RHA reports were benchmarked / quality assessed due to capacity by the nursing looked after children team.

The standards of reports remain high with ongoing training and peer reviews and joint home visits embedded in practice to ensure consistency.

In 2018 the looked after children's health team was inspected by the CQC as part of the community children's services inspection. The Named Nurse was interviewed for 3 hours 1:1 and was also interviewed as part of the Well Lead Inspection. The CQC inspector also had opportunity to shadow a specialist nurse on a home visit and hear the young person's views of the service first hand. The CQC report has rated children's services overall Good and achieving Outstanding for care and compassion.

2.3. Analysis of the Looked After Children (LAC) health service:

The looked after children's service has seen an increase in numbers recently (50) from 285 to currently 335 which makes service planning and provision a daily challenge. The Looked After Children (LAC) service prioritises the statutory visits and continues to look at new ways of working to ensure an excellent consistent service provision throughout the fluctuating numbers of children coming into care. The team have adopted agile working with the help of mobile devices and co located with the Named Doctor, medical secretary and the safeguarding team when attending base. There has been a lot of joined up working with the Named Nurse for Safeguarding mapping activity between both teams to ensure the Trust is represented at relevant meetings and panels with key stakeholders by either team and information is shared through a shared drive access to both teams. Personal Health Plan update initiatives have enabled the team to review each child's health needs on a regular basis and send an update direct to the child's social worker and follow up on any outstanding actions. A robust record keeping pathway has been implemented seeing reports going out within 24 hrs of a child being seen to all relevant parties.

2.4. Service Activity: Summary/ Trends:

The Initial Health Assessment (IHA) timescales continue to be breached with 25% of IHA's being completed on time, the receipt of late paperwork from Torbay council children's service is responsible for the majority of the delays. The CCG and Trust continue to work with the Childrens Service partner to address this issue with regular meeting and help with business support.

Routine Health Assessment (RHA) timescales have remained constantly high attaining Key Performance Indicator compliance of around 93% including the completion of 23 children from Out of Area (OOA) placed in Torbay. Attaining such high levels has limited the looked after children's team activities in other areas due to limited staff resources. Follow up of Personal Health Plans (PHP) is limited alongside attending looked after children's review, placement stability and pathway planning meetings.

2.5. Challenges:

- The IHA process still requires improvement in consistency to ensure the statutory paperwork is provided to health in a timely manner.

- Increasing numbers in looked after children impacts on resources for the whole looked after children health team seeing increasing resource demands on the Named Doctor to provide statutory medical provision which currently equates to around 50 hrs per week.
- The current staffing resource does not currently match the numbers of looked after children which impacts on service planning and delivery.
- The alignment of Torbay and New Devon CCG has resulted in some requests for changes in practice to align to Livewell and Devon looked after children's health teams. Within the team and some additional unplanned work which have proved challenging for the looked after Children's health team to meet these demands and meet service demands. Timescales for reports data and changes in the Service Specification has been unrealistic due to short notice of these requests from the CCG to health.
- For almost 7 months there has been no Designated Nurse for looked after children provision due to a post vacancy and absence.
- The year has also seen the Strengths and Difficulties (SDQ) process reforms drift and delay resulting in the SDQ's for looked after children not readily informing the RHA visit. The CCG have been leading on this work and have requested current postponement of all multi agency meetings until after the preprocurement outcome.
- The re-procurement of the looked after children's services alongside CAMHs and some specialist children's community services has also impacted on staff with a period of uncertainty and additional workload to support the bid process.

2.6. Innovations/Successes:

- The looked after children health team have consistently delivered training, teaching and support to carers, social work colleagues, multiagency staff and health colleagues throughout the peninsular.
- The looked after children nursing team have provided master classes and co-hosted a support group with CAMHs for carers and constantly contribute to panels and meetings with key agencies and partners.
- The team moved to Vowden Hall at Torbay Hospital in May 2017 to attain NHS network and to co-locate with the Named Doctor and looked after children medical secretary and the safeguarding team. This is provided excellent joint up working and work efficiently.
- The team come with a large amount of knowledge and experience of working with Unaccompanied Asylum Seeking Children and 2017-18 so the dissemination of UASC information and a anonymised service users account of their experience living in Torbay.
- The looked after children Lead Nurse presented to the Trust Board on UASC challenges.

3.0 INTRODUCTION

This report provides a summary of the local activity and developments, information and quality of work provided by the service provider looked after children team. It aims to highlight risks and challenges alongside good practice and quality assurance in line with statutory guidance, CCG KPI's and Trust policies. The report will also provide an action plan.

Carrying out statutory IHA and RHA assessments should support the identification and actions in addressing the health needs of looked after children in a timely manner. Health actions also require follow up and ongoing support and monitoring.

A child becomes looked after once they are in the care of a local authority for more than 24 hours. This means they may be:

- Subject to a full or interim care order
- Subject to an emergency legal order to remove them from immediate danger
- Under a S20 agreement whereby with parental consent or if age appropriate their own consent (16 & 17 yr olds) they are living in accommodation provided by the local authority.
- Detained in a secure children’s home, youth/young offenders institution
- Unaccompanied Asylum Seeking Children (UASC)

Children cease to become looked after who are under special guardianship or are adopted or on reaching their 18th birthday. Provision is then made for ongoing care until the age of 25yrs. The courts are able to revoke a care order if this is in the best interests of a child/ young person.

4.0 KPI OPERATING PRINCIPLE 2017-2018

In 2017 a CCG looked after children Operating Principle came into effect with the KPI specification outlined below:

KPI	Target	Trust attainment
The percentage of children and young people coming into care to have an initial health assessment within 28 days	90%	25% (is due to delays in receiving referrals and capacity).
The percentage of children looked after continuously for at least 12 months, who had their teeth checked by a dentist during the previous 12 months	95%	91.3% (This includes under two’s and 4 children with missing data)
The percentage of children looked after continuously for at least 12 months and who had an annual health assessment during the previous 12 months (6 months if aged under 5)	90%	90.4%
The percentage of children and young people aged six and over, who have been in care continuously for at least a year to have a Strengths and Difficulties Questionnaire completed	90%	12.1% (75 / 618 of SDQ’s sent to children, carers and teachers for 11yrs+ children were returned uncompleted)
The percentage of children and young people who have been in care continuously for at least a year who have an up to date childhood immunisation schedule appropriate for their age	95%	84.5%

There is an annual audit of the quality of IHAs and RHAs	Annually	compliant
The percentage of Care Leavers aged over 16 years to receive a Health Summary	90%	22 passports were issued to rising 16 +
There is an annual audit to evidence participation with Looked After Children and Young People and using their views to shape looked after children service	Annually	compliant

5.0 POLICY FRAMEWORK

Services and responsibilities for looked after children are underpinned by legislation, statutory guidance and good practice which include:

- Care of Unaccompanied Asylum Seeking and Trafficked Children (2014)
 - Care Planning, Placement and Case Review (England) Regulations (2010)
 - Children & Families Act (2014)
 - Health and Social Care Act 2017
 - Health Lives, Brighter Futures: the strategy for children and young people’s health (2009)
 - Promoting the Health and Well-being of Looked After Children (2015)
 - Looked after Children and Young People (2010, 2013)
 - Looked After Children: Knowledge, Skills and Competencies of Health Staff. Intercollegiate Role Framework (2012, 2015)
 - NHS Operating Framework for the NHS in England 2012-13
 - NICE: Quality standard for the Health and Wellbeing of Looked After Children and Young People (2013)
 - Safeguarding Vulnerable People in the Reformed NHS. Accountability & Assurance Framework (2013)
 - The Children’s Act (1989, 2004)
 - The Child Health Strategy (DH 2009)
 - The Health & Social Care Act (2000)
 - The Leaving Care Act (2000)
 - You’re Welcome – Quality Criteria for Young People Friendly Health Services (2011)
 - Working Together to Safeguard Children (2010, 2015)
1. Department For Education. Children looked after in England (including adoption), year ending 31 March 2017. SFR 50/2017, 28 September 2017

6.0 COMMISSIONING ARRANGEMENTS

- The looked after children team is co-located on the Torbay Hospital site in Vowden Hall and consists of the Named Doctor and Nurse, 2 nurses, 1 medical secretary and 1 administrator. The Named Doctor and medical secretary are funded through a block contract; Named Nurse, nurses and administrator are funded through stand-alone budget. Both services are under resourced for current service demand.

- The team travels up to 50 miles from the Torbay boundary to see looked after children placed out of area.

Generated Income from Initial Health Assessments (IHA) and Routine Health Assessments (RHA)

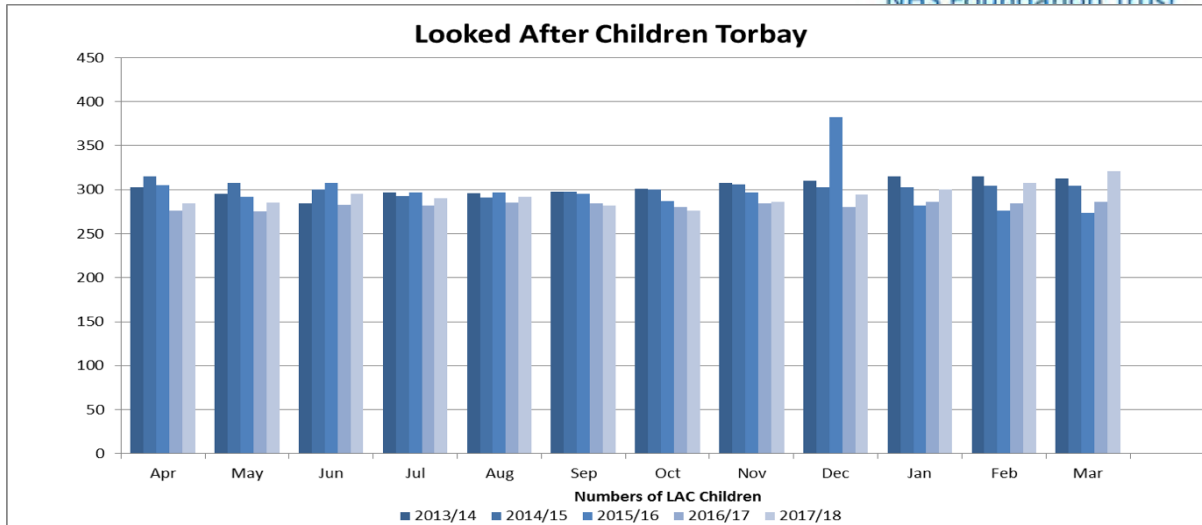
Year	IHA Total Income	RHA Total Income
2014/15	£3771.36	N/A
2015/16	£4242.78	N/A
2016/17	£3299.94	£7,830
2017/18	£5185.62	£6,210

7.0 LOOKED AFTER CHILDREN HEALTH TEAM

Torbay looked after children staffing

<u>Staffing</u>	<u>Intercollegiate Doc recommendations 2015</u>	<u>Torbay caseload of 282-321</u>
<u>Nursing Team</u>		
Named Nurse	1.0 WTE	0.8 WTE + up to 50 complex cases
Lead/ Specialist Nurses	2.8-3.2	1.8 WTE
Administrator	min of 0.5	0.5 WTE up to 31.12.17 0.8 WTE from 01.01.18
<u>Medical Team</u>		
Named Doctor	42 clinics per annum with up to 4 children per clinic	1.0 WTE
Team Medical secretary for looked after children		1.0 WTE

RHA visits continue to be carried out by the looked after children's health team. The Intercollegiate paper 2015 clearly outlines the ratio required of specialist nurses and admin support per 100 children.



Torbay’s nursing staff ratio to children does not currently reflect the intercollegiate document nor is it in line with staffing in neighbouring counties EG: Devon, which does reflect this.

The team have a robust support plan in place to manage priority work streams and key partner agencies are aware of resource challenges. The team continues to maintain excellent working relationships with children’s’ services and all other key partner agencies, enabling effective collaborative work. The CAMHS looked after children service has seen a redevelopment over 2017-2018 so processes are still developing with a support group for carers co-hosted by both looked after children health and CAMHS continuing to be well received by attendees.

https://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf.

8.0 POPULATION

Between 2017-2018 the number of LAC in Torbay fluctuated between 276 and up to 321 in March 2018.

In March 2018 out of the 321 children who were looked after:

- of which are under 5 years: 67
- Of which are 5 - 16 years: 222
- Of which are 16 – 18: 32
- Of which are Out of Area but within Peninsular: 106
- Of which have no address on Children’s services system: 06
- Of which are Within Area: 173

Torbay has a high ratio of looked after children with a ratio of 112:10,000 child population the highest in the South West and one of the highest in the country. The numbers of looked after children for Torbay have consistently remained high and disproportionate to all other area in the South West.

CHILDREN IN CARE 2017
10,000

Crude rate per

England	62
South West region	53
Bath and North East Som...	46
Bournemouth	67
Bristol	73
Cornwall	39*
Devon	48
Dorset	63
Gloucestershire	48
Isles of Scilly	*
North Somerset	52
Plymouth	75
Poole	64
Somerset	43
South Gloucestershire	31
Swindon	66
Torbay	112
Wiltshire	42

Source: Children looked after in England, Department for Education.

8.1. DEMOGRAPHICS

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- Torbay has limited diversity in terms of ethnicity with the population of looked after children predominantly being categorised as White British (91%) with Other Mixed Background (2.4%); Other Asian Background (1.8%) with the other ethnic categories making up the remaining (4.8%).

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- **UASC:** In 2016 The National Transfer Scheme (NTS) was introduced following the attempted removal of the site camp at Calais France known as the 'Calais Jungle'. The NTS enabled children to be transferred safely to local authority care under a looked after child status. The transfers were in accordance with the Transfer of Responsibility for relevant Children, Immigration Act 2016 (part 5), which aims to support proportionate transfers (0.7% of their child population). Torbay was allocated up to 18 children on a rolling top up programme.

During 2017-2018 Torbay did not see the expected amount of UASC, supporting instead up to 7 children. A variety of placements were offered to the children based on individual needs and the looked after children health team support each individual child with their specific health requirements and interpreters and CAMHs referrals for those children who consented.

8.2. PLACEMENT STABILITY

Overall summary of looked after children's placement moves from data provided by the local authority suggests that majority of children (65%) did not move placement over the period that this report covers. Around (24%) of children moved once during the period with a small percentage of children moving more than once and the highest number of placement moves was 7. This would include figures for children requiring respite care. Children's services invite health to placement stability meetings whereby the looked after children CAMHs practitioner generally attends to support the meeting. With recent increases in the number of children becoming looked after in Torbay the 'In house' foster placements are already at capacity which has required independent sector placements. Independent foster care providers are generally not within the Torbay area.

8.3. TORBAY CHILDREN PLACED OUT OF AREA

Torbay children placed out of area can change on a daily basis with our children being placed anywhere in England and Wales with some children being placed up to 340 miles away, this remains a nationwide challenge. The majority, 70% -75% of looked after children are placed in foster care and whether independent or in house are in Torbay or in the surrounding area spread in an arc across Teignbridge, South Hams and Plymouth.

9.0 ACTIVITY DATA AND OUTCOMES

9.1.HEALTH ASSESSMENTS

It is a statutory requirement that children and young people who are looked after receive health assessments at specific points during their time in care. The Purpose of these health assessments is to identify and address any health needs promptly and improve health outcomes for looked after children. Initial Health Assessment (IHA) should be completed by a medical practitioner within 20 working days with receipt of paperwork within 5 working days from children's services. Health and social care have a joint responsibility and must work together to ensure the timeliness and quality of health assessments for looked after children.

As of 31st March 2018 Consent and paperwork received on time from Torbay children's services was 17% (18 /106). The proportion of looked after children who had received their Initial Health Assessment (IHA) returned on time by the Trust were 25% (27/106) cases. Of the IHA requests received within timescales, health offered appointments within timescales for 47% (50/106) despite the late receipt of requests. 37% were taken up on time, with 10% of carers unable to accept the next available appointment within the IHA timescale.

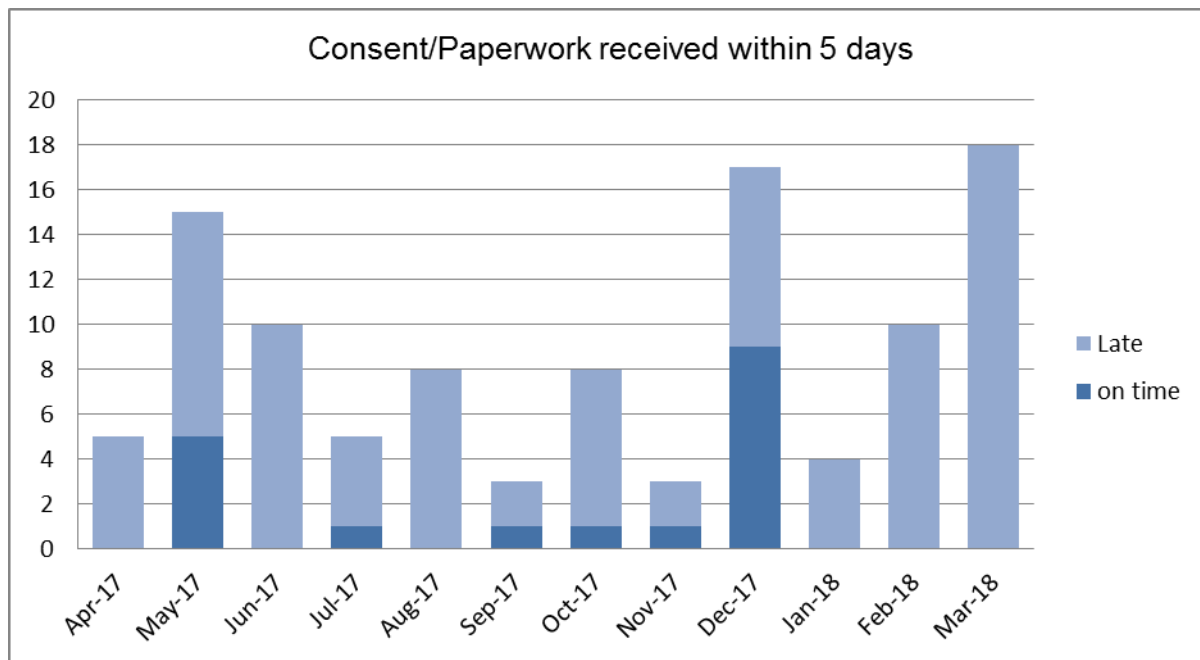
15 were completed out of area (15/106) – most of these had late paperwork.

36 RHA's were completed by a medical practitioner in Torbay.

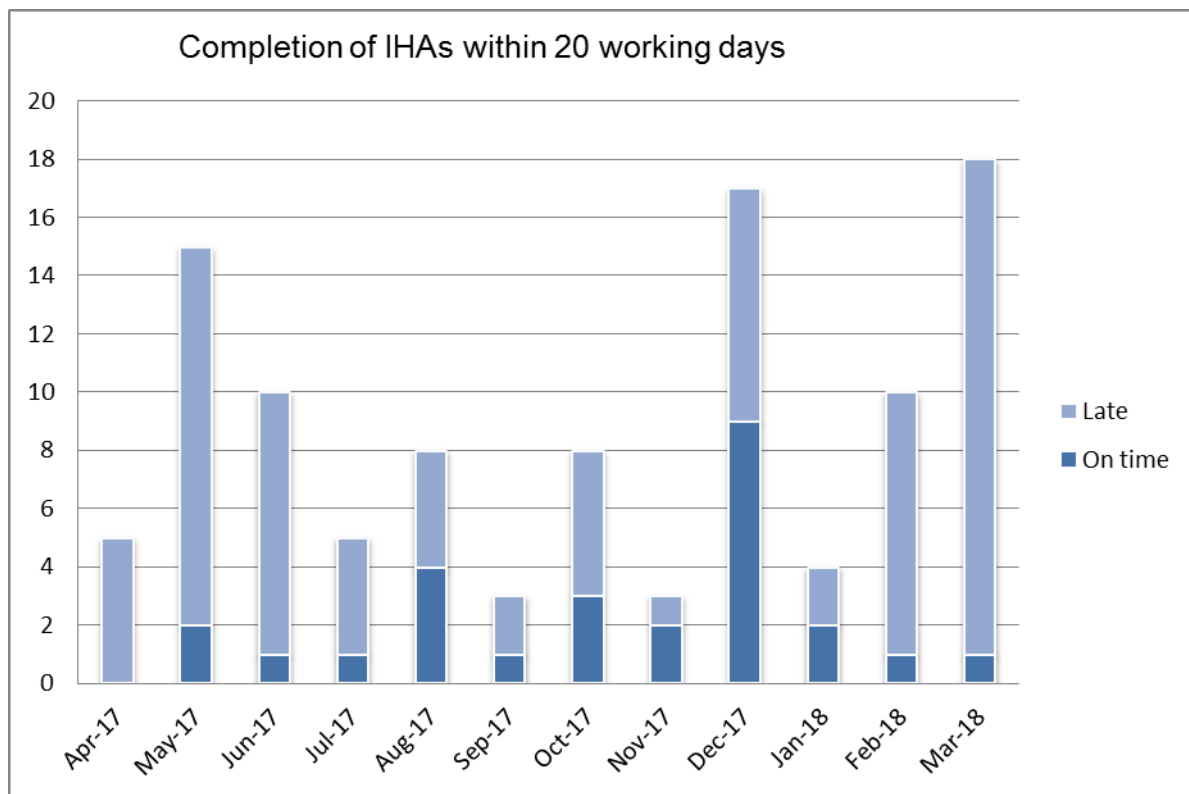
11 Out of Area IHA's were completed by Torbay.

South Devon: 62 IHA's completed (71% on time) also one UASC IHA assessment completed. Figures are of similar comparison to Devon and those of the South West average.

9.2.IHA DATA



Consent and paperwork received on time for only 17% (18/106).



Number of IHA returned on time were 25% (27/106)

Themes/reasons for these figures:

- The main reason for the non KPI compliance is the consistently late receipt of paperwork received from children's services and in some cases received 65-70 days late.
- In March 2018 the workload of medical staff and changes in administrative support outside the medical secretary's role impacted on the timeliness of IHA report being returned from health to children's services.

In addition to the IHA work, adoption constitutes a significant proportion of the hours for the looked after children medical adviser. Over the past 12 months, 20 adoption panels have been attended with a minimum of 6 hours of reading associated with the Panel attendance. Adoption medical reports/assessments have been completed including 31 new reports and a further 37 updates in addition to the IHA's equivalent to at least 100 additional hours of work (for Torbay only). Adult medical advice is also provided and the figures for Torbay include 76 foster carer reports, 6 special guardianship orders and 18 adult adoption reports. This work equates to approximately 50 hours of work.

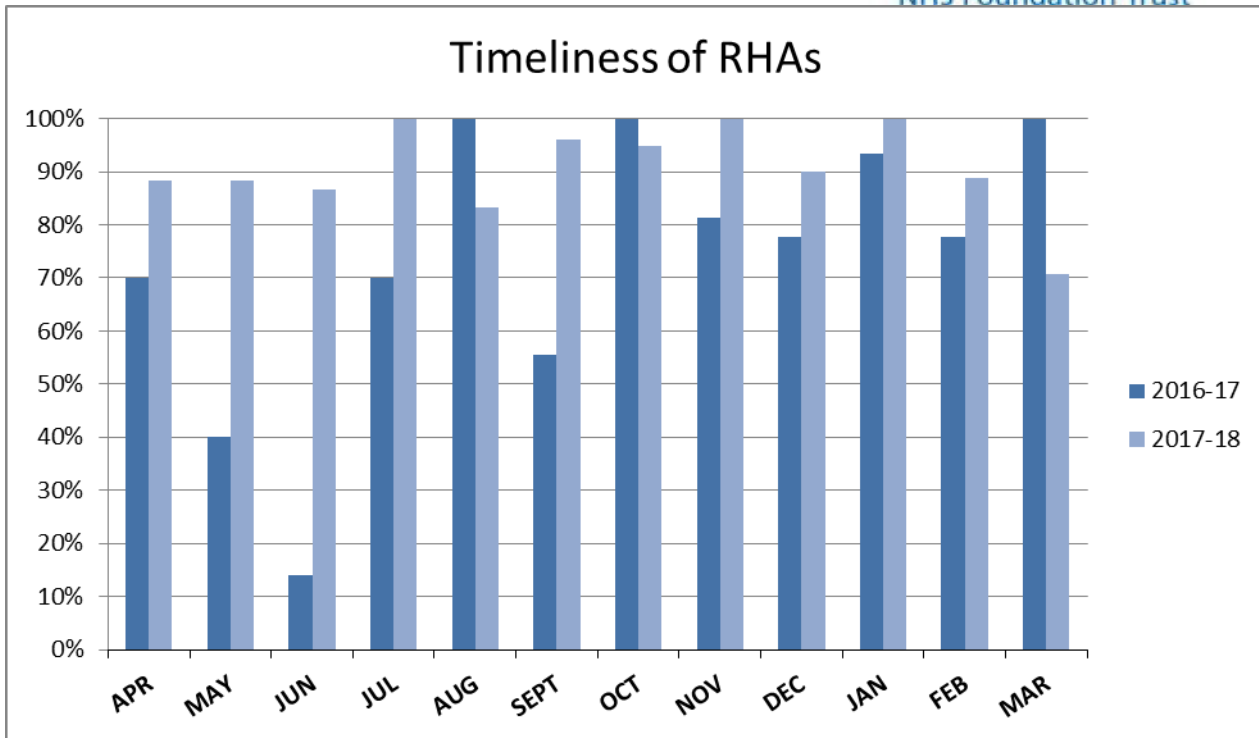
(The numbers for South Devon work in addition are 121 adult reports and 21 adoption medical reports)

9.3.RHA DATA

As of 31st March 2018 the proportion of looked after children who had received their Review Health Assessment (RHA) completed on time were 90.4% (188/208) cases – excluding Out of Area RHA's completed. The looked after children health team completed 23 Out of Area RHA's.

Refusals totalled 8.2% (17/208) including children placed out of area. 8 children between the ages of 2 years to 16 years refused and 9 young people between 16 years and 18 years also refused. This includes 2 sibling groups and children supported under the disability team who may become looked after due to spending over 75 nights in respite accommodation.

3 RHA's were completed late due to service capacity with the service running between Dec 2017 – April 2018 when the service had a 0.8 Lead Nurse vacancy rendering the nursing team limited to 1.0 WTE band 6, 0.8 WTE Band 8a and 0.8 WTE administrator (hours increased in Jan 2018). The Vacancy is now filled and temporary increased hours within the team helped backfill the vacancy.



Number of RHA completed on time were 90.4% (188/208)

9.4. OUT OF AREA (OOA) RHA DATA:

As of 31st March 2018 the proportion of Torbay OOA looked after children who had received their Review Health Assessment (RHA) completed on time were 37. 62% (23) were completed on time but only 11 % (4) returned the paperwork within 1 week of the appointment date.

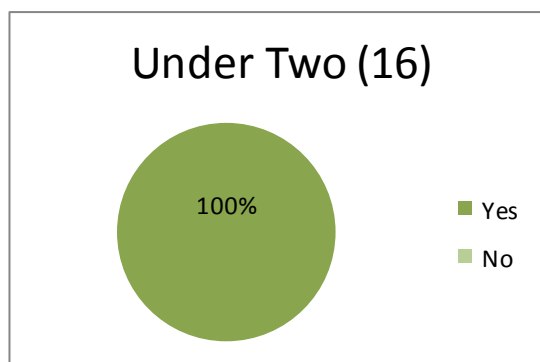
The return rate ranges between less than 1 week (2 RHA) and 16 weeks with 76% taking 3 weeks and more to be returned to the Torbay looked after children team. The RHA then requires benchmarking prior to being sent to children’s services and due to reduced staffing this may impact on timeliness as this is an unpredictable work stream.

9.5. HEALTH ASSESSMENT QUALITY ASSURANCE:

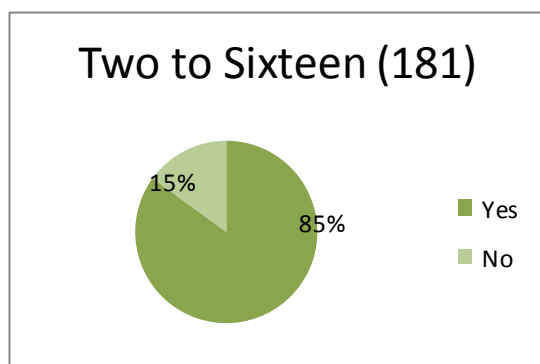
The quality of health assessments is reviewed as an ongoing process by both the Named Doctor & Nurse and the looked after children’s nursing team. In 2017-2018 around 10 % of RHA reports were benchmarked/ quality assessed due to capacity by the nursing looked after children team. The standards of reports remain high with ongoing training and peer reviews and joint home visits embedded in practice to ensure consistency.

The nurses adhere to a pathway process that ensures that all RHA completed are uploaded onto electronic health records and with children’s services within 24 hours. All personal health plans generated from the RHA assessment are followed up after 3 months (or earlier as required) by nursing staff – this includes all children placed out of area.

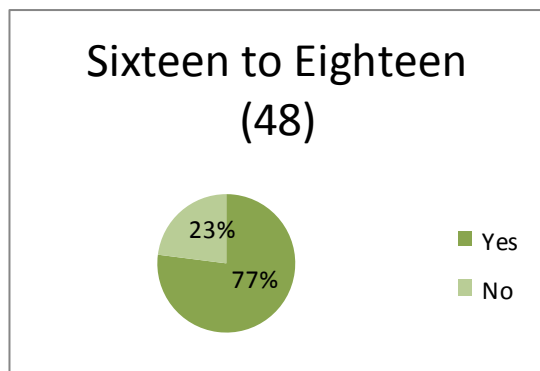
9.6.LOOKED AFTER CHILDREN IMMUNISATION DATA



85% (154) children have dates recorded and were fully immunised at the time of their health review.

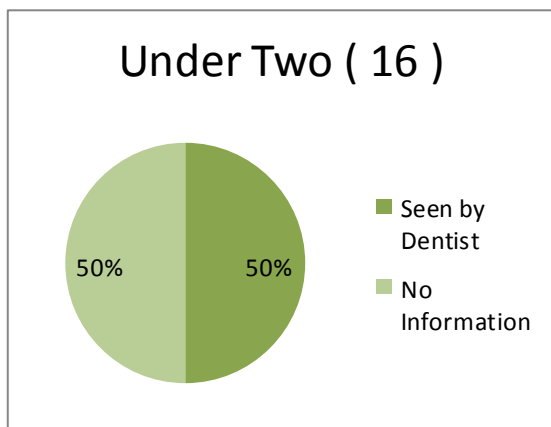


77% (37) children have dates recorded and were fully immunised at the time of their health review.

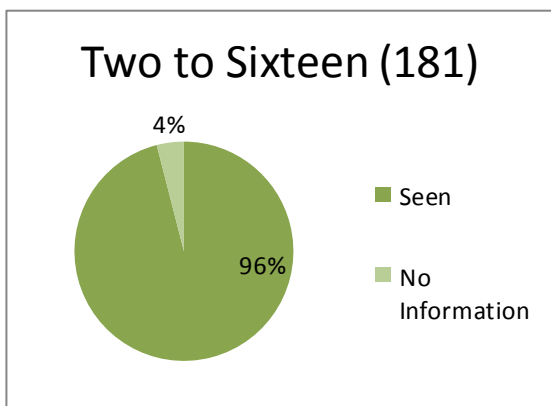


16 children have dates recorded. 50% (8) children have not had their dates recorded.

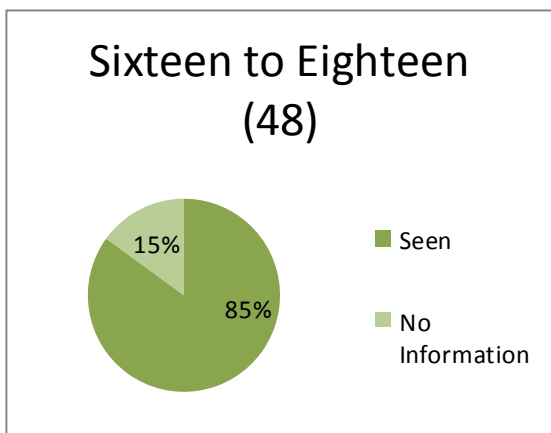
ORAL HEALTH DATA



16 children have dates recorded. 50% (8) children have not had their dates recorded.



174 children have dates recorded. 4 % (7) children have not had their dates recorded.



41 children have dates recorded. 7.3% (3) children have not had their dates recorded. 4 children have refused IHAs and RHAs.

9.8.LOOKED AFTER CHILDREN MENTAL HEALTH DATA

Mental health and emotional wellbeing (may need to ask looked after children CAMHS for data) – how many looked after children are screened and or receiving treatment, number of referrals, prevalence, services available.

Between 2017-2018: 206 x 3 sets (Total of 618) SDQ's were sent out to looked after children aged 11+ years, their teacher and their carer(s). 12.1% (75) were returned. April 2017 – June 2018 the looked after children health team facilitated the whole SDQ process up to the analysis by CAMHs. This was unsustainable and the looked after children health team 'gave notice' after

discussions and approval from the Designated Nurse on this piece of work leaving a period of a few months' notice to help support the local authority. Looked after children health team also provided administrative training to support the local authority. The CCG were appointed as the lead for this piece of work in July 2017. The process is being reviewed but there is significant drift and delay on this. Currently the looked after children health team are not being informed of when SDQ's are returned to the council or if they have been analysed by CAMHS. The looked after children nurse as part of the preparation for a RHA currently has to seek out this information.

CAMHS were not able to provide the specific data requested at the time of this report but could report approx. 40 looked after children were receiving a CAMHS service over this time.

9.9.LOOKED AFTER CHILDREN OOA RHA REQUESTS DATA

9.9% (23) OOA RHA's were completed during April 2017 and March 2018 by the looked after children nursing team. All were completed within the timeframes requested and written up within 24 hrs of the child being seen. All were benchmarked/ quality checked and sent within a couple of days of the RHA visit. None have been returned or failed to meet the commissioning looked after children teams benchmarking/ quality assurance measures.

9.10.LOOKED AFTER CHILDREN STAYING SAFE

The looked after children health care team work closely with colleagues in sexual health and substance misuse to best support looked after children. We invite practitioners to co-host education sessions for carers and include referrals forms and screening tools as part of the IHA and RHA visits. All the nurses are C-card trained and two of the nurses have specialist qualifications in sexual health and contraception. We also provide ongoing support for looked after children and their social workers. Staying safe is evidenced in all age appropriate IHA/RHA assessments and also in the Q1 audit carried out in 2017.

9.11.LOOKED AFTER CHILDREN BEST PRACTICE

The looked after children health continuously strives to work cohesively with partner agencies to provide the best possible service for looked after children. In 2017-2018 we received positive feedback to all teaching/training sessions, presentation and groups with additional feedback from the council around excellent collaborative working.

Feedback Examples Nursing Teaching Sessions

- 100% agreed that the session could not be improved
- 100% strongly agreed or agreed that the training addressed the issues
- 100% agreed that they learnt new information
- 100% strongly agreed or agreed that the trainer was knowledgeable about subject and present it effectively
- 100% strongly agreed or agreed that the trainer was knowledgeable about subject and present it effectively
- Nocturnal enuresis talk -One parent reported later that she had implemented advice from talk and her young person is now dry

Feedback Examples collaborative working:

Children's services "Following Friday's meeting I would like to express how professional and competent the looked after children administration team are. They always respond to our queries and issues very promptly and go above and beyond to assist when we make urgent requests. They have a good working relationship with the business support staff here is Children's Services and helps to support staff new to our process. I know they also have an excellent relationships with our Carers. It is a pleasure to have your team as a point of liaison".

Feedback Examples Named Doctor and Nurse Peninsular Paediatric Teaching Sessions:

- Today's session met my expectations: fully
- Main learning points: looked after children process & Children act
- One thing that was particularly good: looked after children presentation
- One thing that should be changed: nothing

10 CARELEAVERS/ HEALTH PASSPORTS

The looked after children health team offer all young people aged 16 plus opportunity to receive a paper hand held health passport. This includes young people who have refused their annual IHA and for young people where a RHA has been requested who are from out of area placed in Torbay.

Torbay young people who are placed out of area are offered a health passport if the local looked after children team have not issued/ offered one. Moving forward the service is developing an electronic passport to support the needs of the young people who are looked after.

In 2017- 2018 22 passports were issued. All looked after children aged 16 plus were offered opportunity to have one. No audit has currently been carried out to assess the views and thoughts of the young people in receipt of these.

11 VOICE OF THE CHILD

The looked after children's health team capture the child's voice at every opportunity through feedback forms, conversation during IHA/RHA visits and attending the Children in Care youth clubs and award events for looked after children. Younger children are also offered to colour in a self-portrait and to express their views.

11.1. FEEDBACK FROM LOOKED AFTER CHILDREN REGARDING THE LOOKED AFTER CHILDREN TEAM SERVICE:

- "I felt like I could be open and honest with my health reviewer because he was kind and open too"
- "Having someone really listen and help sort things out makes a massive difference"
- "It's difficult to trust and talk to people after what we've been through, I've never talked to anyone before about it all" (health issues)

11.2. AUDIT OF FEEDBACK QUESTIONNAIRES (RHA) 2017/18

In 2017-18, 143 Children over 11 years of age were given paper feedback forms. 16% (23) children and young people returned the forms. Feedback evidenced

- 96% of children said their RHA was “just right”
- 1 child said the visit was “too short”
- 1 said “it was not on a day or time that was good for them”
- 2 said that “not everyone was there that they wanted”
- All said that “the review talked about good things about them”
- All said that “the review used words that they understood”

11.3. AUDIT OF FEEDBACK QUESTIONNAIRES (IHA) 2017/18

In 2017-18; 6 Children over 11 years of age completed paper feedback forms. Feedback evidenced

- 100% of children said their IHA was “just right”
- 0% of children said the visit was “too long”
- 1 young person said “would have liked parents to be there”
- 1 young person said “it was not on a day or time that was good for them”
- 1 young person said that “not everyone was there that they wanted”
- All said that “the review talked about good things about them”
- All said that “the review used words that they understood”

12 AUDIT AND CLINICAL GOVERNANCE

Several audits have taken place during the timeframe for this report which is embedded in the report and evidenced throughout alongside audits outside of the looked after children service contributing to Torbay NHS Trust data and governance. Benchmarking is done within the team and any quality issues are addressed immediately and escalated as and when required.

AUDIT QI REVIEW SUMMARY- Looked After Children Assessments

In June 2017 a QI audit was completed on an audit of notes and presented to the paediatric department in January 2018. There was a significant improvement in quality from the previous audit in 2014 following implementation of guidance/new stickers/ change to BAAF paperwork. 8 areas for improvement were identified in this audit in 2014 and 3 areas were not at the standard for 2017.

All areas achieved at >93% compliance for quality except recording of sexual health (only relevant for 3 cases potentially) and recording of parental health history in 71% (this is likely because no consent was given to access notes which is requested by Children’s services). We also identified that there was not always an analysis of growth even though centiles had been recorded (41%). There is evidence of significant improvement which is really encouraging

particularly with recording of the 'voice of the child' and on what information the health assessment was based upon.

Other areas for future development of improved quality were:

- Completion of a schedule of growing skills for all children under 5,
- Consideration of what evidence is available to capture 'keeping safe' in young children or should this be excluded.
- Use of SDQ's and how these are analysed and used for the child's mental health.

Agreed outcomes of the audit were:

Expectation of schedule of growing skills (or request from Health Visitor) for < 5 year olds

Named Doctor for looked after children will liaise with the South West team regarding increasing availability of parent health information form / form M/B

Training of staff carrying out IHA / RHA to ensure:

- ANALYSIS of growth is included in part C of IHA
- SMART objectives in health plan
- Keeping safe – how best to approach and record
- Voice of the child continues to be included

There was significant reason to be pleased with the evidence of improved quality of IHA in Torbay and South Devon.

GOVERNANCE

The looked after children's team adhere to the clinical framework for monitoring and improving clinical quality within NHS organisations. National guidelines and standards are put into practice to ensure a consistency in quality of care. Standard setting and monitoring, quality improvement, practice development, clinic audits, risk assessment; incident reporting and investigation including complaints.

The looked after children's team contributes to improving standards by ensuring the voice of the child is heard throughout assessments and any interactions, to help develop the service and respond to their views. Carrying out and contributing to audits and training, responding to complaints and investigations through the SCR/ IMR/RCA and internal processes. Also by providing accurate timely data to the Trust through the Safeguarding Children Operational Group (SCOG) which feeds directly to the Integrated Safeguarding Inclusion Committee. The looked after children's team also contribute to the Corporate parenting Board. Risk is shared through Datix and the escalation process and also monitoring of risks by the CCG.

Annual reports and contributions to reports: Children's services improvement plan and the Section 11 duties set out in Working Together 2015, are submitted to the Torbay and Devon NHS Foundation Trust Board; Torbay Safeguarding Children Board and the Children's Services Improvement Board.

13 CONCLUSION

The looked after children health team have worked tirelessly to provide looked after children with the best possible service to meet their needs and hear and respond to their voice in a meaningful and present manner. Moving into a more integrated team at Vowden Hall has created a healthy and robust collaborative team where information and support is readily available. Relationships with key stakeholders remain excellent and supportive to ensure our children receive the right care at the right time by the right people. Challenges have remained ongoing with both the provider and the CCG declaring risks around IHA timeliness and inadequate staffing resources and the SDQ process.

There have been several reasons for impact on service provision and resource:

- Increasing numbers of looked after children
- staff vacancies (provider and CCG)
- staffing resources medical, nursing and administrative are all inadequately resourced for the workload
- The SDQ process has experienced drift and delay
- The re-procurement process

14 RECOMMENDATIONS FOR THE COMING YEAR

Resources require immediate review to support both the Named Doctor and Named Nurses' health teams to provide adequate service provision as the numbers of looked after children continue to rise. Please see action plan:

15 ACTION PLAN

<u>Action</u>	<u>Action Update</u>	<u>Lead</u>	<u>Timescale</u>
<p><u>IHA process</u> Continue to work with children's services and the CCG to address the significant delays in receiving paperwork with the statutory timeframe.</p>	<p>This continues to be a challenge with increasing demand exceeding supply</p>	<p>Named Nurse LAC</p>	<p>Q3 Review</p>
<p><u>Medical Team Staffing Resources</u> A review of this resource is required as currently inadequate to meet the demand</p>	<p>The Trust are liaising with the CCG to assess demand across Devon and to address capacity issues. Escalated to CCG in July.</p>	<p>Named Dr LAC</p>	<p>Q2 review</p>
<p><u>Nursing Team Resources</u> A review of this resource is required as currently inadequate to meet the workload</p>	<p>As above. Escalated to CCG in July. The hours for the named nurse have been increased.</p>	<p>Named Nurse LAC</p>	<p>Q2 review</p>
<p><u>RHA Out of area timeliness</u> A robust pathway is required to track delays in return and support escalation</p>	<p>Pathway redesign in progress with CCG designated nurse LAC</p>	<p>Designated Nurse CCG</p>	<p>Q2 review</p>
<p><u>SDQ process</u> The SDQ process requires a pathway to ensure the looked after children team have the analysis to support the RHA visit and ongoing care.</p>	<p>As above</p>		
<p><u>Health Passport views</u> The views of the health passport should be captured</p>	<p>To design a method of evaluation to assess impact.</p>	<p>Named Nurse LAC and CCG</p>	<p>Q3</p>
<p><u>CAMHs Data</u> The Looked after children team require up to date information regarding CAMHs data and involvement in care</p>	<p>Linking with CAMHS lead to improve data sharing</p>	<p>Named Nurse LAC</p>	<p>Q3</p>

<p><u>Feedback forms</u> The team are addressing more effective ways or attaining service user feedback</p>	<p>To work with CCG to design a process across Devon</p>	<p>Named Nurse LAC</p>	<p>Q3</p>
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16 REFERENCES

1. Department For Education. Children looked after in England (including adoption), year ending 31 March 2017. SFR 50/2017, 28 September 2017
- Care of Unaccompanied Asylum Seeking and Trafficked Children (2014)
 - Care Planning, Placement and Case Review (England) Regulations (2010)
 - Children & Families Act (2014)
 - Health and Social Care Act 2017
 - Health Lives, Brighter Futures: the strategy for children and young people’s health (2009)
 - Promoting the Health and Well-being of Looked After Children (2015)
 - Looked after Children and Young People (2010, 2013)
 - Looked After Children: Knowledge, Skills and Competencies of Health Staff. Intercollegiate Role Framework (2012, 2015)
 - NHS Operating Framework for the NHS in England 2012-13
 - NICE: Quality standard for the Health and Wellbeing of Looked After Children and Young People (2013)
 - Safeguarding Vulnerable People in the Reformed NHS. Accountability & Assurance Framework (2013)
 - The Children’s Act (1989, 2004)
 - The Child Health Strategy (DH 2009)
 - The Health & Social Care Act (2000)
 - The Leaving Care Act (2000)
 - You’re Welcome – Quality Criteria for Young People Friendly Health Services (2011)
 - Working Together to Safeguard Children (2010, 2015)

Cover sheet and summary for a report to the Trust Board Meeting					
Report title: Progress update on completion of 2018 TSDFT CQC Inspection Requirement Notices Action Plan				Date: 1 st August 2018	
Report sponsor	Chief Nurse				
Report author	Quality and Compliance Manager				
Report provenance	First presentation of this update.				
Confidentiality	Public				
Report summary	This report provides a status update (as at 19 th July 2018) on the progress towards the completion of the TSDFT Action Plan to address the ten Requirement Notices in the TSDFT 2018 Final CQC Inspection Report published on 17 th May 2018.				
Purpose (choose 1 only)	Note <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	Review <input type="checkbox"/>	Decision <input type="checkbox"/>	Approve <input type="checkbox"/>
Recommendation	For information only.				
Summary of key elements					
Strategic context	Strategic aims supported: <ul style="list-style-type: none"> • Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led 				
Dependencies and risk	The Requirement Notices in this Board report can be cross-referenced with the TSDFT 2018 Final CQC Inspection Report published on the CQC website.				
Summary of scrutiny	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by: <ul style="list-style-type: none"> • Executive Directors meeting on 24th July 2018 • CQC Assurance Group on 29th June 2018 				
Stakeholder engagement	The following stakeholders were consulted during the compilation of this report: <ul style="list-style-type: none"> • Core service leads 				
Other standards affected	Compliance with Health and Social Care Act, as stated in Requirement Notices (table 2)				
Legal considerations	Compliance with Health and Social Care Act, as stated in Requirement Notices (table 2)				

Report title: Requirement Notice Action Plan update to 2018 TSDFT CQC Inspection Report		Date: 1 st August 2018
Report sponsor	Chief Nurse	
Report author	Quality and Compliance Manager	

This report aims to provide an update on the progress towards the completion of the Requirement Notices Action Plan which addresses the findings in the 2018 Final CQC Inspection Report of TSDFT.

1.0 Introduction:

The CQC inspected Torbay and South Devon NHS Foundation Trust (TSDFT), publishing the findings in a report on 17th May 2018. As a result the overall rating of the Trust improved from “Requires Improvement” to “Good”. The inspection included:

- an announced well-led inspection of the Trust leadership undertaken 6th-8th March 2018.
- unannounced inspections on 13th, 14th and 20th February 2018 of five core services: acute maternity; acute outpatients; acute end-of-life care; community end-of-life, and community children and young people. However, both community core services had two weeks’ notice due to the need to allow the Trust to gain patient consent in order for the inspectors to accompany home visits.

The CQC’s Final Inspection Report stated ten Requirement Notices, across the CQC defined Core Services as follows:

- 5 in Maternity;
- 1 in Acute End of Life;
- 3 in Outpatients, and
- 1 in Community End of Life.

There were no Requirement Notices in Community Children and Young People.

The services and SDU leads, together with the Quality and Compliance Manager, responded with an Action Plan to address these Requirement Notices, which was submitted to the CQC on 13th June 2018. At the CQC Provider Engagement Meeting on 3rd July 2018, the CQC confirmed they have no comments on the submitted plan.

The development of the Requirement Notices Action Plan and the progress towards its completion is being reviewed at SDU Board meetings and Quality Performance Review meetings, and monitored through the monthly CQC Assurance Group meeting.

The Final Requirement Notices Action Plan has been included on meeting agendas for the:

- Quality and Compliance Committee (Council of Governors Sub-Committee)
- Quality Assurance Committee, and
- Quality Improvement Group

2.0 Action plan update:

To address the ten Requirement Notices, 34 actions have been identified and submitted in the final plan to the CQC in June.

The Action Plan submitted to the CQC in June, showed the status as at 8th June 2018. Since then, the following progress has been made:

- 11 further actions completed.
- Six actions (2d, 4a, 7b, 8b, 10a and 10b) have changed from being slightly delayed from the planned completion date (amber in the “on track RAG analysis”) to being on track for the planned completion date or already completed (green in the “on track RAG analysis”)
- Two of the actions (7a and 8a) which were assessed as being slightly delayed (amber), remain as such.
- Two actions (9d and 9e) have changed from being on track for completion by the planned date (green) to being slightly delayed (amber).

Overall, the status of the 34 actions as at 19th July 2018 is:

- 19 are complete
- Four are slightly delayed from the planned completion date (amber in the “on track RAG analysis”); all four are anticipated to complete in Q2.
- Nine are on track for completion by the planned date (green in the “on track RAG analysis”), of which eight are planned to complete in Q3 and one is planned to complete in Q4.

The Action Plan has been updated to show the status as at 19th July 2018 (appendix 1).

The challenge for the clinical teams will be to achieve as much progress as possible in advance of the winter pressure operational difficulties anticipated to begin in Q3.

2.1 CQC Process: Next Steps:

The CQC have requested updates on the progress towards addressing the Requirement Notices, therefore, this updated Action Plan with the status as at 19th July 2018, will be sent to the CQC.

3.0 Conclusion:

The action plan shows a significant number of actions are completed or on track for completion by their planned date. Good progress has been made and the CQC have raised no issues with the plan.







The action plan is being reviewed as part of the Service Delivery Unit Board meetings and the monthly Quality Performance Review meetings. In addition to monitoring by the CQC Assurance Group, delivery of the plan will be monitored by the Quality Assurance Committee.

4.0 Recommendations:

This summary Board Report is for information only.








TSDFT CQC Inspection Feb, Mar 2018 - Requirement Notices Action Plan

Accountable Executive: Jane Viner

From CQC Inspection Report published 17-May-18					TSDFT Response						
Action #	Requirement Notice (Must Do improvement)	Core service inspected	Regulated Activity	HSCA (RA) Regulations 2014	Accountable Service Manager	Action to be taken (set by TSDFT)	Planned completion date	Governance/Monitoring pathway	Actions taken to 19-Jul-18	Evidence	On track status (RAG; i.e. green if on track for completion by Planned Completion Date) + date completed (blank if not completed)
1	Ensure that all maternity staff has in date mandatory training.	Acute maternity	Diagnostic and screening procedures; Maternity and midwifery services; Treatment of disease, disorder or injury	Regulation 18 Staffing	Head of Midwifery	Frequency of the review of the compliance report, performed by education lead midwife, to be increased from quarterly to monthly.	Monthly review to start immediately following the inspection. Aiming for target compliance to be achieved by 30-Jun-18	Education Lead Midwife and Head of Midwifery through Maternity Clinical Governance Group	Compliance report reviewed monthly immediately following the inspection. Status as at 07-Jun-18: >90% of midwives and MCAs compliant. Anaesthetist 16% compliant, will be 100% by 18-Jun-18. Obstetricians 57%, will be >90% by 18-Jun-18 Status as at 17-Jul-18: 90% compliance demonstrated for all staff groups.	Monthly report 	19-Jun-18
2a	Review systems and processes to ensure equipment has had the correct safety checks and audits, with particular reference to resuscitators.	Acute maternity	A) Maternity and midwifery services B) Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	A) Regulation 12 Safe care and treatment B) Regulation 15 Premises and equipment	Head of Midwifery	Remind staff regarding the requirement and importance of checks	To be completed by 31-May-18	Midwifery Matron through Maternity Clinical Governance Group	Staff reminded. Action completed by 31-May-18.	Minutes of Senior Midwives meeting	31-May-18
2b					Head of Midwifery	Band 7 midwives to take responsibility for ensuring complete	To be completed by 31-May-18		By 31-May-18, Band 7 midwives were informed of the responsibility to ensure the checks are complete.	Minutes of Senior Midwives meeting	31-May-18
2c					Head of Midwifery	Implementation of spot checks by midwifery matron in relation to compliance	To be completed by 31-May-18		Midwifery matron now spot checking daily/weekly checks. Implemented by 31-May-18. This has highlighted that improvements are needed to meet current expected frequency of daily/weekly checks, leading to setting of action 2d.	One-to-one meeting notes	31-May-18
2d					Head of Midwifery	Monthly audit to be performed by the Audit Midwife to demonstrate compliance with regulatory requirement and to provide statistics in relation to completion of checks, and findings to be fed back monthly to team members	Audit to be implemented and compliance aimed for from 30-Jun-18. Embedding of process and compliance shown through audit by 30-Sep-18. Audits to run through to 31-Dec-18.		Status as at 17-Jul-18: Audit commenced from 01-Jul-18, first month of data currently in progress, will be reviewed on a monthly basis.	Audit tool and findings will be available in August.	
2e					Head of Midwifery	The expected frequency of that the daily/weekly checks are performed to be reviewed to ensure appropriate levels are set.	To be reviewed and any changes to frequency implemented by 30-Jun-18		Completed 04-Jul-18	Daily checklist 	04-Jul-18
3a	Review systems and processes to ensure medicines have the correct safety checks and audits and that midwives are following the correct guidance when storing medicines out of fridges.	Acute maternity	Maternity and midwifery services	Regulation 12 Safe care and treatment	Head of Midwifery	Remind staff regarding the requirement and importance of checks	To be completed by 31-May-18	Midwifery Matron through Maternity Clinical Governance Group	Staff reminded. Action completed by 31-May-18.	Minutes of Senior Midwives meeting	31-May-18
3b					Head of Midwifery	Band 7 midwives to take responsibility for ensuring complete	To be completed by 31-May-18		By 31-May-18, Band 7 midwives were informed of the responsibility to ensure the checks are complete.	One-to-one meeting notes	31-May-18
3c					Head of Midwifery	Implementation of spot checks by midwifery matron in relation to compliance	To be completed by 31-May-18		Midwifery matron now spot checking daily/weekly checks. Implemented by 31-May-18.	One-to-one meeting notes	31-May-18
3d					Head of Midwifery	Monthly audit to be performed by the Audit Midwife to provide statistics in relation to completion of checks, and findings to be fed back monthly to team members	To be implemented by 30-Jun-18 and run through to 31-Dec-18		Status as at 17-Jul-18: Audit commenced from 01-Jul-18, first month of data currently in progress, will be reviewed on a monthly basis.	Audit tool and findings will be available in August.	
4a	Ensure the use of maternal early obstetric warning score (MEOWS) assessments are completed and used effectively in line with all policy for related to monitoring deterioration and post-operatively.	Acute maternity	Maternity and midwifery services	Regulation 12 Safe care and treatment	Head of Midwifery	Weekly sampling of compliance	In place and ongoing until assured compliance is embedded in practice	Education Lead Midwife through Maternity Clinical Governance Group	In place. Improvements seen but not yet fully embedded. Current data presented at O&G audit meeting on 07-Jun-18. As at 17-Jul-18: sampling has been placed on hold until the relaunch of the updated chart.	Audit meeting notes	
4b					Head of Midwifery	MEOWS chart to be updated	To be completed by 30-Jun-18		Form has been reviewed, the changes to be made agreed, and revised form has been sent to the printers.		09-Jul-18
4c					Head of Midwifery	Relaunch MEOWS chart, including update for staff	To be completed by 31-Aug-18		Status as at 17-Jul-18: awaiting form from the printers		
5	The lead midwife for safeguarding and the nominated individual for safeguarding for the trust should have the correct level of training to comply with national recommendations.	Acute maternity	A) Maternity and midwifery services B) Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	A) Regulation 13 Safeguarding service users from abuse and improper treatment B) Regulation 18 Staffing	Head of Midwifery	The Named Midwife for Safeguarding Children (new in post) to attend Level 4 training	External course booked 10&11-Jul-18	Head of Midwifery through Maternity Clinical Governance Group	Named Midwife completed Level 4 training course on 11-Jul-18. Level 4 course also booked for Nov 2018 (the earliest available course) for safeguarding midwife. (This is not required by the intercollegiate document and the individual is up-to-date with her Level 3 training, however the CQC inspectors a Level 4 course should be completed.)	Training certificate 	11-Jul-18
6a	Ensure care planning documentation is used consistently to assess and plan the needs of palliative care and end of life patients.	Acute EoL	Treatment of disease, disorder or injury	Regulation 9 Person-centred care	Lead Nurse Cancer Services and End of Life	New End-of-Life care documentation is being rolled out across the ward areas of the Trust during Q1 and Q2.	5 wards by 08-Jun-18. Further 6 wards by 30-Jun-18. Remaining 4 wards by 31-Jul-18	The implementation is being led by the SPCT lead nurse and is being monitored through the ICO End-of-Life group. Improving standards of documentation is one of the specific issues on the EoL group workplan, which is monitored on a monthly basis through the EoL group. The EoL group sends an update reports to QIG each month with key issues escalated via the DDoN.	As at 07-Jun-18: The new end of life care plan has been introduced on 5 wards: Turner, Cheetham Hill, Allerton, Simpson and Midgely. As at 18-Jul-18: the roll-out of the new paperwork to all adult wards is complete.		18-Jul-18
6b					Lead Nurse Cancer Services and End of Life	The Specialist Palliative Care lead nurse will undertake regular routine snapshot audits to monitor adoption and completion of the documentation.	To commence beginning Q2		End-of-Life group and QIG	As at 18-Jul-18: the audit of use of the new paperwork has commenced, but needs to be more robust. The HPCT have a hands-on approach to ongoing monitoring across the clinical areas and will be monitored through the Trust EoL group.	
7a	Ensure that trust targets are met for the completion of mandatory training updates for both medical staff and nursing staff in the outpatients service.	Acute outpatients	Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Staffing	AMD Medical SDU AMD Surgical SDU	Specialty Clinical Directors to undertake a review of medical staff mandatory training in their areas of responsibility.	By end of Q1	Monitored through SDU Divisional Board and monthly QPR meetings with executive and senior manager groups.	Workforce Planning reports on medical staff training compliance sent to DGMs to assist focus on non-compliant individuals. WCDT: agenda item at Directorate meeting w/b 09-Jul-18 and flagged to all Consultants to address. 19-Jul-18: Further updates required.	Workforce compliance data	
7b					ADN Medical SDU ADN Surgical SDU	Specialty Clinical Directors to undertake a review of nursing staff mandatory training in their areas of responsibility.	By end of Q1		Review completed by 29-Jun-18.	 	29-Jun-18
7c					AMD Medical SDU AMD Surgical SDU	Mandatory training dates to be allocated by medical staff individuals	Achieved during Q2/3.		19-Jul-18: Further updates required.		
7d					ADN Medical SDU ADN Surgical SDU	Mandatory training dates to be allocated by nursing staff individuals	Achieved during Q2/3.		Nursing staff either compliant or have booked outstanding training	Workforce compliance data 	

TSDFT CQC Inspection Feb, Mar 2018 - Requirement Notices Action Plan

Accountable Executive: Jane Viner

From CQC Inspection Report published 17-May-18					TSDFT Response						
Action #	Requirement Notice (Must Do improvement)	Core service inspected	Regulated Activity	HSCA (RA) Regulations 2014	Accountable Service Manager	Action to be taken (set by TSDFT)	Planned completion date	Governance/Monitoring pathway	Actions taken to 19-Jul-18	Evidence	On track status (RAG; i.e. green if on track for completion by Planned Completion Date) + date completed (blank if not completed)
8a	Ensure that trust targets are met for the completion of safeguarding updates for both medical staff and nursing staff in the outpatients service.	Acute outpatients	Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Staffing	AMD Medical SDU AMD Surgical SDU	Specialty Clinical Directors to undertake a review of medical staff safeguarding training in their areas of responsibility.	By end of Q1	Monitored through SDU Divisional Board and monthly QPR meetings with executive and senior manager groups.	Workforce Planning reports on medical staff training compliance sent to DGMs to assist focus on non-compliant individuals. WCDT: agenda item at Directorate meeting w/b 09-Jul-18 and flagged to all Consultants to address. 19-Jul-18: Further updates required.	Workforce compliance data	
8b					ADN Medical SDU ADN Surgical SDU	Specialty Clinical Directors to undertake a review of nursing staff safeguarding training in their areas of responsibility.	By end of Q1		Review completed by 29-Jun-18.	 	29-Jun-18
8c					AMD Medical SDU AMD Surgical SDU	Safeguarding training dates to be allocated by medical staff individuals	Achieved during Q2/3		19-Jul-18: Further updates required.		
8d					ADN Medical SDU ADN Surgical SDU	Safeguarding training dates to be allocated by nursing staff individuals	Achieved during Q2/3		Nursing staff either compliant or have booked outstanding training		
9a	Ensure that the renovations for the fracture clinic continue as planned and are not delayed to address the risks identified around infection prevention and control, the environment, and privacy and dignity.	Acute outpatients	Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 Premises and equipment	ADN Surgical SDU	Initial planning meeting to review scope of renovations to ensure best value in use of vanguard unit	Immediately following inspection	Surgical Divisional Board, and Estates Progress Meetings	Scope reviewed and expanded immediately following inspection in Feb-18. Minutes attached documenting the agreed plan formed through subsequent work.		Feb-18
9b					ADN Surgical SDU	Enabling works for QC Lab areas and Staff Rest Room	Complete by eob 01-Jun-18		Completed by 01-Jun-18		01-Jun-18
9c					ADN Surgical SDU	Temporary Plaster Room in Hydrotherapy to be complete, enabling plaster teams to move in	Complete by eob 04-Jun-18		Completed by 04-Jun-18		04-Jun-18
9d					ADN Surgical SDU	Work on existing Plaster Room and Clinic areas to start w/b 04-Jun-18	Work completed by mid-Jul-18		Status as at 18-Jul-18: - Emergent work - drainage channel needed to be cut in the concrete floor to lay pipes now completed, but took longer than anticipated. - Vent Plant being located outside the plaster room. Infection Control and Power and data relocation works to accommodate consultant space requirements to proceed after completion of plaster room. - Modernising existing consultant clinic areas to proceed after completion of Plaster room. All works expected to be complete by early Aug-18, although programme for this phase could be affected by volumes of fracture clinic patients during the busy summer season.	Works in progress	
9e					ADN Surgical SDU	Staff to move back in to re-designed Fracture Clinic	By 31-Jul-18		Plan as at 18-Jul-18: After works completed, deep clean plaster room and staff given access to move in. Planned completion early Aug-18.		
10a	The trust must ensure the Mental Capacity Act 2005 is complied with.	Community EoL	Treatment of disease, disorder or injury	Regulation 11 Need for consent	ADN Community SDU	Community Hospital Matrons and Community Nurse Leads to review training compliance across the Community SDU	By end of Q1	SDU Board	Status as at 18-Jul-18: Areas reviewed compliance and identified who needs to be booked on for training for Q2 and Q3.		17-Jul-18
10b					ADN Community SDU	Five locality Clinical Directors to review GP training compliance for the GPs covering community inpatient beds. Concerns of compliance to be raised with Medical Director/Deputy Director.	By end of Q1		Status as at 18-Jul-18: Clinical Directors have confirmed they have checked whether training records are in date for GPs who work within the hospitals but are not directly employed by TSDFT. Those employed by TSDFT are aware to book the training as required.		17-Jul-18
10c					ADN Community SDU	Community Hospital Matrons and Community Nurse Leads to ensure staff are booked on to eLearning of face-to-face (level 3) as required. Any issues with compliance to be raised through Locality Managers.	Achieved during Q2/3		Status as at 18-Jul-18: Matrons booking staff on courses as courses become available. Safeguarding Team aware of the need for increasing the number of sessions run of current courses to achieve compliance. This is not mandatory training. Safeguarding training programme being reviewed to ensure right level of training is required by each staff member.		
10d					ADN Community SDU	Medical staff (i.e. GPs covering community inpatient beds) training dates to be identified and staff allocated training	Achieved during Q2/3		Status as at 18-Jul-18:		
10e					ADN Community SDU	Community Hospital Matrons and Community Nurse Leads to undertake an audit of MCA compliance during Q4.	By end of Q4		ICO End of Life Group and SDU Board		

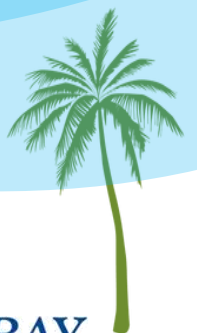
Cover sheet and summary for a report to the Trust board					
Report title: Adult Social Care Local account Torbay report 2017-18				Date: 01/08/18	
Report sponsor	Director of Strategy and Improvement				
Report authors	Caroline Lilley-Woolnough and Cathy Williams				
Report provenance	Community Services Divisional Board Social Care Programme Board Torbay Council				
Confidentiality	Public				
Report summary	<p>The report enclosed is an account of the performance and use of resources within social care services in four themes: improving quality of life for all; integrated services to support independence at home; enabling a positive experience of care and working in partnership to keep vulnerable people safe.</p> <ul style="list-style-type: none"> • In overview, 80% of our performance is 'Good' or 'Stable' in Adult Social Care, this importantly includes our performance on day to day delivery in assessing care needs and starting care provision in a timely way and people's satisfaction with services. • The main areas categorised 'needs improvement' are: <ul style="list-style-type: none"> ○ the number of people receiving written care support plans and a review of that plan; ○ supporting people with poorer mental health into independent living and employment and ○ how easily people can find information about services. • Our integrated plans to address these areas include introducing: more strengths based approaches to care support plans and reviews; more personalised care planning options; more volunteering, apprenticeships and employment opportunities and a new supported living framework for people experiencing poor mental health. • Healthwatch overall considers that the Local Account presents a realistic overview of the performance and intentions for Adult Social Care. <p>Torbay Council's Overview and Scrutiny Board adds its appreciation for all the hard work, professionalism and dedication by the staff and volunteers, particularly within budget constraints; highlights the benefits of integrated working demonstrated in the case studies and acknowledges there is still work to be done around enhancing the quality of life for all.</p>				
Purpose (choose 1 only)	Note <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	Review <input type="checkbox"/>	Decision <input type="checkbox"/>	Approve <input type="checkbox"/>

Recommendation	The Trust Board is asked to review the content of the report and note the performance standards achieved and signed off through the Local Authority and Trust governance process.
Summary of key elements	
Strategic context	This evaluates our strategic position in Adult Social Care delivery against our objective to deliver safe, quality care and best experience through integration. Key indicators tell us our strategy for integration to enable independence at home is starting to have some impact with a reduction people placed permanently in residential home and care home use.
Dependencies and risk	The risk to delivery in the main risk to delivery in next 5 years is highlighted by Caroline Taylor, Director of Adult Social Care as the national challenge, also experienced locally in maintaining and transforming the current adult social care system within the “economics of the publicly funded social care market that is highly fragile” whilst integrated care models need time to “transform and evolve”.
Summary of scrutiny	This report has been subject to challenge, due diligence, and risk assessment by: <ul style="list-style-type: none"> • Executive Directors meeting 24/07/18 • Torbay Council’s Overview and Scrutiny Board 12/07/18 • Torbay Council’s Adult Social Care Programme Board June 18 • Torbay Full Council 19/07/18
Stakeholder engagement	The following stakeholders were consulted during the compilation of this report: <ul style="list-style-type: none"> • Portfolio leads for adult social care • Healthwatch • Torbay Council Commissioners • Members of public (request for stories contained)
Other standards affected	Not applicable
Legal considerations	The Devon Partnership Trust indicator for supporting people within secondary mental health services into independent living and employment links to the NHS constitution’s commitment to promoting quality of life for all. This is an integrated whole system performance issue and falls within the legal disability framework. We seek to address through more personalised care planning and support across the system and targeted action to remove barriers to employment and access to supported living



Adult Social Care Local Account

Torbay Annual Report 2017-18



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Foreword by Councillor Julien Parrott, Executive Lead for Adults and Children, Torbay Council



It would be easy to assume that on-going and hefty cuts to budgets would inevitably lead to failing services and low morale across the health and social care sector (indeed, the signs are the government has finally got the message that our sector deserves fairer financial treatment). However, that has very definitely not been the case in Torbay. But, how can this be?

The answer, as ever, has been the quality of the people dedicated to delivering care; public, private and voluntary providers alike. Over the past year this has ensured that on-going integration of health and social care has delivered to the satisfaction of residents, and caught the eye of both national commentators and our peers.

The recently published Healthwatch Feedback report is striking in the way that it records widespread satisfaction at the sharp end, of delivery; and in March this year the Trust and Torbay Council were joint winners of the prestigious Local Government Chronicle Award for Health and Social Care. The award recognised both the achievements of the ICO (Integrated Care Organisation) so far, and its huge potential for further innovation.

The metaphorical tectonic plates of our health service continue to shift as the Sustainability and Transformation Plan (STP) gather pace. This work sometimes causes very real and understandable concern for our local communities. However, the coming year should see the Local Care Partnerships taking shape to deliver ever more place based services. The driver has to be more accountable and focused support for communities.

The success or otherwise of STP is wholly dependent on the quality of the people involved. It has no statutory teeth, only the goodwill and determination of the health and care partners - both professional and political. I am convinced that we have got this far, and continue to look for ever more effective integration, because of the quality and dedication of the people who commission and deliver our care services.

Once again, I congratulate all who work at the delivery of integrated social care across the sector, you are highly regarded both by the residents who use your services, and those, like me, who have the pleasure of working with you.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Julien Parrott'. The signature is fluid and cursive, written over a horizontal line.

Councillor Julien Parrott
Executive Lead for adults and children, Torbay Council

Foreword by Sir Richard Ibbotson and Liz Davenport, Chair and Interim Chief Executive of Torbay and South Devon NHS Foundation Trust



Torbay is well known for ‘integrated care’ both in the UK and overseas. In 2005, adult social care transferred from the local authority into the NHS to create one of the first Care Trusts of its kind. Ten years later, 2015 saw the formation of our ‘Integrated Care Organisation,’ bringing acute hospital care, adult social care and community health care under one NHS organisation, serving our local population in Torbay (and also in South Devon). Financially, this was a risky move, but we and our partners signed a Risk Share Agreement, agreeing to work closely together with a pooled budget to best serve the needs of local people. We have since signed up for a further three years of this RSA (with a few refinements in light of lived experience), to 2021.



The result? - As an NHS we are now successfully moving away from bed-based care to community care, just as we promised we would, and have reduced our beds by nearly 100. This was made possible by strengthened partnership working, along with a committed and dedicated body of staff and volunteers. This past year 40 per cent more people have been supported in their own homes and communities.

We know that our integrated model is improving people’s experiences of health and social care, giving people more say in decisions about their care, supporting people to manage their own health and wellbeing, aiming to reduce health inequalities and develop services to meet the needs of an older than average population, often with complex needs. That we have come this far is a credit to us all, but we are not complacent and there is more we can and must do. In 2018 we and our partners are therefore poised to further strengthen our partnerships, to develop a Local Care Partnership, in the context of an emerging Devon Integrated Care System.

The past year has been very challenging: We have had to raise our operational escalation level to the higher levels more often than before, especially so during Winter; we had the ‘Beast from the East’ and all the associated disruptions to business as usual, all in the context of continued financial pressures. Yet we came through it, with the year culminating in receiving the Local Government Chronicle (LGC) Award in the Health and Social Care category for our achievements with our partners in delivering integrated care. It was an honour to have received this award, and we would like to express our deepest thanks to our staff, volunteers and partners for making it possible. As we move into the year ahead we remain as ever focussed on the task in hand – to work even more closely with our partners in order to deliver the best health and care to our local people.

Sir Richard Ibbotson

Chair

Liz Davenport

Interim Chief Executive



Introducing themes for Torbay Social Care for the next five years

A warm welcome to the 2017/2018 Local Account of social care services in Torbay. In the following pages you will see an account of the performance and use of resources within social care services in four themes: improving quality of life for all; integrated services to support independence at home; enabling a positive experience of care and working in partnership to keep vulnerable people safe.

In starting to think about the themes for the next 5 years, it has become even clearer the huge national challenge in maintaining and transforming the current adult social care system. Locally we have started to see the benefits of an integrated system with the NHS, but the collective challenges remain. The government has heard that challenge and is expected to consult on a green paper this summer which focuses on transformation and long term finance. The health and social care secretary recognised the “economics of the publicly funded social care market are highly fragile” and said care models needed to “transform and evolve”.

Communities do not understand why the NHS pays for some conditions which are free at the point of access and why social care, which is means tested, supports other conditions. The Minister has said he would look at making paying for social care fairer and less dependent on the “lottery of which illness” a person gets. The Kings Fund and ADASS (Association of Directors of Adults Social Services) has calculated that there is funding gap of £6 billion by 2030/31.

Although the national outlook remains challenging, Torbay and its partners in the NHS and the care sector remain positive that there is further scope to innovate in local services in order to meet future demands.

In the next few years we will continue our collaborative working and support **older people** in their own homes for as long as possible in order to support independence. We are working with the independent sector on new models of home care and with the care home sector in developing leadership and new business models to meet changing needs. This will include dementia care and support for those with mental health issues.

The work with **Ageing Well** led by the voluntary sector continues to be a part of ensuring that people are socially connected. We know that is partly how we retain independence in our later years and a richer quality of life.

We will continue our journey to increase the amount of **direct payments** and **personal budgets**, so people can choose personalised support to meet their needs. This builds on the work of My Support Broker and the development of a **personal assistants** market in the Bay. What matters to the person is at the centre of care, and how they make choices for their life is at the heart of social care and health provision.

The solutions for all types of housing and tenure are part of supporting vulnerable people. We will build more extra care housing and benefit from the recent re-procurement of supported living. Across Devon we will work find solutions at scale where that makes sense to do so, and deliver locally where that supports the best outcomes for communities. We have worked collectively to define the housing and support needs of those with **learning disability, autism, and mental health** issues which we will deliver over the next few years.

We have developed more on line **information and advice** services so people can find an easy route to sourcing their support if they wish to. We need to improve the pace and scale of **technical innovation** as this gives people more options for support and greater choice to live independently, if we can enable people to engage with technical solutions now on the market. We know other countries such as Japan have used robotics to good effect in care settings. We are a long way from that future, but it must be part of the journey we are on.

For some people who are in placements outside of the Bay and Devon we will continue to safely support individuals to move back to their communities as part of the **Transforming Care Programme**. We have been successful in gaining grant for the right housing and support for a few complex individuals returning to the area to be nearer family support.

We have reviewed our **Carers Strategy** for the next 3 years and will support carers young and old to ensure caring does impact adversely on their own health. We will also be highlighting with businesses the increasing number of people who have caring responsibilities and how businesses need to have flexible support to keep these workers in the future. We will continue to test **intergenerational working** so the very young and very old have contact and shared spaces and get the benefits of each other. We continue to work hard improving transitions from younger people with care needs moving into adulthood with the right choices for jobs, education and housing.

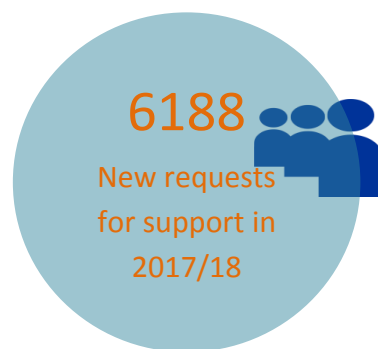
Quality and safeguarding and our formal role in **safeguarding vulnerable people** will continue to be an overriding focus over the next few years. This includes checking quality in formal care setting, but also focusing on combatting modern slavery, supporting vulnerable rough sleepers into a better future, and ensuring people with learning disability, autism and mental health can take risks with the right balance of support.

All of this will not be delivered unless we can retain and recruit the right **workforce** for social care. Workforce sustainability, be that in NHS Local Government, the independent or voluntary sector is our biggest challenge over the next few years. We are collaborating across Devon and the south west to encourage people to work in the sector, but also to create new job roles and skill mixes. Best estimates say 105,000 more carers will be needed in 2027 due to a predicted shortfall in intergenerational care provided by children to their older parents. Torbay with key partners will continue to find new solutions to sustain the quality of services we commission and to meet the communities changing needs.

Caroline Taylor
Director of Adult Social Care Services
Torbay Council

Torbay Social Care in 2017/18

Adult social care is provided by Torbay and South Devon NHS Foundation Trust and commissioned by Torbay Council. We support adults who have care needs to be as safe and independent as possible



At a glance

Some of the ways we do this are:

Managing future demand for services by supporting schemes that prevent ill health, and reduce and delay the impact of long term health conditions

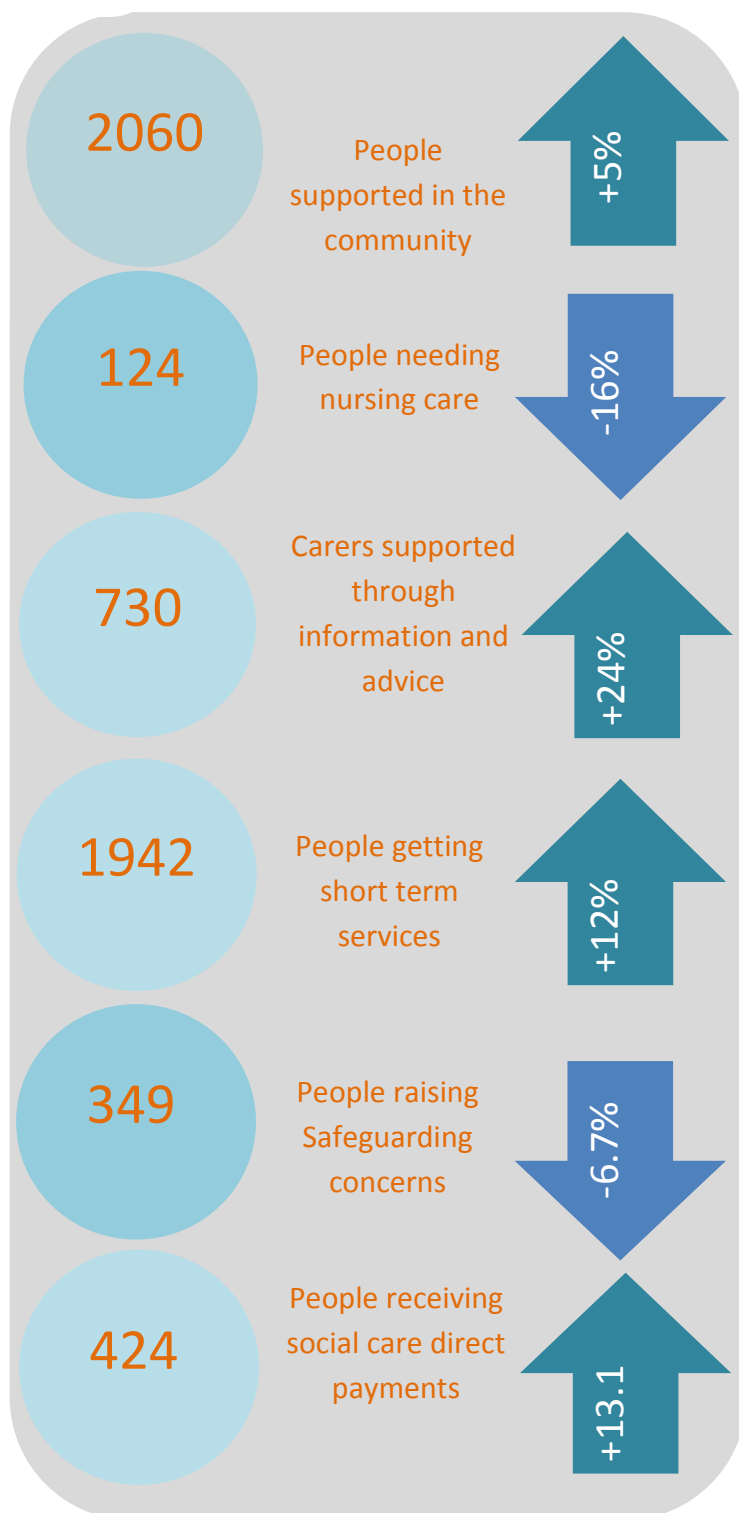
Providing Integrated Services with high quality community support with the voluntary sector, housing and enhanced intermediate care to help people return to health after illness or injury where possible in their own home.

Supporting carers offering information and advice to continue to support their loved ones in the community

Offering choices in how people want to live through adapting homes, using technology and the development of sheltered accommodation and extra care schemes and high quality residential and nursing care

Safeguarding people whose circumstances make them vulnerable to abuse or neglect

Helping people to direct their own care by offering personal budgets to people who want them



Facts and figures

Outcome 1: Enhancing the quality of life for people with care and support needs

Our aim is for all adults in the Torbay community to be enabled to live their lives to the full, maintain their independence and receive the right level of high quality support. Often this is about providing services at the right time and in the right place to maintain the person's desired quality of life.

How are we performing?

We have good performance in carrying out assessment of people's needs in a timely way and keeping people informed about the proposed cost of care. We have stable performance in people receiving care in a timely way, and in arranging Direct Payments to people. Direct Payments give people the freedom to arrange to buy their own care instead of social care services, where people meet thresholds for financial assistance.

Working with partners in 2017/18, we are actively engaged in working to improve the quality of life and services for people in relation to wider determinants of health and wellbeing. Key areas of focus are promoting independent living and/or employment for people experiencing poorer mental health and a learning disability; supportive services for people with dementia and access to services for people with no current abode.

Focus on Mental Health

Simon's Story in the case study on page 10 below shows how we have started to introduce individual personal care planning in Torbay to understand the needs of all adults in a more personalised way. In 2017/18 working together as partners within the Devon Sustainability and Transformation Plan, we have started to address the difficult but known barriers to employment for people experiencing poorer mental health; with a learning disability and autism. Partners include Job Centre Plus, Further Education colleges, the NHS, Learn Devon, and businesses. The aim is to increase opportunities for volunteering, apprenticeships and employment.

Performance at a glance

Good

- The number of people informed about cost of care
- People receiving social care assessments within 28 days

Stable

- People receiving care within 28 days of assessment
- The number of people receiving direct payments
- The number of Adults with learning disabilities who live in their own home or with family

Needs Improvement

- Ensuring people in contact with mental health services are in paid employment and live independently with or without support
- Ensuring people receive a care support plan and a review with 18 months

Focus on Learning Disability

As part of our focus on promoting the independence of adults with learning disabilities we will take actions to support more working age adults into employment. This will include a campaign to local employers to employ people with disabilities, promoting the value brought to businesses and to the local community across the Devon in 2018/19.

A new supported living service framework will be in place from 2018/19 and as a result people in supported living will be offered the equivalent of a “real tenancy”. This will enable more clarity in reporting performance targets and performance is expected to improve.

Focus on Dementia

In 2017/18 we started a new innovative project that focused on improving the quality of life for people with dementia in care homes. The case study below on page 10 describes the impact of this project and how it improved the quality of life for that person. The Care Home Education and Support Team (CHES) received an average of 27 referrals per month in 17/18. 62.5% of care homes surveyed said the CHES team had a positive impact on the person’s quality of life. 85% of care homes survey respondents said there was a positive impact on their knowledge of working with residents with dementia

In 2018/19 we expect to expand the project for the CHES team to work with people in their own homes supporting families and carers.

Focus on Homelessness

In 2017/18 a project started with social workers and other professional partners in Torquay which sought to work differently with people who have no registered abode to ensure we really are improving quality of life for all of Torbay’s community.

The project team developed outreach work on the streets to build trusting relationships with the homeless community. The project aims to remove barriers to homeless people accessing housing, health and care services and deliver improved integrated outcomes for this community. The story below at page 11 demonstrates how the team have started to do this. The team have helped 37 people in the first 6 months of operation in 2017/18. Of these 27 people were helped in the outreach setting; 10 people were housed; 5 were prevented from imminent homelessness and 9 were prevented from being admitted to hospital. In 2018/19, we will refresh resources for this team and expand this approach in light of renewed support from government.

In summary

Despite the challenges we face of an increasing older population and resultant social care activity, we have good and stable performance in timely assessment of needs and in people receiving the care they need. We will continue expand our approaches to improving the quality of life for all sections of the community demonstrated in our case studies below.

Case studies

Integrated Personal Commissioning

Simon is a 45 year old war veteran who lives alone and has struggled to adapt to civilian life turning to alcohol as a way to cope with his unresolved mental health issues.

Simon engaged in a 'what's important to me' conversation with his key worker and together they developed a care and support plan around the things that really mattered to him. As a result Simon started to attend a local fitness club to use the swimming pool and gym equipment and provided with transport to get him out and about.

At the 6 month point Simon was reporting improvements in his mental health and wellbeing and quality of life, his overall use and the cost of the services he required also declined dramatically. Simon believes that: *".....Having been in a hospital bed for 6 months, I lost the use of my legs causing muscle weakness/wastage. My keyworker arranged for me to go to a fitness club to do swimming to exercise my legs. My legs are now improving. It also gets me out of my flat and mix with other people, reducing my isolation.*

IPC has improved my life immensely with a focus on what is important to me and using a personal budget.....My objective is now to be back to normality by Christmas. I give a big thank you to the team for improving my life....."

CHES Team

Mrs Brown is a 91 year old lady with a diagnosis of vascular dementia and has been living in a care home for a year. The care home team were concerned about Mrs Brown's increasing agitation on at certain days/times and the impact it had started to have on her feelings of wellbeing, security and quality of life.

The CHES team advised the Care Home to complete behaviour charts. The charts revealed that Mrs Brown's behaviour changed on a Sunday Morning. Through educating the care home to understand Mrs Brown's behaviour and understand the context in a person centred way it was found the emphasis on people attending a religious service in the home was a trigger to this lady as she was an atheist. The CHES Team helped care staff to understand the behaviour triggers and focus on what is important and matters to Mrs Brown to reduce the escalation which was impacting on her wellbeing. A family member said "it seems to me that the staff have more time for the residents and are upbeat which helps".

Homelessness

As part of the campaign to end street homelessness, Torbay Housing, health and care providers have worked with the council on this project. Using this new way of working, a referral was received from Westward Housing Outreach Team, which raised concerns about a rough sleeper. The person was a 65 year old man, recently discharged from Hospital after pneumonia with continuing mobility issues and no current abode. This referral route and way of working allowed us to work with the person to address health concerns and find accommodation.

The project team befriended the person through outreach work on the streets to build trust and resulted in working as an advocate on behalf of the person with local housing provider and support to attend health appointments.

The outcome is this person moved into supported accommodation was assessed by an Occupational Therapist and his health improved.

Outcome 2: Delaying and reducing the need for care and support

Our aim is to give people the best opportunity possible to manage their own health and care independently and proactively in their own home wherever possible. To do this we aim to provide integrated services, which empower people to live their lives to the full. The knock on effect is that for some people dependency on intensive care services will be delayed or reduced.

How are we performing?

Performance within this area has been strong with the number of people able to live independently for longer increasing, which reduces a small amount of pressure in the care home market.

Over the past three years the Trust, the Council and Voluntary Sector have worked closely together to improve services for people that help them stay in their own home. This has happened via the local Prevention Strategy and the development and implementation of the local integrated Model of Care that has prevention and wellbeing services sitting at the heart of everything that we do.

We have worked in partnership to develop the care sector and more integrated community multidisciplinary service provision. This helps people improve and regain their independence and prevent people from having to go into long term care.

Focus on the Care Sector

We continue to work in partnership with local care and support providers through the Torbay Multi-Provider Forum. There are some exciting projects to improve quality and these include collaborations between care home residents, relatives, staff and artists to develop a shared view of good care in the Torbay Care Charter.

At 1st May 2018 out of 106 regulated care services in Torbay 3 were rated 'outstanding' and 86 as 'good' by the Care Quality Commission and we intend to maintain this position.

Performance at a glance

Good

- The number of people living permanently in a care home at 31st march is reduced, as a consequence of our strategy to support more people in their own homes

Stable

Needs Improvement

We have recently set up a leadership development group with local care providers. Working together with care providers, carers and other stakeholders we are shaping the local market. Key ways we have worked together in 2017/2018 are set out in more detail in Outcome 1 and in case studies below but the highlights are:

- Setting up the Trusts Care Home Education Support Team (CHES) supporting local care homes. See outcome 1
- Creating joint plans to support for people with poor mental health and learning disability with a focus on housing and employment. See outcome 1
- Developing a model of extra care housing further, so that people can live independently close to others with access to care and support on site. See the case Study at page 17
- Our work with care providers and other statutory partners as part of a national campaign recognises the need to develop and value our care workforce through initiatives such as proud to care. See the Case Study at page 16.

Focus on integrated Health and Wellbeing Centres

In 2017/18 we have developed health and wellbeing centres in Paignton and Brixham. The Paignton Health and Wellbeing Centre has been up and running for over a year and was recently commended a success in a Healthwatch report where the majority of patients felt it delivered a successful service. The Paignton health and wellbeing centre brought together services that were previously provided at Midvale Clinic, such as podiatry and speech and language therapy and clinics that were running at Paignton Hospital. The centre provides access to a wide range of outpatient clinics, from pain management to child health services and lifestyles services. The health and wellbeing model has enabled people to access care closer to home and without having to travel to Torbay Hospital.

In Brixham, a new day and health and wellbeing centre is being built on the hospital site which will also be location for the current clinics and inpatient services. The build is being funded by the Brixham League of Friends and will be run by the voluntary sector. Day care will be available as well as a whole host of other services that enable local people to live healthy and well lives. It is anticipated that the new centre will open in the early part of 2019. Over the next year the Trust will be looking at how it can continue to develop the offer for the people of Torbay. Through 2017/2018 we have further developed our services to be based around these centres including: enhanced intermediate care; supported living provision; wellbeing services with the voluntary sector and supporting people to broker care themselves.

Enhanced Intermediate Care

In 2016/17 we invested in Enhanced Intermediate Care services to help people stay independent at home longer. In 2017/2018 we have worked to ensure Enhanced Intermediate Care is fully embedded working with GPs and Pharmacists as part of the health and wellbeing teams within Torquay, Paignton and Brixham.

We have developed stronger links with the ambulance service and the acute hospital which means that patients experience a more seamless service between settings. In September 2017, we implemented a new Rapid Assessment and Discharge Team based within Torbay Hospitals Accident and Emergency department.

This team helps to support people to go home quickly when they do not need to be in hospital. Between September 2017 and March 2018 the team have supported 1,092 people, 67% of whom have been supported to go home on the same day.

The average age of people benefitting from this service is 83 years old. The deeper integration of these services has helped ensure people have shorter stays in hospital. The average length of stay for people admitted to Torbay Hospital in an emergency is amongst the lowest in the country and the number of people experiencing a delay in their discharge is minimal.

We are in the top third in the country for our performance here. The implementation of a 'discharge to assess at home' pathway has further developed the ability of the organisation to care for people at home – 'the best bed is you own bed'. Please see the case study of Mrs R and the impact enhanced intermediate care has had on her life on page 16.

Supported living provision

In 2017/18 there has been a continuation of the work to ensure that people have access to a range of accommodation that supports their needs to live as independently as possible. The case study on page 17 describes how someone was supported to move out of residential care. This approach has contributed to our good performance in reducing the numbers of people living in residential care. In 2018/19 we will consolidate the supported living provision available to enable more people to move out of residential care. Please see how extra care housing provision has supported a person in their 90's with Multiple Sclerosis (MS) on page 17.

Wellbeing services with the Voluntary Sector

Torbay partners have successfully attracted funding to introduce and evaluate a range of non-traditional wellbeing services over the last 2 years. One of these services is Wellbeing Co-ordination, working with the Ageing Well Project with partners, Age UK, Torbay Community Development Trust and Brixham Does Care.

Voluntary Sector Wellbeing Co-ordinators work with people over 50 to understand what matters to them and help them act to connect, be active, keep learning, give to others using the community resources available.

Shaun's story below at page 17 reflects our learning about the success of integrating non-traditional services into the Torbay Model of Care. This service has received 865 referrals since its inception. The results show, like Shaun, people who have participated experience a 12% improvement in mental wellbeing, a 10% improvement in physical wellbeing and 58% increase in social participation to combat the increasingly pervasive issue of isolation and loneliness. This service has been funded across partners for a further 3 years due to its success, with the trajectory to become business as usual in Torbay.

Supporting people to broker care

MySupportBroker is a branded model of support brokerage which has been tried and tested in partnership with statutory, charity, community and advice organisations. There has been a unique collaboration to pilot this approach in Torbay with partners: Ageing Well Torbay programme (and the Big Lottery); Torbay Community Development Trust; the Trust and MySupportBroker Community Interest Company.

This year (2017/18) over 300 Support Plans were completed. MSB has been involved successful delivery of the Personal Support Assistant Model to improve people's experience of care and stimulate new entrants into the care field. The story of a customer with poor mental health demonstrates this improvement in experience of care at page 18.

The scheme has enabled Adult Social Care to start to develop in the way we do things and maximise opportunities for care planning led by what matters to the person. 94% of a small sample of people surveyed said their needs were met well or very well. There is also evidence that MSB slightly lowers cost in reviews/support plans by 1.5%, although the scheme has not yet achieved all expected benefits.

The project will continue in 2018/19 and based on evidence, will target people with complex primary health needs. This to focus on the non-clinical dimensions of care through Continuing Health Care service with the aim to maximise benefits for the person and the system.

In summary

We have performed strongly in this outcome through development of the care sector and development of health and wellbeing centres in Torbay. We are proud to have won the Local Government Award for integration of our services in recognition of this. We will continue expand our approaches to embedding high quality integrated and personalised care as demonstrated in our case studies below.

Case studies

Proud to Care

The Proud to Care South West (SW) initiative was set up to be a continuing campaign to help address the widening gap between demand for care sector services and the people skilled to work in the sector in the South West. The Council arranged to take part in the regional survey of partners in October 2017 and stakeholders in December 2017. The key actions to fully benefit from the Proud to Care SW were to encourage care providers to use and benefit from Proud to Care SW. The collaborative work and investment together produced:

- Increased buying power to ensure public money goes further by working together to deliver improved capacity in the sector
- A branded proud to care SW campaign web space to market the care sector and advertise job opportunities, please see <https://www.proudtocaredevon.org.uk/>
- An increased conversion rate from those looking at jobs through the campaign website to those clicking to apply (23.2% 15% is norm).
- Tools are available for providers through secure collaboration site e.g. values based selection tools to help providers chose the right people.

This work has strengthening our action on closing the gap between demand for services and people to deliver these services.

Enhanced Intermediate Care

Mrs R was referred to Intermediate Care multi-disciplinary team by her GP, following a fall at home. She had a Urinary Tract Infection (UTI) and was prescribed antibiotics. A health and social care coordinator rang Mrs R and found she had a limited support and was struggling to manage at home. The coordinator reassured her that the IC team would visit her within two hours. The Intermediate Care Nurse and Occupational Therapist arrived within two hours and identified Mrs R was in pain when mobilising, had low blood pressure and was struggling to manage her personal care and medication. A wheeled zimmer frame and commode was ordered and delivered that day. Our integrated multi-disciplinary team now includes a pharmacist and working together looked into Mrs R's medication rapidly which enabled us to advise the GP of the most appropriate pain medication. Rapid response was also arranged twice a day for a few days, until she improved. At this stage support workers visited daily to improve Mrs R's mobility, confidence and to help her monitor her own pain and take action. This enabled Mrs R to continue to live independently at home and make a quicker recovery than UTI patients that have a fall who have been admitted to hospital. The average length of stay avoided in this case study is 7.25 days, for admissions primarily due to a UTI.

Case studies continued

Extra Care Housing

This individual was diagnosed with Multiple Sclerosis (MS) in the early 90s and had a stroke in 2008. Prior to the stroke they lived a full and active life with many interests. Post stroke they moved into residential care. In 2011, with the opening of an Extra Care scheme, they were able to move out of long term residential care. Due to the accessible nature of the accommodation, the background support of 24 hour on-site care and support provision of Extra Care housing, the change of accommodation was a more cost effective option as well as improving the quality of life and independence for the person. They are enjoying their increasing independence: accessing the local community, going out daily, personalising their flat / surroundings and accessing the internet on a regular basis. All of which have contributed to obtaining greater control of their daily life resulting in improved health and wellbeing and quality of life.

Wellbeing Co-ordination

Shaun, a 52 year old man with degenerative spinal disease referred to this service from his GP. He lived in a care home for respite following a brain injury, caused by a fall. During this time, his personal life started to fall apart, his partner would not allow him to return to their home, he did not have access to his finances and was left with nothing but the clothes he was wearing. Because of the circumstances Shaun also had input from other agencies, including a Social Worker. Shaun was previously a very social man, his physical health had begun to improve but as he was in his 50's the care home was far from the ideal place for him to be. When our Wellbeing Co-ordinator first met him he struggled to speak about his situation. His Wellbeing Co-ordinator supported him to have his benefits returned to his control, to be back in touch with the outside world and go out. Shaun's Wellbeing Coordinator took him to our monthly lunch group and a few coffee groups and he made friends instantly. Shaun was also getting help with his housing and just before Christmas was able to move into a flat in a managed building. From a professional point of view we can evidence that Shaun's wellbeing is vastly improved, his GP visits have reduced and he no longer needs residential care. From a community perspective, Shaun has been encouraging his neighbours to improve their wellbeing by setting up a coffee morning providing support to vulnerable people. He is now providing support and a smile to others. Shaun is also training to become a peer mentor for others with another local charity after attending a mental health recovery course. Shaun says "Wellbeing Torbay supported me with my financial situation and introduced me to people locally and it has saved my life. I can now look forward and help others, I can't thank them enough."

Case studies continued

My Support Broker

Our case study focuses on a 67 year old person who has a Mental Health condition and limited mobility and is very isolated and limited social interaction. The person wanted to be a part of their community and wanted to give something back but just lacked the motivation to do so. Creatively the broker had identified that during a more positive phase of the person's life they had brought themselves a car to fight off the isolation and potential hold the key to for them giving something back to the community. The broker was able to identify the cost of car insurance as a block and recognised this as a key to change the current position. This was included in the person's budget and as well as being an enabler, it was in cheaper and more likely to be used then annual bus ticket and taxi's. This has improved 2 people's lives and the person is friends with a gentleman with a visual impairment, who has also benefitted as the person now plans to give the other gentleman a lift to the local support group they both attend.

Outcome 3: Ensuring people have a positive experience of care

Our aim is to ensure people and carers have the most positive experience of care and support possible and that people can easily access information and advice in a way that is sensitive to their needs.

How are we performing?

Our performance on the experience of Carers receiving assessments, reviews and information in a timely and relevant way remains good. People's satisfaction with care and support services is stable. The number of people who find it easy to find information about services in general needs improvement. Although this result exceeds the England average we are actively engaging in improving in this area. We will continue on our whole system journey to introducing more options for personalised planning based on people's strengths.

Focus on experience of care and support

Our strategy for improving people's experience of care and support is based on the recognition the need to work proactively with people on their wellbeing. It is about thinking in a personalised way about what matters to the person and how this will facilitate self-care and improve their experience of care and support. We seek to emulate Carers experience of care and support across whole population and system. In 2017/18 we have made progress in our whole system journey in moving towards more ways of working with people's strengths. We are further embedding integrated services which focus on people's ability to live life independently and planning in a more personalised way for living well: such as Enhanced Intermediate Care; Wellbeing Co-ordination and Mysupportbroker.

The Hope Programme

In 2017/18 we have started to introduce the next layer of this approach, an example is the HOPE programme. HOPE is stands for Help to Overcome Problems Effectively and is delivered by a range of people in the system, voluntary sector wellbeing co-ordinators and

Performance at a glance

Good

- Carers receiving an assessment, review, information and advice

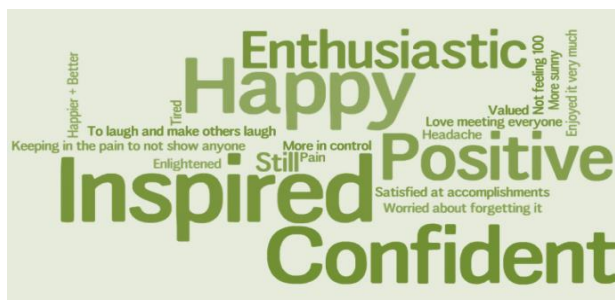
Stable

- Satisfaction of people who use services for care and support services from our annual user survey

Needs Improvement

- The number of people who use services who find it easy to find information about services

peer supporters. It is a 6 week course, newly introduced in Torbay, which supports people to become more skilled and confident to better self-manage their conditions. It works by recognising that people have many assets of their own and by bringing groups of people experiencing similar issues together. The group: support, befriend and enable each other to develop the confidence and self-belief that they can improve their lives. HOPE is an example of the approach we intend to expand in Torbay. Please see Sarah’s story on page 21. Sarah is not alone in her improved experience, below is a Wordle from a group experiencing hope after six weeks.



Focus on information and advice

Our strategy to improve the accessibility and co-ordination of information sources overall is to meet the needs of our population by building on the Carer’s exemplar. We are actively engaged in developing a baseline publication with partners which will be widely available through hard copies and will be email-able. This will ensure people have more access to information about services in a co-ordinated way. The first publication is due for release in Quarter one of 2018/19. We will then look at how we can make this more IT enabled.

Carers Support

In 2017/2018 we have extended our range of information and advice for carers and created new suite of video resources in partnership, available online which built on the accessibility and co-ordination of information resources already available. Katy Heard, Carers lead for the Trust ‘we are acutely aware that Carers who juggle their caring role with employment, find it difficult to access support at a time which suits them. The on-line resource, while it doesn’t suit everyone, makes it significantly easier for working Carers to find out information. For Carers who do not find it easy to use IT, then voluntary sector partners who have signed up to the project can help Carers to access this resource. All in all, it is a great resource’.

In summary

Our performance is good on the experience of care and support and information sources for Carers within this outcome. We are stable in peoples satisfaction with services and will continue expand our approaches to embed personalised care experiences such as the HOPE programme. For more about the new online resource and Sarah’s experience of the HOPE programme please see our case studies the next page.

Case studies

The Hope Programme

Sarah suffers from a debilitating condition which results in tiredness and diminished motivation levels. Her personal relationships have deteriorated through lack of understanding of her illness impacting on her ability to manage her job and social activities.

Sarah fully engaged in the HOPE programme, took it upon herself to help another participant attend and has volunteered to help run future HOPE programmes *“I feel much better in myself when I am able to give something...I am adopting the programme of hope into my everyday life.....I am getting there slowly but surely – and I’ve got a lot more confidence as well I ‘like me now’, and I didn’t like me or anybody for quite a long time really.”*

Carers Support Online Resource

In September 2017 we commissioned Health and Care Videos, a partnership with Torbay & South Devon NHS Trust, to undertake a project to support the informal carer community Commissioned through the Better Care Fund, the project aims to provide access to high quality health information videos and signposting to local resources that help better inform patients and carers, enabling them to self-manage their own care and feel supported.

The need for consistent and up-to-date information that is clear and easily accessible was fed back by a focus group held in February. As a direct result, 40 new support videos are now in production, covering adult learning disabilities, mental health and admission and discharge from hospital and will be added to the existing library of over 250 videos. The project has engaged with local VCSEs and given over 20 care organisations personalised online libraries so they can support their own communities. James Sparks, Brigham Does Care says ‘We see it as a vital resource that our carers will definitely benefit from’

Since the official launch on April 1st the sites have already collectively achieved in excess of 1000 hits. The next phase of the project involves a video based learning programme to encourage carers to develop their skills and look towards careers in social care. Take a look at the library of videos here at <http://healthvideos.torbay.gov.uk>

Outcome 4: Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

Our aim in the broadest sense is for the public, volunteers and professionals to work together to ensure everyone is treated with dignity and respect, and that people have choice, control and compassionate care in their lives.

‘Safeguarding’ is a term used to mean both specialist services and other activity designed to promote the wellbeing and safeguard the rights of adults where harm or abuse has or is suspected to have occurred. Our responsibilities within care services are to: make enquiries or cause others to do so where safeguarding concerns are identified; co-operate with key partner agencies, to carrying out timely Safeguarding Adult Reviews; to share information to meet the aim of protecting vulnerable adults and to train our staff to respond effectively to safeguarding concerns.

How are we performing?

Our performance on this outcome is good. The number of repeat referrals is down and immediate action was taken in 100% of the cases where people were considered to be in a situation where there was a high risk of harm or abuse.

The Trust’s work in this area primarily divides between the community operational teams who respond to safeguarding concerns and our Quality, Assurance and Improvement Team (QAIT) which works with care homes and domiciliary care providers to promote high quality care and proactively monitoring quality standards. We work closely with Devon and Cornwall Police both in causing enquiries to be made and maintaining strong local partnership arrangements.

Ultimate accountability for safeguarding sits with the Torbay Safeguarding Adults Board (SAB) a well-established group that provides a sound basis for the strategy on delivering these legislative requirements. Key strategic areas focus for the board are: Domestic Abuse, Modern Slavery/Human Trafficking and learning from experience together as partners.

Performance at a glance

Good

- The number of repeat adult safeguarding referrals in last 12 months is down
- 100% of people with high risk concerns identified had immediate action taken

Stable

Needs Improvement

Focus on Domestic Abuse

In 2017/18 Domestic Abuse has been a concern for the Torbay Safeguarding Board, with the number of reported incidents rising and a shortfall in local services to tackle it. The majority of Domestic Violence cases do not fall within the Trust Safeguarding Team remit, however, we continue to review safeguarding procedures to ensure that they comply with best practice on Domestic Violence. In 2017/18 we conducted an audit against NICE Guidance on domestic abuse to assure compliance. This year the Safeguarding Board has recognized the need to fund a coordinator within the community safety partnership to improve the response to Domestic Abuse concerns. The Trust continues to take an active part as members of the local partnership steering group for domestic violence.

Focus on Modern Slavery & Human Trafficking

In 2017/2018 the Trust, as part of the Safeguarding Board has put in place further multi-agency policies and approaches to raise awareness of the framework for tackling situations involving: Modern slavery (when people from the UK and other countries are tricked, exploited or forced to work for someone or a group of people) and Human trafficking (people moved within the UK from other countries to be exploited).

In 2017/18 the local partner agencies worked together to develop a modern slavery toolkit which aims to provide consistency in how professionals respond to issues. The Trust makes a small but consistent level of referrals to the police and has identified a Modern Slavery Lead to support and advise staff. As part of improving the consistency of approach in March 2017, 20 people from the Trust were trained as First Responders in managing referrals to national specialist teams. Modern Slavery knowledge has now been embedded into the Trust Mandatory Training and the level 1 training module is 90.6% compliant.

Focus on learning from experience together as partners

The Safeguarding Board and others regionally have recognised the need to ensure that we learn lessons from things that go well - and change practice when things do not go as well as they could.

In 2017/2018 there have been 3 best practice forum workshops for staff. The key themes were: coercion and control; prevention and learning from Safeguarding Adult Reviews in the region. Up to 100 people across partners attended each forum. As part of these workshops people were asked to identify how best to disseminate future learning and there is now a newsletter which focuses on how partners learn from each other about continuously improving our approach to Safeguarding.

Deprivation of Liberty

This is a key Safeguarding issue where sharing experience together as partners is critical. Safeguarding in this context is about ensuring that those who lack capacity and are residing in care home, hospital and supported living environments are not subject to overly restrictive measures in their day-to-day lives, but the risk of high risk of harm is mitigated.

This is known as Deprivation of Liberty Safeguards (DoLS) Safeguarding - for example due to the serious onset of dementia an individual's capacity to act safely is significantly affected. In 2017/18 the Trust has ensured local care provider services networks were kept up to date with current national and local picture on issues, holding engagement sessions with providers and disseminating information on best practice and legal risks to provide updates.

In summary

Whilst our performance is good, we must constantly strive to understand emerging issues for Safeguarding Adults in Torbay and take action proactively to keep our performance good. A key message is that safeguarding is everyone's business. When adult abuse concerns are raised we work in a multi-disciplinary and multi-agency context to understand risk and ensure responses are person centred, include the right people and include the right partner agencies. The following case study on the next page provides an example of how this is put into practice on a day to day basis.

Case studies

Safeguarding with our partners

Harold is 78yrs, following a suspicious cash withdrawal, Harold's bank contacted Devon and Cornwall Police raising a concern that Harold may be being financially exploited by a person in their early 20's who had befriended him. Initial background information checks and contact with GP indicated that Harold may have Dementia.

Devon and Cornwall Police raised an adult abuse concern to Torbay and South Devon NHS Trust (the Trust) as the concern gave reason to believe that Harold appeared to have care and support needs, be at risk of or experiencing financial abuse and be unable to protect himself from the risk of or experience of financial abuse.

Immediate action was taken by Harold's bank in partnership with police to protect Harold from possible further financial abuse and an urgent welfare visit was undertaken during which Harold was deemed to be able to consent to a safeguarding enquiry and express his preferred outcomes.

An initial safeguarding multi-agency safeguarding meeting was convened which included Harold. A safeguarding plan was agreed with Harold that included on-going support from police and adult social care, preventing the alleged perpetrator from having further contact with Harold, advice and information on keeping finances safe and signposting to local charity befriending services. Harold also provided more information to Police so they could further pursue possible criminal enquiries.

An update meeting was convened with Harold who also chose to bring along a friend and relative to support him. Devon and Cornwall Police provided an update to Harold and he confirmed he had been kept informed by Police. In addition more protective factors were agreed such as increased support and vigilance from friends and relatives, crime prevention input, adult social care floating support and inclusion of Harold's GP.

On further review, Harold reported that the alleged perpetrator had not targeted him anymore, that he was feeling much safer and that no other finances had been lost. The additional support for Harold was working well and Harold had engaged with his relative about them becoming his lasting power of attorney to manage finances should he eventually not be able to do this himself. Harold confirmed that the response had enabled him to feel safer in his own home and that his finances were now better protected. The circle of support around Harold also provided an additional protective factor to him beyond the safeguarding intervention.

5. Financial position and use of resources

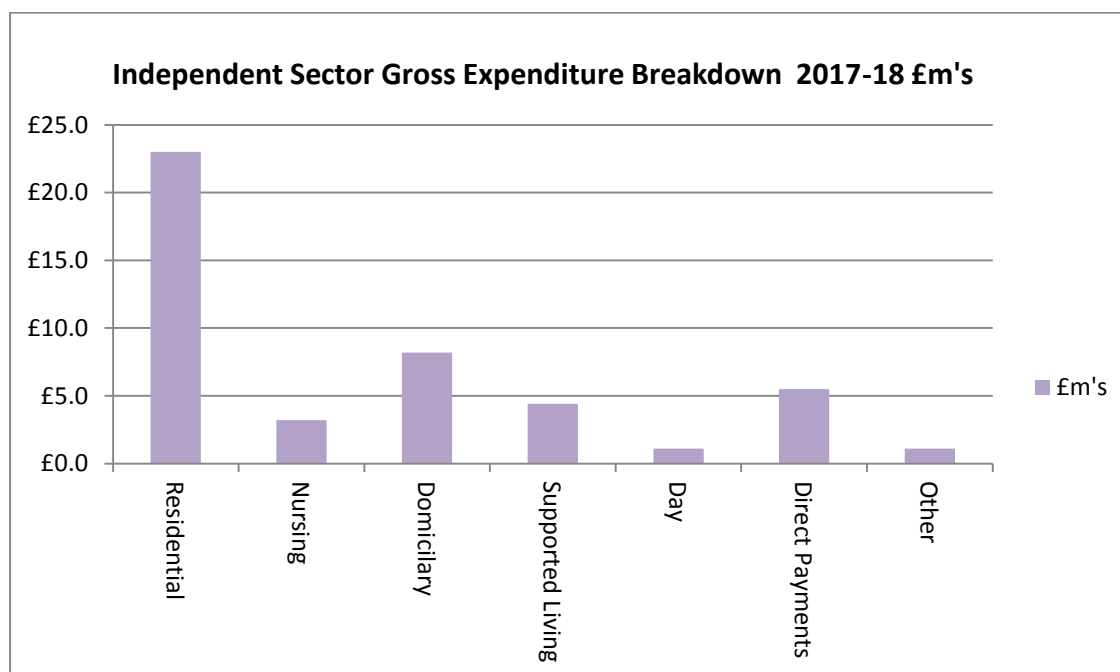
Our aim with this section of the review is to describe the financial resources available and how they have been used in the care sector. From the 1st October 2015 an Integrated Care Organisation (ICO) was formed and within this organisation remit was to provide Adult Social Care (ASC) on behalf of the population of Torbay. From a financial perspective the Councils role as a commissioning body is to provide a funding contribution to the overall running costs of the ICO. In 2017/18 this contribution was £44.1m.

The ICO provides a diverse range of services and ASC is a part of this. There is care management and social care support across Torbay; it includes the cost of social workers, community care workers, occupational therapists, physiotherapists, finance and benefit assessors and support service staff.

The vast majority of the total net spend on adult social care services is the purchase of care (including residential, nursing, day and domiciliary) from independent providers. The majority of this spend is with providers within Torbay but some specialist residential care is provided out of area. At any point in time there is on average around 2,200 people receiving a core service.

The net spend figure in the independent sector was £36.5m in 2017-18. However this is the figure after the contributions made by people receiving services were taken into account.

Under national legislation people assessed as needing social care services which are provided or arranged by the Council also receive an individual financial assessment and this can result in a them being asked to contribute towards the cost of their care provision. The income collected from people in Torbay in 2017/18 was £10.0m. The total (gross) expenditure on services was therefore £46.5m. The allocation of this gross expenditure across different types of services is illustrated in the chart below.



The age of the people receiving these ranged from 18 to over 100 years old and services were provided to clients with learning disabilities, mental health issues, dementia, sensory and physical disabilities, vulnerable people, and the frail and elderly.

Financial outlook for 2018-19 and beyond

At a national level there are continuing financial pressures across both adult social care and health services. Torbay is not immune to this and like other local authorities the Council has funding constraints.

The Council and South Devon and Torbay Clinical Commissioning Group acknowledge the tight financial constraints and jointly believe that the Trust, is best placed to continue to deliver the best possible care and support within these constraints. The Trust will achieve this through managing resources across health and social care to deliver a more efficient and effective profile of expenditure.

This will be dependent on how the overall funding envelope for the Trust can be best utilised to maintain a financially stable and sustainable health & social care system for the long term to improve people's experiences of health and social care. This will be done in consultation with the Council and, where it is necessary to make changes to the way services are delivered, consultation will take place with the people and carers who use those services.

6. Performance overview

Our aim with this section of the report is to provide an overview of performance and how we have performed by comparison to the average last year in England for each measure.

In overview, 80% of our performance is 'Good' or 'Stable', this importantly includes our performance on day to day delivery in assessing care needs and starting care provision in a timely way and people's satisfaction with services. It also includes indicators which tell us our strategy for integration to enable independence at home is starting to have impact with a reduction people placed permanently in residential home and care home use.

We will always actively engage in improving and have identified the main areas which need improvement as: the number of people receiving written care support plans and a review of that plan; supporting people with poorer mental health into independent living and employment and how easily people can find information about services. The table below shows how well the performance targets have been met using the following system:

Green	Exceeded, achieved or within 5% of the performance target
Amber	Narrowly missed performance target by between 5% and 10%
Red	Performance needs to improve, target missed by 10% or more

Measure	2017/18 Outturn (provisional)	2017/18 Target	2016/17 Outturn	2016/17 England average
Outcome 1: Enhancing the quality of life for people with care and support				
The proportion of clients informed about the cost of their care (self-directed support)	92.6%	92.0%	92.4%	89.4%
The proportion of clients who receive direct payments	26.2%	28.0%	24.9%	28.3%
Proportion of adults in contact with secondary mental health services in paid employment	0.9%	6.0%	n/a	n/a
Proportion of adults with a learning disability who live in their own home or with their family	75.4%	75.0%	77.1%	76.2%
Proportion of adults in contact with secondary mental health services who live independently, with or without support	55.1%	68.0%	n/a	n/a
Proportion of clients receiving a review within 18 months	87.4%	93.0%	90.0%	n/a
Proportion of clients receiving a care support plan	83.5%	90.0%	86.2%	n/a
Proportion of assessments completed within 28 days of referral	79.0%	70.0%	71.2%	n/a
Proportion of clients receiving their care within 28 days of assessment	92.8%	94.0%	92.5%	n/a
Outcome 2: Delaying and reducing the need for care and support				
Number of people living permanently in a care home as at 31 March [a low value is better]	604	617	642	n/a
Permanent admissions to residential and nursing care homes for older people (65+), per 100,000 population [a low value is better]	467.9	599.0	493.7	610.7
Outcome 3: Ensuring people have a positive experience of care and support				
Overall satisfaction of people who use services with their care and support - from annual user survey	69.2%	70.0%	68.4%	64.70%
The proportion of people who use services who find it easy to find information about services - from annual user survey	75.4%	85.0%	77.3%	73.50%
Carers receiving needs assessment, review, information, advice, etc.	42.2%	43.0%	38.3%	n/a
Outcome 4 – Safeguarding people whose circumstances make them				
Proportion of repeat adult safeguarding referrals in last 12 months [a low value is better]	7.1%	8.0%	7.0%	n/a
Safeguarding Adults - % of high risk concerns where immediate action was taken to safeguard the individual	100.0%	100.0%	100.0%	n/a

7. Looking after information

Our aim in this section is to set out that we take our responsibility of safeguarding the information we hold very seriously. All incidences of information or data being mismanaged are classified in terms of severity on a scale of 0-2 based upon the Health and Social Care Information Centre *“Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation.”*

Risks to information are managed and controlled by applying a robust assessment against the evidence collected as part of the national information governance toolkit return. During the period 1 April 2017 to 31 March 2018 the following breaches of confidentiality or data loss were recorded by the Trust which required further reporting to the Information Commissioner’s Office and other statutory bodies.

Date of Incident	Nature of Incident	Summary of Incident	Outcome and Recommendations
1/06/17	Breach of confidentiality	Ex-member of staff accessed the building, contacted IT service desk to reset email password and then accessed email. Forwarded several emails with patient identifiable information attached to a personal email address.	Incident was investigated over a prolonged period. Delays were at an initial investigation stage and with the ICO, once the incident was reported to them. The response received from the ICO stated they planned not to take further action given; the time-lapsed, no complaints being received, the ex-staff member stating they did not hold the information, and the content of the emails sent. The Trust has reviewed its own internal processes and made changes.

Any other incidents recorded during 2017/18 were assessed as being of low or little significant risk. The Trust declared a level two compliance against the information governance toolkit requirements by 31 March 2018. A new action plan will be created to deliver improvements against the 2018/19 Data Security and Protection Toolkit and will be overseen by the Information Governance Steering Group which is chaired by the senior information risk owner (SIRO).

8. Healthwatch response to the Local Account 2017 -18

Healthwatch Torbay is the local consumer champion for health and social care. We ensure the voice of the consumer is strengthened and heard. We do this through a variety of methods including direct contact and the use of digital and social media. We use the knowledge we gain to report on the quality of the care people receive. We know that this is valued and used to improve future care.

We know that most people consider that those involved in providing our social care services are doing the best that they can. They look to this service to support them to remain safe and independent and to provide reliable support and information without delay and without confusion about the choices available as their need for care changes.

The Local Account/Annual report gives an opportunity for the public to gain a better understanding of what the service offers, how well it is performing now and what the future holds. Torbay NHS and Adult Social Care is well known for its commitment to working together with an aspiration for wrapping the service around the person. The real life stories described in the report explain how this is making a difference. They also explain how the system works, something which remains a mystery to most people until they are, themselves, the story. The report also highlights the introduction of new ways of working including implementation of changes in funding towards personal budgets, which will be unknown to many.

As part of our role in engaging with the public we have gained insight into the lives of carers and the experience of living in a care home or having care at home. We are in the process of finding out what it is like to be an adult with learning disability or a young person living in Torbay. We are asking questions about wellbeing, mental health and safety especially for older people. In listening to the views, opinions and experience of the public we are encouraged by recognising awareness of these same issues reflected in the intentions in this report.

We do have our own challenge to the public. All our reports on the experience of using care are open to be read by the public. They are also read by our MPs and elected representatives. We challenge the commissioners to ensure that they listen to the public voice. More and more people are telling their stories about good and poor experiences in all areas of health and social care. The work that Healthwatch Torbay does “Starts with you”. We look forward to making your voice heard and will use it well.

Overall we consider that the Local Account presents a realistic overview of the performance and intentions for Adult Social Care and identifies appropriate internal controls and assurances.

Yours Sincerely,

Dr Kevin Dixon
Chair – Healthwatch Torbay

healthwatch
Torbay
Registered Charity No: 1153450
FREEPHONE 08000 520 029

9. Overview and Scrutiny Board response to the Local Account 2017/2018

Torbay Council's Overview and Scrutiny Board is pleased to provide a response to the Local Account for 2017/2018 and add its appreciation for all the hard work, professionalism and dedication by the staff and volunteers, particularly when faced with the budget constraints across the public sector.

The case studies illustrate the benefits of integrated working by partners in delivering the best possible outcomes for those in receipt of the services. This has to be the most effective and efficient use of public sector resources.

The report acknowledges that there is still work to be done around "Enhancing the quality of life for people with care and support needs" and we would hope that the benefits of integration, so successfully illustrated elsewhere in this report, will deliver the best outcomes for those requiring the services in the future.

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

Meeting date:	24 July 2018
Report by + date:	Robin Sutton, 25 July 2018
This report is for: <i>(please select one box)</i>	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives: <i>(please select one or more boxes as appropriate)</i>	1: Safe, quality care and best experience <input checked="" type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input checked="" type="checkbox"/> 4: Well led <input checked="" type="checkbox"/>
Public or Private <i>(please select one box)</i>	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>

Key issues to highlight to the Board (Month 3):

1. For assurance the Committee reviewed the Month 3 Financial Performance, which was broadly in line with plan after taking into account not earning the Q1 PSF performance element (£277k). The impact of the recent pay award and funding is to be clarified following July payroll.
2. For assurance the Committee reviewed the Month 3 Performance Standards together with related management actions and mitigations. Discussion focused upon achieving planned trajectories for the year with particular concerns regarding RTT and Cancer waits plus emerging concerns in Orthopedic waits.
3. NHSI self-certification for Month 3 was noted by the Committee.
4. The Committee was assured by the presentation on the Estates Strategic Partnership procurement process.
5. The final Capital Plan was discussed and noted.
6. The Committee discussed and reviewed the approach to mitigating the residual CIP gap of £5.9m.
7. Torbay Pharmaceuticals financial performance for June 2018 was discussed by the Committee for assurance, the financials being broadly in line with plan for Month 3 with the exception of sales year to date slippage of £240k.
8. Updates to the Finance Risk Register were noted and Board Assurance Framework Risks Numbers 2227 (Independent Overspend) and 1083 (Insufficient Capital Funding) were noted.
9. IM&T report from 5 July 2018 was provided for information and assurance together with GDPR update report from 2 July 2018.
10. The business cases for Microsoft Licence Refresh, Nursing Safer Wards and Acute Medical Take were reviewed and approved by the Committee.
11. The Committee noted the update on the Children and Young People's tender.

12. EDG and SBMG meetings for July 2018 were verbally referenced.

Key Decision(s)/Recommendations Made:

1. As above.

Name: Robin Sutton (Committee Chair)

Cover sheet and summary for a report to the Trust Board					
Report title: Report of the Interim Chief Operating Officer				Date: 1 st August 2018	
Report sponsor	Interim Chief Operating Officer				
Report author	SDU leads				
Report provenance	The report is the product of business transacted through the SDU Board's, Senior Business Management Team and other support committees, the Torbay Adult Social Care Programme Board the Market Development Executive Group				
Confidentiality	Public				
Report summary	<ul style="list-style-type: none"> • Operational plans have been finalised and the teams are securing the increase in capacity necessary to stabilise delivery and improve performance against the 4 hour, RTT and Cancer standards. The RTT and Cancer improvement plans do not currently deliver sufficient improvement to secure submitted trajectories and further work is underway to rectify this position. • The reinvigorated 4 hour improvement plan <ul style="list-style-type: none"> ○ Professional standards engagement progress ○ Capital emergency pathway redesign ○ Ambulance handovers ○ Winter plan refresh ○ Fully integrated Discharge Hub goes live. • Formal consultation on the new delivery structure with those immediately impacted has ended. Review of the feedback, development of transitional arrangements and the recruitment plan is being developed. It is envisaged the System Leadership teams will be appointed to at the end of September. • Trust wide development session on self-managed teams' event 9th July update. • First 12 months IPC alcohol project feedback • Ongoing work regarding the safe delivery of domiciliary care across our footprint. • CIP delivery is being driven through; <ul style="list-style-type: none"> ○ A targeted productivity improvement approach ○ The identification of strategic opportunities with executive oversight ○ The adoption of short term cost control measures to be adopted at service level 				
Purpose (choose 1 only)	Note <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	Review <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>	Approve <input type="checkbox"/>
Recommendation	The Trust Board is asked to review the content of the report and require further assurances as may be necessary to secure confidence that the issues raised are being managed effectively.				

Summary of key elements	
Strategic context	<p>Highlight which strategic/corporate objective(s) this recommendation aims to support</p> <ul style="list-style-type: none"> • Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led
Dependencies and risk	<p>Delivery of the NHSI operational standards and other strategic objectives are monitored and exception reported through the Trust Integrated Performance Report.</p> <p>This report provides more information on the plans in place to secure improvement in the performance standards.</p>
Summary of scrutiny	<p>This report has been reviewed by the Executive Team on the 24th July and the Interim COO.</p>
Stakeholder engagement	<p>The following stakeholders were consulted during the compilation of this report or the business it relates to:</p> <ul style="list-style-type: none"> • Clinical and operational teams through various meetings including the Senior Business Management Team and Quality and Performance Meetings. • NHS and Local Authority Commissioners • NHS I – Regulators • The Elective Care National Intensive Support Team
Other standards affected	<p>The recommendations made in this report will impact upon:</p> <ul style="list-style-type: none"> • NHS I Performance Standards • Trust Operational Plan Trajectories
Legal considerations	<p>No legal considerations</p>

Report title: Report of the Interim Chief Operating Officer	Date: 1 st August 2018
Report sponsor	Interim Chief Operating Officer
Report author	SDU Leads

1. Purpose

To provide the Board of Directors with an update on operational work programmes

2. Overview

Following feedback received from the NHS Improvement Intensive Support Team (IST) plans across medicine, surgery and women's, children's and diagnostics have been reviewed and refreshed across all areas. The plans presented through the Trust business planning process and reserved for in the Operational Plan are being operationalised immediately.

The Trust continues to work with other NHS and private providers to secure short term increases in capacity in order to bring waits down as quickly as possible. Following the success in endoscopy, other specialty areas have included these measures within their plans.

The Emergency work stream (Flow Board Action Plan) will focus of 4 priorities which will be led through the Tuesday 4 hour reset meetings. Understanding the impact and performance of all agencies is being led through daily calls.

The action plan includes agreement of internal Trust professional standards and an initial meeting of the Medical Director, lead clinicians and operational leads has taken place. The clinical teams agreed to provide a self-assessment against the draft standards within the next 2 weeks. The capital programme for the emergency pathway redevelopment is taking shape. Work on the ambulance handovers commissioned through the Devon wide A+E delivery board. Our teams are all engaged in a refresh of the winter plan, with a clear mandate to improve system resilience and learn from system improvements across the STP. Work is also underway to ensure compliance with real time bed management to support reducing long stays in hospital using digital solutions following the letter from NHS Improvement on 13th June

The discharge hub has gone live and will be subject to a deep dive success review in October.

Work supporting reduction of Emergency Department (ED) attendance and bed based care using integrated personalised commissioning for alcohol dependency has been evaluated after the first 12 months.

Supporting our population to be managed in their own homes through effective domiciliary care.

CIP delivery is being driven through:

- A targeted productivity improvement approach with each SDU bringing the top 1 or 2 service areas for review. This process is being supported by the finance, information and programme management office teams. It will be critical to success that SDU's are able to identify clinical leadership to drive the approach.
- The identification of strategic opportunities with executive oversight. Five areas are identified opportunities for increased efficiencies although they are unlikely to deliver in the current year. These are: Technology enabled care, market management, outpatient systems of care, theatre productivity, driving income from market share and private practice.
- The adoption of short term cost control measures to be adopted at service level. The teams are carrying out a self-assessment against the NHS Improvement 'financial challenge checklist', reporting the results to the Executive Team.

3. Surgery

The Surgical Team highlighted gaps in capacity to meet demand in the following areas and these are all included in the process described above to secure rapid improvements.

- Ophthalmology
- Colorectal
- Upper GI
- Urology

The drivers for the capacity gaps include vacancies, increased demand, re-booking of cancelled activity, changes to on call arrangements, job plan changes and availability of appropriately timed theatre capacity. This is being addressed through the revenue prioritisation process.

4. Medicine

Elective

Improvement plans are in place across a number of the specialties within the medical directorate to address some of the operational difficulties in delivering key performance metrics of Referral to Treatment (RTT) including 52 week waits, 2 week and 62 day cancer standards. Specialties with improvement plans are respiratory, cardiology, gastroenterology, dermatology and neurology. Some of these specialties have consultant vacancies which currently cannot be recruited to therefore plans may rely on locums.

Non elective

One of the key areas of development relates to building on the work already undertaken on the General Internal Medicine (GIM) take. A business case is being progressed to improve resilience, provide a consultant presence later in the evening and over weekends, putting more consultant presence to support urgent and emergency care pathways. Plans should build capacity into the workforce to allow more planned activity during summer months releasing additional capacity for winter and seasonal pressures.

5. Emergency and Urgent Care

Following the success of the Devon and Cornwall healthcare system 're-sets', and given the Trust's ongoing challenges with sustaining the 4-hour performance standard, the Patient Flow Board has developed an Emergency Improvement Plan. This has focussed on 4 key priorities:

1. SAFER 7: Optimisation of patient discharge from bed-based care, 7 days a week.
2. Community rehabilitation pathways: maximising intermediate care, reablement teams, discharge hub and assessment and discharge support teams such as RADs and MAAT services.
3. Leadership of the urgent care floor across ED and the emergency wards (EAUs).
4. Information dashboards to support day-to-day management of emergency demand.

As part of the governance around these work streams, weekly meetings are held with the priority leads and clinical SDUs, to discuss performance against the agreed metrics. This also encourages agreement around short plan-do-study-act (PDSA) cycles to explore rapid improvement work across urgent and emergency patient pathways. These meetings will continue to feed into the overarching Emergency Improvement Plan until we are confident system improvements are sustained.

In addition the operational team have established a daily Situational Stocktake call with our partners across 111, DDoC and SWASFT. The objective is to consider previous day's performance, system pressures and to review resilience, particularly for weekends or events that will impact on demand and capacity such as the World Cup and Wimbledon. This has proved successful and informative and it is intended to continue during the summer months although due to the competing priorities with other systems it has been suggested that we establish a combined call for winter with Derriford and RD&E.

Internal Professional Standards

To support the rapid improvement necessary to sustain emergency performance, The Medical Director is leading a piece of work with all clinical leads on the Emergency Care Improvement Support Team (ECIST) recommended internal professional standards. The outcome of the first meeting held on 18th July was universal agreement that the ten ECIST recommendations are appropriate and each specialty would sign up to working towards achievement of these principles. However, due to workforce constraints it is acknowledged that the pace of achievement would vary between specialties. On that basis each specialty is reviewing the standards to perform a self-assessment and identify a work plan for improvement.

In addition there is a strong commitment to review and modernise working practices between ED and specialty teams through streamlining pathways and reducing duplication.

Urgent and Emergency Care Pathways Redesign: Capital Programme

Following the successful engagement event on the 22nd June 2018 the Clinical Pathways Design Group has now met to produce a project design brief, providing core

principles and requirements for the new build. Their focus is to consider key adjacencies and how future pathways, technology and the environment can be designed that is fit for purpose and sustainable. The priority this month is to produce the architect's initial brief to start to create the plans to inform an option appraisal of feasibility designs.

It is intended in September/October to hold a stakeholders event to incorporate the views of the public, local residents, patients, carers etc.

Ambulance Handover Delays

The Devon Delivery Board conducted a full review of performance and learning from winter, in conjunction with NHS Improvement and key priorities were identified to provide a consistent approach across the STP. The key priorities relate to:

- System leadership through re-set processes;
- Escalation;
- Primary care resilience;
- Ambulance Handover delays;
- Flu vaccination and management programme.

The Head of Operations is leading a key piece of work relating to ambulance handover delays. The ambition of this work stream is to reduce the delays seen with ambulance handovers at Emergency Departments. There is an on-going NHS England national project being piloted at Royal Cornwall Healthcare Trust and Plymouth and the intention is to use learning points identified by these pilots to support improvements across the whole of the South West.

The intended outcome is to reduce the number of hours lost due to acute handovers and thereby increasing ambulance availability, reduce ambulance conveyance to ED and reduce handover delays greater than 15 minutes.

Winter Plan Update

The high level winter review was submitted to NHS England (NHSE) on 6th July and the more detailed plan is required by the end of August. Clearly we have an active role in formulation and completion of this plan but for 2018/19 it will be an STP submission.

All parts of the system experienced a considerable degree of challenge during the 2017/18 winter and spring. With a view to fully understanding the drivers, impacts and identifying learning across the region a number of winter and business continuity reviews were undertaken across the localities of the Devon STP. The NHSE Winter Review submission outlined the key issues and associated mitigating actions aimed at reducing risk and maximise learning.

Reducing long stays in hospital: moving to real time bed states

NHS Digital has been asked to carry out a survey of acute trusts to understand the technical solutions in place, or that may be required, to manage real-time bed management information.

The return the Trust completed for NHS Digital on our IT systems for bed management, indicated a good maturity at Level 4 (there are 5 levels with 5 only being achieved if bed management is done STP-wide).

6. Women's, Children's, Therapies and Diagnostics

The Team has faced a number of the capacity challenges set out by the other SDUs particularly in radiology and in addition to this has been involved in a number of service development priorities.

Radiology

Pressure upon radiological services continues. Due to existing radiologist vacancies a proportion of radiology reporting is currently being outsourced to The Medica Group. This is a facility last used 18 months ago and will remain in place until the current vacancies are filled. These posts are currently out to advert and the service is hopeful of recruiting.

Several new radiographers have commenced employment with the Trust following a period of not being able to recruit in a timely manner. Radiographer recruitment remains a problem nationally and the service is working with the local universities to help provide a solution to this issue.

Following the conclusion of the capital planning Radiology is due to see a number of key pieces of equipment replaced this year including CT, MRI, ultrasound and a couple of x-ray rooms on the acute site and in the community. In addition, funding is also approved for a 3rd CT scanner. Planning will commence to determine the most suitable location for this but is unlikely to be installed until 19/20.

Obstetrics and Gynaecology (O&G)

Junior Medical Staffing in O&G continues to be an issue in terms of vacant posts. The service is working closely with Remedium, the Trust's medical staffing recruitment partner, to secure junior doctors from overseas for placement within the service. Consultants in O&G are providing leadership support to Northern Devon District Hospital as part of an STP Mutual Aid Support request.

Child Health

Junior Medical Staffing in Child Health continues to be an issue in a similar way to that in O&G. As with O&G the service is working closely with Remedium to secure junior doctors from overseas for placement within the service.

7. Community Services

The Discharge Hub

On Monday 9th July the discharge hub went live. This is an excellent example of innovation and full integration across South Devon and Torbay. There are a number of important flow metrics which will be captured with a clear flow improvement focus alongside patient experience. We will present information and delivery key performance indicators in October.

Integrated personalised Commissioning project first year evaluation

Over the last 12 months as part of care model delivery and prevention plans we have implemented an IPC with the use of personal health budgets and more personalised approaches to reduce the use of ED attendances and admissions for people with alcohol problems.

- 10 people were part of this project
- Over a 12 month period there was a net saving of £69,465, taking into account the cost of the personal health budgets and use of health services.
- Improvement in self-reported wellbeing and quality of life measures for most clients
- Bed days used reduced from 416 to 210 at 12 months
- Increased use of Outpatient appointments – showing a shift in service usage away from unplanned care to planned care

This work will continue, the next phase will be to take a similar approach with drug dependency clients

8. Ensuring safe home care delivery of domiciliary care

The community team is working very closely with Mears colleagues and other care partners to support and develop local initiatives for effective home based care. In the bay using the improved better care fund a childcare initiative has been set up to support care workers during the summer holidays. We are working actively to reduce our unfilled packages. As part of a trust wide review we are looking at our rapid response teams to create maximum agility and responsiveness.

9. Delivery Structure and self-managed teams

The consultation process for implementation of the Trust's proposed Delivery Structure ended on 17th July There will now be a period of reflection and review of the feedback followed by any changes prompted by the feedback prior to commencing the recruitment process in September 2018.

A cross organisational development event took place on 9th July exploring the concept of self-managed teams and core requirements for success. This was the beginning of a large scale multi professional OD programme. Both of these programmes of work will deliver transformational change at a scale not previously encountered and will be fully underpinned with the appropriate organisational support to make such a massive step.

10. Recommendations

The Trust Board is asked to **review** the content of the report and **require** further assurances as may be necessary to secure confidence that the issues raised are being managed effectively.

Chief Nurse Portfolio – safe staffing report					
Report title: Safe Staffing Report				Date:01/08/18	
Report sponsor	Chief Nurse				
Report author	Deputy Director of Nursing				
Report provenance	Nursing Workforce Program Board Quality Improvement Group				
Confidentiality	None				
Report summary	<p>This monthly report provides oversight of safe staffing levels in line with the Chief Nursing Officer for England reporting requirements. There are no significant areas of concern with vacancies and retention in line with the national average.</p> <p>Information is now shared with the STP which provides a useful month on month benchmark and shows this Trust in line with the Devon position.</p> <p>There was an increase in bank and agency use over quarters 4 and 1 but this is now returning to baseline level.</p>				
Purpose (choose 1 only)	Note <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	Review <input type="checkbox"/>	Decision <input type="checkbox"/>	Approve <input type="checkbox"/>
Recommendation	The Board is recommended to review the document and the evidence presented				
Summary of key elements					
Strategic context	<ul style="list-style-type: none"> • Safe quality care and best experience • Valuing our workforce • Well led 				
Dependencies and risk	Registered Nurse recruitment remains a challenge The data pull from the Allocate system requires review				
Summary of scrutiny	<ul style="list-style-type: none"> • Executive Directors meeting 24 July 2018 				
Stakeholder engagement	<ul style="list-style-type: none"> • None 				
Other standards affected	<ul style="list-style-type: none"> • CQC safety domain 				
Legal considerations	None				

Public

The purpose of this briefing is to provide information and assurance regarding the Nursing and Midwifery Safer Staffing levels over the previous month.

1.0 Care Hours per Patient Day (CHPPD):

1.1 On a monthly basis the number of planned nursing hours (based upon the agreed baseline safe daily staffing numbers for each ward) and actual nursing hours (the total number of nursing hours used each day) for each inpatient ward area is submitted to the national dataset. The model hospital dashboard has now been updated to show the national median data which is summarised below.

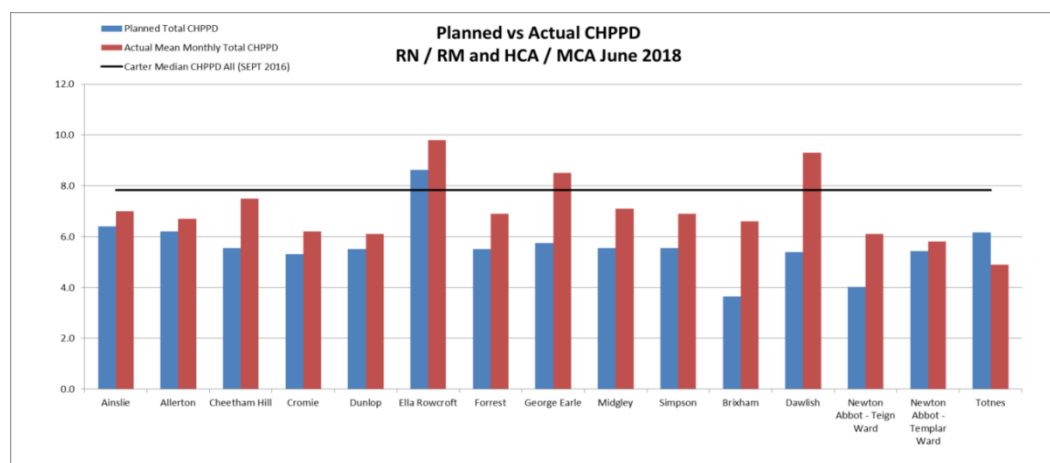
Table 1 below shows that whilst the Trust is over its planned total (RN + HCA) staffing levels in several areas, the Trust remains below the national CHPPD range of 4.74 for RN's (TSDFT 4.01) and above the national 2.91 for HCA's (TSDFT 3.88).

Table 1

	TSDFT June 2018	TSDFT September 2016	National Median September 2016
Total CHPPD	7.89	7.84	7.76
RN/ RM CHPPD	4.01	3.73	4.74
HCA / MCA CHPPD	3.88	4.11	2.91

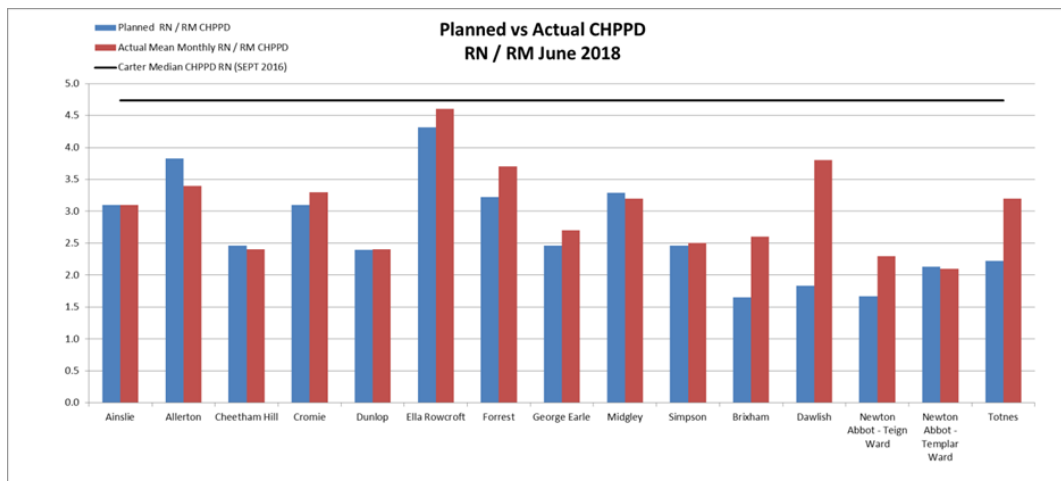
1.2 Graphs 1a,b,c below and table below in appendix 1 show that there are a number of areas that are above the planned RN numbers. This report is compiled from Allocate data, and is the first month where all wards have made their requests to Temporary Staffing via the Allocate system. This may have introduced some small variances in the number of planned / actual shifts required. This indicates the effects of a period of user familiarisation with the Allocate system which will be rectified over the next reporting period.

Graph 1a

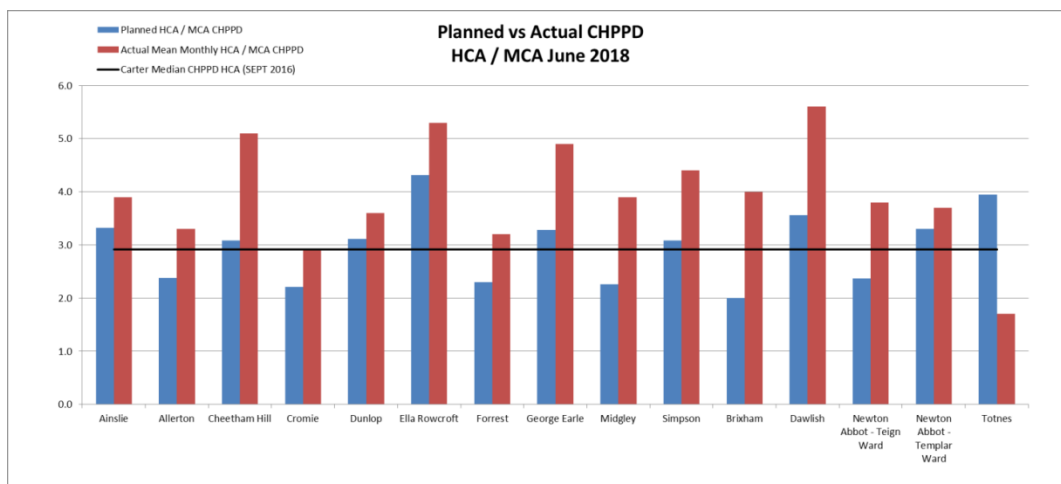


Public

Graph 1b



Graph 1c



2.0 Organisational Alert Status:

2.1 An organisational Opel status is published and shared with our partner organisations on a daily basis which provides an indicator of the operational pressures experienced within the system. This is summarized within this report, as it provides a proxy indicator of the wider organisational pressures and climate the wards are working within, and which may impact on staffing decisions.

2.2 It is clear from the OPEL status chart below that overall the hospital is not experiencing the same levels of sustained operational escalation as in the winter and spring months. Nevertheless, the ward overall occupancy rates remained high throughout June, and the numbers of people attending the Emergency Department were above 220 per day for 16 days and fell below 200 for only 3 days.

Public

Alert status for the organisation for the month of June 2018

TSDFT Alert Status	No Days in Month	% days in Month
Opel 1	26	86.67
Opel 2	4	13.33
Opel 3	0	0.00%
Opel 4	0	0.00%

3.0 Medical Service Delivery Unit and Emergency Department:

3.1 As previously reported, the Finance Committee has recently approved the medical SDU requirement for additional staffing. This reflects the changed acuity and dependency of patients in the medical wards, which requires an increase from 2 to 3 RNs on duty at night. This brings the medical wards in line with existing staffing levels on the surgical wards. The revised staffing numbers will additionally reflect essential supervisory senior sister time of 3 days per week, and will also enable a band 6 sister to coordinate each shift thereby increasing achievement of SAFER standards.

The additional posts will be reflected in future CHPPD reports once the staff are in post; a plan for recruitment is included later in this report under Recruitment.

3.2 Table 2 below details the daily planned, actual and 100% fill rates for nurse staffing in the Emergency Department.

The total fill rate for June 2018 was 97.6% for RNs and 115.2% for HCAs. There are a number of new bank HCAs undergoing orientation shifts and additional HCAs provide increased observation for patients for reasons of safety.

Table 2 Emergency Department Staffing:

		Total Planned shifts		Total Actual Shifts		RN Shift fill rate	HCA Shift Fill Rate
		RN	HCA	RN	HCA		
Fri	01/06/2018	19	13	20	14	105.3%	107.7%
Sat	02/06/2018	19	13	21	16	110.5%	123.1%
Sun	03/06/2018	19	13	19	15	100.0%	115.4%
Fri	04/06/2018	19	13	19	16	100.0%	123.1%
Sat	05/06/2018	19	13	18	15	94.7%	115.4%
Sun	06/06/2018	19	13	21	15	110.5%	115.4%
Mon	07/06/2018	19	13	19	15	100.0%	115.4%
Tue	08/06/2018	19	13	19	18	100.0%	138.5%
Wed	09/06/2018	19	13	20	15	105.3%	115.4%
Thu	10/06/2018	19	13	20	16	105.3%	123.1%
Fri	11/06/2018	19	13	20	14	105.3%	107.7%
Sat	12/06/2018	19	13	19	17	100.0%	130.8%
Sun	13/06/2018	19	13	20	16	105.3%	123.1%
Mon	14/06/2018	19	13	19	19	100.0%	146.2%
Tue	15/06/2018	19	13	19	16	100.0%	123.1%
Wed	16/06/2018	19	13	12	15	63.2%	115.4%
Thu	17/06/2018	19	13	22	15	115.8%	115.4%
Fri	18/06/2018	19	13	21	16	110.5%	123.1%
Sat	19/06/2018	19	13	20	14	105.3%	107.7%
Sun	20/06/2018	19	13	21	18	110.5%	138.5%
Mon	21/06/2018	19	13	19	16	100.0%	123.1%
Tue	22/06/2018	19	13	19	14	100.0%	107.7%
Wed	23/06/2018	19	13	19	16	100.0%	123.1%
Thu	24/06/2018	19	13	20	15	105.3%	115.4%
Fri	25/06/2018	19	13	21	14	110.5%	107.7%
Sat	26/06/2018	19	13	20	14	105.3%	107.7%
Sun	27/06/2018	19	13	16	15	84.2%	115.4%
Mon	28/06/2018	19	13	20	16	105.3%	123.1%
Tue	29/06/2018	26	17	21	14	80.8%	82.4%
Wed	30/06/2018	33	21	17	14	51.5%	66.7%
	Total	553	376	540	433	97.6%	115.2%

4.0 Maternity Services:

4.1 The Birthrate Plus report was received in Autumn 2017 and demonstrated that the staffing levels were correct. Although there are periods where staffing numbers fall below the recommended levels, a number of steps have been taken to resolve this which include:

- recruiting an additional two midwives over establishment to cover maternity leave (as a minimum the service has 2wte on maternity leave at any one time, currently there are 3wte on mat leave);
- recruiting to vacant posts- currently there are 3.38 vacancies across registered and non-registered staff, but the service has appointed to 2.77wte;

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- sickness management – peaked at around 8%, and has now improved to just under 6% with appropriate management intervention,
- Importantly there is an escalation process in place which is used appropriately out of hours to support the unit and which includes escalation to senior midwives.

4.2 Turnover is below the Trust average and the service does not experience difficulty recruiting midwives. The improving picture outlined above is predicted to be evident in the next data set.

5.0 Further Nursing Workforce Programme Updates:

5.1 Recruitment & Retention:

The Trust recruitment & retention campaigns continue with a Trust recruitment steering group in place to review marketing and values based recruitment. We have targeted our Second year students that started in September and have invited them to drop in sessions to discuss career opportunities and why work in Torbay.

The registered nurse rotation programme has been re launched and all newly qualified nurses will now join this programme. The programme incorporates Medicine, Surgery and Community placements with a view to extend this to the speciality areas at the end of the first rotation. There are 12 Rotational Nurses starting between July and October.

Due to the success of the previous recruitment process, planning is underway for a further September 2018 Recruitment day. Promotion of these rotation posts is continuing across the Trust and using social media.

In relation to the medical SDU recruitment noted above, a phased recruitment programme will commence on 20 and 28th August 2018. On these 2 days candidates will undergo assessment and interview for a post on a relevant medical ward.

Cohort 5 of our overseas programme are due to undertake their OSCE test on 7 August 2018, and we expect cohort 6 to commence in September. This is currently a small cohort of 3 nurses.

5.2 E-rostering:

Allocate has gone live with all Bank and Phase 1 areas. The Safe care module will start in September 2018 across 5 pilot areas. These pilot areas will also test the auto roster function.

There is now a Support page for staff with use full resources attached including some FAQs for Banks and Substantive staff. We have also provided links for direct access to Health Roster and the Bank systems for ease.

Public

The Temporary Staffing team have worked hard to provide areas with 1 to 1 training for Bank staff requests. This is on-going and will be closely followed by the Employee on line module giving access to all staff to view their shifts booked or outstanding shifts that are still vacant.

6.0 Quality & Safety:

- 6.1 There is a robust quality and safety monitoring process in place to ensure patient care is not compromised in any way. Patient incidents are monitored monthly by the senior nursing teams and reported through the monthly Quality Improvement Group (QIG) as a dashboard. In addition, each clinical area completes the monthly Quality, Effectiveness and Safety Trigger Tool (QuESTT) which triggers actions as highlighted in the escalation procedure. The Deputy Director of Nursing ensures contact is made for any area triggering an amber score and that appropriate action is taken.
- 6.2 A weekly huddle takes place with the Chief Nurse, Associate & Deputy Director of Nursing to discuss any concerns regarding staffing, safety & quality issues. In addition staffing levels and ward status is discussed three times a day at the control meetings with the Matron of the week, Senior Nurses and on call manager.
- 6.3 The QuESTT Dashboard for the month of June is displayed below and provides staffing trigger points and other information about inpatient and non-bed based nursing and therapy teams.

In June 2018 the dashboard identified that 4 teams triggered amber and no teams triggered red or Purple.

- 6.4 The areas triggering Amber show:

Orthopaedic theatres –this is the 3rd month Orthopaedic theatres have triggered amber. The principle reason for this is staff vacancies and sickness. This is being managed by ongoing recruitment and using temporary placements to improve continuity.

Brixham Hospital – The main reason for triggering amber is due to staff vacancies. There are new staff starting imminently and temporary placements and local advertising are being explored to complete the recruitment process. Brixham and Paignton Social Care – vacancies and sickness are the main causes for this trigger.

Newton Abbot Social Care - There have been a number of care homes closed during this time due to safeguarding processes and therefore a lack of capacity. The team also has some vacancies.

Quality Safety and Effectiveness Trigger Tool (QuESTT)

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

Service Type	Team	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018
% Complete		98%	95%	96%	94%	99%	98%	99%	95%	94%	99%	94%	92%
Total Purple (L3)		0	0	0	0	0	0	0	0	0	0	0	0
Total Red (L2)		0	0	0	0	0	1	1	0	0	0	0	0
Total Amber (L1)		3	6	7	8	7	6	14	11	12	11	4	4
Total Green (L0)		80	75	75	72	77	76	69	70	68	73	76	74
Average Score		7.9	8.6	8.3	8.9	8.6	9.0	9.6	9.7	9.3	9.0	8.8	8.7
Acute	Ainslie	9	9	10	8	7	9	8	13	11	10	12	14
	Allerton	10	11	12	14	14	15	10	11	13	10	13	14
	AMU	2	2	0		2	4	6	4	2	3	6	4
	Anaesthetics	9	5	8	7	9	8	10	9	4	8	9	6
	Breast Care Unit	4	0	2	1	1	0	1		0	2		9
	Cath Lab	2	1	9	1	5	3	5	7	1	0	8	4
	Cheetham Hill	5	7	5	5	9	12	9	9	8	9	7	11
	Cromie	8	9	5	4	3	7	8	17	10	16	11	14
	DSU		8	9	11	8	10	2	4	7	11	10	11
	Dunlop	5	7	1			6	7	4	6	7	8	7
	Early Pregnancy / Fertility Service	0	2	2	0	0	2	8	6	8	2	2	6
	EAU3	10	3		12	4	7	3	7	14	8	13	4
	EAU4	4	5	5	11	2	7	6	8	6	6	4	4
	Ella Rowcroft	4	5	8	8	9	8	10	8	9	12	13	11
	Emergency Department	11	14	16		12	18	14	21	17	18	14	13
	Endoscopy	10	5	4	4	4	6	8	9		4	6	4
	Forrest	7	8	5	6	5	9	8	11	11	4	4	6
	General Theatres	8	8	9	12	12	12	8	12	9	11	9	
	George Earle	12	14	12	15	10		14	8	13	8	6	9
	Gynaecology Out-Patients Dept	3	3	3	7	12	9	5	5	3	3	3	3
	Hutchings	4		14	19	4	5	10	6	6	9	7	8
	ICU	10	6	7	4	9	7	11	5	4	7		5
	Louisa Cary	9	8	11	9	5	7	7	8	4	4		3
	MAT / TAIRU	5		2		6	6	12	11	3	4	6	7
	Maternity	15	14	12	14	16	11	9	11	12	14	9	13
	Midgley	3	8	8	4	11	9	13	9	15	13		
	OPD	2	3	4	2	2	6	6	3	5	4	2	
	Ophthalmology	8	13	7	7	7	10	5	6	8	11	11	8
	Ortho Theatres	14	13	15	14	13	13	8	15	15	17	17	17
	Pre-assessment	2	2	4	2	6	2	2	2	4	4	2	6
	Radiology	13		15	14	15	13	13	15		11	12	
	Recovery	9	9	7	7	7	5	5	6	5	5	7	8
	RGDU	10	16	7	8	12	15	17	13	19	10	10	
	SCBU	8	10	7	9	3	11	8	8	5	4		5
	Sexual Health	9	11	13	10	8	8	19	15		14	9	10
Simpson	7	6	10	8	12	11	8	11	11	14	8	7	
TCCU	6	4	3	0	2	4	6	11	4	2	4	7	
Turner	7	8	7	14	13	15	12	12	17		11	13	
Urology	6	7	4	7	8		9	9	9	14	14	14	

Community Hospital	Brixham	5	10	7	11	7	5	9	13	11	8	10	13
	Dawlish	4	4	3	5	3	3	3	7	3	5	8	4
	Newton Abbot Teign	8	6	10	14	15	17	17	12	14	12	12	11
	Newton Abbot Templar	6	6	3	3	2	9	5	7	7	3	6	7
	Totnes	10	8	7	4	6	8	16	9	8	10	2	7
MIU	Dawlish	0	6	4	0	2	4	7	5	2	2	3	2
	Newton Abbot	6	2	0	0	5	3	5	2	2	0	2	2
	Totnes	2	4	0	0	0	2	0	3	7	3	3	3
Community Stroke and Neurology	Torbay and South Devon	10	14	8	10	10	8	16	16	10	10	10	10
Infection Control	Infection Control	7	8	8	8	6	3	10	11	9	4	4	4
LLTS	LLTS	7	7	5	5	4	4	4	4	4	6	6	6
Nursing	Brixham and Paignton	7	12	9	9	14	10	12	12	8	11	13	13
	Coastal	22	15	12	9	19	18	19	15	18	16	15	14
	Moor to Sea	21	17	17	11	11	11	9	13	14	12	9	8
	Newton Abbot	14	14	15	14	15	18	9	13	19	8	5	10
	Torquay	8	12	5	8	5	6	8	9	7	11	12	15
OOH Nursing	OOH Nursing	13	13	12	21	19	15	16		16	10	9	15
Specialist Nursing	Specialist Nursing	14	10	16	12	15	10	10	10	12	13	13	11
Occupational Therapy	Brixham and Paignton	12	7	8	2	4	6	8		16	12	14	10
	Coastal	6	8	13	11	13	13	17	19	12	19	12	9
	Moor-to-sea	6	10	10	12	10	7	10	10	12	12	10	12
	Newton Abbot	12	14	14	11	9	15	9	13	15	13	17	12
	Torquay	2	6	16	16	12	10	16	10	8	2	8	4
Physiotherapy	Brixham and Paignton	10	15	14	14	16	14	13	16	16	16	13	12
	Coastal	4	8	11	15	11	14	23	23		17	10	10
	Moor-to-sea	8	10	6	10	10	6	14	10	12	8	14	10
	Newton Abbot	14	18	18	15	15	19	15	19	15	13	15	10
	Torquay	12	14	8	6	6	6	8	6	8	8	10	8
Podiatry	Podiatry	17	17	19	19	24	18	17	18		17	16	15
Public Health - CAMHS	CAMHS	8	8	8	10	8	12	12	7	10	13	8	8
Public Health - Lifestyles	Lifestyles	8	9	7	10	8	8	7	6	9	9	9	11
Public Health - Nursing	Brixham	0	0	3	0	0	2	2	4	3	0	2	0
	Paignton	10	10	4		12	9	8	4	10	8	4	2
	School Nursing	8	10	7	9	12	15	14	10	4	9	10	11
	Torquay North	2	2	2	2	3	2	2	12	10	16	7	9
	Torquay South	2	4	2	3	4	4	4	4	5	3	2	5
Public Health - Substance Misuse	Substance Misuse	9	8	10	10	10	8	8	8	10	10	4	8
Social Care	Brixham and Paignton	15	12	12	12	10	14	16	12	20	14	13	16
	Dawlish & Teignmouth	2	2	12	8	6	6	2	4	4	9	8	6
	HADT - S. Devon	11	17	17	19	15	13			9	13	7	
	HADT - Torbay	11	14		17	11	15	11	11	9	9	11	13
	Newton Abbot				16	6	10	16	16	20	20	14	18
	Older People Mental Health - Torbay	0	2	0	2	2	2	2	0	0	0	2	4
	Torquay	10	10	14	14	12	16	20	14	16	14	12	14
	Totnes & Dartmouth	12	20	14	14	20	10	20	6	10	10	10	
Tissue Viability	Tissue Viability	7	8	12	10	6	9	7	10	8	7	11	5

Public

Appendix 1. Care Hours Per Patient Day for all wards across the Trust

Ward	Planned Total CHPPD	Planned RN / RM CHPPD	Planned HCA / MCA CHPPD	Actual Mean Monthly Total CHPPD	Actual Mean Monthly RN / RM CHPPD	Actual Mean Monthly HCA / MCA CHPPD
<u>Ainslie</u>	6.4	3.1	3.3	7.0	3.1	3.9
<u>Allerton</u>	6.2	3.8	2.4	6.7	3.4	3.3
<u>Cheetham Hill</u>	5.5	2.5	3.1	7.5	2.4	5.1
<u>Coronary Care</u>	5.8	5.8	0.0	8.2	7.6	0.6
<u>Cromie</u>	5.3	3.1	2.2	6.2	3.3	2.9
<u>Dunlop</u>	5.5	2.4	3.1	6.1	2.4	3.6
<u>FAU3</u>	6.3	3.6	2.8	10.6	5.8	4.9
<u>FAU4</u>	7.2	3.8	3.4	10.0	5.3	4.7
<u>Ella Rowcroft</u>	8.6	4.3	4.3	9.8	4.6	5.3
<u>Forrest</u>	5.5	3.2	2.3	6.9	3.7	3.2
<u>George Earle</u>	5.8	2.5	3.3	8.5	2.7	4.9
<u>ICU</u>	20.4	20.4	0.0	28.4	27.0	1.4
<u>Louisa Cary</u>	6.7	4.2	2.4	13.9	9.2	4.6
<u>John Macpherson</u>	4.0	2.3	1.7	11.4	4.5	6.9
<u>Midgley</u>	5.5	3.3	2.3	7.1	3.2	3.9
<u>SCBU</u>	6.9	6.9	0.0	9.2	7.2	2.0
<u>Simpson</u>	5.5	2.5	3.1	6.9	2.5	4.4
<u>Turner</u>	7.9	3.6	4.2	9.5	6.5	0.0
<u>Brixham</u>	3.7	1.7	2.0	6.6	2.6	4.0
<u>Dawlish</u>	5.4	1.8	3.6	9.3	3.8	5.6
<u>Newton Abbot - Teign Ward</u>	4.0	1.7	2.4	6.1	2.3	3.8
<u>Newton Abbot - Templar Ward</u>	5.4	2.1	3.3	5.8	2.1	3.7
<u>Totnes</u>	6.2	2.2	3.9	4.9	3.2	1.7

Key Explanatory notes

RN = Registered Nurse / Registered Children's Nurse

RM =

Registered Midwife

HCA = Healthcare Assistant

MCA =

Maternity Care Assistant

Red cells indicate the mean monthly Care Hours per Patient Day (CHPPD) were below that planned and agreed as the budgeted safe staffing level for the ward.

Measures to ensure safety are managed on a daily basis by the ward manager and matron.

Public

Cover sheet and summary for a report to the Trust Board					
Report title: Workforce & OD Board Report				Date: 1 st August 2018	
Report sponsor	Director of Workforce & OD				
Report author	Human Resources Manager				
Report provenance	Workforce & OD Group				
Confidentiality	Public				
Report summary	<ul style="list-style-type: none"> To update the Board on the activity and plans of the Workforce and Organisational Development (OD) Directorate as reported to and assured by the Workforce and Organisational Development Group. (WODG). To provide the Board with assurance on workforce and organisational development issues. 				
Purpose (choose 1 only)	Note <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	Review <input type="checkbox"/>	Decision <input type="checkbox"/>	Approve <input type="checkbox"/>
Recommendation	This report is for information.				
Summary of key elements					
Strategic context	<p>This report aims to demonstrate the Workforce and OD support of the following strategic/corporate objectives :</p> <ul style="list-style-type: none"> Safe, quality care and best experience Improved wellbeing through partnership Valuing our workforce Well-led 				
Dependencies and risk	<p>Risks are reviewed as part of the agenda of Workforce & OD Group.</p> <ul style="list-style-type: none"> Sickness Absence: The annual rolling sickness absence rate of 4.24% at the end of May 2018 represents a marginal increase from the previous month, and is comparable to the rate at the end of May 2017 (4.23%). The rate still remains above the 3.8% target. Achievement Review: The Achievement Review rate for June 2018 is at 78.92% against a target rate of 90% which is a slight reduction from May (80.08%). Appraisal rates remain below the overall target of 90%. A review of the process and paperwork has been undertaken and revised paperwork will be rolled out in July. Mandatory training: The mandatory training rate at the end of June 2018 was 83.24% which is slightly increase on the previous month of 82.50%. The rate still remains 				

	<p>slightly below the 85% target.</p> <ul style="list-style-type: none"> • Risk Register: The risk register currently holds the following risks: <ul style="list-style-type: none"> • Difficulty in recruiting service critical staff due to national shortages • Supporting the delivery of the CIP plans to achieve staffing cost savings • Sickness absence reduction • Appraisal completion rate • Delivery of an effective Temporary Staffing Service • Two additional risks are being developed <ul style="list-style-type: none"> - Staff Survey - Succession planning <p>Work is progressing to minimise the risks in these areas.</p>
Summary of scrutiny	<p>The recommendations in this report have been subject to challenge, due diligence, and risk assessment by:</p> <ul style="list-style-type: none"> • Workforce & OD Group
Stakeholder engagement	<p>The following stakeholders are members of the Workforce & OD Group:</p> <ul style="list-style-type: none"> • Governor • Non-Executive Director • Trust representatives
Other standards affected	<p>The information in this report will impact upon:</p> <ul style="list-style-type: none"> • CQC Well Led Domain
Legal considerations	<p>All equality and diversity implications have been considered in each of the areas outlined in this report.</p>

Report title: Workforce & OD Report		Date: 1 st August 2018
Report sponsor	Director of Workforce & OD	
Report author	Human Resources Manager	

1.0 Introduction

The purpose of this report is to:

- update the Board on the activity and plans of the Workforce and Organisational Development (OD) Directorate as reported and assured by the Workforce and Organisational Development Group.
- provide the Board with assurance on workforce and OD issues.

2.0 Workforce & Organisational Development Group: Key Notes

The Group meeting scheduled for 12th July 2018 was cancelled due to the high number of apologies from the operational teams. As a result of a number of cancellations of the meetings the Terms of Reference and membership of the Group will be reviewed. In addition the Director of Workforce & OD has discussed, with the Executive, the importance of operational engagement and ownership in shaping the future workforce.

The following summarises the key items scheduled for discussion:

- Review of risk register and associated actions.
- The Achievement Review rate for June is at 78.92% against a target rate of 90% which is a slight reduction from May (80.08%). Appraisal rates remain below the overall target of 90%. A review of the process and paperwork has been undertaken and revised paperwork will be rolled out in July. The accountability and oversight framework will be utilized to support and drive improvements.
- The Trust's turnover rate (excluding junior doctors) was 10.8% for the year to June 2018, which is within the target range of 10% to 14%.
- The annual rolling sickness absence rate of 4.24% at the end of May 2018 represents a marginal increase from the previous month, and the rate still remains above the 3.8% target.
- Mandatory training rate at the end of June 2018 was 83.24% which is slightly increase on the previous month of 82.50%.
- Public, Voluntary Independent Workforce Strategy. A copy of the strategy is attached at Appendix A.
- The Workforce Race Equality Standard (WRES) NHS healthcare providers are required to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Trusts are required to publish their WRES data annually and are expected to show progress against a number of indicators of workforce equality, including a specific indicator

to address the low numbers of BME board members across the organisation. Further details are provided in Section 3.

- Flu Programme 18/19. Further details are provided in Section 4.

3. Workforce Race Equality Standard (WRES)

The Trust's data for the 2018 WRES report has now been uploaded to the national UNIFY data recording system. The subsequent action plan has now been updated and will be published alongside the reporting template.

The 2018 WRES report uses the findings of the 2017 NHS Staff Survey. Here, the highest areas of concern remain with two of the key findings relating to staff experience. (i) In the 2017 Staff Survey, it was reported that 26% of BME staff experienced harassment, bullying and abuse from staff, compared with 22% White staff. Whilst we recognise this remains higher for BME staff, both groups have reported an increase since the previous year. However, the gap between the increase has started to reduce by 1%. (ii) The number of staff reporting experiences of discrimination at work has risen again across the organisation with 7% White staff (2% increase from previous year) and 17% BME staff (5% increase from previous year). Unfortunately, this indicates a higher rate of increase for BME staff.

It is important to recognise the areas where BME staff have reported a more favourable experience than White staff, with the greatest area relating to access to non-mandatory training and CPD. It remains more likely for BME staff to access CPD (0.63 BME compared to 0.58 white) and this gap has further increased by 0.4 on the previous year.

The Trust's Equality Business Forum has been integral in the development and progress of the WRES action plan, contributing to, and advising on, areas for improvement. This document remains a working action plan and will continue to be prioritised and updated regularly.

4.0 Preparing for the Flu Vaccination Programme 2018-19

Following the review of the flu vaccination programme 2017/18 a number of recommendations were made and have been put into action. Samples of the actions include:

- To reduce the amount of time to complete the consent form and increase consistency a new consent form has been designed and will be pre-populated and sent directly to staff via ESR.
- A list of all front line staff will also be sent to their ward or department manager during July to ensure we have an accurate list of front-line staff to be offered a vaccination. This will provide clarity and assurance for recording attendance and CQUIN percentage requirement.
- It has been agreed with the lead Consultant Microbiologist and Medical Lead for flu, that from July the clinical and operational flu groups will be

combined which will reduce duplication of work and increase communication flows.

During July and August further preparations will be underway for official launch of the 2018/19 flu campaign in September.

5.0 STP Update - Payroll

The STP has agreed to develop a STP business case to move to electronic management/personnel records 'My Staff File' developed by DPT. The team from DPT will be invited to demonstrate the system to the relevant parties.

The STP also agreed to move to monthly payroll. The Trust and DPT have a weekly payroll, so we will have to do a local business case to get approval to stop the weekly payroll, detailing communications and actions needed to do this. This will have implications for the Trust bank only workers who are currently paid weekly. The STP partners all agreed to support this as the STP approach.

There was a commitment to move to a single pay date across the region – benefits are that there will be commonality, if staff more around the system, with a single pay day. The monthly pay day would be most likely 28th of the month or the business day preceding, if that falls on a weekend. This would also require careful communication and at least a 6 month lead time.

There is also a focus on integrating business processes between recruitment and payroll, which could deliver the greatest benefits in terms of time and expense and might be a precursor to shared service.

Manager and employee self-service within ESR should be approached in the same way across the STP. Action to map the payroll processes will be considered at the 31 July meeting and then go through and identify where the self-service functionality will improve the process.

There was also a commitment from the other members of the STP region to move to Online Payslips; however we have already taken this step, so no further action is necessary.

The next meeting will be held on 31 July 2018 worth through these proposals and process changes.

6.0 Medical Workforce

6.1 Clinical Excellence Awards (CEAs)

As of 1st April 2018 CEAs became a contractual requirement, calculated at 0.30 per FTE (the Trust's current calculation is based on 0.20 per FTE). The awards will be non-pensionable and non-consolidated, paid up to 3 years only and paid annually by lump sum with no Annual Pay Award uplift. All current CEA award holders will be protected.

The new CEA process will work as follows:

- Between 2018 and 2021, Trusts should invest the value of an additional 0.3 points per eligible consultant each year. This means that by 2020/21 the value of points awarded will be equivalent to 0.9 per eligible consultant.

This level of investment reflects previous scheme arrangements where awards were paid on a consolidated basis until retirement. Under the new arrangements awards will be time limited and non-consolidated allowing for reinvestment of the released funds, which is combined with the new awards investment for the following year.

- From 2021/22 the investment baseline will change (so will no longer increase automatically year on year), with the minimum amount invested and paid annually in future awards per eligible full time equivalent (FTE) consultant within each employing organisation being no less than the level spent on existing awards in 2016/17 (circa £7900 per FTE).

The CEA committee have advised that they wish the awards to be paid up to 2 years retaining our current local agreement that successful applicants may only apply every other year. This will be taken to JLNC on 3rd July 2018 for ratification.

National Guidance on the implementation and financial investment process has been delayed due to a difference of opinion between NHS Employers and the BMA although we understand that guidance should be issued in the coming weeks.

It is our intention to open applications for CEAs over the summer period with the CEA Committee meeting in the autumn to allocate awards.

6.2 Job Planning

The new Job Planning policy has been ratified at JLNC and has been issued. The Medical HR team are now attending Directorate meetings to provide a Q&A session on the implementation of new policy and will subsequently be holding training sessions on using the Allocate e-job plan system. The Job Planning Implementation group continues to meet and oversee the implementation of the new job planning process including monitoring the achievement of the project action plan.

6.3 Medical Leadership Programme

Last year the Trust introduced a Medical Leadership programme for our Clinical Leaders. The aims of the programme is as follows:

- For Medical leaders to feel more supported in their roles
- To support the sequential development of leadership skills and enable and support succession planning in medical leadership roles
- To inspire stronger clinical leadership within specialties and across the organisation

The session in May provided the group with an update from the Chairman as to his role, the role of the Board, and Non-Executive Directors. The group then used the rest of the session for Action Learning Sets; a method of both individual and organisational development based upon small groups of peers meeting over time to tackle real problems or issues in order to get things done.

The next session in June is a training course on Managing Doctors Performance and Behaviour delivered by the National Clinical Assessment Service (NCAS).

6.4 Remedium Recruitment Agency

Through Devon's Sustainability and Transformation Plan (STP), it has been agreed to engage with Remedium, an International Recruitment Agency to help fill some of our long term permanent medical vacancies. Remedium Partners are a global healthcare consultancy business with a focus on workforce transformation and strengthening the NHS substantive workforce.

Medicine SDU have partnered with Remedium to interview four overseas doctors to fill their junior gaps. The interviews were successful and Medicine SDU intends to offer a fixed term contract at F2/CT1 level.

In addition Obs & Gynae have made a successful Registrar appointment from overseas that will fill a vacancy gap on the registrar rota.

6.5 Leading on Medical Workforce for the STP

Both Medical HR Managers are taking lead roles for the STP in the development of Medical Workforce policies and processes. The aim is to provide a consistency of approach to the medical workforce across the STP. Work that is currently on-going and being led by the Trust's Medical HR Managers includes:

- **Recruitment Memorandum of Understanding** – this is an agreement that all STP Trusts will sign up to facilitating the efficient and effective movement of medical staff across the STP. As a result of this work we have been asked to modify the document so it is applicable to all NHS staff.
- **STP wide rates of pay for trainee locums** – through the Regional wide Medical HR Managers group the following rates have been proposed and agreed by the Medical Directors. Individual Trusts are now taking this through their JLNC arrangements.

Trainee Doctor Grade	SOCIAL £ per hour	UNSOCIAL (£ per hour) Week nights 21:00-07:00 Weekends: Friday 21:00 to 07:00 Monday
F1	£25	£30
F2	£30	£35
ST & CT 1&2	£40	£45
ST3+	£60	£65

- **Retire & Return Process for Medics** - review current processes/policies to encourage and assist retire and return in medics.
- **Additional Hours Payments** - Reach agreement for consistency across STP and write one STP wide policy.
- **STP Wide Recruitment Day** – The NHS Trusts within the STP, in conjunction with Devon County Council, are holding a recruitment fair to attract people to come and work in Devon. The fair will be aimed at Medics, Registered Nurses, Pharmacists, Physios, Occupational Therapists and Social Workers. We have teamed up with NHS Creative to provide some innovative marketing to advertise the event. The recruitment fair will be in September, with the exact date still to be finalised.

6.6 Streamlining Doctors in Training Recruitment

On 1st June 2018 the National Streamlining Project team advised that due to lack of funding they would no longer be able to support the national pilot sites. There is encouragement for the Trust to continue with the process and nationally implementing the six principles still remains the key priority to ultimately ensure that DiT have an improved experience each and every time they rotate. As a Trust we will continue to work with the other pilot sites RD&E and Derriford to test the process with the August rotation.

6.7 Medical Recruitment

As at 21 June 2018, the following posts have been appointed to and are due to commence employment with the Trust over the next couple of months:

- Locum Consultant in Anaesthetics
- Locum Specialty Doctor in Breast Care
- Consultant in Interventional Cardiology
- Consultant in Non-Interventional Cardiology
- Consultant in Diabetes & Endocrinology
- Locum Consultant Haematologist
- Consultant Histopathologist
- Locum Medical Retina Consultant
- Medical Retina Consultant
- Consultant in Oral & Maxillo-Facial Surgery
- Specialty Doctor in Trauma & Orthopaedics

The applicants for the following posts have been shortlisted and interviews scheduled:

- Consultant in Emergency Medicine
- Specialty Doctor in Emergency Medicine (CESR)
- Consultant ENT Surgeon
- Specialty Doctor in Stroke Services
- Locum (Fixed Term) Specialty Doctor in Neurology
- Consultant Corneal Ophthalmologist
- Locum Consultant in Urology
- Consultant Community Paediatrician

The following posts are being advertised:

- Consultant in Acute Medicine
- Consultant Haematologist
- Locum (Fixed Term) Consultant in Colorectal
- Consultant in Clinical Radiology
- Consultant Radiologist interest in Breast Radiology
- Consultant UGI Surgeon
- Consultant Urologist

7.0 Organisational Development

7.1 Mediation and resolution

All four mediators have now successfully completed their training and during May and June have been preparing to launch the new mediation service. The system for requesting mediation has been designed in Sharepoint and is in the final stages of being refined prior to going live in August. This is slightly later than previously planned due to capacity and technical difficulties during the design phase. Publicity materials are currently developed and will be ready for the launch in August.

The mediators have each taken nominated areas of the organisation to meet with staff and managers raising the profile by promoting mediation, and the benefits of early resolution conversations as soon as possible. Wherever possible mediators are linking into existing meeting structures and taking opportunities for low level training in addition to just forming of the service. An example of this was at the Practice Managers Forum in June, an hour was spent exploring the benefits of mediation thinking around conversations and practicing some core conversation skills.

Once the online system and publicity is available a full launch will take place during august. To date four referrals for mediation have been received and are underway.

7.2 Evaluation of Achievement Review

The achievement review has now been in place six months and as planned, an evaluation of the paperwork and process was undertaken during June. The evaluation involved gaining feedback from both staff members and managers from a variety of staff groups including; nursing, allied health professionals;

estates and facilities staff (managers and frontline); administrative and social workers. Overall the feedback was very positive and the themes from the feedback included: the paperwork is too long, there was duplication and the values section was too clinically focussed. In spite of this staff and managers preferred the achievement review process to the historical practice of appraisal as they found it a much more positive experience as it initiated more conversation about them as individuals together with their aspirations for the future and what was important to them.

Based on the feedback collated the full achievement review paperwork has been condensed and simplified to two versions. In part this was driven by the Facilities staff who requested a shortened version fitting to the role and environment they are in. A slightly longer version is available for those posts and individuals where a full assessment may be required.

The revised paper versions have been available in July 2018 with a view to being made available electronically by September.

In addition it is recognised that a number of supplementary forms had been attached the historical annual appraisal process. Although some of these forms may need to be completed on an annual basis they do not need to form part of the achievement review. Therefore, work is being undertaken with to digital lead to enable staff and managers to access when and if required.

Managers also reported that they needed further support in undertaking the required style of conversation that is essential to support the achievement review. In response, a pilot half day course, aimed at managers, 'the art of conversation' will take place on 23rd July 2018. This course is designed and underpinned by using both coaching and strength-based approaches serving a wider organisational need to increase inclusive behaviours. To this end it will include; how to build trust; show appreciation and praise and addressing unhelpful behaviour. If proven to be successful we would anticipate running this course from September 2018 on a regular basis.

A shortened version will also be available from October, not only be face to face, but supplemented with online and digital solutions.

8.0 Health & Wellbeing

8.1 Health and Wellbeing Week

Our inaugural Health and Wellbeing week took place during week commencing 18 June 2018. The purpose was to engage with staff promoting and raising awareness of different aspects of health and wellbeing; to encourage staff members to look after their own health and wellbeing; promote the benefits of taking a break during the working day from the day job; to create an interactive fun week for staff to take part in and also to use the opportunity to celebrate differences of our diverse workforce creating a deeper sense of understanding and inclusion within the organisation.

An variety of events and a timetable was designed to accommodate this purpose.

In order to involve as many members of staff and teams as possible packs of “things to do” were sent to different sites across the organisation and the items included were:

- “Positivitree” and ink pad
- Information, leaflets and handouts
- Resources to make stress balls and pom poms
- Colouring sheets and pens
- Bunting and balloons

Many teams representing a number of sites across the organisation rose to the occasion and really embraced taking part in health and wellbeing week. Staff from Kings Ash and Union House even created their own activities for the week along with creating space for staff to take part.

Overall the week was received really well by teams and individuals and the feedback so far demonstrates that the week served its purpose.

Early indicators show that:

- The packs were received favourably
- Overall the events went really well throughout the week in particular Tuesday and Wednesday
- Seven staff attended the Tai Chi session and following this there is interest in running further sessions.
- A request was made to take Tai Chi “Tai in 10” up to wards for 10minute sessions and also hand and foot massage up to wards.
- Approximately 100 people attended the “celebrating difference” day and a number of staff entered the competitions.
- 20 staff members have signed up to be involved in the “all we share” video
- Estates were incredibly supportive and accommodating in arranging clearing the courtyard of health and safety issues
- Catering also supported us with refreshments and loaning of tables and space in the restaurant
- There was good interaction with the unconscious bias competition. The competition continues on the health and wellbeing webpages on ICON.
- Great new links with Library service were made who present during the week
- Many teams got involved and created their own events in their local workplaces
- Using the courtyard was a great success. At present it is an under-utilised space and suggestions have been put forward by staff to develop it into a usable space that could include a sensory garden and undercover shelter.
- Some staff were not able to be release from their areas to take part in the events

Next Steps

A review of the week will be undertaken with the members of staff and the Health and Wellbeing Forum to understand what worked well, what could have been better to inform the design and plan for the next annual health and

wellbeing week in 2019.

8.2 HOPE (Help to overcome problems effectively)

Due to the success of the first phase of HOPE programme, the Health and Wellbeing Lead has co-delivered, with a volunteer, a second HOPE facilitator training programme during June. Aligned to philosophy of the HOPE programme the group consisted of staff members from different health and care organisations including TSDFT, Devon Partnership Trust and Torbay Council together with volunteers who have lived experience.

Uniquely, the Integrated Personalised Commissioning Lead and Head of OD have linked the HOPE programme to the agendas of prevention and the Planned Care group recognising the connection between what HOPE can offer and the change in culture required to support our local population in increasing their levels of wellness and self-care. This in turn will naturally lead to a reduction of need and reliance on the every increasingly pressurised health and care services. This unique approach has attracted the interest of Health Education England and acute healthcare providers who are keen to consider this approach and its benefits.

A further 5 HOPE programmes are planned that include: Walnut Lodge (alcohol use recovery); Podiatry; Diabetes; Transforming Care and the Windmill Community Centre chronic pain café. A further programme for TSDFT staff commences on 19 July.

8.3 South West Military Challenge

The above military challenge took place on Tuesday 29 May 2018, hosted by Captain Ken Caunter at Okehampton Field Hospital. This was an opportunity to work with the military service with a purpose developing teamwork; problem solve; and to have fun at the end and at the same time test your courage, knowledge, communication and leadership skills in an unfamiliar environment.

A total number of 45 people participated representing different teams from across the organisation including: the executive; communications; workforce and OD; podiatry; library and finance. It was recognised that support services formed the majority of the group and that it is difficult for clinical services to release staff to attend. Increased engagement with the clinical teams will be required for any future military challenges.

The challenge gave the participants the opportunity to take part in activities that challenges both physically and mentally. Initial feedback shows that the day was received very positively despite for some, pushed them put out of their comfort zone.

Formal feedback will be sought during July and Captain Ken Caunter will forward certificates for those that participated.

9.0 Staff Engagement

9.1 Repositioning Staff Engagement

Nearly 12 months ago the Board endorsed a Staff Engagement and Communication Strategy, and supporting work programme. Progress against

the work programme has been made and includes the introduction of;

- Random Coffee Breaks
- Back to the Floor
- Monthly staff engagement sessions

The benefits of an engaged workforce have been demonstrated through numerous studies over the past two decades. However, in order to truly improve culture we need to focus on employee experience as well as employee engagement – but what is Employee experience?

Employee experience (EX) can be defined as the sum of the various perceptions employees have about their interactions with the organization in which they work. It takes into consideration how employees see, hear, believe and feel about all aspects of their employment.

EX is about optimising every touchpoint throughout the employee lifecycle, from candidacy through onboarding, performance, growth and eventually exit, to create an integrated experience that feels holistic.

By improving the employees experience with the organisation, we will achieve more engaged employees. In this regard employee engagement can be seen as the end goal, while improving EX is the means to that end.

A piece of work has commenced to map the key touchpoints throughout the employee journey and to identify how we can capture feedback and 'measure' experience at each stage. With a view to this enabling us to identify themes and take actions to improve experience where appropriate.

9.2 Staff Friends and Family Test

The survey was completed in quarter 1 during the month of May. By the time the survey closed 760 staff had responded, representing a 13% response rate. This compares to 8% in quarter 4.

The findings are as detailed below and would suggest that a low percentage of teams have discussed their local staff survey findings and generated local staff experience plans. This is of concern and has been escalated to Executive and Senior management teams for them to encourage this work to be prioritised. It is important that when the national staff survey is reissued in September that teams are able to demonstrate that they have listened and taken actions locally to address staff feedback – if we are unable to do this then it is likely that the response rate will remain low.

1. How likely are you to recommend the Trust to friends and family if they needed care or treatment?

Quarter	1 Extremely likely	2 Likely	3 Neither likely or unlikely	4 Unlikely	5 Extremely unlikely	6 Don't know	Grand Total	Positive Response	Negative Response
1 - May	309 41%	350 46%	72 9%	22 3%	2 0%	5 1%	760	659 87%	24 3%

2. How likely are you to recommend the Trust to friends and family as a place to work?

Quarter	1 Extremely likely	2 Likely	3 Neither likely or unlikely	4 Unlikely	5 Extremely unlikely	6 Don't know	Grand Total	Positive Response	Negative Response
1 - May	176 23%	331 44%	146 19%	78 10%	25 3%	4 1%	760	507 67%	103 14%

3. Has your team discussed your local staff survey findings?

Quarter	Yes	No	Don't know	Positive Response	Negative Response
1 - May	184 24%	383 50%	193 25%	184 24%	576 76%

4. In response to your local staff survey findings, has the team identified a couple of areas that they want to improve upon this year and formulated an action plan?

Quarter	Yes	No	Don't know	Positive Response	Negative Response
1 - May	115 15%	256 34%	388 51%	115 15%	644 85%

9.3 The Organisation's Story

A compelling and authentic strategic narrative, herein referred to as the Organisations Story, is critical in achieving high levels of employee engagement.

A story enables people to see the Big Picture- what the organisations purpose is, where it has come from, where it is going and how it is going to get there. It unites people with a common goal and provides a sense of meaning which helps reaffirm why they choose to be part of the organisation and its future. It should inspire them about what they can achieve together, and the benefits this will create for them as a member of staff, for service users and the community at large.

A working group has been established to progress a piece of work that engages staff with the organisations story. The Director of Workforce and OD is the Executive Lead for this group. The outline plan includes;

- The development of resources to support staff conversations including a visual, video and conversation cards.
- Developing different methods for engaging with staff acknowledging that the needs of teams will be different. These methods include; local department discussions, Executive led discussions and web based conversation threads.

The staff conversations are due to commence in September. At the end of these sessions the expected outcomes are;

- Greater understanding of the organisations journey and what it strives to achieve;
- An ability to align local service visions with the Trust vision which will ensure the vision is shared.
- Local examples of how services are using the five defined areas to achieve the vision
- Establishing how teams are going to 'live' the vision in everyday life i.e. allocation of resources, funding decisions etc.

10.0 Education & Development

10.1 STP bid for HEE funding

Trusts have been asked for initial ideas for the STP bid for HEE funding available to support education across the STP.

Following discussions the list of current priorities for education/courses/support has been developed :

- Mental Health – Mental Health first aid, ED specific training, CAMHS training for paediatric staff
- Wellbeing – Health coaching, staff wellbeing app (how do you feel today)
- Learning disabilities awareness course

- Coaching skills – Level 3-5
- Recognising the deteriorating patient
- Prevention – how do we embed this in to everything we do, develop series of questions & process
- System leadership skills – quality improvement, project management, values in to behaviours
- Supporting new roles – salary support and/or training & CPD support

These will be shared at the next STP Training Delivery Group in July for further discussion.

10.2 Mandatory Training

Corporate induction is being reviewed in response to the Streamlining initiative and agreement to accept training from other Trusts. The aim of which is to avoid staff having to repeat mandatory training unnecessarily if they are already in date. An options appraisal for how this will be managed for individual learners is being developed.

Some concerns have been raised over the acceptance of resus training due to specific Trust/equipment training needs – this needs further discussion with the resus team / committee.

A mandatory training strategy paper is being developed and due to go to Board in August.

10.3 Resuscitation Training

Compliance remains lower than the expected 85% and different strategies are being adopted to increase the uptake. The CQC highlighted issues around attendance at training and several extra courses have been added to the Hive as well as training offered at local level. Although not on the Dashboard, paediatric and neonatal compliance is also collected with work being done to improve take-up.

Future plans include a quality improvement project around the cardiac arrest team, replacing the defibrillators across the Trust, increasing the number of Immediate Life Support and Paediatric Immediate Life Support courses, increasing the amount of education staff delivering resus training, training for nurses and other senior team members to start difficult conversations around escalation and updating training for staff in the NEWS2 track and trigger system.

The team continue to deliver Advanced Life Support courses with three a year for 24 candidates. These always attract good feedback and are over-subscribed.

Following phase 1 of the directorate restructure the Resus team have 1.0 WTE Resuscitation Officer post to recruit to until they are at full complement. This is currently on the national NHS Jobs website. The team will also be supported by the Essential skills trainer posts, which are currently out to advert.

10.4 Medical Undergraduate Programmes

A meeting took place in June with Plymouth Medical School to discuss the facility requirements for delivering Year 3 and 4 curriculums on site at Torbay. Requirements include a dedicated self-directed learning facility and Clinical Skills Tutors to support.

The new Exeter Year 5 programme starts this August. Following discussions with departments Exeter have agreed to swap the Immediate Care block with Community to avoid students being based in Acute Medicine at a particularly busy time. The next step is to contact academic providers with the formal teaching timetable. The role of Professional Development Group Tutor is currently out to advert.

Plymouth Medical School are planning to test the Eduroam connection at the Trust in July to ensure students are able to complete their Progress Test online. There has been a delay in enabling this connection at the Trust due to works relating to the Annexe Server repairs. However Eduroam connection is due to be tested by IT week commencing 25th June.

Initial discussions with departments regarding year 3 and 4 placements continue to take place.

The current PCMD Sub Dean is stepping down as from the end of August. From 2018-19 academic year there will be separate Sub-deans for Plymouth and Exeter – the Plymouth post has already been appointed to and an advert for the Exeter post will be going out in July.

Discussions continue to develop a robust job planning model for the support of the medical undergraduate programmes. The Trust receives funding as part of the medical schools contract which is specifically for the protected time required by Consultants and SAS Doctors to support student placements and teaching that needs to be identified in job plans. A model is being developed for implementation next April 2019.

A further meeting took place during June to discuss the implementation of 'Year 0' as part of the widening participation initiative of Plymouth Medical School. This introductory year will offer a route in to medicine for those who would not meet the academic eligibility for the tradition degree route. We are currently considering options for the longitudinal work experience placements required, that could offer students paid work during the programme, whilst gaining valuable experience.

As above, facilities to accommodate the future expansion are being reviewed and will form part of the Education estate strategy.

10.5 Postgraduate Medical Education

Following on from this year's July and August National Recruitment, unfortunately, there are a higher number of trainee doctor vacancies than in previous years, particularly in Acute Medicine and GP training posts.

The Trust has only been allocated 7 out of 16 GPST1 doctors, some of who would have gone in to GP Practice but some would have filled hospital posts.

The annual Trust Doctor recruitment round was also not as successful as we

had hoped. All this has had a significant effect on rotas. We are continuing to advertise and Medical HR has also engaged Remedium Recruitment to try and fill some of the vacancies.

The reasons for the vacancies are –

- The GPST recruitment combined Peninsula and Severn, whereas usually they are conducted separately. Severn got allocated the majority of applicants. This will be raised by the DME at the next DEG.
- The recruitment for the Foundation 1 and 2 'standalone' posts was undertaken nationally. This caused a delay in Foundation Schools and Trusts being informed of names/vacancies. We are still waiting to hear about two F2 posts.
- There were 19 candidates for 19 Trust doctor posts – all candidates were appointable but did not all get their first choice so some withdrew.

10.6 Nursing student / training placements

- *Exeter Nursing programme*: The Trust continues to work with Exeter University in the development of their new nursing degree programme which offers applicants the opportunity to complete at Masters level. The programme starts in 2019 with approximately 16 student placements based at Torbay. The team are currently supporting the evidence required as part of the accreditation of the programme.
- *Nursing Associate*: Plymouth University are going ahead with their new Nursing Associate programme for September 2018. This new programme will require students to be supernumery and travel to Plymouth or Exeter for the academic component. In addition South Devon College are making progress with their own NMC accreditation to deliver the nursing associate programme – planning for their next cohort to commence early 2019.
- *Assistant Practitioner Programme (foundation degree)*: in partnership with South Devon College. Next cohort due September 2018 – recruiting in progress. Significant interest in this programme because of its versatility and relevance across professional boundaries. Modules being revised and updated to reflect organisational changes and service needs.
- *Preceptorship Programme*: due to complete final (5th) cohort. The course will be then be reviewed and will include measures to ensure wider and appropriate access for Allied Health Professionals.
- *Academic Partnership modules*: A new lead has been identified for the Assessment, Management and Escalation of the Acutely Ill Adult (40) module which is planned for 2018-19 academic year.

10.7 Apprenticeships - Specific programme updates

- *BSc degree level 6 Adult Nursing Apprenticeship (University of Plymouth)*: We have offered 8 Assistant Practitioners (APs) a place on the Level 6 BSc Adult Nursing Apprenticeship programme with Plymouth University commencing in September 2018. All the APs will be supernumerary and will be in receipt of a salary of £15,480 per annum whilst on programme. This Apprenticeship will be 24 months in

duration (due to APEL FdSc); all placements will be within our acute and wider community Trust.

- *Degree level 6 Podiatrist (University of Plymouth):* We hope to have 2 Apprentice Podiatrists in September 2018 joining the Degree Apprenticeship programme for Podiatry which is 36 – 48 months in duration (both will be supernumerary).
- *Degree level 6 Healthcare Scientist (Respiratory) (UWE – University West of England Bristol):* The Cardiology Team hope to advertise shortly for an ‘A’ level Apprentice to join their department as an Apprentice Healthcare Scientist. This person will follow the level 6 degree Apprenticeship for Healthcare Science in Respiratory with UWE. The successful applicant will join the programme with UWE in September 2018. The programme is 36 – 48 months in duration
- *Degree level 6 in Audiology (Aston University, Birmingham):* A support worker from Audiology is being supported by their manager to undertake this qualification through Aston University. The course structure enables learners to attend 3 – 4 times each year for block tutorials of one week in duration, as well as distance learning.
- *Masters Level 7 Physicians Associate (University of Plymouth/UWE):* This is under discussion presently with the Medical Education team
- *Masters level 7 Leadership and Management (Exeter University):* The first cohort will be joining this Apprenticeship programme in September 2018. A member of the Organisation Development team is working with Exeter University in the development of the programme, which is proving very popular.
- *Aspire Programme (previously Project Search):* We are delighted that 7 Aspire students successfully graduated in June. A graduation award ceremony was held on the 14th June in partnership with South Devon College. Some students will continue on to a Traineeship with our Trust or have secured employment within another organisation. We are now approving new students for September 2018 intake.
- *Centre for HealthCare Professionals (CHCP) – South Devon College (previously Devon Studio School):* Study placements for our students from CHCP are now taking on a new format. With the anticipated ‘T’ level Apprenticeships commencing in 2019 we will be required to enable valuable placements to students from CHCP over a 12 month period. This will be one full day each week for those wishing to work in a nursing, medical, science or healthcare related working role. After Trust Induction and some extra training, these students will be able to talk to patients, assist in bed making and perform certain tasks. This will be a valuable Work/Study Placement for these students. We hope to offer these study placements from January 19.
- ‘T levels’ are new technical qualifications and an alternative to ‘A’ levels for 16 – 19 year olds. They will be extremely robust in content and will contain a substantial work placement. These qualifications have been designed to train young people in the knowledge, skills and behaviours needed within a workplace.

10.8 Digital Education

On the 25th May 2018 the Data Protection Act 1998 was replaced by a new piece of legislation known as the GDPR (EU General Data Protection Regulation). Working with the Trust's Information Governance Team we developed an online course that highlighted the changes staff need to be aware of through an interactive programme, known as gamification. The course has since been adopted by 12 Trusts in the region as part of an Health Education England initiative to spread excellence.

In May 2018, the Trust's Education department provided Rowcroft Hospice with access to its Totara Learning Management System. The HIVE system is supporting the learning and development requirements for 245 employees through role specific learning plans. Rowcroft are delighted to be having access to an effective system that is ensuring teams are kept up to date via a single portal.

The "Tech is the easy bit" event celebrated the innovative work being done by the Digital education and technology staff. The event on Thursday 31 May at the TREC was keynoted by Cleveland Henry, Programme Director at NHS Digital. Project leads were on hand to showcase their initiatives, providing the audience with first hand insight into the developments and adoption of their digital solutions.

10.9 Digital Technology

A variety of digital technology initiatives are underway, including:

- *Virtual reality (VR) lab*
- *ITEL (Immersive Technology Enhanced Learning £30k):*
- *Digital Health Facilitator Apprenticeship:*
- *VR in ICU:*
- *VR Spirometer*
- *TREC upgrade*
- *Anna Dart: upgrade of AV due to failing projectors.*
- *Visimeet*
- *Pilot opportunity with Birmingham University: for virtual reality (VR) simulated training environments. I*

10.10 Simulation

The team are currently exploring options for the replacement of the current simulator for simulation training. The approximate cost of a replacement is £60k. Part of the options appraisal will include the cost of an additional simulator taking in to consideration the increase in simulation training across the organisation and for the medical school programmes. A business case will be developed for July.

Simulation training needs to be considered in IT upgrades across the Trust in order for in-situ simulation to take place with multi-disciplinary teams. The Simulation Lead will be liaising with IT regarding this issue.

A draft paper has scoped out plans to introduce simulation in to the community. This is a key educational initiative going forward to support the development of our staff in the community, linked in with the education estate

strategy identifying the community educational facilities required for education in the future. This includes the development of simulation patient homes or public spaces for multi-agency training. There are lots of opportunity to develop this through virtual reality means (please see above section).

The team are developing a plan for multi-professional simulation and are discussions with the Universities who are keen to develop this for the benefit of their learners. A pilot is being considered using some of the existing opportunities we have with established simulation for medical students and trainee doctors, whereby preceptors, nursing associates, etc. can be offered the opportunity to form a multi-professional learning group.

11.0 Temporary Staffing

11.1 Agency Expenditure

The Trust's annual cap for agency spend, set by NHSI, is £6.18 million per year. The Integrated Performance report shows the current agency spend by staff group for 2018/19 compared to the total agency expenditure plan. As at Month 02 the Trust is underachieving against the plan by £78K, however there are plans in place to achieve the NHSI cap by the end of March 2019.

11.2 Introduction of Allocate BankStaff

The system has been implemented for all bank workers. With effect from 4th June 2018, electronic timesheets have been introduced, and the first weekly pay run was successfully completed.

The Team are in the process of familiarising themselves with the system and the reporting facilities that are available to ensure that maximum benefit is achieved.

Employee on Line has been rolled out to bank workers, who are currently able to record their availability and view booked shifts. Once the workers become familiar with using the system, the Team will look to roll out the next phase of the system.

11.3 Devon STP

The Trust continues to work in partnership with other Trusts in the STP to reduce the cost of agency.

An exercise to align all Trusts in the STP to common agency pricing structure has been agreed for nursing and Allied Health Professionals. A similar exercise will be undertaken for medical agency.

The STP is also looking at the potential for developing a policy that prevents existing Devon NHS employees from working through an agency for another Devon NHS organisation.

The sharing of bank workers across the STP is being piloted between the Trust and RD&E and between Plymouth and Livewell.

12.0 Human Resources

12.1 Agenda for Change Pay Award

The NHS Staff Council reached agreement on a refresh of the NHS Terms and Conditions of Service (Agenda for Change), and following a consultation exercise, trade union members have voted to accept the proposed changes.

The deal was formally ratified at the NHS Staff Council on 27 June 2018. This will result in a three year pay deal, as well as the reform of the pay structure and changes to terms and conditions. The new pay structure will:

- increase starting salaries
- reduce the number of pay points
- shorten the amount of time it takes to reach the top of the pay band for most staff.

The Trust is developing plans to support the implementation of the new pay structure and associated terms and conditions of service.

The new pay rate will be paid in July 2018 and back pay to 1st April 2018 will be paid in August 2018.

APPENDIX A

Title	Torbay and South Devon Community, Private, Voluntary and Independent Workforce Strategy		
Presented to	Workforce & OD Group		
Date	6th July 2018	Version	Draft 4.3

1. Strategy and Principles

The strategy is designed to ensure delivery capacity for the immediate and future health and care system (new model of care) recognising the need to:

- Produce flexibility and robustness within the system
- Meet the priorities locally and of the wider STP
- Respond to the evolving nature of care

The complexity of future care capacity, spanning a system that will encompass paid and unpaid care, professionally accredited staff and competently trained citizens, requires an approach that will enable articulation to a wide audience and provide modelling to encourage engagement and informed discussions.

At the heart of this strategy is Person Centred Care. Care workers and carers are themselves consumers of health and care and their physical and mental health is vital in ensuring a consistent service. Being the right thing to do in itself, this will increase capacity and reduce costs through improved retention, reduced recruitment costs, reduced sickness and absence rates, improved learning and development.

This strategy works to the following principles:

- a) Wellbeing is at the heart of care, care quality and care capacity.
 - Better Care of Clients (Patients)
 - Better Care of Staff
 - Better Capacity for All
- b) All staff should be supported to work towards the top of their licence and skill base.
- c) Responsible autonomy is supported throughout the care-force.
- d) Prevention is the first priority and most rewarding endeavour for those caring.

Projections show that 190,000 more care staff are required in the NHS by 2027, 700,000 in adult social care by 2030. A new way of working, with improved retention and organic recruitment allied to increased prevention is the long term imperative that this strategy begins to address. This will be achieved by building on the success of the short term interventions in improving the numbers, skills and lives of those caring and those being cared.

2. Purpose and Scope

The purpose of this document is to outline short term and longer terms strategies to identify current workforce capacity in the private, independent and voluntary sector; assess required capacity and plan how statutory bodies (Torbay and South Devon

NHS Trust, Torbay Council and South Devon and Torbay Clinical Commissioning Group) can support private, voluntary and independent sector organisations to meet the required workforce capacity. This could include support with recruitment, retention and development health and care workers.

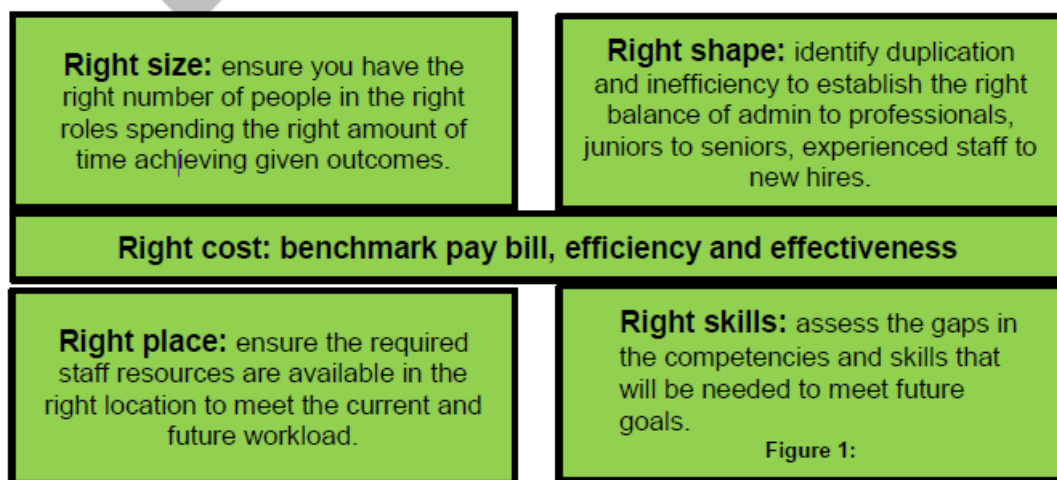
3. Context

Capacity is a combination of available skills sets and willingness to provide them. Across many areas of the care system retention is poor, recruitment is difficult and activities of care are very task focussed.

There are a number of workforce initiatives in progress to support the Private, Voluntary and Independent (PVI) sector with workforce recruitment, development and retention that are being undertaken in isolation with no overarching strategy and importantly little coordination linking these together. Lack of this can result in an at worst chaotic and at best unfocussed approach.

There is therefore a need to co-ordinate this work, identify gaps, ensure consistency and facilitate a quality, coherent approach to support that results in sufficient care capacity across the system.

The Strategy will ensure it aligns with the overarching Devon Interim Workforce strategy as determined by the STP with an initial focus on the PVI sector in South Devon and Torbay. It will be built on the same five right's principle that is set out in the 'One Devon' workforce strategy being:



4. Aims and deliverables

There are two parallel elements to the overall strategy:

- a) Addressing the short-term and immediate capacity challenge.
- b) The medium and long term care strategy to produce a resilient, sustainable care capacity to deliver the new model of care.

a) Short-term Strategy

People need care and staff need to feel valued and enjoy their work if the retention rate is to improve. Immediate actions are available and this includes communicating the good things that are already happening and being put in place, those that are going to happen in the short term.

Key Aims are to:

- map current initiatives that support the recruitment, development and retention of staff within the private, independent and voluntary sector.
- identify gaps and training needs within this sector based upon the top five indicators as determined by the acute Trust,
- identify opportunities to support the PVI sector in recruitment, retention and development

b) Medium/Long term Strategy

We need to outline a vision for care and roles in the workforce. This will be key in developing a workforce and supporting people in making choices about being part of that future and drawing in people that have not previously been attracted to care.

Phase 1 – July-Nov 2018

- Establish the capacity including known gaps in intelligence and data for the workforce and care-force within the Torbay and South Devon
- Seek to understand and map the competencies across the system to produce a baseline for a future flexible and secure delivery-capacity (work/care-force) through (Appendix 2):
 - i. Who have we got (workforce mapping - what do we know / not know / where are the workforce/where are the gaps / how robust is the data)
 - ii. What do they do (activity mapping – current competencies)
 - iii. What could they do / do we need them to do and what will it take to get them there
 - iv. Where are the retention good practice areas (system and provider) and hotspots – heated areas
 - v. What model can be used to explore and discuss the issues (scenario modelling)
 - vi. Particular consideration to data viability / validity – what can be done to improve it – note independent and VCSE particularly
- Determine and recommend effective retention strategies

Phase 2

- Skills passport established through the STP and to regional level to enable staff to move easily within the wider system, within roles, providers, sectors and geographically
- Establish learning and development above repeated training,
- Establish retention programme as a priority to recruitment (linking to STP OD strategy – Tracey Cotham)
- Produce scenario modelling tool to inform decision taking and evolution of new model of care

There are a number of interested parties in the output of this work and these are recorded in Appendix 1.

5. Current PVI sector Workforce

Adult Social Care Workforce (data provided by Skills for Care)

In Torbay there were an estimated 4,800 jobs in adult social care split between local authorities (0%), independent sector providers (94%) and jobs for direct payment recipients (6%). As at March 2017 Torbay contained 120 CQC regulated services; of these, 94 were residential and 26 were non-residential services.

In the South West the adult social care workforce has grown by 4% since 2012 with an estimated 103,000 people employed by the independent sector to provide direct care, 55,000 of those employed by residential services and 42,000 by domiciliary care services. The estimated number of adult social care jobs in the Torbay area in 2016 was 4,800 including 400 managerial roles, 150 regulated professionals, 3,600 direct care (including 2,750 care workers), and 700 other-non-care proving roles. The majority (82%) of the workforce in Torbay were female and the average age was 43 years old. Those aged 24 and under made up 12% of the workforce and those aged over 55 represented 23%. Given this age profile approximately 1,100 people will be reaching retirement age in the next 10 years.

Division	Adult Social care									Grand Total
	≤25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	≥60	
Managerial	2,320	8,120	10,440	12,760	13,920	18,560	20,880	16,240	13,920	116,000
	2	7	9	11	12	16	18	14	12	100
Regulated profession	1,300	5,200	6,500	7,150	8,450	9,100	9,750	9,100	10,400	65,000
	2	8	10	11	13	14	15	14	16	100
Direct Care	107,800	117,600	107,800	98,000	98,000	117,600	127,400	107,800	98,000	980,000
	11	12	11	10	10	12	13	11	10	100
Other	15,750	12,250	14,000	14,000	15,750	21,000	26,250	26,250	29,750	175,000
	9	7	8	8	9	12	15	15	17	100
Grand Total										1,335,000
	10%	11	10	10	10	13	13	12	12	100%

Nationality varied by region, in England 83% of the workforce were British, while in the South West this was 86%. An estimated 89% of the workforce in Torbay had a British nationality, 7% were from within the EU and 4% from outside the EU, therefore there was a greater reliance on EU workers than non-EU workers.

If the workforce grows proportionally to the projected number of people aged 65 and over then the number of adult social care jobs in South West will increase by 35% (from 170,000 to 230,000 jobs) by 2030.

Skills for Care estimates that the turnover rate in Torbay was 25%, this was lower than the region average of 32% and lower than England at 28%. Not all turnover results in workers leaving the sector, of new starters in this area over half (54%) were recruited from within the adult social care sector; therefore although employers need to recruit to these posts, the sector retains their skills and experience.

Adult social care has an experienced 'core' of workers. Workers in Torbay had on average 8.8 years of experience in the sector and 70% of the workforce had been working in the sector for at least three years.

Skills for Care estimate that in Torbay, 2.0% of roles in adult social care were vacant, this gives an average of approximately 100 vacancies at any one time. This vacancy rate was lower than the region average, at 6.9% and lower than England at 6.6%.

6. Current Vacancies within the PVI sector

The 'Projecting Older People Population Information System' (POPPI) uses figures taken from Office for National Statistics to project forward the population aged 65 and over from 2016 to 2030. This population is projected to increase between 2016 and 2030 from 1.2 million to 1.59 million people in the South West, an increase of around 33%. In the short and medium term this poses potential challenges for the adult social care sector and workforce.

Skills for Care brings together adult social care workforce estimates with population projection information to forecast the number of adult social care jobs that may be needed to keep up with demand in the future. These projections should be treated as 'base case' projections as they only account for demographic and population change over the period. They do not account for any political, economic, technological or social factors that could have an impact on the future size of the workforce.

Skills for Care forecasts show that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population between 2016 and 2030, an increase of 35% (60,000 jobs) would be required by 2030.

The 75 and over population is forecast to grow at a faster rate than those aged 65-74, and if the workforce increases proportionally to this demographic then a 53% (90,000 jobs) increase would be required.

It is acknowledged that other factors, as previously mentioned, could have a large influence on the size of the workforce over the next 15 years. The projections do, however, give an indication on the pressures created by demographic change on the size of the adult social care workforce.

7. Training Needs analysis

Undertaken by Trust Training team this took the form of a questionnaire sent to xx organisations. Responses were received from 67 organisations outlining a demand for a number of courses mixed between e-learning 11,635 places and face to face 8,477 places.

8. Current Initiatives to support recruitment and training and Development

- **Grow our own workforce:** Apprenticeship strategy
- **Proud to Care:** the Proud to Care SW regional report evidences the positive impact that this campaign has had and Devon's work on this initiative has been class leading. The enthusiasm that it has built among providers and relationships that it has developed with the council attest to its beneficial effect with good feedback from providers and those working in care. This latter point is of significance as the statistics on successful recruitment and longevity in care demonstrate a disproportionate weighting in favour of those that have been referred by those already in care or that have a history of care

experience in the family. This means that the positive image of care is an essential element to have within our care system.

- Work experience: current work experience scheme working with local schools
- **Career pathways**
- **Apprenticeships**
- **Health Hub training** – offered free to all independent sector providers

9. Short Term Strategy Proposals

a) Proud To Care

- Coordinated and joint working with Devon on the Proud to Care STP footprint will be undertaken being supported initially by funding through the improved Better Care Fund.
- As this is a live project already this will be capable of early development and acceleration
- This will deliver improved retention and increased organic recruitment. Support the unpaid carers who are a key part of the Proud to Care campaign. Establish increased parity between health and care roles and the associated esteem. Increase the quality of care delivery as well as capacity.
- Implement in Torbay with a focus on increasing the workforce from currently under-represented groups including young people, parents returning to work and newly retired people. This will deliver:
 - One brand across health and social care
 - Jobs Board for all vacancies
 - Signposting for all work placements
 - Signposting for all education opportunities
 - Proud to Care Ambassadors

b) Employability Hub

An integrated strategy to support the PVI/stakeholders to work smarter and more collaboratively with emphasis on local alignment of funding plans, stronger focus on reaching out and engaging those most distant from work and supporting those in work to sustain and progress through the current pre-employment programmes listed below:

- Work experience - Disadvantaged or minority groups – those furthest away from the labour market. Current stakeholders that refer are Shekinah, Pluss JCP. Fair Train – implementation and accreditation.
- Internships/Project Search now called ASPIRE - to give young people with learning disabilities the skills to gain competitive paid employment. Requires four work placements/rotations in an academic year with the Trust. Programme includes employability qualification delivered by SDC. Not paid but will move onto a traineeship - subject to availability.
- Traineeship is an education and training programme with work experience that is focused on giving people the skills and experience that employers

are looking for. Paid scheme at NMW for 18 hours per week. If eligible through Pluss then the first 6 months is funded.

- Work Experience – Schools - provides structured learning and work experience/exposure opportunities for students/adults, to nurture and support their interest in pursuing a career in the NHS, offering the experience in a work environment and hopefully, assisting them to make informed career choices.

c) Rotational apprenticeship programme – health and social care

Joint working strategy across the PVI to support an integrated apprenticeship scheme across the -acute, community, residential, domiciliary care, nursing, end of life rotations. Develop existing strategy that has been tested with DCC and TDST. This scheme will support the principles of the Devon STP where Health and Care organisations in Devon work together to improve services, and Proud to Care Devon Campaign to support workforce sufficiency

- Large scale recruitment – class of 20
- Locally delivered
- Community settings include domiciliary care, care homes, community health and social care teams

d) Apprenticeship Training Centre

This is a natural progression of the current vocational and apprenticeship training capability in the Trust. This centre will be able to provide a range of health and social care training modules and apprenticeships to external organisations either independently or in collaboration with our FEI and HEI partners. This will attract funding and hence income generation. The TNA and initial demand will inform capacity development business cases. Through leveraging government allocated funding this training can be provided at minimal cost to PVI sector employers

e) The Hive Learning Management System

- Launch two web based knowledge portals – unpaid and paid carers
- Training needs analysis across PVI sector
- Provision of training through the Hive/digital videos/face to face
- The PVI members are provided with log in details for their staff to permit access to LMS system/Hive This domain provides access to mandatory and clinical skills courses and also includes the newly accredited Care Certificate available in digital and e learning. Organisations also have access so a suite of vocational training certificate's, diplomas, accredited specialist modules such as dementia, end of life, learning disability, medication awareness , leadership and management and a range of apprenticeships.
- Plan to evaluate the effectiveness of the provision of free education to care staff in public, voluntary and independent sector across Torbay.

f) Unpaid Carers Knowledge Portal

Unpaid carers will be provided with:

- access to the library of 250+ health and social care videos (library will be continuously reviewed and updated based on user led feedback)
- relevant contact details for local authority carer support services
- career advice and guidance highlighting entry points and progression pathways for those interested in careers in care
- link to the Proud to Care campaign

g) Want a change/progression – career pathways

Develop a careers pathways hub for all staff working in PVI sector in care so they can access high quality:

- Mentoring and coaching
- Careers clinic and advice
- Leadership Development
- Talent Management System

h) Recognition Programmes

- Staff engagement/Peer support networks through a secure social media platform which will support peer to peer support, exchange for building client circles of support, and learning and assurance for increased care responsibilities.
- Annual awards ceremonies

Stakeholders / Interested Parties

Health Education England
Local Government Association
Clinical Education Provider Network
Allied Health and Science Network

Transforming Care - Strategic Mapping and Data Gathering

Title	Activity Mapping	Workforce Mapping Scenario Modelling - Phase 1	PVI Strategy - workforce and capacity	ASC Workforce Mapping	Proud to Care South West Evaluation	Proud to Care - Torbay (Devon)	Proud to Care South West	LW@H - (Buurtzorg +)	Care Home Fees 2019/20	Evaluation - PhD
Money	£96k + vat [£25k project resource]	£100k + VAT		Funded by ADASS	£40k	TBA - initial £10k - Torbay	Future years funding to be agreed	£750,000	Confirmed in Health and Wellbeing Board Paper - iBCF ASC Transformation Programme	To be confirmed
Funding for	Backfill, project resource and delivery plus production of materials [project set up, governance and co-production]	Project resource, analysts and modelling scope		Resource to undertake project - e.g. Bournemouth University / RIPFA	Evaluation of impact of Proud to Care SW - identifying behavioural levers and co-produced longitudinal evaluation of meaning to the community	Local campaign to increase care capacity		Transformation of community care market from domiciliary care to Care & Support	New care homes fees model	Evaluation of Next Stage Organisations and Buurtzorg in practice
From whom	NHS Pioneer [SW AHSN]	HEE South	ICO	ADASS South West - AIB	HEE - South	Torbay Council		Torbay Council - iBCF		Exeter University
For whom	SLA - Torbay Council	PID - HEE and Torbay Council	ICO	Workforce Leads	ADASS SW	Torbay Partners		Torbay System		System - SLA TBA
Issue	Insufficient capacity to deliver care in the community Pressure on frontline AHPs and Community Nurses - plus limited pipeline of recruitment Cost of satisfying demand through present care model Lack of continuity of care through rotation, turnover and absence - AHPs and domestic care workers Need exists to change the profile of what care is delivered by whom in doing so tackle the retention and recruitment challenge and triple aim	Refer Activity mapping Capacity, training, view of system There is presently no clear view of a large and combined part of the system workforce there is no modelling tool that enables impacts of increases or decreases in inter-related parts of the system to be modelled whether or not the changes are by necessity or desire Joined up conversations are therefore constrained with subsequent dangers in decision taking as highlighted by Professor Ian Cumming in Facing the Facts, Shaping the Future	Scope and mandate requested	There is no clear map or understanding of the various elements of the social care workforce at a detailed level across PVI Competencies and comparable activities are held under different job titles NMDS - Adult Social Care forms only part of the picture Sector led improvement and regional initiatives require an increased level of understanding of the workforce to enable authorities and provider partners to collaboratively develop strategy	Future campaigns need to be able to evidence to a broad audience including potential future contributors - public and private - that the impact of the care awareness and involvement campaign is having impact on the public who are the source of future capacity both as workforce and careforce.	The local market remains uncoordinated in its approach to marketing care and the opportunities it remains in competition with itself and other sectors particularly tourism (with tips) and retail (better pay and discounts) the profile of care is not great DCC continue to apply effort and resource and Torbay is not keeping pace	Recruitment and retention issues are well established as are the funding issues - present system being expanded is unaffordable	Value to be identified within care homes and a move to outcomes based contracts - core plus funding possible	Working to develop flexible resilient capacity success has been seen in self-managing teams. The introduction of these and the development of 'responsible autonomy' allows for complexity and responsiveness within the system which is ever expanding, and away from building based care (hospitals) and the contained oversight environment they offer. Introduction of this way of working accords with the New Model of Care and Living Well@Home which supports it,	
Purpose	Establish what activity takes place where and delivered by whom - at a granular and highly detailed level To provide the baseline data for co-production work to take place by frontline staff to design new roles through a competency framework	Connect data sources on workforce Overcome inter-operability and IG issues Identify areas for data improvement e.g. NMDS and gaps Develop single source / collation point Produce single version of 'truth' as we perceive it Scope modelling tool based on sources	See Above	To produce a detailed map of the social care workforce across the south west Provide each authority to compare itself with others in respect of the shape of its ASC workforce To produce regional readiness in ASC for any future modelling and scenario based tools	To assess what measures the stakeholders, particularly the community, will rate / consider meaningful when considering the impact of initiatives to develop the profile of and esteem in which care is held Having identified these future campaigns can be developed to ensure delivery that engages the public	To increase care capacity in Torbay Fulfil market facilitation obligations within Care Act Ensure capacity is available to produce good flow across the Torbay system along with a pipeline work/care-force		new ways of working, new roles and competencies are required and an accelerated development of circles of support and community interactions led by Care & Support workers new payment mechanisms - pbr and outcomes based contracts to be developed for sustainable care through enablement and enhanced wellbeing	Develop affordable and sustainable payment mechanism for 'care facilities' to meet future aspiration and need	To produce an evidence base for effective implementation and development of self-managing teams in community care settings
Leads	John Bryant and	John Bryant and Debi Reilly (HEE South)	Tracey Collins	John Bryant - workforce leads	John Bryant ADs - ADASS SW Local Authorities in SW STPs SW	TBA		John Bryant	Fran Mason	John Bryant
Primary Stakeholders	ICO AHPs and DNs Unions/ Staff Side Judy F / Caroline T / Jane V NHS Pioneer	ICO and HEE (Patrick Mitchell) Judy F / Caroline T / Jane V STP and LCP Skills for Care NHS Digital	ICO Market Management Group LA for Market Position Statement Mears for managing provider market	Adult Improvement Board - ADASS SW Directors ADASS SW Workforce Leads - ADASS SW PSW - ADASS SW STPs - South West		ICO Torbay providers		ICO Provider and community market DCC Mears Contract	ICO Torbay System STP	ICO Provider and community market Primary Care Mears Contract
Secondary Stakeholders	AHSN HEI and Colleges Devon County Council	Workforce Leads - ADASS SW SCIE Cabinet office - Green paper CEPN HEI and colleges	STP LCP - idc VCSE and PVI - Care Managers' Network Personal Assistant leads - ICO	Cabinet Office - Green paper HEE SCIE	National Workforce leads Skills for Care DH&SC - re National Recruitment Campaign AHSN			Sarah Wollaston MP STP Cabinet office and green paper NHSE / HEE National Workforce Leads	Neighbouring authorities Regional STPs and Authorities	Neighbouring authorities Regional STPs and Authorities RSA
Interdependent projects	HEE Scenario Modelling LW@H (Buurtzorg +) - inc. Mears variation (inc iBCF transformation) Technology Enabled Care PVI Strategy Common Competency work - STP (Mark Gill) Fees Modelling Work DCC - assistive technology work, Carers Strategy, Innovation fund	Activity Mapping LW@H (Buurtzorg +) - inc. Mears variation (inc iBCF transformation) STP - Common Competency work - (Mark Gill) STP - workforce strategy ADASS SW - Adult Social Care Workforce Mapping	Activity Mapping LW@H (Buurtzorg +) - inc. Mears variation (inc iBCF transformation) STP - Common Competency work - (Mark Gill) STP - workforce strategy ADASS SW - Adult Social Care Workforce Mapping	Activity Mapping Workforce mapping Proud to Care SW Proud to Care - locality	Proud to Care Devon (Torbay) and localities Proud to Care SW Transform Ageing (Design Council and Big Lottery)	Proud to Care South West		Activity Mapping Workforce Mapping STP - Common Competency work - (Mark Gill) STP - workforce strategy Proud to Care	Activity Mapping Workforce Mapping STP - Common Competency work - (Mark Gill) STP - workforce strategy Proud to Care	HEE Scenario Modelling LW@H (Buurtzorg +) - inc. Mears variation (inc iBCF transformation) Technology Enabled Care PVI Strategy Common Competency work - STP (Mark Gill) DCC - assistive technology work, Carers Strategy, VCSE - development Community response to Assistive Technology
Sign-Off who when	ICO Market Management Group	ICO Market Management Group		ADASS South West - Directors on behalf of AIB	Steering Board P2C SW or Caroline T and Chair of ADASS SW	iBCF Board				Market Management Group
Time Frame Start/Finish	July 2018 June 2019	July 2018 January 2019	April 2018 July 2018	Aug 2018 Initial findings Oct 2018 - Report Jan 2019	Sep 2018 - Dec 2018	July 2018 - December 2018		Sept 2018 Sept 2020	In progress - April 2019	TBC

Public

Appendix 3

Associated Work – foundation work or concurrent projects

- Live Working Week
- Practice Nurses competency framework
- ICE Creates
- Proud to Care
- OD programme
- Making Every Contact Count
- Skills for Care – National Minimum Data Set

Cover sheet and summary report to the Trust Board 2nd August 2018	
Report title: EFM and Health and Safety Performance report for May and June 2018	Date: 1 st August 2018
Report sponsor	Director of Estates and Commercial Development
Report author	Director of Estates and Commercial Development
Report provenance	Capital Infrastructure and the Environment Group
Confidentiality	Public Board
Report summary	<ul style="list-style-type: none"> <p>Critical Estate Failures: As previously reported to the Board, this month's report includes two critical estates failures arising from the fire in the Electrical room on the Annex site. Resulting in two separate declared major incidents. Both failures (loss of the existing electrical supply and subsequent tripping of the emergency generator supplying the power as an interim) caused a power interruption to the computer room and therefore loss of all information systems for a short period, generating some clinical risk.</p> <p>An immediate assessment and review has been undertaken by the Interim Chief Executive with key stakeholders, in response the concerns raised directly by clinical staff due to the loss of IT systems. A formal After Action Review (ARR) and independent investigation into the major incident has been commissioned and is due to report imminently.</p> <p>The Executive have already discussed some immediate lessons particularly on the awareness of continued risk and the management of the recovery phase of a Major Incident until full resolution, and the critical nature of the link between the IT systems and patient safety. Subsequently the Trust's Major Incident plans have been amended and a more robust and resilient continuity plan for the Trust's business in the event of complete IT failure has been requested. A detailed log and action plan will be compiled and delivered.</p> <p>The immediate works to replace the burned out electrical centre and return the infrastructure to 'normal' have now been completed by estates to include a new electrical distribution network, new mains feed, and new UPS batteries. Installation of a new fire detection system in the electrical room is pending.</p> <p>A new risk relating to the resilience of the electrical supply to CR1 on the Annex site has been raised, and subject to approval through the Trust process will become a corporate level risk. A revised strategy is being worked on such that a contingency/business continuity option is being developed due to the critical nature of the information systems to re-locate CR1 to the Hospital site where the power supply is far more resilient.</p>

	<p>The Trust insurance company has been contacted and a visit by an independent assessor on behalf of NHS Resolution is planned for the 25th July.</p> <ul style="list-style-type: none"> • Maintenance performance: Performance has again improved despite the major disruption and remedial works necessary as part of the recovery from the fire incident. The Capital Infrastructure and Environment Group continues to oversee the detailed performance data. The recommendation to reduce the risk on the register from a 12 to a 6 was approved. Once the final demand and capacity review has been completed it is likely that the risk of non-compliance as a result of change to the operational model can be removed from the risk register. 				
Purpose	Note <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	Review <input type="checkbox"/>	Decision <input type="checkbox"/>	Approve <input type="checkbox"/>
Recommendation	<p>The Board is recommended to note for information the Trust EFM and H&S performance for May and June 2018, and the resolution of the Major Incident caused by the Fire in the electrical room on the annex site in April 2018.</p> <p>A further update will be provided for information in October 2018</p>				
Summary of key elements					
Strategic context	<ul style="list-style-type: none"> • Safe, quality care and best experience • Valuing our workforce • Well-led 				
Dependencies and risk	Risk of significant failure of infrastructure due to a lack of available capital for investment.				
Summary of scrutiny	<p>The recommendations in this report have been subject to challenge, due diligence, and risk assessment by:</p> <ul style="list-style-type: none"> • Executive Directors meeting 24 July 2018 • Capital Infrastructure and Environment Group 18 July 2018 				
Stakeholder engagement	<p>The following stakeholders were consulted during the compilation of this report:</p> <ul style="list-style-type: none"> • HIS/IT • CORPS security & manned guarding provider • Staff-side (Health and Safety meeting dated 23 July 2018) 				
Other standards affected	<p>The recommendations made in this report will impact upon:</p> <ul style="list-style-type: none"> • Compliance with Safe Environment Assessment (regulator CQC) • Compliance with Health and Safety Legislation (regulator HSE) • Compliance with Fire Safety Legislation (regulator Fire Service) 				
Legal considerations					

Report title EFM and Health and Safety Performance report for May and June 2018	Date: 1 st August 2018
Report sponsor	Director of Estates and Commercial Development
Report author	Director of Estates and Commercial Development

1. Introduction

The purpose of the report is to provide information to the Trust Board on Estates, Facilities and Health and Safety performance for April/May (for estates) and May and June (for facilities) 2018 through the presentation of a range of performance indicators. This information detailing performance, performance exceptions and rectification measures are provided to the Board every two months.

2. Discussion

The table below identifies performance variances and any area of concern for the attention of the Board with appropriate explanation and action to a resolution. The detailed indicators are shown in Annex 1.

March and April 2018 performance indicators

	April Position	May Position	June Position
Green ✓			
Amber !			
Red ✘			
Improving Indicators			
1.10: % Reactive work resolved within target – Urgent – P2 (1- 4 Days)	✘	!	
1.12: % Reactive work resolved within target– Routine – P3 (<7-14 Days)	✘	✓	
1.14: % Reactive work resolved within target– Routine – P4 (<30 Days)	✘	✓	
4.4: % of near misses against total Incidents	✘	✘	!
Deteriorating Indicators			
1.2 Statutory PPM % success against plan	!	✘	
3.6 % of Total tonnage of clinical waste	✓	✓	!
Red rated Indicators with no change			
1.15: Number of Estates Internal Critical failures	✘	✘	

Areas with Specific Cause for Concern		Timeline
1.2	Statutory PPM % success against plan	
Explanation	Performance dropped by 1% in May taking it into the red, this is due to one weekly set of emergency lighting testing being missed. This was oversight rather than lack of resources.	
Action	The issue has been rectified and the EFM senior management team are confident that performance will improve in subsequent months - unforeseen pressures aside	July 2018
1.15	Number of Estates Internal Critical failures	
Explanation	There were 3 critical failures in April and 1 in May	
Action	<ol style="list-style-type: none"> 1. A fire within the electrical supply room servicing the Annexe site cut off the electrical supply to the Annexe site and the Computer room 1 (CR1) data room. This caused a major interruption to IT services, whilst the CR1 was operating on a UPS backup system until a new emergency generator was installed. The site and data room were run from a temporary generator supply pending a new permanent supply installed on the June 2nd. 2. Fault on Substation 2 causing the ICU to run on generator supply – mains supply has been reinstated and monitoring of the equipment is taking place to identify the source of the fault. 3. A&E Paediatric toilets - major blockage taking toilets out of service for a week. Disruption within A&E and AMU 3 to clear fault. Pipework to be rerouted to assist future drainage. Plan in place 4. Tripping of the emergency generator at the Annex whilst providing temporary power for CR1 and Annex services. This has been addressed as part of the repairs to the power supply infrastructure to the Annex. 	

Summary of any performance issues/exceptions related to Health and Safety and Security. May and June saw an average number of H&S incidents reported. Moving and handling was the highest category for June with an increase in the number of patient related staff moving and handling incidents. It is pleasing to see the sustained improvement in performance on fire training and the upward trend for moving and handling training.

There is an increase in security related incidents in May and June related to threatening and abusive behaviour. These incidents largely relate to the same five specific inpatients over the two months rather than a widespread increase in abusive and threatening behaviour across all areas. The H&S committee are receiving reports on the actions of the short life action group to provide assurance on the support and training of staff in our vulnerable areas (medicine, ED, theatres and the Children's wards) After action reviews have taken place on all the major incidents feeding into a lessons learnt action plan. Fire evacuation drills have commenced and will take place in all areas.

3. Conclusion

The performance for estates facilities and health and safety for May and June is reflected in mainly green indicators. Indicators around estates maintenance continue to improve as planned following the transformation of the estates operations service. The Estates operations team continues to undertake enhanced planned maintenance with a view to keeping the elderly plant in as good condition as possible to prevent critical failures.

The number of critical estates incidents remains a concern. As a result of the learning from the immediate Interim Chief Executive review of the loss of power supply to the Annex site and two major incidents in month, and ahead of the formal (AAR), work has commenced on a full review of the resilience and vulnerability of the Trust plant and IT infrastructure. This is targeted at business continuity key risk areas (such as IT hubs/theatres etc). In addition the Trust is reviewing and amending its Major Incident Response to ensure that the recovery phase is overseen and as closely managed, resourced and supported as the incident itself and that business continuity plans are comprehensive, jointly developed and familiar to staff in operational areas.

4. Recommendations

The Trust Board are asked to review the information provided in this report and note the contents.

EFM Key Performance Indicators Month 3 – May June 2018

Annex 1

Area		Target	Monthly Performance												Current year to date (Complete Months)		Risk Threshold		
Ref	Description	Monthly	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Target	Yr Avg	RAG Thresholds		
Estates																			
1.1	Number of Statutory PPM items planned per month	Variable	515	484	530											508			
1.2	Statutory PPM % success against plan	97%	93%	85%	84%										97%	87%	R<85%	A85-96%	G>97%
1.3	Number of mandatory PPM items planned per month	Variable	420	238	434											364			
1.4	Mandatory PPM % success against plan	95%	90%	91%	94%										95%	92%	R<85%	A85-94%	G>95%
1.5	Number of routine PPM items planned per month	Variable	148	101	183											144			
1.6	Routine PPM % success against plan	70%	91%	79%	99%										70%	90%	R<60%	A60-69%	G>70%
1.7	% of Reactive work resolved within target	Emergency – P1	Total Requests	Variable	80	65	68									71			
1.8		Emergency – P1	<2 Hour	95%	100%	99%	98%								95%	99%	R<90%	A90-94%	G≥95%
1.9		Urgent – P2	Total Requests	Variable	234	384	244									287			
1.10		Urgent – P2	<1- 4 Days	90%	74%	83%	86%								90%	81%	R<85%	A85-89%	G≥90%
1.11		Routine – P3	Total Requests	Variable	423	446	471									446			
1.12		Routine – P3	<7- 14 Days	85%	67%	86%	87%								85%	80%	R<75%	A75-84%	G≥85%
1.13		Routine P4	Total Requests	Variable	113	91	97									100			
1.14	Routine P4	<30 Days	75%	54%	75%	90%								75%	73%	R<65%	A65-74%	G≥75%	
1.15	Number of Estates Internal Critical Failures	0	4	3	1										0	2.7	R1	-	G0
Cleaning																			
2.1	Compliance Very High Risk Cleaning Audit	98%	100%	100%	99%	99%									98%	99.5%	R<95%	A95-97%	G≥98%
2.2	Compliance High Risk Cleaning Audit	95%	99%	98%	97%	97%									95%	97.8%	R≤89%	A90-94%	G≥95%
2.3	Compliance Significant Risk Cleaning Audit	85%	99%	99%	99%	99%									85%	99%	R<80%	A80-84%	G≥85%
2.4	Compliance Low Risk Cleaning Audit	75%	99%	99%	99%	99%									75%	99%	R<70%	A70-74%	G≥75%
2.5	No. of Environmental (food hygiene/Waste) Events	0	0	0	0	0									0	0	R1	-	G0
Waste																			
3.1	Total Tonnage per month all waste streams	Variable	169.34	167.69	192.67	164										173			
3.2	% of Total tonnage Recycled Waste	>47.1%	52.6%	49%	57.2%	54.1%									>47.1%	53.2%	≤40%	40.1-47%	>47.1%
3.3	% of Total tonnage Landfill Waste	<5%	0	0	0	0									<5%	0%	≥15%	5.1-14.9%	≤5%

3.4	% of Total tonnage of Clinical Non-Burn waste	14-24.9%	15%	15.4%	12.2%	13.1%									14-24.9%	13.9%	>25%	<10.1-13.9%	14-24.9%
3.5	% of Total tonnage of Clinical Burn waste	4.1-7.9%	7.1%	6.9%	4.7%	5.6%									4.1-7.9%	6.1%	>8%	<4%	4.1-7.9%
3.6	% of Total tonnage of Clinical Offensive waste	5.1-9.9%	7.1%	9.4%	9.0%	10.16									5.1-9.9%	8.9%	<5%	>10%	5.1-9.9%
3.7	Waste to Energy	<24%	18.4%	19.3%	16.9%	17.04									<24%	17.9%	>35%	24-34.9%	<24%
3.8	Total Waste to Energy	Variable	25.5%	26.2%	21.6%	22.6%										24%			
3.9	Number of Waste Audits undertaken per month	15	15	15	15	15									15	15	R>13	A13-14%	G15
3.10	% of Compliant Waste Audits	100%	100%	100%	100%	100%									100%	100.0%	R<80%	A80-84%	G≥85%
3.11	% Compliance of Statutory Waste Audits	100%	100%	100%	100%	100%									100%	100.0%	R≤89%	A90-94%	G≥95%
Health & Safety (EFM Related)																			
4.1	Number of serious/RIDDOR Incidents	3	3	1	3	1									3	2.0	R≤6	A4-5	G≤3
4.2	Non-patient incidents resulting in moderate harm	4	4	1	1	1									4	1.8	R>7	A5-7	G≤4
4.3	Non-patient incidents resulting in minor harm	35	31	20	28	32									35	27.8	R>39	A36-39	G<36
4.4	% of near misses against total incidents reported	22%	38%	12%	9%	15%									22%	18.5%	R<15%	A15-19%	G≥20%
4.5	% of EFM Staff receiving H & S training in month	85%	81%	87%	88%	88%									85%	86%	R<80%	A80-84%	G≥85%

Security top-line briefs include:

- A significant increase in the number of incidents across the monthly period, largest category threatening and abusive behaviour
- Threatening and abusive behaviour has decreased from 30 last month to 21 this month
- Assaults due to a clinical reason have decreased from 122 to 119, non-clinical assaults have remained at 18
- A perceived surge in drug use in the gardens at Paignton Hospital have led to health and safety concerns, an action plan is in place for this including security patrols, police and anti-social behaviour teams
- Security concerns at some of our sites received from the police re. intelligence of persons seeking to break into vulnerable sites (Torbay Pharmaceuticals have been targeted so far)
- 16 violent person markers are currently in place.
- 47 security incidents are being investigated for violent marker sanction

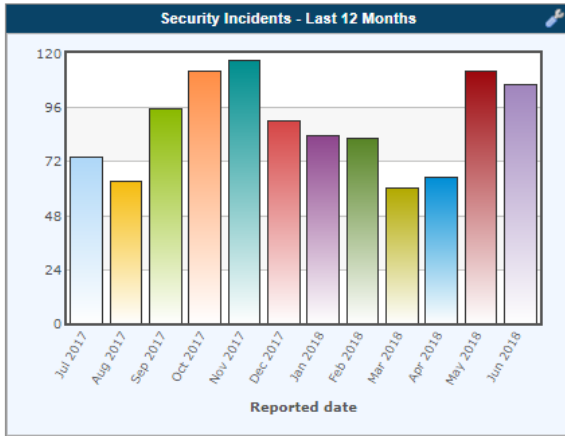
Fire top-line briefs include:

- All High, Medium and Low Fire Safety Risk Assessments are in date and compliant
- Fire detectors were found to be covered over the in the residences during a routine inspection
- Fire at Boyce Court due to smoking
- Evacuation lead training ahead of predicted trajectory
- Brixham hospital fire safety improvement works complete

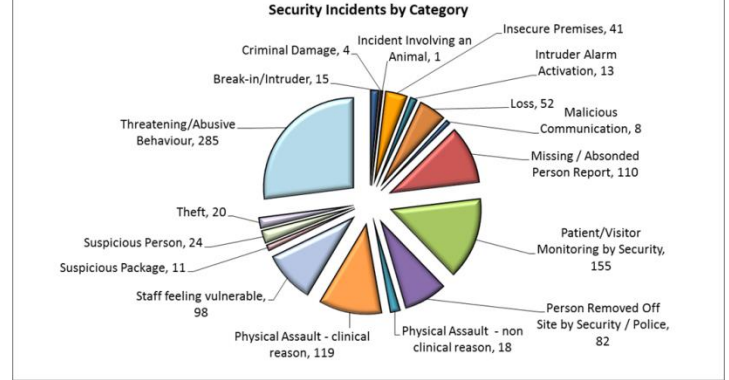
Health and Safety top-line briefs include:

- There were 40 incidents reported during June 2018 just below the yearly average of 41
- There was 1 incident classed as severe which were reported to the Health and Safety Executive (HSE) in June and 1 incident classed as moderate in June:
- New miss reporting still remains low at only 15% of total incidents reported during June
- Manual handling was the top category reported during June with 7 incidents; 1 non-patient handling and 6 patient-handling
- Currently there are 80 Health and Safety Risks on the Trust Risk register - 55 are classed as moderate, 24 classed as low risk and 1 high risk relating to lighting
- Information and guidance regarding the reporting of RIDDOR incidents to the HSE has been added to the Incident Investigation SOP so that investigators are aware of the requirements with regard to the time scales involved.
- 80 departments/services have now completed general risk assessments on the activities they undertake.

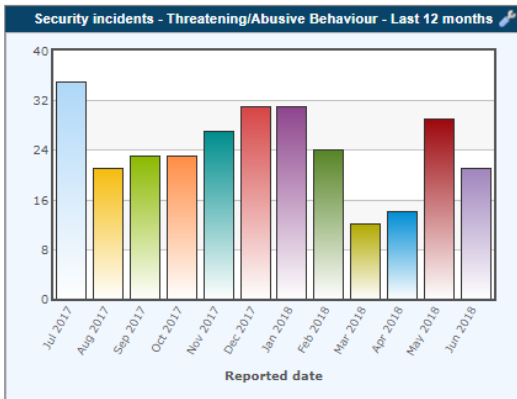
Monthly totals of security incidents from 1st July 2017 to 30th June 2018



Security incidents from 1st July 2017 to 30th June 2018 by category

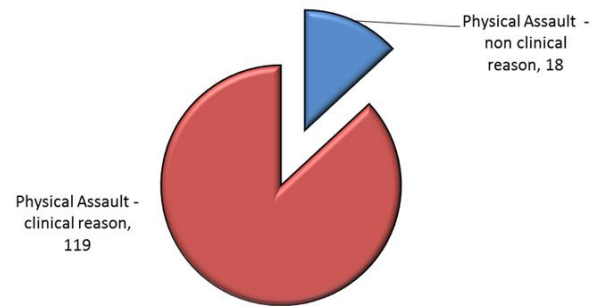


Monthly totals of "threatening behaviour" from 1st July 2017 to 30th June 2018



Number of Physical Assaults 1st July 2017 to 30th June 2018

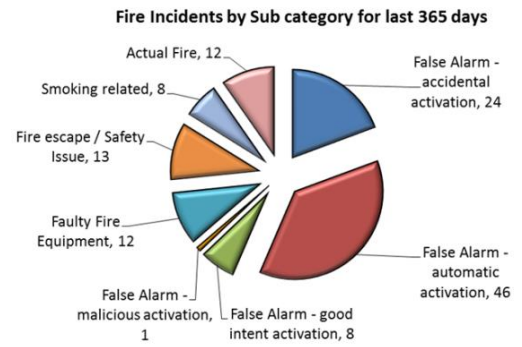
Physical Assault Breakdown for Security Incidents in last 365 days



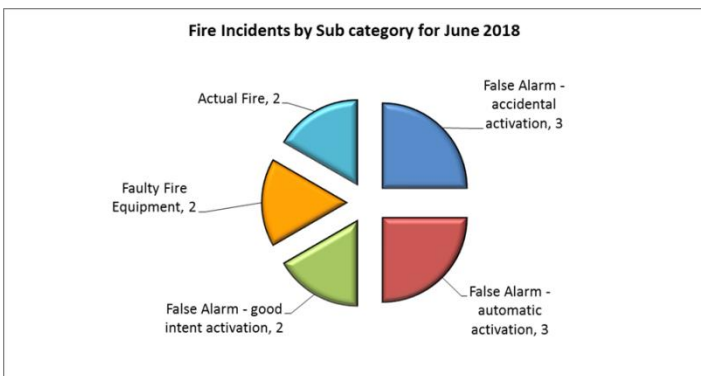
Monthly totals of fire incidents from 1st July 2017 to 30th June 2018



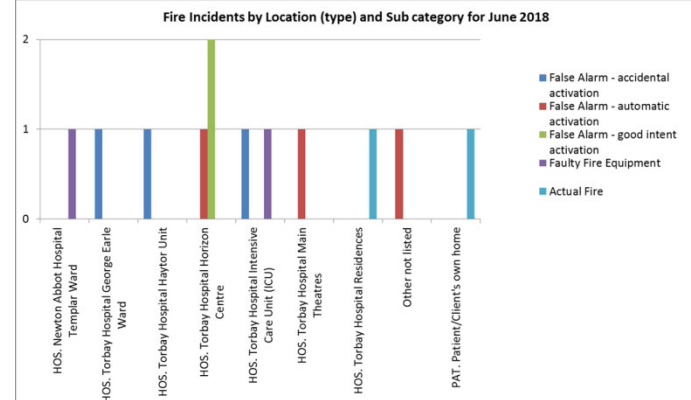
Fire incidents from 1st July 2017 to 30th June 2018 by category



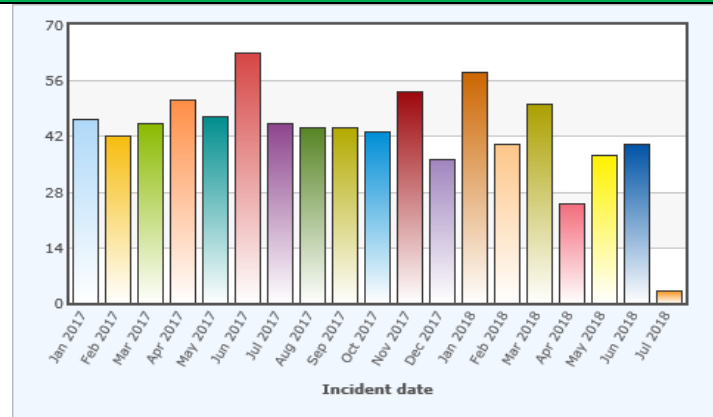
Monthly total of fire incidents for June 2018 by category



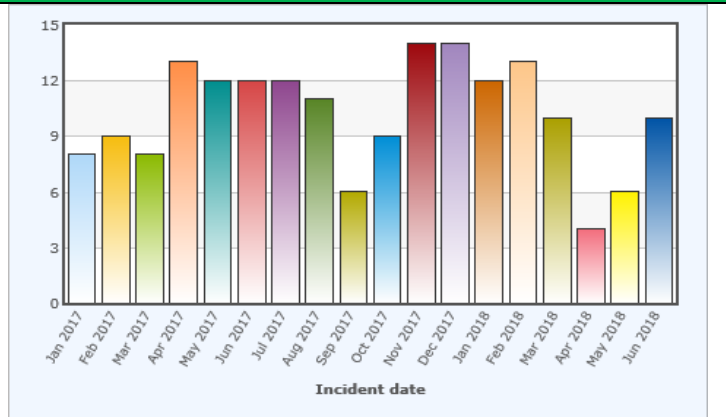
Monthly total of fire incidents for June 2018 by location



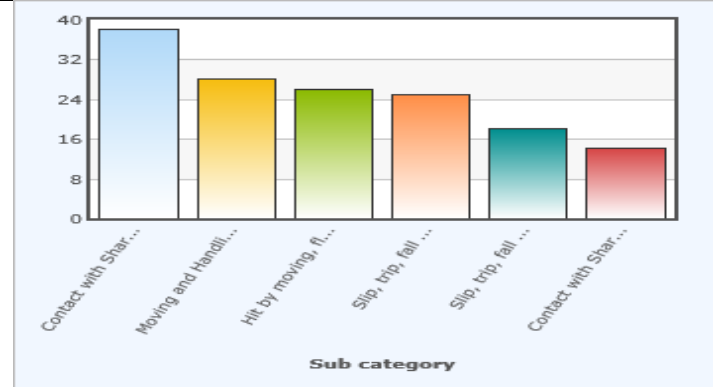
Monthly totals of health and safety incidents from 1st January 2017 to 30th June 2018



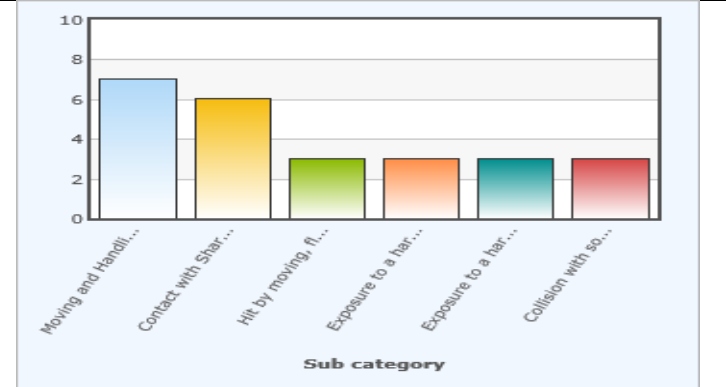
Monthly totals of sharps incidents from 1st January 2017 to 30th June 2018



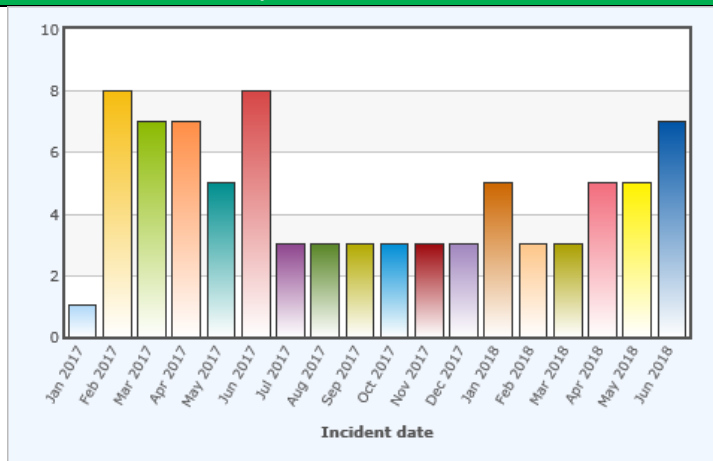
Top 6 categories of incidents 2018



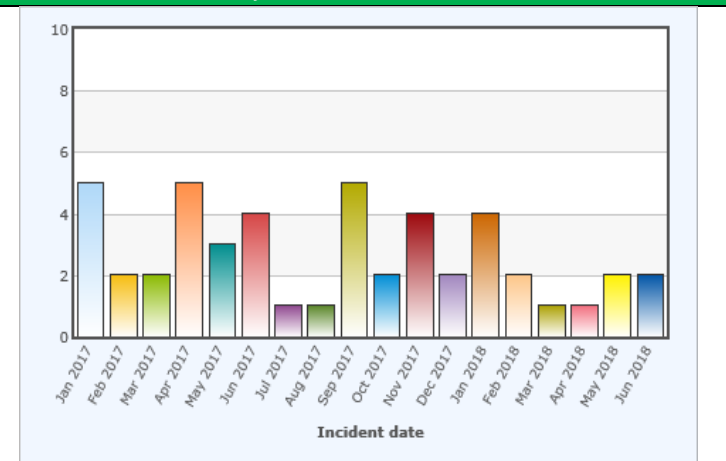
Top 6 categories of incidents June 2018



Number of patient manual handling incidents from 1st January 2017 to 30th June 2018



Number of non-patient manual handling incidents from 1st January 2017 to 30th June 2018



Trust wide fire, H&S and manual handling training compliance from July 2017 to June 2018

