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

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

3 October 2018 09:00 - 3 October 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.		
	User Experience Story		
1	Board Corporate Objectives Information Board Corporate Objectives.pdf 9		
2	PART A: Matters for Discussion/Decision		
2.1	Apologies for Absence - Robin Sutton, Jacqui Lyttle Note	Ch	
2.2	Declaration of Interests Note	Ch	
2.3	Minutes of the Board Meeting held on the 1st August 2018 and Outstanding Actions Approve 18.08.01 - Board of Directors Minutes Public.pdf 11	Ch	
2.4	Report of the Chairman Note	Ch	
2.5	Report of the Chief Executive Review Report of the Chief Executive.pdf 31	CE	
2.6	Strategic Issues		

#	Description	Owner	Time
2.6.1	Devon Sustainability and Transformation Partnership Update Report and STP Commitment to Carers Approve STP Update.pdf 45 STP Commitment to Carers.pdf 57	DSI	
3	Delivery Issues		
3.1	Integrated Performance Report - Month 5 Review Integrated Performance Report.pdf 73	DSI/DoF/DWOD	
3.2	Mortality Surveillance Scorecard Information Mortality Surveillance Scorecard.pdf 155	MD	
3.3	Business Planning 2019/20 Information Business Planning 2019-20.pdf 173	DSI	
3.4	Staff Engagement Bi-Annual Update Review Staff Engagement Update Report.pdf 183	DWOD	
4	Governance Issues		
4.1	Annual Revalidation Report Note Annual Revalidation Report.pdf 197	MD	
4.2	Report on Safeguarding Adults and Deprivation of Liberty Safeguards Information Safeguarding Adults Report.pdf 213	CN	

#	Description	Owner	Time
4.3	CQC Update Information Care Quality Commission Update.pdf 225	CN	
4.4	Revision to the FT Constitution Approve Revisions to the FT Constitution.pdf 241	CS	
5	Governors' Questions Discuss	Ch	
6	PART B: Matters for Approval/Noting Without Discussion		
6.1	Reports from Board Committees Assurance		
6.1.1	Quality Assurance Committee - 18th August 2018 Information QAC 18.08.08 Chairs report to Boardv.2.pdf 247	J Lyttle	
6.1.2	Finance, Performance and Investment Committee - 28th August and 25th September 2018 Information 2018.08.28_FPI_Cttee_Report_to_Board.pdf 249 2018.09.25_FPI_Cttee_Report_to_Board.pdf 251	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 253	ICOO	
6.2.2	Report of the Chief Nurse Information Report of the Chief Nurse.pdf 267	CN	

#	Description	Owner	Time
6.2.3	Safe Staffing Report Information Safer Staffing Report.pdf 273	CN	
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6.2.5	Report of the Director of Strategy and Improvement Information Report of the Director of Strategy and Improvement... 297	DSI	
6.2.6	Report of the Director of Estates and Commercial Development Information Report of the Director of Estates and Commercial D... 311	DECD	
6.2.7	Report of the Director of Workforce and Organisational Development Information Report of the Director of Workforce and OD.pdf 323	DWOD	
6.3	Compliance Issues		
6.4	Any Other Business Notified in Advance	Ch	
6.5	Date of Next Meeting -9.00 am, Wednesday 7th November 2018	Ch	
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'.

Torbay and South Devon
NHS Foundation Trust

MINUTES OF THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST BOARD OF DIRECTORS MEETING HELD IN THE BOARD ROOM, TORBAY HOSPITAL ON WEDNESDAY 1ST AUGUST 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
	Mr R Sutton	Non-Executive Director
	Mrs S Taylor	
	Ms L Davenport	Interim Chief Executive
	Mr P Cooper	Director of Finance
	Mrs L Darke	Director of Estates and Commercial Strategy
	Dr R Dyer	Medical Director
	Mrs J Falcão	Director of Workforce and Organisational Development
	Mr J Harrison	Interim Chief Operating Officer
	Mrs J Viner	Chief Nurse
	Mrs A Wagner	Director of Strategy and Improvement
In attendance:	Mrs S Fox	PA to Chief Executive
	Mrs J Gratton	Head of Communications
	Mr R Muskett	Deputy Director of Finance
Governors:	Mrs W Marshfield	Mr B Bryant, Mrs C Day
	Mr P Coates	Mrs A Hall, Mrs L Hookings
	Mrs M Lewis	Mrs E Welch

		ACTION
	PART A: Matters for Discussion/Decision	
136/08/18	**Apologies for Absence** Apologies were received from the Director of Finance, Interim Corporate Secretary, Mrs V Matthews, Mr J Welch and Councillor Parrott.	
137/08/18	**Declaration of Interests** Nil.	

138/08/18 **Minutes of the Board Meeting held on the 4th July 2018 and Outstanding Actions**

Approved.

139/08/18 **Report of the Chairman**

The Chairman briefed the Board as follows:

- The Trust held a tea party to celebrate the 70th birthday of the NHS. The event was very well-attended – especially by many retired NHS staff.
- The birthday ball that was held on the 7th July was equally well-attended by staff and also raised £460 for the League of Friends.
- The Board noted that as of the 1st August, Mairead McAlinden had officially retired from the Trust. The Chairman reminded members that the Condolence Book was still open if they wished to record any thoughts for Mairead.
- The Chairman attended a staff engagement session recently in Regent House and suggested that if Board members were available, to visit the staff who worked there.
- The substantive Company Secretary post had now been advertised. It was likely interviews would take place in September.
- The Chief Executive recruitment process was also underway and would close on the 28th August with interviews on the 24th September.
- The Mary Delve Suite has been presented with a specialist bed from the Last Kiss Foundation and the formal presentation was being held at 2pm on Friday 3rd August if Board members wished to attend.

140/08/18 **Report of the Interim Chief Executive**

The Interim Chief Executive highlighted the following from her report:

- The Trust's Blood Management Team were finalists in the HSJ Patient Safety Awards – they unfortunately did not win, but the event highlighted the very innovative work by the team.
- The Interim Chief Executive also attended the 70th tea party and highlighted how much the NHS has achieved over the last 70 years such as advancements in screening; immunisation programmes; technology enabled advances in areas such as cancer care.
- Work has commenced to deliver an improved Emergency Department environment and urgent treatment centres in Newton Abbot Hospital and Torbay Hospital following the allocation of £13m of national funding. The Trust would be seeking the views of stakeholders as well as staff and other interested parties to ensure that the right pathways of care were put in place and a building was designed to support those

	pathways. • The STP Two Year report has been published and the document highlighted the progress made over the past two years and the added value that was provided by the STP. • The Board noted the proposal to provide more mental health beds at Torbay Hospital which was welcomed as more patients were placed out of area from Torbay and South Devon than in the rest of Devon. • Devon CCG have received a 'Good' rating from the CQC, and Torbay and South Devon CCG 'Requires Improvement' – this was felt to be due to the system arrangement in Torbay and South Devon around finances. • The NHS 10 Year Plan highlighted five priorities for the NHS – mental health; cancer screening services; cardiovascular disease; prevention and inequality in children's services; and reducing national health inequalities. • Devon STP was expected to be part of the third wave of integrated care systems. • The new Independent Chair of Devon STP had commenced in post and it was expected she would commence work to recruit a substantive Chief Executive to the STP. • The Interim Chief Executive spent some time with the IT team earlier in the week as part of the Back to the Floor initiative and she highlighted the work that they did and focus required to keep the Trust's IT services working. • Finally the Board was asked to support and endorse the Torbay Council Joint Health and Wellbeing Strategy.	
	The Board formally supported and endorsed the Torbay Council Joint Health and Wellbeing Strategy.	
	Strategic Issues	
141/08/18	**Devon Sustainability and Transformation Partnership Update Report** The Board noted that the monthly STP briefing had not yet been received. The Director of Strategy and Improvement briefed the Board on an 2018/19 Operational Planning even held in July, with the key theme form the event being an acknowledgement of the increased joint working that took place which was felt to be a marker of success to help manage the challenges facing Trusts in Devon.	

	Delivery Issues	
142/08/18	**Integrated Quality, Performance, Finance and Workforce Report – Month 3** Report Summary **Performance:** At Month 3 the Trust did not meet the following national standards or agreed planned improvement trajectories : • Urgent Care 4 hour standard; • Referral to Treatment times (RTT); and • Cancer 62 day from urgent referral to treatment. **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. **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. 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 within the Independent Sector Continuing Healthcare budget. Despite this, non-pay remains below budget, largely reflecting underspends in investment reserves.
- The CIP target for the period to 30 June 2018 is £2.86m, 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.

<u>Dependencies and Key Risks</u>

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.

Performance

The Interim Chief Operating Officer briefed the Board on performance over the last month and the new processes that had been put in place to improve performance and in particular the 4 hour wait target. The Board noted that in the second half of July bed occupancy had reduced in the acute and community settings, with an accompanying improvement in the 4 hour performance. This headroom also gave the teams space to work on system and flow issues before winter. The 4 hour performance in the second half of July was 96% compared to 88% in the first half, and there had also been three days with no breaches. It was noted that the Clinical Management

Group, which was meeting later in the week, would be exploring and trying to understand the factors that have triggered the improvement in performance.

The Interim Chief Executive reminded the Board of the letter from the National Urgent and Emergency Care Director for NHS England and NHS Improvement which stated that an occupancy level of 89% was one of the key predictors to deliver the 95% 4 hour target, alongside low levels of stranded or super-stranded patients and this was borne out given the Trust's recent performance.

The Interim Chief Operating Officer agreed and added that he felt there was still more opportunity for improvements, especially in the community and work continued in this area.

The Interim Chief Operating Officer reminded the Board of the work that had already taken place to date and what was planned, to improve the Trust's 52 week waits; 2 week and 61 day cancer standards trajectories. The plans were submitted to NHSI last week, apart from a robust plan for Urology, which was in the process of being agreed and which would be submitted to NHSI in the next couple of weeks.

Mr Sutton queried the robustness of the trajectories over the winter period and the Interim Chief Operating Officer reported that the more headroom that could be created now gave the teams the opportunity to plan for winter. He added that the area that was most affected by winter was Orthopaedics and this was the most expensive speciality to deliver. The Interim Chief Executive added that part of the winter planning process was to scenario check the plan and that learning had been taken from winter 2017/18 to inform the plan for the coming year.

The Chief Nurse reminded the Board of the impact on the patient and the quality of care provided due to the long waits, notwithstanding that lists were closely monitored to mitigate any risk and harm to patients.

The Director of Strategy and Information informed the Board that Mrs Matthews had challenged the Finance Committee to consider the impact of some of the decisions the Trust had made in the last year that had affected performance – some intended and some unintended and the learning that could be taken forward.

Quality

- The Board noted the continued work to identify a member of staff to input the VTE data.

- Mrs Lyttle queried the incidents that had been reported in June and it was noted that they were of moderate harm and to report 2-3 in a month was not unusual. The incidents were being fully investigated.

Workforce

- The Workforce Plan was above target for June and the Board noted t that this not necessary positive as it meant that there were vacancies in the Trust that needed to be filled and in some cases these were

affecting the Trust's performance.

- Sickness absence had reduced and it was hoped this was due to the continued focus on supporting staff and the health and well-being work.

- Update of mandatory training was the same as for previous months.

- Unfortunately achievement review performance had reduced in June and it was possible this was due to annual leave and operational pressures.

Mrs Lyttle reminded the Board that a focus in the next year for NHSI and NHSE was sickness and the Director of Workforce and Organisational Development informed the Board that the Executive Team were undertaking a deep dive on the Workforce KPIs to consider what further action could be taken to improve performance. She also reminded the Board that learning was already taken and implemented from other organisations in terms of best practice etc.

Finance

- The Trust reported a deficit of £2.48m which was £0.67m worse than plan.

- The Trust had not received the performance STF funding for the first quarter – however due to the Trust's plan, it was accepted that the Trust would not have been in a position to receive the funding.

- There was an underspend on the capital programme and four bids have been submitted for STP capital funding.

- There remained a £5.9m CIP gap and work had been taking place to reduce the gap including identifying five Trust-wide schemes and a revised reporting process for SDUs to take forward actions.

- NHSI' Finance Director (South) recently visited the Trust and the opportunity was taken to show him the Trust's capital programme and how the money would be spent. He was aware of the Trust's capital and cash position and suggested the Trust needed to ensure it was ready to bid for funding when the opportunity arose.

- Mr Sutton reminded the Board that the impact of the decisions taken in respect of increasing capital expenditure, alongside the CIP gap, were impacting on the Trust's cash position, notwithstanding that the actions were the rights ones to take. He added that he was encouraged by the potential to be able to bid for access to funding.

- The Chairman suggested that staff were not aware of the level of capital spending in the current year (£26m compared to £7m last year) and that some communication was necessary so staff understood the extent of the Trust's investment this year.

- Mrs Taylor queried the underspend in the Corporate area and it was noted some of this was due to depreciation and the capital position,

and also that the funding for the planned investments in operational areas was being held in the corporate budget before being drawn down by operational teams.

In closing, the Director of Strategy and Improvement said that, reviewing the Trust's overall performance on national standards they were all red, and that she felt the Trust was carrying a higher risk that last year in this respect – especially taking into account the effect on patient experience due to long waits etc.

The Board formally reviewed the documents and evidence presented.

143/08/18 **Mortality Surveillance Scorecard**

Report Summary

- 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.

Dependencies and Key Risks

The data can be crossed checked in the Board Databook, QIG Dashboard and independently from Dr Foster.

The Medical Director reported that the Trust's standardised mortality statistics remained good and that good progress had been made on the review of the avoidability of deaths.

The Medical Director then went on to highlight two recent high profile events – firstly the Gosport events concerning deaths in a community hospital setting. Work had taken place in the Trust to provide assurance that this could not happen here, and the Board could be assured that community hospitals have been reporting mortality data and undertaking reviews of deaths for a number of yeas and there was no evidence of any areas of concern. In addition, a review of the use opiate drugs in the community was taking place. There was no data available dating back to when the Gosport events took place, however the issue appeared to be due to a number of complaints being received at the time of the events, and not being addressed properly, and assurance could be provided that this had not happened at this Trust. The need to ensure staff were felt comfortable to whistleblow was also noted.

The second issue concerned a number of excess deaths in the SCBU at Countess of Chester Hospital. In this Trust there had only been 8 deaths over the last 10 years in SCBU and all deaths were reviewed in detail. Assurance could be provided that there was no evidence of concern found through the reviews. In addition, there had been a recent peer review of SCBU and no areas of concern were identified.

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

144/08/18 **South 1 Pathology Network Board Meeting**

Report Summary

The report 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:

- 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

Dependencies and Key Risks

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.

The Board noted and formally endorsed the report.

The Board formally endorsed the approach outlined in the paper, specifically the establishment of a Pathology Clinical Effectiveness Group in a clinical commissioning capacity.

Governance Issues

145/08/18 **Report of the Guardian of Safe Working Hours**

Report Summary

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.

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.

Dependencies and Risks

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.

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.

The level of vacancies has been entered as a new Corporate Level Risk.

The Medical Director highlighted the following from the report of the Guardian of Safe Working Hours:

- Mr Punwar has been working hard to address issues raised from the reporting of excess hours with some success.

- There had been a greater difficulty in recruiting junior doctors in 2018 and detailed plans have been put in place to try to fill gaps in rotas – it was expected that an increase in reporting of working excess hours would be experienced as a result.

- The Trust had been placed as the top Trust in the South West for the 7th year in a role following the GMC survey, with the South West being the top region in the county.

- Mrs Lyttle queried the effect on the Trust's performance if there were gaps in the junior doctors' rotas and the Medical Director explained that junior doctors would be focused on acute facing areas, and that ward bases would be affected by the gaps, which could affect timeliness of transferring patients home, but that performance against national targets would not be affected.

- Mrs Marshall queried if the lack of junior doctors was a local or national trend and it was noted that it was national – increasingly junior doctors were going overseas to work, or choosing not to work in the NHS at all.

The Trust Board formally considered the risks and assurance provided within this report. Board members also noted the expectation that the level of exception reporting will rise in coming months due to the increased level of vacant junior medical posts.

146/08/18 **Annual Safeguarding Children and Looked After Children Report**

Report Summary

The report informed 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.

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.

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.

Dependencies and Risks

Children's services procurement process
0 – 19 children's services procurement process
LAC service procurement process

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 Children's Improvement Board have been informed.

The Chief Nurse highlighted the following:

Safeguarding Children

- 21.6% of children in Torbay were living in poverty.
- Torbay was ranked amongst the 20% most deprived local authorities in England.
- Domestic abuse rates were the highest across Devon per 10,000/head population.
- Recorded crimes by under 18 years old was high.
- The data was a sobering story of disadvantaged and deprived children in Torbay – against the background of a proposed reduction in funding for Children's Services.
- The team's workload continued to increase.
- Over the past year the team has looked to work more efficiently and effectively and has redesigned the team to facilitate this. In addition - the team had a national profile for both safeguarding and Looked After Children.
- The priorities for the service were linked to the priorities for the Devon Safeguarding Children Partnership and Torbay Safeguarding Children Board – with a focus on domestic abuse; training; and supervision to deal with complex families.

Looked After Children (LAC)

- Torbay has 112 LAC per 10,000 children, compared to 75 in Plymouth - the highest in the South West and one of the highest in the country.
- The service struggled to undertake individual health assessments for this group of people within the required timescale – partly because the team did not receive the referrals in a timely manner, but also due to lack of capacity.
- The Board noted that Torbay was a highly deprived area and it was not felt this was fully understood by the STP and it was agreed this needed to be addressed.
- The Interim Chief Executive thanked the Chief Nurse for her report and the sobering statistics it contained. She highlighted the need to shape and influence at STP level to help tackle those challenges at a strategic level.
- The Lead Governor echoed the concerns that had been raised and the need to take action to improve the lives of those children affected by deprivation etc. She added that the Council of Governors had a responsibility to highlight this issue as well as the Trust.

- Mrs Hookings asked if the fact that Torbay Children's Services being managed by Plymouth would adversely affect provision and it was noted that the service would remain owned by Torbay Council and that provision was not expected to be affected.

The Board formally noted the report.

147/08/18 **Progress Update on Completion of 2018 CQC Inspection Requirement Notices Action Plan**

Report Summary

This report provides a status update (as at 19th 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 17th May 2018.

Dependencies and Risks

The Requirement Notices in this Board report can be cross-referenced with the TSDFT 2018 Final CQC Inspection Report published on the CQC website.

The Board noted the good progress made to date and that the two actions currently rated amber should move to green in the near future. A report on the 'should do' actions suggested by the CQC would be brought to the October Board.

The Board formally noted the report.

148/08/18 **Adult Social Care Local Account Torbay Report 2017/18**

Report Summary

The report 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.

- 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:
  - 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.

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.

Dependencies and Risks

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".

The Trust Board formally reviewed the content of the report and noted the performance standards achieved and signed off through the Local Authority and Trust governance process.

149/08/18 **Governors' Questions**

On behalf of Dr Davidson, Mrs Marshfield queried the action being taken to remove signage in respect of Dartmouth Hospital and it was noted that South Hams Council has assured the Trust that this was in hand.

PART B: Matters for Approval/Noting Without Discussion

Reports from Board Committees

150/08/18 **Quality Assurance Committee – 15th June 2018**

Mrs Lyttle reported that the Committee undertook a deep dive on performance, and the associated risk to patient experience but was assured that due to mitigating actions patients were not coming to any harm. The Committee also received a presentation from the Nutritional team which was well received.

151/08/18 **Charitable Funds Committee – 18th June 2018**

Mrs Lyttle reported that there were no issues relating to fund investments. The Committee has agreed to work with the Torbay Hospital League of Friends on fundraising strategies.

The Chairman asked if the Committee could provide advice to the community League of Friends who have been affected by hospital closures and it was agreed Mrs Lyttle would take this back to the Committee. JL

152/08/18 **Finance, Performance and Investment Committee – 31st July 2018**

Noted.

Reports from Executive Directors

153/08/18 **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 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
    - Professional standards engagement progress
    - Capital emergency pathway redesign
    - Ambulance handovers
    - Winter plan refresh
    - Fully integrated Discharge Hub goes live.

- Ÿ 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.

- Ÿ Trust wide development session on self-managed teams' event 9th July update.

- Ÿ First 12 months IPC alcohol project feedback

- Ÿ Ongoing work regarding the safe delivery of domiciliary care across our footprint.

- Ÿ CIP delivery is being driven through;
    - 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

Dependencies and Risks

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 Board noted the report of the Interim Chief Operating Officer.

The Board formally reviewed the content of the report.

154/08/18 **Safe Staffing Report**

Report Summary

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.

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.

There was an increase in bank and agency use over quarters 4 and 1 but this is now returning to baseline level.

Dependencies and Risks

Registered Nurse recruitment remains a challenge
The data pull from the Allocate system requires review

The Board noted the Safe Staffing report.

The Board formally reviewed the document and the evidence presented.

155/08/18 **Report of the Director of Workforce and Organisational Development**

Report Summary

- 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.

Dependencies and Risks
Risks are reviewed as part of the agenda of Workforce & OD Group.

- **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 slightly below the 85% target.

- **Risk Register**: The risk register currently holds the following risks:
  - 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
    - Staff Survey
    - Succession planning

  Work is progressing to minimise the risks in these areas.

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

This report is for information.

156/08/18 **Report of the Director of Estates and Commercial Development**

Report Summary

- **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.

  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.

  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.

  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.

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.

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.

- **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 competed 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.

Dependencies and Risks

Risk of significant failure of infrastructure due to a lack of available capital for investment.

The Director of Estates and Commercial Development informed the Board that the incident report into the recent fire had been completed and a detailed action plan was being put together and the loss adjuster had visited the site. The Board noted that the incident was now formally closed.

The Board formally noted 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.

157/08/18 **Compliance Issues**

Nil.

158/08/18 **Any Other Business Notified in Advance**

The Board noted that the Trust had recently submitted a bid with the RD&E for Diabetic Eye Screening. The RD&E was the prime contractor for this bid.

159/08/18 **Date of Next Meeting – 9.00 am, Wednesday 3rd October 2018**

Exclusion of the Public

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

BOARD OF DIRECTORS

PUBLIC

No	Issue	Lead	Progress since last meeting	Matter Arising From
1	Detailed report to be provided to February meeting on the STP's demand management strategy	DSI	**February Update** – the STP had not yet published its demand management strategy. **April Update** – the strategy had not yet been published. **August Update** – agreed to remove action – briefing would be brought to Board when appropriate	06/12/17
2	Provide refresh of paper on the focus and structure of STP	DSI	**May Update** – this cannot be provided until the STP refresh has taken place. **August Update** – agreed to remove action – briefing would be brought to Board when appropriate	11/04/18
3	Mrs Lyttle, as Chair of Charitable Funds Committee, arrange for the Committee to provide advice to the community League of Friends who have been affected by hospital closures.	JL		01/08/18

Cover sheet for a report to the Trust Board					
Report title: Chief Executive's Business Update					**Date: 3 Oct 2018**
Report sponsor	Chief Executive				
Report author	Director of Strategy and Improvement Joint Heads of Strategic Communications				
Report provenance	Report reviewed by Executive Directors (26 Sept) and Interim Chief Executive				
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** ☐	**Information** ☐	**Review** ☒	**Decision** ☐	**Approve** ☐
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: • 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: • 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 Executive Directors (26 Sept) and the Interim Chief Executive				
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: 3 Oct 2018**
Report sponsor	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 1 August are as follows:

1.1 Safe Care, Best Experience

Winter Capital funding
The Trust was successful in winning £340,000 of government funding to support emergency and urgent care over the winter. The funding will enable us to:

- expand the waiting area and create four new treatment areas in its ambulatory unit (where people receive treatment if they are not going to need a hospital stay overnight)
- improve the resuscitation area
- buy new patient trolleys and cardiac monitors with linked telemetry

These developments will help us improve our experience for patients, create a better working environment for our staff and avoid patients waiting longer than they need to. We plan to have the work completed by the end of November, in time for the busiest winter period.

Maternal requests for C-section
Birthrights (the human rights in childbirth charity) last month published research showing that the majority of Trusts in the UK make the process of requesting a caesarean lengthy, difficult or inconsistent adding anxiety and distress to women at a vulnerable time. NICE guidelines states: 'For women requesting a caesarean section, if after discussion and offer of support… a vaginal birth is still not an acceptable option (Trusts should) offer a planned caesarean section.' But pregnant women in some regions who ask about the procedure are simply told to go elsewhere. Statistics show that 15% of Trusts have policies or processes that explicitly do not support maternal request caesarean, while 47% of Trusts have policies or processes that are problematic or inconsistent. Only 26% of Trusts offer caesareans in line with NICE best-practice guidance.

Comment
We are currently in the process of updating our policy, and will take the report into account as we progress this. Our aim is to become fully compliant, rather than partially. The report has been noted in our governance meeting. In practice all our obstetricians have agreed to maternal request since the publication of NICE guideline in 2011 and our process is already close to best practice described in the report, without barriers such as second opinion. However, we are sometimes impacted by theatre/staffing capacity so that maternal request for caesarean section are more likely to be delayed to 40 weeks than medically indicated ones.

Paignton Health and Wellbeing Centre temporary closure
Outpatient clinics at Paignton Health and Wellbeing Centre were cancelled for three days from 31 August, following the discovery of Legionella bacteria in some of its taps during regular checking. Although it is normal for Legionella bacteria to be present in older buildings and any risk to people in outpatient settings is minimal, we decided as a precaution to cancel the clinics while remedial works were carried out. Staff worked throughout the weekend to ensure the works were carried out as quickly as possible, aiming to minimise disruption for patients and staff. The Centre was able to re-open on Wednesday 5 September as planned.

Mortuary improvements
In May last year our mortuary was inspected by the Human Tissue Authority (HTA) who found a number of shortcomings that they described as serious concerns. Many of these we had already recognised and were addressing. Since then, our mortuary has been completely transformed, including a full refurbishment, investment in equipment and significant changes to the way the service is run.

The Trust has spent over £212,000 to update the facilities and improve the environment for staff and visiting families. The refurbishment included a redesign and rebuild to create more space and increase capacity, as the original department was completed in 1969, when the population of Torbay and South Devon was much smaller. The department has been completely redecorated to provide a much brighter, lighter and more modern space. The Trust has also invested in new mortuary equipment including state of the art refrigeration units and better security systems. Staff retention has also improved through the development of a better working environment along with a comprehensive training programme created to help support them in their roles.

The Trust worked closely with the Human Tissue Authority, staff and external partners, to ensure all the changes planned met the needs of the new HTA standards, along with the growing needs of the Torbay and South Devon community.

1.2 Well Led

2017/18 Month 5 (August) service delivery and financial performance headlines

Key service delivery and financial performance headlines for Month 5 from the integrated performance report to draw to the Board's attention are as follows:

National Performance Indicators
For Month 5 the Trust did not meet the agreed Operational Plan trajectories against the following national performance standards:

- **4 hour ED standard:** In August 87.2% of patients were discharged or admitted within 4 hours of arrival at our Accident and Emergency Departments. This is a deterioration on last month (92.7%) and is below the planned month 5 trajectory (93.3%) and national standard (95%).
- **Referral to Treatment standard (RTT):** performance improved in August with 82.2% (81.5% last month) of patients waiting for treatment under 18 weeks. This is just below the M5 trajectory (82.6%) and well below the national standard (92%). At the end of August, 77 people were reported as waiting over 52 weeks - a increase on last month (64).

- **62 day cancer standard**: at 76.6% (validated 14 Sept 2018) performance is above our improvement trajectory (73%) but remains below the 85% national target, and is a deterioration on last month (86.23%).
- **Diagnostic waits:** The diagnostics standard was not met with 6.6% of patients waiting over 6 weeks against the standard of 1%. This is a deterioration on last month (5.7%).

Finance Headlines:

- **Overall financial position:** The financial position for the financial period to 31 August 2018 is a deficit of £7.05m against a planned deficit of £6.10m.
- **CIP savings delivery position:** The current month position shows a balanced delivery position against plan. There is a £0.49m cumulative shortfall against a £4.82m target.
- **Forecast:** Based on M5 analysis the forecast is a surplus of £1.08m against a plan of £1.73m – this represents a £0.65m gap.to the adjusted financial performance due to the loss of the A&E performance related provider Sustainability Fund for the first quarter and anticipated loss in second quarter.
- **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 further assurance that plans will deliver and that individual patient safety is not being compromised.

Reviewing how we work in the community

This year we are working hard to further integrate services, to improve our performance against key national targets and to reduce a significant financial gap. In recognition of the size of this task, we have asked Meridian Productivity to work with our Community Services staff to review how we work and to understand how all our community health assets could be used to the greatest effect. We have also asked them to work with us to help deliver any changes which we feel we need, using their experience from their work with other Trusts around the country. The Meridian team will be here until Christmas and their first priority will be to fully understand our services, how they are currently being delivered, where the demands come from and if there are opportunities to reduce pressure.

Strategic Estates Partner

The Trust has appointed Health Innovation Partners as its 15-year strategic estates partner. There have been a number of queries from staff and the media about whether this is linked to PFI or privatisation of services. The answer is no: it is not linked to PFI, does not involve the privatisation of any Trust services or facilities and will not tie us into any long-term payments for new developments. We will not hold any interest in Health Innovation Partners (HIP) and they will have no control over Trust decisions. Rather, we will work in partnership with HIP to make best use of their knowledge, expertise and access to capital funding in support of our estates strategy. They will receive payment from

us in the form of fees and, where we identify a business case for developing a Trust asset, we will receive full book value for that asset. Any additional value generated by the development will be split between the Trust and HIP in a profit-share agreement. This will potentially generate additional income for the NHS, which will be used to invest in our community health and wellbeing services.

Technology enabled care in Torbay
Some new changes are coming to the way in which we provide technology enabled care service (TECS) in Torbay. Technology now plays an important role in supporting people to stay as healthy and as well as possible and there is an ever changing and developing range of technological solutions. In order to develop the service and offer greater choice, innovation and increased peace of mind, the Trust has decided to transfer the service to a new provider. Following a rigorous procurement the Trust has awarded the contract to NRS Telecare who take over the full running of the service from 1 October. NRS Telecare has an excellent track record and clinical expertise and we are excited to be able to introduce them as the new provider of Technology Enabled Care Services in Torbay.

1.3 Valuing our Workforce, Paid and Unpaid

Remembering Richard Heafield, Consultant Radiologist
It was with sadness that we learnt of the death of our friend and colleague, Richard Heafield on Saturday 25th August at Rowcroft Hospice. Richard returned to work after surgery and adjuvant treatment for Mesothelioma diagnosed in 2017. Sadly, the disease recurred in the spring. Richard coped with his illness bravely and with great dignity. Many of us will remember Richard as an excellent, committed and caring clinician. Those who knew him well will remember him also as a thoroughly nice guy. Richard's family would like to thank all those who were involved in his care over the period of his illness, and to his friends and colleagues who made his time in Torbay so enjoyable. We have had discussions about a celebration of Richard's life and his time at Torbay and will issue an open invitation to such an event at a later date.

Social Care Development Programme
We have been successful in bidding for Better Care Fund monies to take part in the Community Led Support Programme with the National Development team for Inclusion (NDTI). The programme will support us in implementing a co-produced, community-led support model in Torbay.

NDTI visited the Trust in September to conduct a "readiness check". They spoke to a range of frontline social care staff and colleagues in mental health to get a sense of where the organisation is culturally, and gathered feedback from staff to inform the shape of the programme going forward. We anticipate that the programme will last around 18 months. It gives us on-site support and access to a national learning of peer-organisations, as well as opportunities for staff to attend events and training which will help to embed skills within our own workforce to sustain change.

HOPE Programme especially for Trust staff
A HOPE course has now been scheduled specifically for Trust staff. The programme is designed to help people suffering from one or multiple long term conditions, to manage their health better and improve their overall wellbeing. Conditions can also include anxiety, depression and stress. The programme is running for six weeks until 10 October and is delivered by health or social care professionals from within the Trust, alongside facilitators that have lived experience, who also have long term conditions (and understand what you are going through).

Appointment of Supported Return to Training Clincial Champion
I am pleased to report we have appointed Dr Indranil Dey, Consultant Paediatrician, as our Supported Return to Training Champion as of 1.10.18. His remit will be to liaise between trainees who are planning to be, or who have been, out of training for 3 months or more for whatever reason, the Deanery and Supervisors/TPDs to ensure a bespoke, appropriately supported and above all, safe return to training.

Research into assistant practitioner role
Our Trust first embraced the band 4 'Assistant Practitioner' (AP) role in 2005/6, filling a gap in our workforce and giving many staff a new, developmental route through to a career in nursing. Rachel Nolan, Assistant Practitioner and Clinical Educator (Healthcare Assistants and Assistant Practitioners), has had an article published in a national journal, *British Journal of Healthcare Management,* with lead author, Ian Kessler, Professor of Public Policy and Management, King's College, London. The article reviews the development, implementation and consequences of an Assistant Practitioner role in a children's community team. It highlights the learning and successes of introducing this role, and acknowledges the importance of being flexible in planning to ensure the AP is able to meet local circumstances and needs.

Congratulations to the Transport Services Department
The Transport Services Department have once again been successful in gaining the Freight Transport Association Van Excellence accreditation, for the seventh consecutive year. Van Excellence is an industry driven programme designed to raise operational standards and recognise excellence across van operators. At the heart of the Van Excellence is a comprehensive and practical Code of Excellence defining the minimum standards of operational practices required for a van operator to be accredited as a Van Excellence operator. The Transport Services Department would like to thank all Trust vehicle drivers for their input in ensuring we remain not only compliant, but to a high standard.

Trust staff win Placement Educator Awards
Congratulations to all Trust staff and teams who recently won a Placement Educator Award from the School of Health Professionals, for the outstanding support of students on placement. For the third year running our students have nominated several placement educators / teams who they feel have made a significant difference to their learning experience for a placement award. The School of Health Professionals received over 100 nominations this year, which included several nominations for the Trust

NHS SW Military Challenge
We fielded a team of 12 staff at this year's military challenge at Okehampton Camp. The weekend event was supported by the Army Medical Reserve Services of 243 Wessex Field Hospital. Our team consisted of staff from a wide range of services including a junior doctor, a consultant, a specialist nurse, therapist, and various staff in support roles. One of our orthopaedic registrars, who also serves as a reservist, led one of the challenges designed to test participants' planning skills. Although our team had not all met each other before the event, they quickly bonded as a team, when facing challenges designed to give participants an idea of what medical military personnel face on a daily basis. Exercises included observation and communication, rescuing casualties under fire, completing an assault course, preparing a casualty for air rescue, simulated rifle range and planning a rescue mission.

Comment: I visited on the Saturday and was impressed by the range of activities and challenges on offer and the enthusiasm with which our staff were pushing themselves beyond their comfort zones. The support from our armed services was outstanding as they came together to give NHS staff a greater understanding of what the Army Medical Services do, and how NHS Trusts can support this. I took away an undertaking to promote to our staff the opportunity to join the Army Reserve medical unit. The Army benefits from being able to call on additional medical specialists at short notice, and the NHS benefits from the clinical training and other development that staff receive if they join the reservists.

2 Interim Chief Executive Engagement: August-September

Internal	External
• Staff Side • Medical Staff Committee • Joint Local Negotiating Committee • Locality CD Meeting • Community League of Friends Chairs' Forum	• STP Chief Executive's Meeting • Director of Adult Services, Torbay Council • Director of Public Health, Torbay Council • Executive Lead for Health and Wellbeing, Torbay Council • Chief Officer for Adult Care and Health, Devon County Council • Cabinet Member for Adult Social Care and Health Services, Devon County Council • Interim Accountable Officer & Director of Commissioning, South Devon & Torbay CCG • Clinical Chair, South Devon and Torbay CCG • Devon A&E Board • Chief Executive, STP • SPCC Meeting • SDT Working Group • Sarah Wollaston MP • Chief Executive, Torbay Healthwatch • Dartmouth Health Action Group • Regional Director, NHS England (South West) • Interim Chief Executive and Chair, Devon Healthwatch • Teignmouth Volunteering in Health AGM

3 Local Health and Care Economy Developments

3.1 Service Developments/Changes

New Devon and South Devon CCGs procurement of community health and wellbeing services for Children and Young People in Devon

At their September Governing Body Meetings in Common NEW Devon and South Devon and Torbay Clinical Commissioning Groups agreed to confer preferred bidder status as follows:

- Lot 1: The Devon Children, Young Peoples and Families Alliances led by the Trust (prime contractor) in partnership with Devon Partnership Trust, Royal Devon and Exeter NHS Foundation Trust, Northern Devon Healthcare NHS Trust, Livewell Southwest CIC and University Hospitals Plymouth NHS Trust
- Lot 2: Livewell South West in partnership with Plymouth City Council, University Hospitals Plymouth NHS Trust, The Zone, Bardardo's and Xenzone

Whilst we have been recommended as the preferred bidder, this is not a final award decision. Any subsequent award decision will be subject to the satisfactory conclusion of discussions between the Alliance and commissioners to finalise assurance and terms of the Contract in preparation for a final contract award decision and ultimate signature of the contract in readiness for contract go live on 1 April 2019. .

Comment: This decision is testament to the compelling vision that everybody worked so tirelessly on and the dedication and commitment of all those involved. As an Alliance we will work with commissioners and Virgin Care, which currently provides the majority of services in Devon, so that the transition is as seamless as possible and those in need of children's and young people's community services receive the best possible care and support.

Local people being asked their views on improving mental health services

People in Devon are being invited to help influence the future of mental health services across the county. Devon Sustainability and Transformation Partnership (STP), will lead the development of a mental health and wellbeing strategy and local people are being asked for their views on the strategy's overall vision and priorities. These key areas will then inform the rest of the strategy.

Better support for people with mental ill health is a key priority for Devon STP and, once complete, the strategy will set out how services and improvements will be delivered in coming years. The engagement process is open and continues until 19 October. People can have their say by completing a brief online survey - at http://www.devonstp.org.uk/get-involved/mental-health-and-wellbeing-survey/ .

New community eating disorders service

Devon Partnership Trust will start a community eating disorders service from the beginning of 2019. Recruitment to the 14 full- and part-time posts has already begun. As well as a clinical team leader, the new service will have a consultant psychiatrist, specialist nurses, support workers, psychological input, a dietician and a family therapist. The service will provide specialist assessment, treatment and, where appropriate, signposting to other services – including the Depression and Anxiety Service (DAS) and services provided by

other organisations. People with disordered eating or obesity will fall outside the remit of the service.

Integrated health and social care gains national recognition
Following a submission by the Health and Wellbeing Hub Team in Coastal Locality in Spring, the Trust and partner organisations are delighted that the work of the locality and the wider system has been recognised nationally through being nominated for a 2018 HSJ awards.

The team is one of only ten finalists nationally in the award category: Community or Primary Care Services Redesign. This category highlights the value of 'place-based' care, looking for examples of redesign from community and primary care which have led to improvements for patients, families and carers. Our multidisciplinary approach is the bedrock of our improved services. We are relatively unique having GPs, nurses, allied health professionals, pharmacists, social services and the voluntary sector all in the room ensuring patients, families and carers receive the best care.

The locality team which covers Teignmouth and Dawlish (Coastal) successes include:

- High usage of intermediate care avoiding the need for hospital stays
- Voluntary sector Wellbeing coordinators embedded into the service, enabling people to get support to they need to stay well longer.
- Shared records to improve decision making
- Great team work and strong input from the therapies to mobilise patients earlier and supporting them at home.
- Strong leadership and active engagement from the GP practices to work in an integrated way with everyone.

The work of the team has also been supported by two 'Researchers in Residence' funded by Torbay Medical Research Fund and supported by Plymouth University. We were able to showcase this work on integration to three leaders from NHS England, who were visiting Devon STP to see some of the good work going on here.

3.2 Partner updates

Torbay Council

Ofsted review of Torbay' Council's children's services:
Ofsted has published the findings of its review of Torbay Council's children's social care services. Inspectors concluded that, although some improvements had been made, overall Torbay's children's services remain inadequate. All judgements are unchanged from the 2015 Ofsted inspection, apart from the adoption judgement which is now 'good'.

One of the services to receive positive feedback was the Emergency Duty Service, provided by our Trust, which, inspectors say, provides "a robust response to immediate safeguarding concerns", "is child-focused … led by a skilled and committed manager … well-resourced and makes a positive difference to children and families." Inspectors also recognised that staff right across the service are working well with children, are committed and work really hard to understand children's worries and concerns.

Overall, though, inspectors found not enough improvement has been made and identified a number of key areas of weakness:

- Delay and drift for some children, particularly those in need of protection.
- Assessment work and visits to children need to be timelier.
- Management oversight and supervision remain weak.
- 16/17 year old young people who are homeless or at risk of homelessness have not always been responded to appropriately.
- Frequent changes of social worker combined with the complexity of work impacts on the quality of practice.
- Until recently there have been delays in effective decision making where legal action is required.
- Reviews of foster carers are not up to date for 50% of carers - though inspectors found no evidence that this had impacted on the care of children placed.

Torbay Council is disappointed by the overall findings, but is committed to making improvements at pace. The current improvement plan is being revised and will incorporate inspectors' recommendations.

Torbay Council budget

Torbay Council has ordered an immediate block on all non-urgent spending as it faces millions of pounds in cuts. No new vehicles, plant or machinery, furniture or equipment will be bought. There are reports that next year's air show is at risk. A huge increase in the number of 'looked-after' children in the bay is said to be the main reason for a forecast overspend of £2.8m this year.

Latest CQC provider ratings for Devon providers

- **Livewell Southwest rated Good by CQC:** Livewell Southwest, provider of health and care services in Plymouth, South Hams and West Devon, has had its level of care rated as 'Outstanding' by the health and social care regulator, the Care Quality Commission (CQC), following its most recent inspection. A report published on 7 August 2018 shows Livewell Southwest Community Interest Company (CIC), based at Mount Gould Hospital, retain its overall CQC rating of 'Good', and increase its rating for 'caring' to 'Outstanding'.

- **University Hospitals Plymouth NHS Trust rated requires improvement by CQC:** A team of CQC inspectors visited Derriford Hospital in April and May 2018 to check the quality of six core services: urgent and emergency services, medical care, surgery, maternity, outpatients and diagnostic services. CQC also looked specifically at management and leadership to answer the key question: Is the trust well led? Following the inspection, CQC issued two Warning Notices requiring Derriford Hospital to take urgent action to improve the management of medicines within its pharmacy services and ensure there were significant improvements in the diagnostic services. Overall the trust remains rated as Requires Improvement for the quality of its services. The trust's rating for caring remains as Outstanding. The trust is also rated as Requires Improvement for whether its services were safe, effective, responsive and well-led

- **Further improvements required at North Devon Healthcare NHS Trust:** A team of inspectors from the Care Quality Commission visited North Devon District Hospital in July 2018 to conduct an unannounced, follow-up inspection. This follow-up inspection focused solely on the improvements that were required by the warning notice issued after the previous inspection in October 2017. Inspectors examined the quality of four core services: urgent and emergency care, maternity services, end of life care and outpatient services.As this was a focused inspection and ratings were not examined, there has been no change to the trust's overall rating which remains Requires Improvement.

Patients rate South Devon and Torbay practices above average

The national GP Patient Survey shows that South Devon and Torbay practices are above average in all categories. The survey asked people about their experience of healthcare services provided by GP surgeries, including access to GPs, making appointments, the quality of care received from GPs and other health professionals, waiting times, and satisfaction with opening hours and out-of-hours NHS services. The survey, which has been redesigned to better reflect patient experience and the changing shape of primary care, has also been extended to include those aged 16 and 17.

STP/CCG Chief executive

Sophia Christie's appointment as interim Chief Executive of the Devon STP and Accountable Officer of the New Devon and South Devon and Torbay CCGs has been confirmed by NHS E. The CCGs are currently agreeing the process for ensuring a substantive Accountable Officer and STP Lead Chief Executive. .

4 National Developments and Publications

Details of the main national developments and publications since the Board meeting on 1 August have been circulated to Directors through the weekly developments update briefings. There have been a number of items of particular note that I wish to draw to the attention of the Board as follows:

4.1 Government

Urgent cancer referral targets missed

For the first time, the NHS has missed quarterly targets for patients with suspected cancer to see a hospital consultant within two weeks. The targets state that 93% of cases should be seen within a fortnight, so that tests and treatment can be started, but in the latest three-month period only 91.4% of patients were referred on time. It is the worst performance since records began in 2008. The proportion of suspected cancer patients who started treatment within two months of being urgently referred by a GP also fell, from 82.3% in the previous quarter to 80.8%. A target of 85% of cases beginning treatment within this timeframe has now been missed for more than four years.

Comment: We have experienced similar pressures as described in the National position and underachieved against both of these two cancer targets over the last 12 months. There has been continued increase in the number of urgent referrals into our services for cancer assessment with several areas experiencing difficulties in maintaining access times. We have experienced an overall 12% increase in urgent cancer pathway referrals and up to 20% in some pathways over last year. In particular against the 2 week wait standard from referrals to appointment we have experienced difficulties in Skin, Urology and Lower GI pathways. Through developments agreed as part of this year's business planning we now have confirmed plans to increase clinical capacity and a trajectory agreed with our commissioners to achieve the 93% standard from October 2018. Against the treatment pathway for patients referred on an urgent pathway, we have again experienced clinical capacity challenges in Urology / Upper and Lower GI Surgery and Dermatology. A combination of insourcing additional capacity and outsourcing routine treatments is being used in additional to our agreed investment plans to support the timely delivery of cancer pathways in these areas. At the end of August (76%) we are on track to delivery our trajectory of improvement to be meeting the 85% standard from January 2019.

4.2 NHS England

7.5 million South West patients to benefit from paperless referrals to hospital The The South West became the first NHS England region to fully digitise GP to hospital outpatient referrals, with all 17 NHS Trusts in the region completing paper switch off on 1 August. The NHS e-Referral Service (e-RS), mandatory for all NHS organisations from October 2018, will reduce patient waiting times, increase patient choice and enable GPs to quickly get a consultant's opinion on a patient's condition. The new system could reduce waiting times, and stop referrals falling through the net. By making referrals and appointments electronically, doctors and patients will know in advance which services are available and have information about likely waiting times. This helps patients to book an appointment at a date, place and time that suits them.

Electronic bookings not only relieve the burden on GPs by reducing their paperwork, but it is also cost effective and saves time. The technology also enables GPs to track and monitor the progress of their patients' referrals.

Children travelling almost 300 miles for mental health help
NHS England figures show that 1,039 children and adolescents in England needing treatment for serious mental health problems were admitted to a non-local bed in 2017-18. Bed shortages meant patients from Canterbury, in Kent, were sent 285 miles for inpatient mental health care, those from Cornwall and the Isles of Scilly 258 miles and those from Bristol 243 miles. In 119 of the NHS's 195 clinical commissioning groups at least one patient under-18 was sent out of the area for care last year. NHS England has pledged to end the use of the practice and is creating between 150 and 180 more beds to achieve this.

Comment: Within Torbay the CCG has recently commissioned a Crisis Intervention and Home Treatment Team to support CYP in mental health crisis within their local community and to reduce admission into specialist in-patient services. Over the last 18months the service has reduced bed day stays within specialist in-patient services by 80%. However for those CYP that are admitted approximately 70% are still being admitted out of area. NHSE has recently commissioned an additional in-patient facility in Devon and a new facility is currently being built in Cornwall.

4.3 NHS Improvement

Standalone community trusts meet safe staffing plans more often
One third of community hospitals missed their safe staffing plans every month for at least three years. Data published by NHS Improvement for 55 trusts with community hospital inpatient wards shows 17 did not meet their planned level of registered nurses for day shifts throughout April 2015 to May 2018. Meanwhile, analysis by NHSI, included in the data, also suggested combined acute and community trusts were less likely to meet their planned staffing levels than standalone community providers, or combined mental health and community trusts. Standalone community providers had the highest fill rates over the last year. National leaders have previously suggested support for integrated trusts, saying they are more efficient. Trusts meet their staffing plans for registered nurses if they record a 100 per cent fill rate.

Comment: It is important to note that the completion of the skill mix review for our community hospitals took place last year when we were implementing bed reductions associated with Community Hospital closures. Our community hospitals were not previously configured to meet safer staffing requirements of one registered nurse (RN) to eight patients, and would not therefore have met this target. In planning our community services for the future, we reviewed bed numbers so that they do now meet the Safer Staffing requirements. Our information shows our community hospitals generally have a good record of achieving planned levels of staffing. There are occasions when we have insufficient cover to deliver the two RNs per shift minimum and on these occasions we use our Assistant Practitioners in a supporting role to the RNs on shift. Additionally increased observation requirements of complex patients can change the actual against planned staffing levels.

Expectation of 'near universal' staff flu vaccine uptake
NHS Improvement has told providers they expect “near universal uptake” of staff getting a flu vaccination this winter. NHS Improvement announced that all frontline NHS staff will be expected to get vaccinated to protect patients as part of a new plan for winter. The statement comes after the health service came under huge pressure last winter from the combination of extreme weather, high levels of norovirus and the worst flu season in a decade. It follows NHS England writing to the royal colleges in July asking them to provide an action plan to increase the uptake of flu vaccines among staff, with 68.7 per cent of frontline workers receiving the vaccination last year.

Comment: The Trust’s annual flu campaign is set to begin on 1October. We are planning numerous open access staff flu clinics across our sites. Peer vaccinators will also be available to visit people in their workplace. Communication support includes items in our staff bulletin, screensavers, social media, posters and videos. A key emphasis this year, in order to increase the percentage of staff having the vaccine, will be on senior clinical staff offering peer to peer evidence-based advice on the importance of the vaccine.

5 Local Media Update

Hospital Magazine praise for Torbay
John Whelan, Group Editor of The Hospital Magazine wrote a personal editorial about about the care of his elderly aunt in Torbay. Amongst his comments, he said:

> *"The quality of acute care including an emergency operation plus treatment for pneumonia was excellent as was the comfort on her ward due to good estate management …"*
> *"The worry was what would happen on discharge, but this was all joined up and community nurses have come in every day …."*

News releases and campaigns:

- We took part in the system-wide bank holiday messaging, encouraging people to be prepared for the public holiday and choose the most appropriate service if they needed help. A social media post on Sunday of the bank holiday weekend reached more than 5,000 people and was shared 47 times
- We supported the Chaplaincy team to consult with local people on how best to improve a garden of remembrance at Torbay Hospital. Named the 'heartsease garden', after the heartsease flower (viola) which was traditionally given to ease the pain of parting, the garden is in a quiet spot at Torbay Hospital. For more than ten years it has provided a space in which bereaved parents can remember the babies they have lost during child birth or in infancy. Hospital Chaplains are consulting on changes to the garden having gained some charitable funding to improve the environment.
- We have been sharing the progress with the progress on a new Day Care building for Brixham, as well as supporting engagement and Health and Wellbeing events in Teignmouth and Dartmouth about proposed new health and Wellbeing Centres there.
- We have been supporting the Trust's nurse recruitment campaign
- The Trust's Sustainability & Site Services Lead, Jo Brimblecombe, wrote a feature for August's *Parking Review* on the need for sensitivity and flexibility in managing hospital car parking arrangements.

6 Recommendation

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

AW/JG/CF
27 Sept 2018

Cover sheet for a report to the Trust Board					
Report title: Devon Sustainability and Transformation Partnership (STP) Update					**Date: 3 October 2018**
Report sponsor	Ann Wagner, Director of Strategy and Improvement				
Report author	Andrew Millward, Devon STP System Lead Director for Corporate Affairs				
Report provenance	Report reviewed by Executive Directors and Interim Chief Executive				
Confidentiality	Public				
Report summary	This latest update from the Devon STP covers the following key items from the September Programme Delivery Executive Group (PDEG). • National developments – including the Long-Term Plan for the NHS, and the LGA Green Paper on Social Care. • Living well with a learning disability in Devon. • Health system-led investment provider digitisation fund. • Update on integration work in NEW Devon and South Devon and Torbay CCGs. • Designing a new Integrated Care System in Devon. • Acute Services Review 1: final report				
Purpose (choose 1 only)	**Note** ☐	**Information** ☐	**Review** ☒	**Decision** ☐	**Approve** ☐
Recommendation	The Board is recommended to **review** the reports and **consider** implications on the Trust's strategy and delivery plans.				
Summary of key elements					
Strategic context	The Devon 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 meeting of PDEG held on 21 September 2018. All partner organisations in the STP are represented at senior level at PDEG. Liz Davenport, Interim Chief Executive (or her representative) attends to represent the Trust. Jane Viner (Chief Nurse) represented the Trust at the September PDEG.				
Dependencies and risk	**Executive Directors have identified the following dependencies and risks:** • **Long term plan for the NHS** – the NHS long term plan due out in the next few weeks will frame and drive system and organisational developments for population benefit. Indications are that the plan which has as its themes life course programmes, clinical priorities and key enablers				

	completely aligns with the STP, local system and Trust strategy and vision for integration. • **LGA Green Paper on social care** – as a social care provider, the Trust supports the STP proposal to prepare a joint system response to the LGA Green Paper on adult social care and well-being • **Living well with a learning disability in Devon**- all Boards are being asked to support the refreshed strategy that will need to be underpinned by local action plans. • **Health system-led investment provider digitisation fund** – Directors have contributed to STP investment panel decisions to agree local investment priorities to maximise health and care system benefit. The STP has agreed to put forward a system development plan that includes investing in connecting community, social and primary care in South Devon (roll out of community integration IT); system-wide integration of EPRs in Devon; a single system for Devon hospices and system-wide access to primary care information • **Integrated Care System (ICS)**- The STP's aspiration to be recognised as an Integrated Care System is progressing – the update includes the latest version of a strategy on a page that Directors have contributed to. • **Acute Services Review** - final closedown of phase 1 has been signed off by PDEG with no immediate service or reconfiguration consequences. The next phase is to progress and strengthen Clinical Service Delivery Networks and the development of a Devon wide strategic framework for acute services to support service specific workstreams to work towards a strategic vision for services collectively. • **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.
Summary of scrutiny	Report reviewed by Executive Directors and Interim Chief Executive
Stakeholder engagement	This report is shared system-wide. Within the Trust it is published with board papers on the Trust website and is shared with clinical leads, managers, the Board and Governors.
Other standards affected	Nil
Legal considerations	None

Update to	**Boards, Governing Bodies and Cabinet meetings of Devon STP partner organisations**
Date	**SEPTEMBER 2018**
Title	**MONTHLY UPDATE REPORT**

Introduction

The purpose of this regular report is to:

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

Content

This is the ninth Update Report, and covers developments from the ***PDEG meeting held on Friday, 21 September 2018***. Key items covered at PDEG this month are:

1. **National developments – including the Long-Term Plan for the NHS, and the LGA Green Paper on Social Care.**
2. **Living well with a learning disability in Devon.**
3. **Health system-led investment provider digitisation fund.**
4. **Update on integration work in NEW Devon and South Devon and Torbay CCGs.**
5. **Designing a new Integrated Care System in Devon.**
6. **Acute Services Review 1: final report**

1. National developments – including the Long-Term Plan for the NHS, and the LGA Green Paper on Social Care

Long-Term Plan for the NHS

Michael Macdonnell, National Director of Health System Transformation, NHS England, briefed PDEG on plans for a new Long-Term Plan for the NHS, which will set out ambitions for improvement over the next decade and plans to meet them over the five years of the funding settlement.

The development of this Plan will be based on the advice and experience of clinical experts, staff and other stakeholders. Working groups have been established, bringing together local and national system leaders, partners and stakeholders, to shape the final Plan.

The NHS is encouraging contributions from individuals, organisations and systems. The deadline for submissions is 30 September 2018**.** The main themes for the future being considered are as follows:

Life course programmes

- Prevention and Personal Responsibility.
- Healthy Childhood and Maternal Health.
- Integrated and Personalised Care for People with Long-Term Conditions and the Frail Elderly (including Dementia).

Clinical priorities

- Cancer.
- Cardiovascular and respiratory.
- Learning Disability and Autism.
- Mental Health.

Enablers

- Workforce, Training and Leadership.
- Digital and Technology.
- Primary Care.
- Research and Innovation.
- Clinical Review of Standards.
- System Architecture.
- Engagement.

LGA Green Paper on Social Care

Devon STP partners have agreed to prepare a joint system response to the LGA Green Paper on adult social care and well-being.

The consultation – the biggest launched by the LGA – is seeking the views of people and organisations from across society on how best to pay for care and support for adults of all ages and their unpaid carers, and aims to make the public a central part of the debate. The LGA will respond to the findings in the autumn to inform and influence the Government's green paper and spending plans.

PDEG was briefed on progress on our the submission, which will ask that the growing demographic pressure being faced, particularly in large rural parts of the country like the South West, is recognised and funded. It will also reinforce that a workforce strategy across health and caring is vital to addresses the many and well documented challenges.

2. Living well with a learning disability in Devon

PDEG received a refreshed strategy and approach to improving the lives of adults who have a learning disability in Devon. This builds on the progress made since the publication of an earlier strategy for 2014-2017.

Across our health and care services in Devon, we want to promote the independence of people with learning disabilities. The aim is to help people to achieve what matters to them. We want Devon to be a place where people with learning disabilities are confident, resilient and connected.

This refreshed strategy is informed by what people tell us is important to them. It sets out a vision for adults with learning disabilities across Devon, where we are now, our key areas of focus and how we will measure the impact of what we do. The strategy encompasses the geographical area of Devon, which includes Plymouth and Torbay. It will support Local Authorities and the NHS to commission quality support that promotes the independence of people with learning disabilities, within the context of significant financial and capacity challenges.

Our refreshed strategy sets out what we will do together across Devon, Plymouth and Torbay that is best enabled by working at scale:

- We will work together to ***have more appropriate housing that meets the range of needs of people with learning disabilities***. We will work together with Housing Authorities, District Councils and local communities to understand how people are currently supported. This will enable us to have a joint understanding of what is needed in the future.
- We will support ***more people with a learning disability in Devon to have a job***, helping people to develop their skills and also increasing the number of opportunities for employment across Devon, Plymouth and Torbay.
- We will work together to ***improve access to healthcare for people with learning disabilities***, so that they have improved physical and mental health outcomes and live longer as a result.

The refreshed strategy also sets out what we will commit to in our local areas to improve how people with learning disabilities live their lives.

- We will increase the ***opportunities in communities for people to live as independently as possible***, which means that a wide range of services need to be easy to use for people with a learning disability.
- We will ***support young people to develop independent life skills***, so that they can lead fulfilling lives as adults.
- We want people with learning disabilities ***to be safe*** in their communities and to make sure that we always listen to people and their families/carers about their care and what matters to them.
- We will support ***carers to be able to care*** throughout the different stages of their lives.

The refreshed strategy will be underpinned by both local and joint action plans across Devon, Plymouth and Torbay. PDEG members widely welcomed the report and supported its ambition. It was agreed that the full strategy would go to all Boards.

3. Health system-led investment provider digitisation fund

The role of digital and technology in the delivery of health and care and the redesign of services has never been higher. In his first speech, the Secretary of State identified his three priority areas as workforce, technology and prevention.

NHS England recently announced that funding of £412 million would be available to accelerate the adoption of digital technology across the NHS. The opportunity is called the Health System Led Investment in Provider Digitisation (HSLI).

This funding is part of a wider strategy that also includes the £75 million announced by the Secretary of State to support the rollout of electronic prescribing systems in provider Trusts and additional, yet to be determined, funding for capacity management (flow) and e-rostering and a further £200 million to support the extension of Global Digital Exemplars.

Devon will have access to an HLSI allocation of £8.784 million over the next three years, 2018/19 to 2020/21. The funding is allocated as shown below:

- 2018/19: £2.215 million (capital).
- 2019/20: £1.968 million (capital).
- 2020/21: £4.602 million (capital/revenue).

The purpose of the fund is to accelerate the adoption of digital technology across the NHS and deliver the following objectives:

- Advance the digital maturity of secondary care providers.
- Enable information to be shared across local healthcare systems, laying the foundations for integrated care.
- Allow STP/ICSs to harness digital technology to help realise their transformation goals.
- Catalyse STP/ICS-level leadership of the digital agenda at a local level.

NHS England has asked organisations within the STP to work together as a healthcare system, not single entities to agree their local investment priorities. They have identified six priority areas that they wish health systems to focus upon which support national strategy:

i. ***Deploying Electronic Patient Record (EPR) solutions at scale across systems*** to allow provider digitisation to go further, faster, and more cost-effectively. Systems might look at short-term investments in year one to add additional modules to existing EPR solutions.
ii. ***Extending system capacity management to improve hospital flow***. Systems might look at short term investments in year one to provide a foundation of real time bed management. Years two and three would have the potential for a system wide strategic investment, informed by learning from the exemplar programmes that will be announced later this year.
iii. ***Improving system-wide staff rostering*** to reduce agency use and increase flexible working.
iv. ***Improving the completeness of information available in non-acute settings*** with real time, coded data collection in community, mental health to

facilitate better patient care and more efficient use of inpatient and domiciliary staff and resources.

v. ***Improving ambulance and non-acute access to clinical information and support*** such as technology to link paramedics in the field to support from an A&E clinician to reduce unnecessary transportation and hospital admissions.

vi. ***Sharing health and social care information to create a shared view*** between health and care professions working in people's homes to optimise the care that patients receive.

Following the publication of the HLSI prospectus last month, the Devon STP Digital Transformation Board has been working with colleagues in NHS England to prepare our Investment Plan for submission. We sought expressions of interest for projects to be included from three separate sources; the existing STP digital programme, individual provider organisations across all sectors, and the work streams of the STP.

In total 90 project suggestions were received, ranging from proposals that had full business cases behind them to others which were areas of interest without further plans. These were considered at the STP Digital Transformation Board on 5 September 2018 where a decision was made to focus on those proposals that were most developed, aligned with the national and STP priorities and ready to deploy in 2018/19.

An Investment Panel, chaired by the STP Chief Executive and with senior representation from across the system, met on 10 September 2018 to consider the bids. They were assessed based on the four criteria based on ***Strategic Alignment*** (with the national priorities and STP strategy and goals), ***Financial return on investment, Broader Value Considerations*** (significant clinical outcomes, patient safety, patient experience benefits identified) and ***Delivery confidence*** (Planning, procurement, complexity, infrastructure, leadership, track record).

The bids to be included in the Investment Plan are as follows:

Lead Organisation	Title	National Priorities (3.1)	STP Goals (3.2)
Torbay & South Devon NHSFT	Connecting community, social & primary care in South Devon*	A, B, F	a, c, d, e
Royal Devon & Exeter NHSFT	System-Wide Integration of EPRs in Devon*	A, B, F	a, b, d, e
Torbay & South Devon NHSFT	Single System for Devon Hospices	A, B. F	a, b, c, d
TBC	System wide access to Primary Care Information	B, E, F	a, d

*Provisional title

A further bid to develop the capacity of the STP digital transformation team to write business cases, provide project management expertise and support business change across the county was accepted, but will be incorporated into the existing bids as an enabling component.

PDEG endorsed these bids, and the system will work closely with colleagues from NHS England South to provide additional information needed in support of the investment proposal ahead of formal submission by the 5 October 2018.

4. Update on integration work in NEW Devon and South Devon and Torbay CCGs

As PDEG members are aware, the two CCGs in Devon (NEW Devon and South Devon and Torbay) have been working closely over the past 12 months and this has reaped many benefits:

- It has helped the CCGs simplify and ***speed up decision making, remove duplication and harmonise policies and processes***.
- Collectively the CCGs have ***realised cost savings and efficiencies of over £4million on running costs.***
- They have established the Devon wide primary care board, which ensures that the ***voice of GPs is heard strongly within the STP,*** and also helped set up the four collaborative boards so that localities benefit from the views of primary care.
- They have developed a single Executive team, working with a single CEO, governing bodies in common and a new integrated structure. ***This structure will strengthen capability so that the new organisation can better placed for strategic commissioning for Devon***.

The CGGs have achieved much more together than they would have achieved working separately, so merging them is the next natural step. The Governing Bodies unanimously agreed to submit to NHS England a formal 'Expression of Interest' to merge the CCGs in Devon and are currently working with NHS England to participate in the merger application process.

Although the CCGs' workforce is now aligned, there is still some feeling of uncertainty for staff as they move into designing integrated commissioning as part of our Devon system. The recent process has exposed some skill gaps which the CCGs will want to address over this next period. Being able to recruit to and retain key skills required for the future of strategic commissioning will not be aided by the potential national uncertain future of CCGs.

Between 10 and 21 September 2018, the GP membership of the CCGs were asked to vote on the proposals for merger. The formal voting process was run by the Devon LMC. PDEG Members will be briefed on the outcome once that is known.

A merged organisation would be built on a strong locality infrastructure. This would ensure the CCGs stay close to local people and GPs, and continue to work in partnership with each of the Local Authorities, whilst building on the benefits they have already got from working together.

This is a natural evolution for the CCGs and an essential step in preparation for their role in a new Integrated Care System for Devon.

5. Designing a new Integrated Care System in Devon

National view from Michael Macdonnell, National Director of Health System Transformation, NHS England,

Michael gave PDEG members an insight into how a number of areas across England are starting to operate as integrated care systems. As part of this, the NHS and their local authority partners are taking collective responsibility for the health of their populations. They are using population health management approaches to redesign services that improve prevention and help communities to be more active, building their confidence and ability to manage their own health.

Michael said that they have learned from the 14 most advanced systems that integrated care has a common 'architecture'. At the neighbourhood level, primary care networks collaborate to improve general practice resilience, share staff and assets and provide proactive, multidisciplinary care to populations of about 50,000.

At the place or locality level (often coterminous with district councils), acute providers integrate their services with primary care networks, local government and mental health around those patients that could be kept out of hospital and empowered to look after themselves better.

Michael said that Devon should design a system that works for Devon. He said that ICSs are the direction of travel for the NHS. Their development is in response to ageing and epidemiological trends common across all advanced economies. The long term plan for the NHS, which will be published in the autumn, will set out how they intend to catalyse them across the country, supercharging their spread.

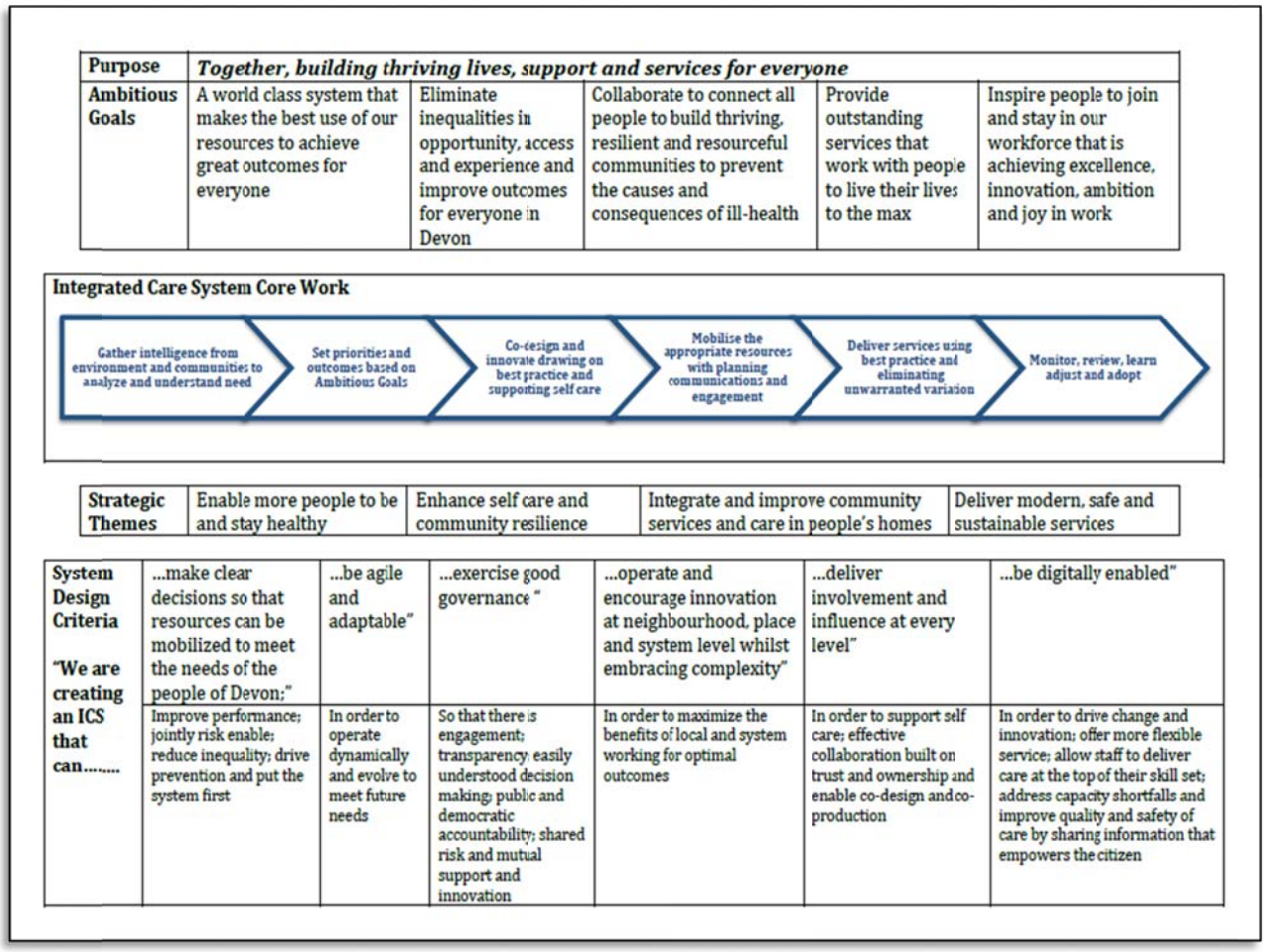
How Devon is preparing for integrated care, Sophia Christie, Devon STP CEO

In Spring this year, the Devon STP developed a 2 year report tracking progress on our Sustainability and Transformation Plan. This provided the stimulus for a period of reflection on where we could be proud of impact, and where we would want to do more as we move towards becoming a truly integrated care system.

This 'scoping' process drew on the active participation of Chief Executives and other Directors, primary and secondary care clinicians, other health and care professionals and a number of non-executive Board members and local Councillors from across our organisations, in a series of workshops and meetings between May and August 2018. On 2 August 2018, some 40 people came together as a cross section of our system to reflect on the insights and work to date and create a single statement of intent for a future Integrated Care System for Devon.

This 'Strategy on a Page' (shown overleaf) responds to our reflection on the need to work more upstream and reach out to local communities, working differently with our citizens and also to tackle more assertively and more quickly some of our long-standing performance and delivery challenges. It is unashamedly ambitious in nature.

Strategy on a Page



Purpose	*Together, building thriving lives, support and services for everyone*				
Ambitious Goals	A world class system that makes the best use of our resources to achieve great outcomes for everyone	Eliminate inequalities in opportunity, access and experience and improve outcomes for everyone in Devon	Collaborate to connect all people to build thriving, resilient and resourceful communities to prevent the causes and consequences of ill-health	Provide outstanding services that work with people to live their lives to the max	Inspire people to join and stay in our workforce that is achieving excellence, innovation, ambition and joy in work

Strategic Themes	Enable more people to be and stay healthy	Enhance self care and community resilience	Integrate and improve community services and care in people's homes	Deliver modern, safe and sustainable services

System Design Criteria "We are creating an ICS that can……"	…make clear decisions so that resources can be mobilized to meet the needs of the people of Devon;"	…be agile and adaptable"	…exercise good governance "	…operate and encourage innovation at neighbourhood, place and system level whilst embracing complexity"	…deliver involvement and influence at every level"	…be digitally enabled"
	Improve performance; jointly risk enable; reduce inequality; drive prevention and put the system first	In order to operate dynamically and evolve to meet future needs	So that there is engagement; transparency easily understood decision making; public and democratic accountability; shared risk and mutual support and innovation	In order to maximize the benefits of local and system working for optimal outcomes	In order to support self care; effective collaboration built on trust and ownership and enable co-design and co-production	In order to drive change and innovation; offer more flexible service; allow staff to deliver care at the top of their skill set; address capacity shortfalls and improve quality and safety of care by sharing information that empowers the citizen

This 'Strategy on a Page' sets out our design criteria for the future Integrated Care System, and provides the basis for us to move into design phase. Between now and Christmas, we want to develop our future Operating Model for the Devon ICS, and will then need to iterate and implement that so that begin to operate as though we are an ICS from 1 April 2019.

A 'System Design and Development Plan' has also been developed as part of the scoping process and describes the work we know we will need to do over the next six months to be ready to deliver. It has been developed iteratively, and was tested and informed by a meeting of the System Design and Development Oversight Group, which meets to oversee and inform the work on behalf of PDEG. This is an emergent work programme, and will be a live document, which will change and flex over time.

In parallel to our local work, the NHS England Transformation Team has commissioned an 'ICS Wave 3' Development Process. This includes a menu of modules and opportunity for a core cross-system team to learn together. Given the relative maturity of Devon STP relationships and our system approach to strategy and design, the central team are supporting us to develop some new areas of work which may contribute to the future national programme and which address local priority areas.

These are still to be finalised but will focus under two broad themes:

- Financial mechanisms, tools and incentives which support best value, a shift to prevention and care close to home, integrated working and demonstrating social, system and financial return on investment.
- Partnership in regulation and assurance, which encourages the system to take responsibility for self-regulation and challenge, makes best use of assurance time and resources to deliver improvement, is clear about triggers and processes for escalation and offers a sound foundation for the relationship between system and region within the NHS, whist paying attention to local democratic assurance on the ground.

An 'ICS Wave 3' launch' session followed PDEG with attendees planning how Devon prepares for work as part of a new Integrated Health System.

6. Acute Services Review 1: final report

The Acute Services Review (ASR) programme was initially developed as a design-based clinical review programme for key acute services which were encountering operational challenges and required action to support future sustainability.

Much has been achieved by the ASR programme – most notably the mutual support arrangement across all of Devon's main hospitals.

PDEG approved the formal 'close down' of the Acute Service Review phase 1 areas and noted that our findings do not suggest any immediate service closure or acute hospital reconfiguration.

They also supported the approach for Clinical Service Delivery Networks to be established for prioritised services to ensure that work plans from the ASR 1 reviews are progressed and to support increased collaboration where beneficial to do so. As work progresses, should there be any indication to any potential change in provision then this will be signalled by the CCG/System with NHS England.

PDEG also noted other recommendations and agreed to review the following in more detail:

- The development of a Devon system 'Clinical Services Delivery Group' which will oversee Clinical Service Delivery Networks or service issues that have been prioritised for focus. They will also be responsible for implementation, oversight and exit plans for Mutual Support Agreements.
- The programme will focus on a number of prioritised areas for 2018/19, which are currently 'active' reviews ensuring a proportionate amount of the work plan supports the system to address immediate clinical or performance risk areas, as well as the longer term service specific plans.
- The development of a Devon wide strategic framework for acute services to support service specific workstreams to work towards a strategic vision for services collectively.

Cover sheet and summary for a report to the Board of Directors					
Report title: STP Commitment to Carers				Date: 3rd October 2018	
Report sponsor	Jane Viner – Chief Nurse				
Report author	Katy Heard – Carers Lead				
Report provenance	Carers STP Group				
Confidentiality	Public				
Report summary	Torbay, Devon and Plymouth each have their own Carers' Strategies based on national guidance and local need. Torbay's was signed off in June this year. In line with the STP, it was felt important to develop shared, consistent priorities for Carers across the larger Devon footprint. The STP Commitment to Carers has been developed with Carers Leads across the areas and with Carers themselves. It is based on NHSE's Commitment to Carers and the Triangle of Care, both of which the Trust has already signed up to. Each area will have its own action plan linked to the STP Commitment to Carers. It is anticipated that most of this will be extracted from the existing local authority Carers Strategy Action Plans that are already in place.				
Purpose (choose 1 only)	**Note** ☐	**Information** ☐	**Review** ☐	**Decision** ☐	**Approve** ☒
Recommendation	As the principles have already been signed off within Torbay's Carers Strategy, the recommendation is to approve the STP Commitment to Carers to progress to the next step – PDEG.				
Summary of key elements					
Strategic context	• Safe, quality care and best experience. This work is primarily about improving experiences for Carers and hence for the people for whom they care. • Improved wellbeing through partnership. It is planned to get all of the main health and social care commissioners and providers to be signatories to the Commitment to Carers, ensuring partnership working to provide the best outcomes for Carers. • Valuing our workforce. A large proportion of our staff juggle work and caring. In order not to lose skilled staff, we must enable them to feel supported and valued in their caring role. • Well-led. We should be setting a good example to other organisations about how we support our staff who are Carers and the people who use our services.				

Dependencies and risk	The principles have already been committed to, so no new risk. Success is dependent upon the progression of local action plan, which is monitored through multi-agency Carers Strategy Steering Group. This is dependent upon all sections of the Trust, not just Carers Services, working together for the benefit of Carers. It is acknowledged that is a commitment that we will be working towards and that some sections are further developed than others. If the Trust does not support the Commitment to Carers, it undermines the commitments already given in Torbay Carers Strategy and would mean that this work could not progress as an STP-wide commitment, effectively ostracising the Trust in its work with Carers.
Summary of scrutiny	
Stakeholder engagement	• Carers Leads and Carers Services – 17th May 2018 • Carers sign-off - 26th July 2018 • Principles agreed in wider Carer and public engagement re Carers Strategy December 2017 to April 2018
Other standards affected	
Legal considerations	This is based on NHSE Commitment to Carers, Care Act 2014, Children and Families Act 2014 and National Carers Action Plan 2018, so no counter-indications.

Report title: STP Commitment to Carers		Date: 3rd October 2018
Report sponsor	Jane Viner – Chief Nurse	
Report author	Katy Heard – Carers Lead	

1. Introduction

This report is to obtain support from the Board for the attached Devon-wide Commitment to Carers.

This Commitment to Carers has been developed across the STP footprint in conjunction with Carers Leads and Carers. The principles are based upon the NHSE Commitment to Carers and the Triangle of Care, both of which the Trust has already signed up to.

2. Discussion

The Devon-wide Commitment to Carers has been in development for over 6 months in order to have principles and some common commitments that are agreeable to each of the organisations and to Carers across the STP footprint. It is planned that all the major health and social care organisations across the area will sign up to the principles, and develop an action plan appropriate to their organisation.

For the Trust, most of the actions are already outlined in Torbay Carers Strategy Action Plan which was signed off in June this year. The only commitment which has not already been addressed is the commitment to have Carers Awareness as part of standard staff induction. Given the importance of Carers in our model of care, given the number of staff who juggle work and caring, and given our commitment to the Triangle of Care (equal partnership between staff – person – carer), I would respectfully suggest that this is a reasonable commitment. (NB Carers Awareness is already a standard part of induction for many of our partners eg Devon Partnership Trust).

3. Conclusion

The STP Commitment to Carers is the culmination of considerable work to develop consistency in addressing the priorities for Carers across the STP footprint. The principles are in line with our existing commitments, and the additional action around induction is, in my view, reasonable and achievable.

4. Recommendations

As the principles have already been signed off within Torbay's Carers Strategy, the recommendation is for the Board to approve the STP Commitment to Carers to progress to the next step – PDEG.

Commitment to Carers

In everything we do, we will take Carers into account

Introduction

The NHS in Devon, Devon County Council, Plymouth City Council, and Torbay Council want Devon to be a good place for Carers.

"A Carer is considered to be anyone who spends time looking after or helping a friend, family member or neighbour who, because of their health and care needs, would find it difficult to cope without this help regardless of age or whether they identify as a Carer."

- *Carers National Action Plan 2018 - 2020 "Supporting carers today" Department of Health 2018*

We recognise that Carers are providers of significant support to the people they care for, which across the whole County of Devon (including Plymouth and Torbay) has been valued at £2.5 billion annually, roughly the same cost as the NHS.

"Every year, more and more people take on a caring role. The enormous contribution of our country's carers not only makes an invaluable difference to the people they support, it is an integral part of our health and social care system and it deserves to be better recognised.

"…. Carers are the experts-by-experience turning treatment plans into reality….. To the people they help, they are the indispensable family members, friends, and neighbours that make each day possible. Within our communities they are vital partners…..What none of us must forget is that carers have their own needs too. We must be alert and responsive to those needs, or we risk compromising their health and wellbeing and – by association – the recipients of their care"

- *Carers National Action Plan 2018*

We commit ourselves to:

- embedding the principles identified in this document in all our ways of working and inviting all our partners to join us in doing so;

- adopting good employment principles and practices for those Carers who work or want to work for us, as promoted by Employers for Carers* (see appendix 1) and invite all employers to do the same;

- using all the ways we have available to us to encourage awareness and support for Carers in communities and businesses.

These high level commitments apply to all Carers, except where either: a) expressly stated; b) where age is an essential criterion (e.g. employment and Young Carers); or c) where differences in the legislation direct us (for Adult Carers of Adults the Care Act 2014 and for Young Carers and Parent Carers

of Children the Children and Families Act 2014). They also apply equally to Carers of people with all different conditions.

These are our high-level commitments. They reflect the commitments and priorities from the NHS Commitment to Carers (Commitment to Carers here and Toolkit here), the National Action Plan for Carers 2018 -20, the principles of Employers for Carers and the principles for organisations whose work brings them into contact with Carers embedded in the “Triangle of Care” (see below)

Detailed action plans will be written for each organisation which signs up, in order to ensure these commitments become a reality, (or something like that, otherwise the front section is not very user friendly)

1: Identifying Carers and supporting them

We will identify and recognise as many Carers as possible as early as possible in their caring journey, including Young Carers and Parent Carers.

- GP practices will identify, recognise, record and support Carers.
- All Health and Social Care Services will identify, recognise, involve and support Carers.
- Voluntary and Community Sector partners will identify, signpost and support Carers as appropriate to their roles.
- We will support Schools and Education services to identify Young Carers and Parent Carers.

2: Effective Support for Carers

We will ensure that support for Carers is well integrated within mainstream health, social care and community services, so that access to support is improved, Carers experience consistent holistic support, i.e. that looks at all aspects of their lives, and their lives and their mental and physical health are maintained or improved.

For Young Carers we will also ensure that we help to improve their educational opportunities and outcomes.

We will work to ensure that services are Carer-friendly, treat Carers with consideration (so they don't have to choose between caring and having treatment and support for their own needs), and link them into local community support and Carer support.

We will support Carers to have effective choice when caring and being in employment, encouraging employers in Devon to recognise the benefits of being carer friendly

We will ensure that all health and care services including Primary, Acute, Community and Mental Health Services recognise Carers, support them in their caring role and link them into sources of support.

When Carers need more help and to avoid reaching crisis point, we will ensure that they can access support as quickly and simply as possible.

We will work to improve access to replacement care when Carers need a break:

Replacement care, also commonly known as respite care, is any care arrangement designed to give rest or relief to unpaid carers. It aims to support carers to have a break from their caring responsibilities.

Carers Assessments will always be a helpful and useful opportunity in themselves. They will identify measures that support Carers in staying well, caring effectively and safely, making their own life choices, in maximising their resilience and the independence of the person they care for, and their own most important life goals.

We will take a whole family approach to support in order to promote the wellbeing of the Carer's family and ensure that "no door is the wrong door" for any Carer.

3: Enabling Carers to make informed choices about their caring role

We will enable Carers, and support others to enable Carers, to make informed choices about their lives. We will support Carers to make decisions about their caring role including choosing not to provide care or to limit caring.

We will ensure that information about local support and services is easily found and clear, in order that Carers can choose appropriate support for themselves and the person they care for.

We will take into account wider determinants of health in our approach to supporting Carers' wellbeing and resilience; such as education, work, housing suitability, financial stress, Carer choice in caring and the sustainability of the caring role.

Support we arrange will include planning for end-of-life care, and life after caring; for example, supporting a return to employment where appropriate, dealing with grief and having a good life.

4: Staff awareness

Our staff will be aware of Carers, sensitive to their needs and aware of the support available to them. They will encourage and support Carers to access the help they need.

We will make Carer awareness training a core element for our staff at induction and as part of their continuing professional development as part of our workforce development plans.

We will encourage our staff to recognise signs of Carer stress and make it easy for them to signpost and refer Carers for support.

We will make it easy for social care staff who identify health needs in Carer Assessments to refer the Carer to their GP for health support.

In this way we will work holistically with the Carer and the person(s) they care for at all points of contact – diagnosis, review, and planning for discharge.

5: Information-sharing

We will share information appropriately to support Carers and work to avoid Carers having to repeat information.

We will encourage Carers to allow sharing of their information so support is sensitive, tailored, joined-up and effective.

We will encourage people with care and support needs to share information about their needs with their Carer(s) to enable their full participation in care and support planning.

6: Respecting Carers as expert partners in care

We will respect Carers as expert partners in care and involve them holistically in care planning, decision making and reviews.

Health and Care professionals will support and empower Carers to fulfil this role.

We will involve Carers in monitoring and reviewing services so that we can demonstrate where we are successful and where we need to improve.

We are committed to and support the implementation in all services of the principles behind the "Triangle of Care" so that Carers are universally recognised and respected as expert partners in care and supported by services in their role (see Appendix 2).

7: Carers whose roles are changing or who are more vulnerable

We will identify Carers who are more vulnerable or at key points of transition to focus support.

We will work to shape services to match Carers' needs.

We will focus attention on ensuring we get it right for Carers particularly at these key points of transition:

- For Young Carers, moving between schools, onto further education or between adolescence and adulthood;
- For Parents as Carers, particularly when children leave the family home or become eligible for adult services;
- Transition to permanent residential care or living independently;
- End of life;
- Bereavement and life after caring.

And on getting it right for vulnerable Carers, including:

- Carers of people with substance misuse problems;
- Carers aged over 75 years;
- Carers from Black, Asian and Minority Ethnic (BAME) and/or Lesbian, Gay, Bisexual and Transgender plus (LGBT+) backgrounds;
- Carers with multiple caring roles.

Appendix 1: Employers for Carers

Devon County Council, Torbay Council and Plymouth City Council have membership of “Employers for Carers”.

The benefits of this membership are available to all NHS partners and all Small and Medium Enterprises in Devon.

They include advice on Carer-friendly employment policies and their benefits.

You can find information about Employers for Carers at www.employersforcarers.org

We also support Carers by providing information on employment rights, available here:

https://www.carersuk.org/files/helpandadvice/2613/factsheet-uk1031-your-rights-in-work.pdf

Appendix 2: The Triangle of Care – principles for all services on working with Carers

See: https://professionals.carers.org/triangle-care-mental-health/triangle-care-resources

Principles:

1. Carers, and the essential role they play, are identified at first contact or as soon as possible thereafter;

2. Staff are carer aware and trained in carer engagement strategies;

3. Policy and practice protocols regarding confidentiality and sharing information are in place;

4. Defined post(s) for carers are in place – appropriate to the service, for example a lead senior manager, team champions;

5. Information for carers on the service is available across the pathways;

6. Carers are enabled to access a range of carer support services including a self-assessment tool.

Cover sheet and summary for a report to the Trust Board of Directors					
Report title: **Integrated Performance Report:** **2018/19 Month 5 (August 2018)**				**Date:** 3rd October 2018	
Report sponsors	Director of Strategy and Improvement Director of Finance				
Report author	Head of Performance				
Report provenance	Executive Director scrutiny (18 September 2018) Service Delivery Unit Quality and Performance Review meetings (20 September 2018) Finance, Performance, and Investment Committee (25 September 2018)				
Confidentiality	Public				
Report summary	The Integrated Performance Report (IPR) sets out the headline performance for Month 5 (August) 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 below and detailed in the attached main report.				
Purpose	**Note** ☐	**Information** ☐	**Review** ☒	**Decision** ☐	**Approve** ☐
Recommendation	The Board is recommended to **review** the documents and **review** the evidence presented.				
Summary of key elements	The Board are asked to note the following highlights: **Performance**: against the national NHS I Single Oversight Framework In August the Trust did not meet the following national standards or agreed planned improvement trajectories: • Urgent care 4 hour standard; • Referral to Treatment times (RTT) • Cancer 62 day wait for first treatment • Diagnostic waiting times **4 hour ED standard:** In August the Trust achieved 87.2% of patients discharged or admitted within 4 hours of arrival at Accident and Emergency Departments. This is a deterioration on last month (July 92.7%). **Risk: High** - Performance in August now makes the delivery of the Q2 provider sustainability fund unachievable. This is disappointing				

	as good progress had been seen in July. There had been higher than expected levels of escalation (15 days at OPEL 3) with difficulties accessing beds. This level of escalation is not expected and hard to explain purely through increased number of admission and acuity and is a combination of many factors. It is recognised however that the multifactorial nature of system performance and managing within the fine margins is our constant challenge. During August we have had key staff on annual leave with new junior doctors with some disruption to the service improvement efforts that had started. There is clearly much work to do to make sustainable improvement across system performance to manage avoidable admission; ensure rapid assessment of patients; support optimised inpatient pathways and discharge planning. Focus reports on the 3 core areas of service improvement identified in our plans have been reviewed at the Patient Flow board in September. This and where necessary escalation to executive review will agree next steps to ensure these programmes are sufficiently supported and start to deliver the expected benefits. <u>RTT and Cancer Waits</u> **RTT:** RTT performance has remained static with the proportion of people waiting less than 18 weeks remaining at 81.5%, below Operational Plan trajectory of 82.6% and National standard of 92%. The total number of incomplete pathways (waiting for treatment) is reducing with a reduction of 2.5% since April 2018 in line with our operational plan commitment to maintain or reduce total number waiting. For August 76 people will be reported as waiting over 52 weeks, this being an increase on last month's 64 however better than our revised trajectory of improvement agreed with NHSI of 84 for August. Operational pressures and slippage against plans to recruit to posts remain 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 increased capacity to treat more patients in these highest risk areas.

	Recruitment into substantive posts in Urology, Upper Gastrointestinal Surgery, and Colorectal is under way, along with extra capacity from the independent sector in these specialties. Independent validation of all breaches is being completed this month, from which common errors and lessons to be learnt will be shared with teams for future data quality improvements. Whilst the performance is remaining static and longest waits over 52 weeks have increased in August it is expected that the injection of capacity, internally and externally, will improve the position as it is introduced and mitigate any potential loss of capacity in the proposed winter 'elective pause'. Analysis of the longest waits patients shows there is also an element of unavoidable patient choice which poses a risk to the target of 0 waits over 52 weeks. Currently there are 14 patients who have chosen to wait longer than 52 weeks. <u>Integrated Care model Balance Scorecard - Proof of Concept Discussion Paper</u> Our integrated care model is complex and broad and understanding the impact of the care model across our system is sometimes difficult to determine because of the dynamic and unprecedented demands placed upon the NHS today. Whilst it is important to recognise this context, it is important to seek a greater depth of understanding about how our integrated care system is responding in light of the care model changes. To help us with this, a specific piece of work is underway which draws together a number of performance and quality indicators and presents these together into a balanced scorecard that focuses on the four domains of the care model. A first iteration of the scorecard is attached as an appendix to this report. It offers the Board an opportunity to comment on the format of the scorecard as a proof of concept and the Board are asked to review and make a recommendation regarding its future development. <u>Quality</u> **Never event** - One reported Never Event has been reported in August. No harm to the patient and the processes involved are being reviewed. <u>Workforce</u> Workforce metrics and progress against plan are covered in Part One summary of the report and Focus Report. <u>Finance</u> 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 in June 2018 to NHS Improvement, re profiling the income and the CIP plan based on the latest information known. The financial position at 31st August 2018 is a £7.05m deficit, which is £0.44m behind the budgeted position. Excluding the income and expenditure not used by NHS Improvement in their assessment framework, a deficit of £6.79m is recorded; £0.33m behind 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 £0.19m better than plan. The Trust did not earn the performance element of the PSF at Q1 and early indicator suggests that it won't be earned for Q2 either. The finance element of the PSF was secured at Q1, as PSF does not affect the assessment of financial performance by NHS Improvement, but this has reduced available cash balances by £0.28m. 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 £5.4m of this forecast is at 'idea / concept' stage only. A significant proportion of the programme remains non-recurrent at present. Total pay run rates increased by £0.94m mainly due to pay award back pay for months M1-M3 for which income was received. Non pay expenditure run rates are at similar level to M4 totalling £15.76m. The non-pay underspend as at M5 is £1.56m including underspend in investment reserve. The CIP target for the period to 31 August 2018 is £4.82m, against which a total of £4.33m has been delivered; an adverse variance of £0.49m. The Trust, at this stage of the financial year, is forecasting delivery of the control total less the Q1 and Q2 PSF income of £0.65m, although this remains subject to full delivery of the savings target and mitigation of emerging risks, with the consequent risks attached to delivery. Capital expenditure is forecast to be circa £3.5m underspent in comparison with Plan. The Trust's Finance Risk Rating is a 3 at M5. The Agency spend rating remains adverse to Plan. Liquidity is marginally favourable to Plan.

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.
Summary of scrutiny	This report has been subject to challenge, due diligence, and risk assessment by: • Executive Director scrutiny (18 September 2018) • Service Delivery Unit Quality and Performance Review meetings (20 September 2018) • Finance, Performance, and Investment Committee (25 September 2018)
Stakeholder engagement	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.
Other standards affected	Delivery of CCG commissioning intentions. Delivery of Torbay Council and Devon County Council Annual Strategic Agreement requirements.
Legal considerations	Maintain Foundation Trust terms of authorisation. Delivery of NHS Improvement Single Oversight Framework for 1. Operational performance 2. Quality standards 3. Financial risk rating Delivery of NHS Constitution rights and standards.

Torbay and South Devon NHS
NHS Foundation Trust

MAIN REPORT

Integrated Quality, Workforce, Performance, and Finance Report

Date of Report: **25 September 2018**

Reporting Period: **Month 5**

Data Up To : **31 August 2018**

Version Control

Version	Meeting	Date of Circulation	Date of Meeting	Owner	This Version
Draft 1	Trust Executive	14/09/18	18/09/18	Paul Procter	☒
Published Report	FPI Committee	21/09/18	25/09/18	Ann Wagner Paul Cooper	☒
Published Report	Trust Board	26/9/18	03/10/18	Ann Wagner Paul Cooper	☒

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2.4 Finance Headlines

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 Committee 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:

- Executive Director scrutiny (18 and 25 September 2018)
- Service Delivery Unit Quality and Performance Review meetings (20 September 2018)
- Finance, Performance, and Investment Committee (25 September 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 5 (August 2018)

Key headlines for, quality and safety, workforce standards and metrics, operational performance, and financial delivery for Month 5 to draw to the Committee's attention are as follows:

2.1 Quality Headlines

There are 19 Local Quality Framework indicators in total of which 6 were RAG rated RED for August (4 RED in July) as follows in Table 1:

Table 1: Local Quality indicators RAG rated RED:

Standard	Target	Last month Month 4	This month Month 5
Reported incidents – major and catastrophic	<6	1	6
Never Events	0	0	1
VTE – risk assessment on admission (acute)	>95%	92.1%	91.1%
Medication error resulting in moderate to catastrophic harm	0	0	4
Fractured Neck of Femur	>90%	63.4%	64.5%
Follow ups past to be seen date (excluding Audiology):	3,500	7063	6858

Of the remaining indicators, 8 were rated GREEN, 3 AMBER, and 1 not rated.

Never event - One reported Never Event has been reported in August. No harm to the patient and the processes involved are being reviewed. The event was in relation to the non-removal of dental props which took place in recovery rather than theatre.

2.2 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 10.35% for the year to August 2018, which is within the target range of 10% to 14%.
- **Staff sickness/absence: RED –** The annual rolling sickness absence rate of 4.21% at the end of July 2018 (reported 1 month in arrears) has decreased slightly from 4.24% for the month of June. This is against the target rate for sickness of 3.80%
- **Mandatory Training rate**: **GREEN** – At the end of August 2018 the overall mandatory training rate had increased to 85.77% from July at 84.50%. This means that the Trust is now achieving the target rate for mandatory training of 85%.
- **Appraisal rate**: **AMBER -** The Achievement Review rate for the end of August is at 80.61% against a target rate of 90% which is an increase from July's figure of 79.61%.

In addition to the workforce KPIs there are two 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 August 2018, the Trust was exceeding plan by 318.44 wte.
- **Agency Expenditure –** At Month 05 the Trust was £271k over and above planned expenditure and a total of £618K above planned expenditure for the five month period up to the end of August

2018. Plans continue to be developed to reduce the overspend to ensure compliance with the NHSI cap.

2.3 Operational Headlines

2.3.1 Community and Social Care Summary

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

Table 2: Community and Social Care Framework RAG Rated RED

Standard	Target	Last month Month 4	This month Month 5
Delayed transfers of care bed days (acute)	64 days per month	281	181
Carers Assessments completed Year to Date	40% Year end	6.8% (12% M4 trajectory)	9.9% (15% M5 trajectory)

Of the remaining indicators, 9 were rated GREEN, 0 AMBER, and 3 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 5 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 4	This month Month 5	Risk
A&E - patients seen within 4 hours (PSF)	>92%	92.7%	87.2%	High
	Trajectory	93.7%	93.3%	
RTT – 18 weeks	>92%	81.5%	82.2%	High
	Trajectory	82.5%	82.6%	
Cancer – 62 day wait for first treatment – 2ww referral	>85% standard (improvement trajectory 73% August)	86.2%	76.6%	Moderate
Diagnostic tests longer than the 6 week standard	<1%	5.7%	6.6%	Moderate
Dementia Find – monthly report	>90%	94.3%	95.6%	Low

- **4 hour ED standard:** In August the Trust achieved 87.2% of patients discharged or admitted within 4 hours of arrival at Accident and Emergency Departments. This is a deterioration on last month (July 92.7%).

  Risk: High Performance in August now makes the delivery of the Q2 provider sustainability fund unachievable. This is

disappointing as good progress had been seen in July. In August there had been higher than expected levels of escalation (15 days at OPEL 3) with difficulties accessing beds. This level of escalation is not expected and hard to explain purely through increased number of admission and acuity and is a combination of many factors. It is recognised however that the multifactorial nature of system performance and managing within the fine margins is our constant challenge.

During August we have had key staff on annual leave with new junior doctors with some disruption to the service improvement efforts that had started. There is clearly much work to do to make sustainable improvement across system performance to manage avoidable admission; ensure rapid assessment of patients; support optimised inpatient pathways and discharge planning.

Focus reports on the 3 core areas of service improvement identified in our plans have been reviewed at the Patient Flow board in September. This and where necessary escalation to executive review will agree next steps to ensure these programmes are sufficiently supported and start to deliver the expected benefits.

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.

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

- **RTT:** RTT performance has remained static with the proportion of people waiting less than 18 weeks remaining at 81.5%, below Operational Plan trajectory of 82.6% and National standard of 92%. The total number of incomplete pathways (waiting for treatment) is reducing with a reduction of 2.5% since April 2018 in line with our operational plan commitment to maintain or reduce total number waiting.

  For August 76 people will be reported as waiting over 52 weeks, this being an increase on last month's 64 however better than our revised trajectory of improvement agreed with NHSI of 84 for August. Operational pressures and slippage against plans to recruit to posts remain 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 increased capacity to treat more patients in these highest risk areas.

Recruitment into substantive posts in Urology, Upper Gastrointestinal Surgery, and Colorectal is under way, along with extra capacity from the independent sector in these specialties. Independent validation of all breaches is being completed this month, from which common errors and lessons to be learnt will be shared with teams for future data quality improvements.

Whilst the performance is remaining static and longest waits over 52 weeks have increased in August it is expected that the injection of capacity, internally and externally, will improve the position as it is introduced and mitigate any potential loss of capacity in the proposed winter 'elective pause'. Analysis of the longest waits patients shows there is also an element of unavoidable patient choice which poses a risk to the target of 0 waits over 52 weeks. Currently there are 14 patients who have chosen to wait longer than 52 weeks.

Management action: Led by the Interim Chief Operating Officer all 'at risk' teams have concluded plans outlining the actions and impact of these plans on forecast performance. The plans together with associated funding are now agreed with recruitment underway. 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 76.6% (validated 14th September 2018) performance is below the 85% national standard however meeting the agreed trajectory of improvement for August (73%) with a plan achieve the National standard from January 2019.

A significant element of achieving the standard is the 14 day time from urgent referral to appointment.

The delivery of the 14 day standard remains a challenge with workforce challenges in two of the at risk areas likely to delay the recovery of this part of the pathway. This is due to loss of locum in urology and recruitment delays in colorectal surgery.

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 and colorectal surgery has seen waiting times to see urgent referrals extending to 5 weeks and will put pressure on delivery of the overall 62 day target in future months. Dermatology is now able to offer urgent appointments at 14 days. The actions agreed, are expected to bring performance back to target from January, however remain dependent upon successful recruitment to the key posts.

- **Diagnostics:** The diagnostics standard was not met with 6.6% of patients waiting over 6 weeks against the standard of 1%. This is a small deterioration over last month and not meeting our NHSI Operational Plan trajectory. Demand and capacity pressure in MRI, CT and non-obstetric ultrasound remain the 3 areas of highest risk. Scheduling additional MRI mobile visits has been difficult and little additional capacity provided in recent weeks.

  There will remain continued reliance on outsourcing and visiting mobile units for both MRI and CT.

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 to be scheduled.

- **Dementia screening:** The Dementia Find standard is meeting the standard of 90% with 95.6% achieved in August. This continued improvement has been aided by the allocation of heath care assistant resource to support the wards to record completed assessments.
  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 24 performance indicators agreed locally with the CCG, of which 10 were RAG rated RED in August 2018 (9 RED RAG rated in July). The indicators RAG rated RED are summarised in Table 4:

Table 4: Local Performance Indicators RAG Rated RED

Standard	Standard/ target	Last month Month 4	This month Month 5
Cancer 2ww urgent GP referral	>93%	62.1%	76.8%
Cancer – 31-day wait for second or subsequent treatment - surgery	>94%	93.9%	91.4%
RTT waits over 52 weeks:	0	64	77
On the day cancellations for elective operations	<0.8%	0.8%	1%
Ambulance handovers > 30 minutes:	0	94	88
A&E patients (ED only):	>92.9%	88.6%	80.1%
Number of Clostridium Difficile cases (community)	0	1	1
Care plan summaries % completed within 24 hrs of discharge weekdays:	>77%	68.1%	67.2%
Care plan summaries % completed within 24 hrs discharge weekend:	>60%	34.9%	30.1%
Clinic letter timeliness - % specialties in 4 working days	>80%	68.2%	63.6%

Of the remaining indicators, 10 were rated GREEN, 2 AMBER, and 2 indicators 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. There is increasing focus 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 did use 16,000 fewer bed days overall compared to the period 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 31st August 2018 is a deficit of £7.05m against a planned deficit of £6.1b.
  The run rate of pay expenditure has increased in Month 5 due to back dated pay award (matched by Income received) for substantive staff and increased Agency usage within Nursing.
  Non-pay expenditure is underspent by a total of £1.56m due to various non pay spend (Drugs, Bloods, devices, Clinical supplies, premises and other operating costs).

- **CIP savings delivery position:** The current month position shows a balanced delivery position against plan. There is a £0.49m cumulative shortfall against a £4.82m 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.

  A number of initiatives have been launched, as outlined in the recent "Closing the gap" paper, including:-

  -Benchmarking opportunities
  -5 new work streams led by executives
  -SDU generated ideas/ N/R projects.

Specific values are yet to be identified, but these work streams are now taking shape.

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

The forecast full year effect of 2018/19 recurrent projects in 2019/20 is £10.2m 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:** The forecast at Month 5 for the Trust is a surplus of £1.08m, against a plan of £1.73m. This represents a £0.65m gap to the adjusted financial performance due to the loss of the A&E Performance related Provider Sustainability Fund (PSF) for the first quarter of this financial year and anticipated loss in second quarter based on recent activity information.
  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 and to move Amber and Red schemes to Green (schemes at ideas stage £5.4m and £4.7m at outline plan stage). The forecast will deteriorate in future months to the extent that this is unsuccessful and if operational risks are not mitigated further.

- **Capital:** The capital expenditure program for 2018/19 is forecast to be underspent by circa £3.5m in comparison with the approved plan of £27.3m. Most notably with some Radiology equipment replacements (£2.81m). In addition to the above, potential slippage to the ED/UCC scheme is currently being evaluated.

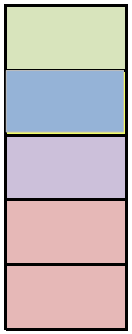
- **Use of Resources Risk Rating:** NHS Improvement no longer publish a planned risk rating for Trusts, due to changes they have made to the risk rating calculation. However, at Month 5, the Trust had an actual Use of Resources risk rating of 3 (subject to confirmation by NHS Improvement). The Agency risk rating of 3 is worse than the planned rating of 2.

Torbay and South Devon NHS
NHS Foundation Trust

Integrated Performance Report

September 2018: Reporting period August 2018 (Month 5)

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

Quality Focus

Month 5 (performance to end of August 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 August 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 April 18 (Dr Foster has a three month data lag). April data has a mortality rate of 103.1 which is within expected limits however above the national benchmark of 100. The overall yearly mortality is in keeping with the Unadjusted Mortality and the DH's Summary Hospital Mortality Index (SHMI) shown in the report. It is noted that the latest SHMI data released is showing an increasing trend and this will be investigated through the Quality Improvement group and patient safety lead.

As well as viewing the top line mortality figure any Dr Foster mortality alerts at diagnosis and procedure level are also reviewed on a monthly basis. Thiese reviews start will a focus on coding and clinical review to patient level as needed with any concerns subsequently escalated 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 - One reported Never event has been reported in August . No harm to the patient and the processes involved are being reviewed. The event was in relation to the non removal of dental props which took place in recovery rather than theatre.

4. STEIS - Four Strategic Executive Information System (STEIS) reportable incidents where reported in August

5. Infection Control are reporting a decrease in the number of bed days lost from infection control measures with 8 bed days lost in August (16 in July).

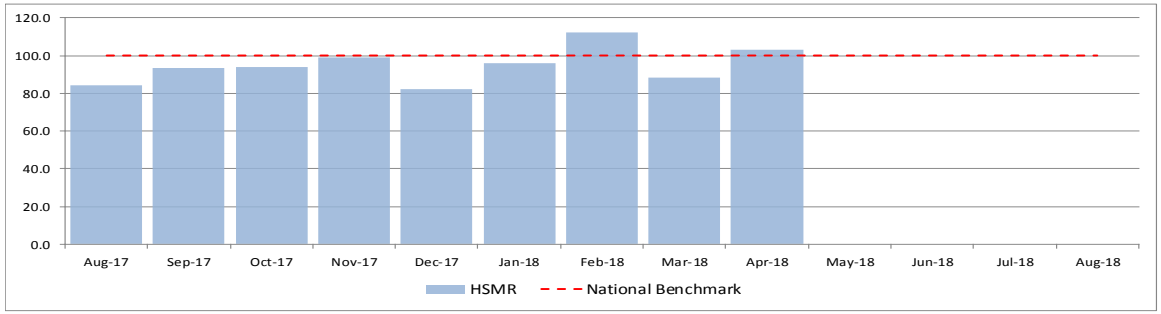
6. Clinic Follow ups - the number of patients waiting 6 weeks or more for a follow up appointment beyond the intended to be seen by date has reduced from 7063 in July to 6858 in August.

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 assessments are being made, however, we have struggled in recent months to complete accurate recording of this data into the electronic discharge system. Plans are being reviewed to support this and achieve a sustained recovery.

Quality and Safety - Mortality

Hospital Standardised Mortality Rate (HSMR) national benchmark = 100

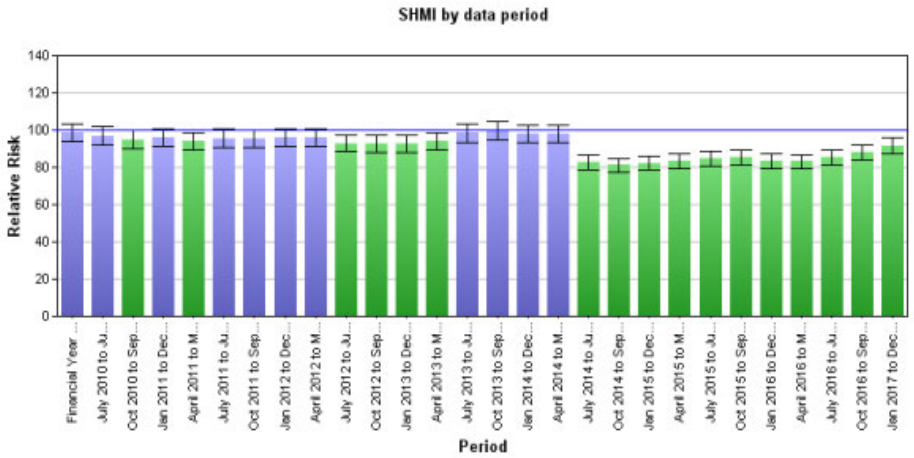
	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
HSMR	84.4	93.6	94.0	99.1	82.0	96.1	112.5	88.3	103.1	0.0			
National Benchmark	100	100	100	100	100	100	100	100	100	100	100	100	100



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 103.1. Mortality does have a cyclical nature and tends to rise during the colder winter months.

SHMI by data period



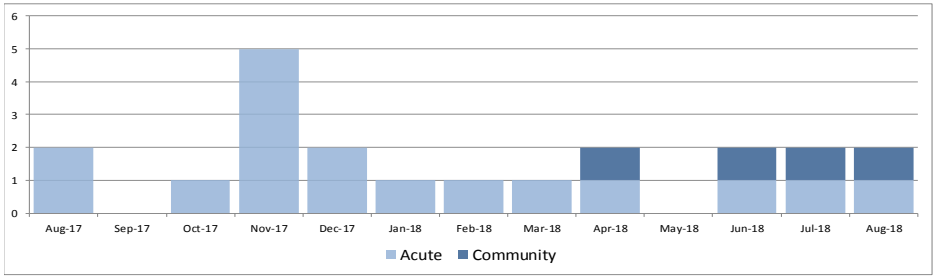
The SHMI data reflects all deaths recorded either in hospital or within 30 days of discharge from hospital.
The data is released on a quarterly basis and the latest data release from the DH is January 2017 to December 2017 and records the Trusts at 91.59 against a national average benchmark of 100.

This being a slight increase on last period October 16 to Sept 2017 at 87.8. The SHMI has remained low for a sustained period of time however is showing an increasing trend seen in the graph opposite.
This will be investigated as we have seen changes in the reported mortality rates in the past where there have been changes in organisational form and recording practices. This may be a factor as we have seen changes with the new care model and ambulatory assessment pathways on patient flows both in and out of hospital.

Quality and Safety - Infection Control

Number of Clostridium Difficile cases

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



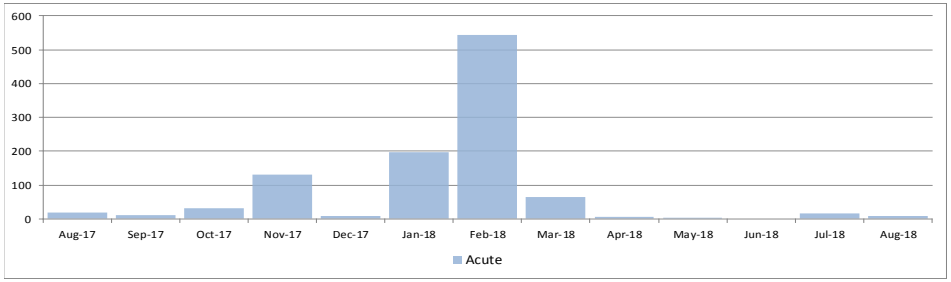
In August there were two reported C-diff cases. The culmulative total is 8 cases with 3 cases identified as a lapse in care.

The Target for 2018/19 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)

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Acute	18	12	30	130	8	198	544	64	6	4	0	16	8



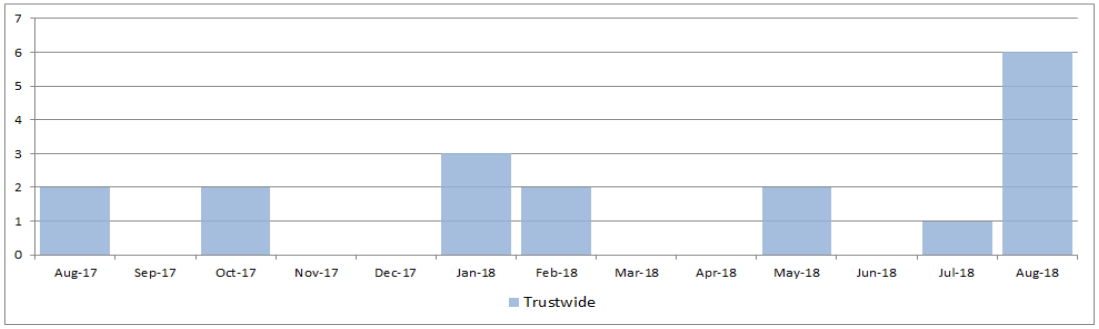
The Infection Control Team continue to manage all cases of outbreaks with individual case by case assessment and control plans.

In August there were 8 beds days lost 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

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Trustwide	2	0	2	0	0	3	2	0	0	2	0	1	6



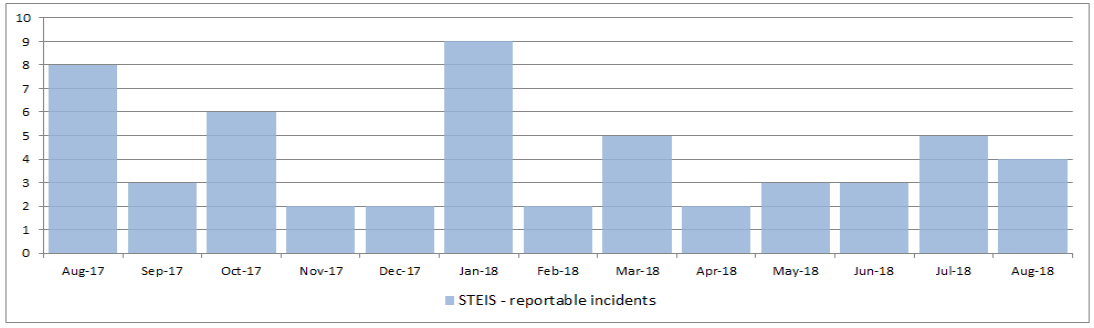
In August 2018 the Trust recorded 6 incidents as Major or Catastrophic which will follow normal process of investigation: The sites of recorded incidents are:

- Newton Abbot Hosp
- Turner Ward
- Endoscopy dept
- Labour Ward
- Theatres ALL
- Dermatology dept

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

STEIS Reportable Incidents

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



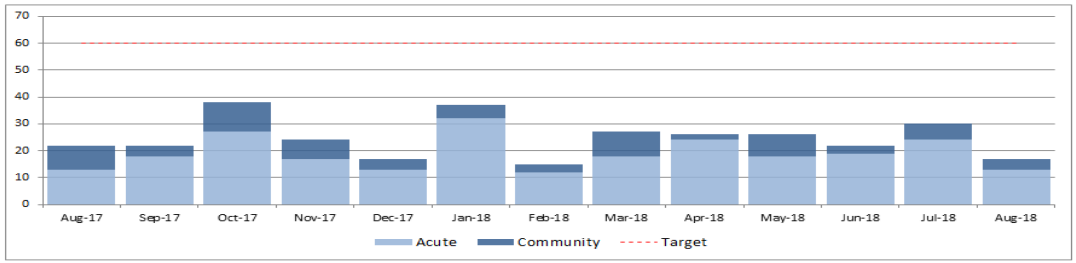
The Trust reported four incidents in August on the Strategic Executive Information System (StEIS).

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

Type	Delivery Unit	Area
Slip / Trip / Fall	Medical	Cheetham Hill
(NEVER Event)	Surgical	Theatres
Cardiac Arrest	Medical	A&E
Slip / Trip / Fall	Community	Coastal

Formal complaints

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Acute	13	18	27	17	13	32	12	18	24	18	19	24	13
Community	9	4	11	7	4	5	3	9	2	8	3	6	4
Total	22	22	38	24	17	37	15	27	26	26	22	30	17
Target	60	60	60	60	60	60	60	60	60	60	60	60	60



In August the Trust received 17 formal complaints.

The number of formal complaints are shown in the table opposite. This shows the split of 13 relating to the Acute site and 4 in the Community.

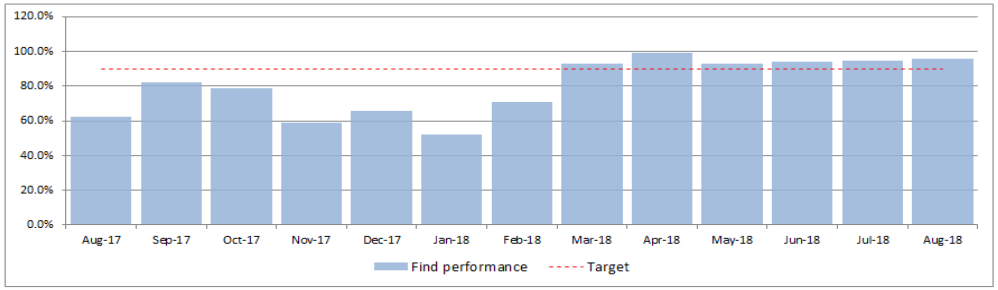
The main themes from the complainants are funding allocations, communication, attitude of staff, and treatment.

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

Quality and Safety - Exception Reporting

Dementia - Find

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Numerator	360	455	422	318	396	356	345	380	205	477	479	313	346
Denominator	520	536	508	479	552	594	457	403	206	509	504	332	362
Find performance	62.4%	81.8%	78.6%	59.0%	65.5%	52.1%	70.8%	92.7%	99.2%	92.6%	93.8%	94.3%	95.6%
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%



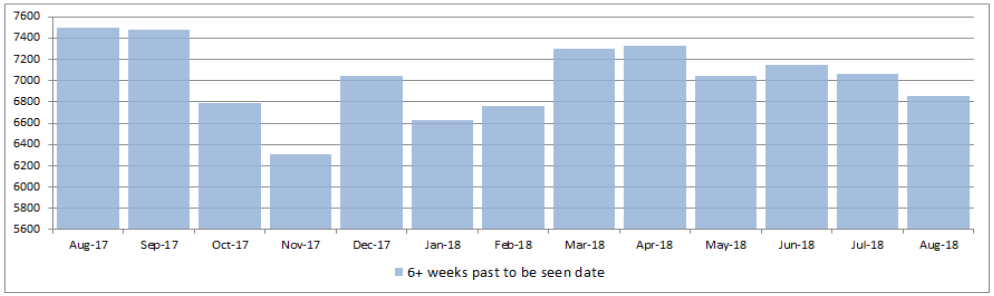
Dementia Find: The NHS I Single Oversight Framework (SOF) includes Dementia screening and referral as one of the NHSI priority indictors.

The Dementia Find in August increased to 95.6% from 94.3% in July.

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)

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
6+ weeks past to be seen date	7496	7477	6790	6308	7041	6630	6761	7301	7323	7042	7144	7063	6858



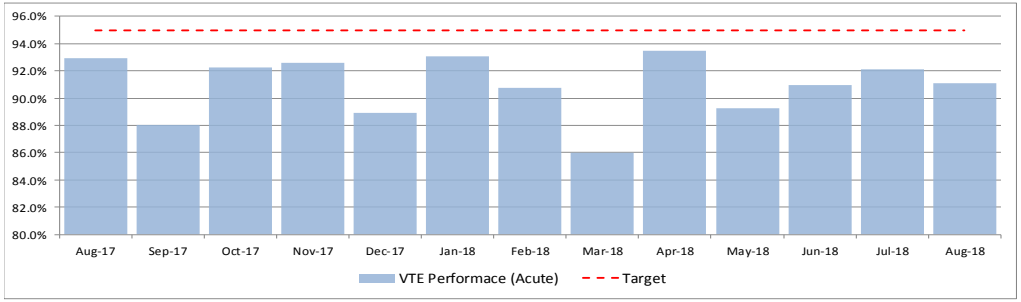
Follow ups: The number of follow up patients waiting for an appointment greater that six weeks past their 'to be seen by date' reduced in August to 6858 (7063 last month).

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)

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
VTE Numerator	5635	5560	5720	5748	5104	5878	5036	4875	5627	5630	5755	5962	5944
VTE Denominator	6065	6317	6200	6209	5740	6318	5549	5671	6021	6308	6328	6474	6526
VTE Performace (Acute)	92.9%	88.0%	92.3%	92.6%	88.9%	93.0%	90.8%	86.0%	93.5%	89.3%	90.9%	92.1%	91.1%
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%.

Workforce Focus

Month 5 (performance to end of August 2018)

Page 9	Workforce Plan page 1
Page 10	Workforce Plan page 2
Page 11	Sickness Absence
Page 12	Turnover
Page 13	Appraisal and Training
Page 14	Agency (1)
Page 15	Agency (2)

Workforce - Plan v Actual

Planned Establishment

The tables below shows the workforce plan submitted to NHSI for the Financial Year 2018-2019 and also the budgeted WTE for 2018/19. This is based on actual hours worked, including bank and agency.

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	508.23	507.47	506.10	502.85	501.27	499.66	497.61	495.56	493.51
Nursing And Midwifery Registered	1,300.79	1,306.32	1,308.32	1,302.20	1,299.31	1,298.72	1,308.84	1,305.85	1,313.85	1,310.66	1,307.49	1,304.30
Support To Clinical Staff	1,803.69	1,791.70	1,814.29	1,812.52	1,809.08	1,804.17	1,793.39	1,794.01	1,796.12	1,791.48	1,786.79	1,782.15
Add Prof Scientific and Technic	370.02	368.07	384.73	383.92	383.35	380.76	379.17	377.61	376.00	374.37	372.74	371.10
Allied Health Professionals	459.54	462.70	458.57	463.24	464.26	459.91	458.27	456.57	454.87	453.14	451.38	449.58
Healthcare Scientists	106.36	106.24	106.08	104.94	104.76	104.61	104.46	104.29	104.14	103.96	103.78	103.60
Administrative And Estates	995.27	997.18	983.32	985.74	972.83	969.92	965.49	960.04	954.57	948.91	943.20	937.60
Total Staff Budgeted WTE	**5,550.89**	**5,556.27**	**5,573.52**	**5,560.79**	**5,541.06**	**5,524.18**	**5,512.47**	**5,499.64**	**5,499.20**	**5,480.14**	**5,460.96**	**5,441.84**

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	523.96	536.85	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	1,207.01	1,203.20	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	1,706.58	1,759.21	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	357.97	364.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Allied Health Professionals	436.51	442.97	428.02	432.25	445.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Healthcare Scientists	91.14	90.38	91.31	91.63	92.98	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	1,083.36	1,108.76	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**	**5,402.74**	**5,510.66**							
movement					107.92							

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	15.73	29.38							
Nursing And Midwifery Registered	-65.08	-89.15	-88.74	-95.19	-96.11							
Support To Clinical Staff	-82.37	-63.96	-84.38	-105.94	-49.87							
Add Prof Scientific and Technic	-15.19	-18.31	-30.09	-25.96	-18.82							
Allied Health Professionals	-23.04	-19.72	-30.54	-30.99	-19.14							
Healthcare Scientists	-15.22	-15.86	-14.77	-13.31	-11.78							
Administrative And Estates	85.32	70.25	96.90	97.61	135.94							
Any Others - Provisions	0.00	0.00	0.00	0.00	0.00							
Total Staff Worked WTE	**-101.63**	**-149.57**	**-177.13**	**-158.05**	**-30.40**	**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 .

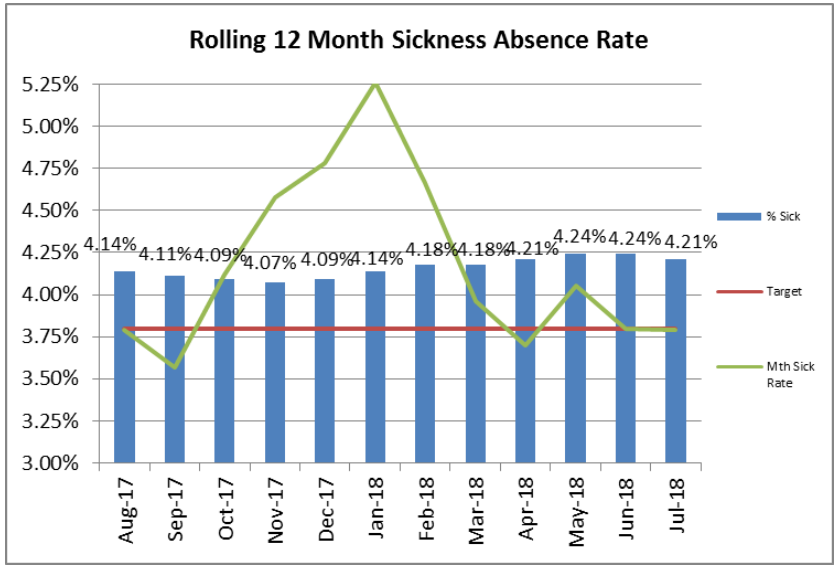
Actual Worked 2018/19: This table shows the outturn against the plan for each month of the year to date as at the end of August 2018.

The outcome at the end of August 2018 for WTE worked is a reduction in worked WTE of 30.40 staff in month against plan.

This is consists of a reduction in contracted staff of 318.44 WTE in August 2018. The bank and agency worked WTE was 75.0 staff above plan.

Workforce - Sickness absence

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



The annual rolling sickness absence rate of 4.21% at the end of July 2018 has decreased slightly from 4.24% for the month of June. This is against the target rate for sickness of 3.80%.

The Monthly sickness figure for July was 3.79% which is a reduction from the 3.80% as at the end of June.

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.

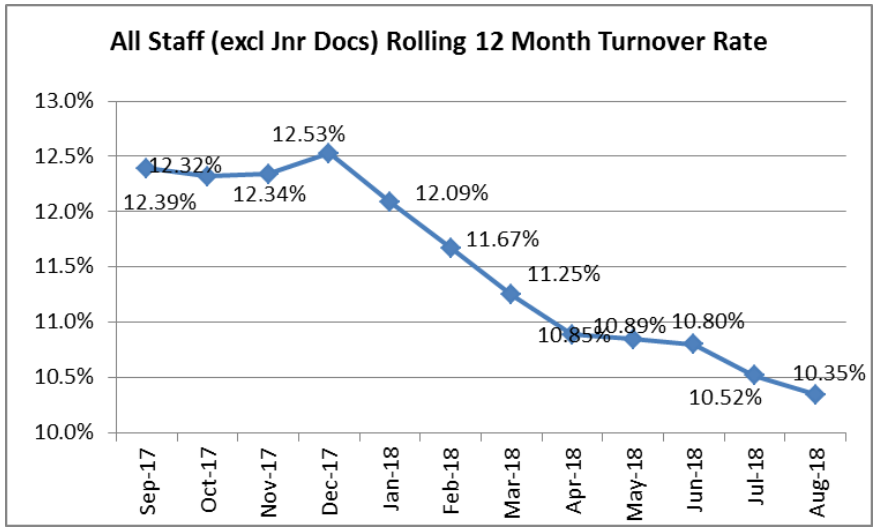
WRAP (Wellness Recovery Action Planning) is being promoted as a proactive way for staff to maintain wellbeing for both mental health and long term physical conditions. Managers are being encouraged (through they resilience for managers course) to mention WRAP to staff especially those returning back 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



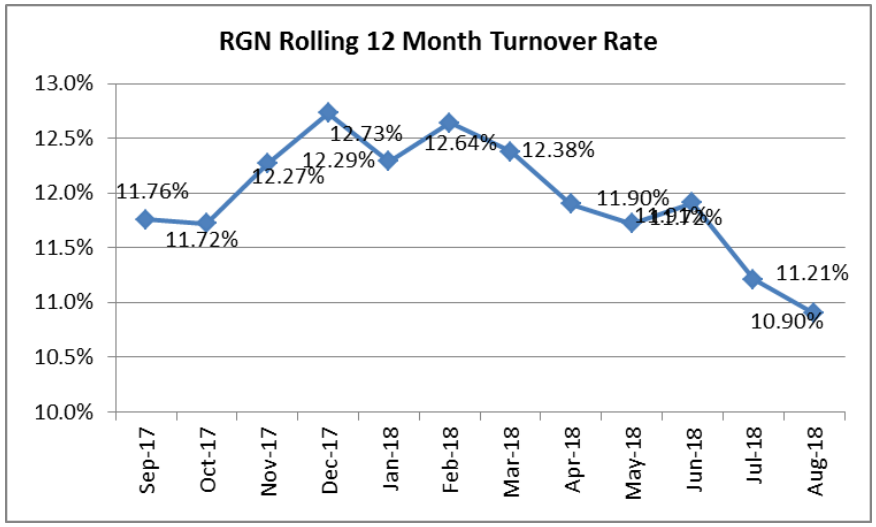
All Staff Rolling 12 Month Turnover Rate

The following graph shows that the Trusts turnover rate now stands at 10.35% for the year to August 2018.

This is a further reduction from last month's 10.52% and within the target range of 10% to 14%.

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

RGN Turnover

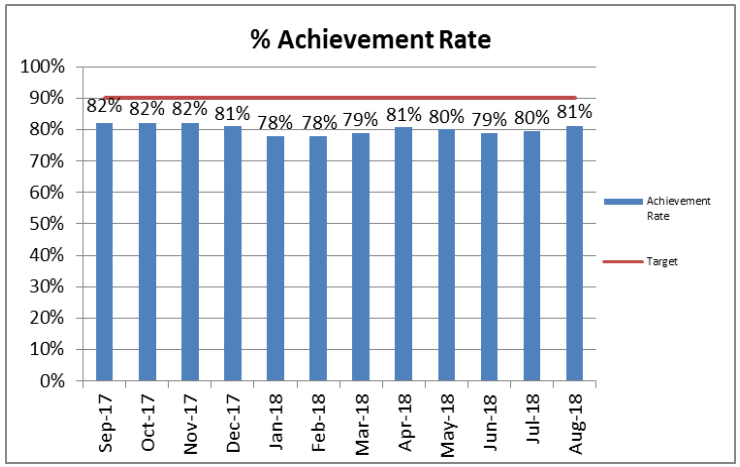


RGN Rolling 12 Month Turnover Rate

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 August 2018 stood at 10.91% which has reduced from last months 11.21%.

Workforce - Appraisal and training

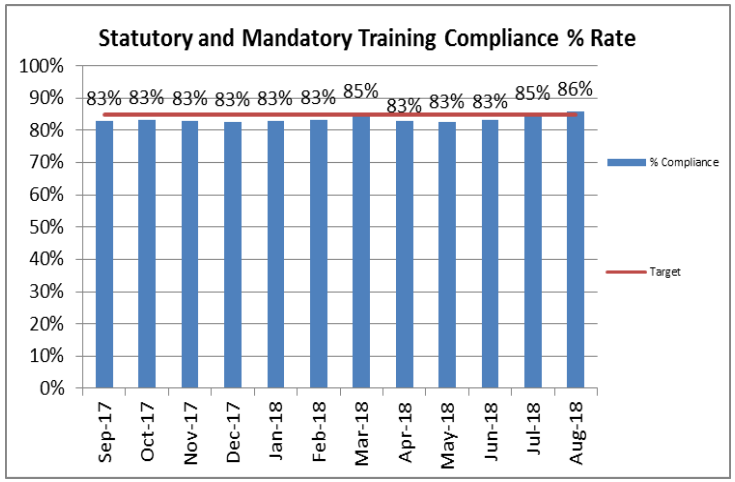


Achievement Review (Appraisal)

The Achievement Review rate for the end of August is at 80.61% against a target rate of 90% which is an increase from July's figure of 79.61%. 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

The Trust has set a target of 85% compliance as an average for the statutory and mandatory training modules which is against the 11 subjects which align with the MAST Streamlining project from April 2018.

The graph shows that the current rate has increased to 85.77% for August from to 84.50% in July. All staff are now receiving a monthly email containing their current compliance , plus budget holders are also receiving a monthly update. 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	79.01%
Conflict Resolution	85% and above	81.63%
Infection Control	85% and above	84.69%
Manual Handling	85% and above	82.17%
Safeguarding Children	90% and above	77.41%
Resuscitation	85% and above	75.73%

Workforce - Agency Expenditure

Agency Spend as at Month 05: 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. As at month 5 (end of August) the Trust is underachieving against the plan by £618K.

Torbay and South Devon NHS Foundation Trust
Total Agency Spend
Financial Year 2018/19

Monthly Values

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Yr End
Plan - Total Agency (see breakdown below)	593	602	559	512	482	507	462	450	487	513	501	512	6,180
Actual Spend													
Non-Medical - Clinical Staff Agency													0
Registered Nurses	232	259	201	187	299								1,178
Scientific, Therapeutic and Technical	86	105	73	112	79	0	0	0	0	0	0	0	455
of which Allied Health Professionals	77	105	67	107	74								430
of which Other Scientific, Therapeutic and Technical Staff	9	0	6	5	5								25
Support to clinical staff (HCA)	0	0	1	0	-1								0
Total Non-Medical - Clinical Staff Agency	318	364	275	299	377	0	0	0	0	0	0	0	1633
Medical and Dental Agency													0
Consultants	193	189	223	183	198								986
Trainee Grades	104	89	63	120	157								533
Total Medical and Dental Agency	297	278	286	303	355	0	0	0	0	0	0	0	1519
Non Medical - Non-Clinical Staff Agency	73	43	38	39	21								214
Total Pay Bill Agency and Contract	688	685	599	641	753	0	0	0	0	0	0	0	3366
Over (Under) Spend	95	83	40	129	271	-507	-462	-450	-487	-513	-501	-512	-2814

Plan	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Yr End
Registered Nurses	£ 280	£ 281	£ 273	£ 269	£ 264	£ 264	£ 259	£ 258	£ 310	£ 310	£ 309	£ 309	**£ 3,386**
Technical staff	**£ 57**	**£ 57**	**£ 57**	**£ 57**	**£ 57**	**£ 57**	**£ 57**	**£ 57**	**£ 57**	**£ 57**	**£ 57**	**£ 57**	**£ 684**
Allied Health Professionals	£ 53	£ 53	£ 53	£ 53	£ 53	£ 53	£ 53	£ 53	£ 53	£ 53	£ 53	£ 53	**£ 636**
Other Scientific, Therapeutic and Technical Staff	£ 4	£ 4	£ 4	£ 4	£ 4	£ 4	£ 4	£ 4	£ 4	£ 4	£ 4	£ 4	**£ 48**
Support to Nursing staff	**£ -**	**£ -**	**£ -**	**£ -**	**£ -**	**£ -**	**£ -**	**£ -**	**£ -**	**£ -**	**£ -**	**£ -**	**£ -**
Total Non-Medical - Clinical Staff Agency	**£ 337**	**£ 338**	**£ 330**	**£ 326**	**£ 321**	**£ 321**	**£ 316**	**£ 315**	**£ 367**	**£ 367**	**£ 366**	**£ 366**	**£ 4,070**
Medical and Dental Staff - Consultants	£ 173	£ 189	£ 163	£ 141	£ 121	£ 141	£ 98	£ 92	£ 82	£ 98	£ 92	£ 98	**£ 1,488**
Medical and Dental Staff - Trainee Grades	£ 50	£ 42	£ 33	£ 17	£ 12	£ 17	£ 20	£ 15	£ 10	£ 20	£ 15	£ 20	**£ 271**
Total Medical and Dental	£ 223	£ 231	£ 196	£ 158	£ 133	£ 158	£ 118	£ 107	£ 92	£ 118	£ 107	£ 118	£ 1,759
Non Medical - Non-Clinical Staff Agency	£ 33	£ 33	£ 33	£ 28	£ 28	£ 28	£ 28	£ 28	£ 28	£ 28	£ 28	£ 28	**£ 351**
Total pay bill - agency staff including capitalised staff	**£ 593**	**£ 602**	**£ 559**	**£ 512**	**£ 482**	**£ 507**	**£ 462**	**£ 450**	**£ 487**	**£ 513**	**£ 501**	**£ 512**	**£ 6,180**

Total pay bill - agency staff including capitalised staff	**£ 593**	**£ 602**	**£ 559**	**£ 512**	**£ 482**	**£ 507**	**£ 462**	**£ 450**	**£ 487**	**£ 513**	**£ 501**	**£ 512**	**£ 6,180**

Variance - Over (Under) Spend	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Yr End
Non-Medical - Clinical Staff Agency													
Registered Nurses	-48	-22	-72	-82	35								**-£ 189**
Scientific, Therapeutic and Technical	29	48	16	55	22								**£ 170**
of which Allied Health Professionals	24	52	14	54	21								165
of which Other Scientific, Therapeutic and Technical Staff	5	-4	2	1	1								5
Support to clinical staff	0	0	1	0	-1								0
Total Non-Medical - Clinical Staff Agency	-19	26	-55	-27	56								-19
Consultants	20	0	60	42	77								199
Trainee Grades	54	47	30	103	145								379
Total Medical and Dental Agency	74	47	90	145	222								578
Non Medical - Non-Clinical Staff Agency	40	10	5	11	-7								59
Total Pay Bill Agency and Contract	95	83	40	129	271								618

Workforce - Agency WTE - TO BE UPDATED - AWAITING INFO FROM FINANCE

Budgeted Bank WTE 2018/19

Staff Group	Budget WTE Jun-18	Budget WTE Jul-18	Budget WTE Aug-18
Medical And Dental	6.30	6.30	6.30
Nursing And Midwifery Registered	40.37	39.97	40.08
Support To Clinical Staff	147.24	137.69	134.09
Add Prof Scientific and Technic	0.00	0.00	0.00
Administrative And Estates	38.65	38.65	36.43
Any Others - Provisions	0.00	0.00	0.00
Total Staff Budgeted WTE	**232.56**	**222.61**	**216.90**

Budgeted Agency WTE 2018/19

Staff Group	Budget WTE Jun-18	Budget WTE Jul-18	Budget WTE Aug-18
Medical And Dental	16.25	14.45	14.45
Nursing And Midwifery Registered	44.79	43.99	43.21
Add Prof Scientific and Technic	0.29	0.29	0.29
Allied Health Professionals	9.14	9.14	9.14
Healthcare Scientists	0.00	0.00	0.00
Administrative And Estates	3.72	2.61	2.55
Any Others - Provisions	0.00	0.00	0.00
Total Staff Budgeted WTE	**74.19**	**70.48**	**69.64**

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

As at the end of August 2018, the bank usage was up against plan by 54.11 WTE, of which the majority were support to clinical staff which increased by 38.30 WTE from the previous month.

Agency was 19.61 WTE above plan as at

Actual Bank Worked 2018/19

Staff Group	Worked WTE Jun-18	Worked WTE Jul-18	Worked WTE Aug-18
Medical And Dental	4.90	6.53	12.11
Nursing And Midwifery Registered	36.47	30.49	33.05
Support To Clinical Staff	174.12	137.87	172.40
Add Prof Scientific and Technic	1.39	0.95	0.94
Allied Health Professionals	3.50	2.33	3.57
Healthcare Scientists	0.00	0.20	0.95
Administrative And Estates	46.92	37.03	47.99
Any Others - Provisions	0.00	0.00	0.00
Total Staff Worked WTE	**267.30**	**215.39**	**271.01**

Actual Agency Worked 2018/19

Staff Group	Worked WTE Jun-18	Worked WTE Jul-18	Worked WTE Aug-18
Medical And Dental	15.00	18.29	22.72
Nursing And Midwifery Registered	39.46	30.39	34.73
Support To Clinical Staff	0.21	0.00	-0.13
Add Prof Scientific and Technic	2.31	4.80	5.67
Allied Health Professionals	8.60	18.19	15.54
Healthcare Scientists	0.00	0.00	0.00
Administrative And Estates	10.29	12.42	10.73
Any Others - Provisions	0.00	0.00	0.00
Total Staff Worked WTE	**75.88**	**84.09**	**89.25**

Medical and Dental Agency: The table opposite shows the WTE agency and bank workers used during August 2018.
The use of medical agency is mainly attributable to a number of consultant vacancies and gaps in the junior doctor rotas.
A review of the authorisation process is also underway.
The Trust continues to work as part of the STP Resourcing Group which is actively working with agencies to improve rates across the STP as well as achieving some consistency in the rates. In addition the Trust/STP is working with a recruitment agency to support with 'hard to fill' posts.

Variance to Budget Bank 2018/19

Staff Group	Variance WTE Jun-18	Variance WTE Jul-18	Variance WTE Aug-18
Medical And Dental	-1.40	0.23	5.81
Nursing And Midwifery Registered	-3.90	-9.48	-7.03
Support To Clinical Staff	26.88	0.17	38.30
Add Prof Scientific and Technic	1.39	0.95	0.94
Allied Health Professionals	3.50	2.33	3.57
Healthcare Scientists	0.00	0.20	0.95
Administrative And Estates	8.27	-1.62	11.56
Any Others - Provisions	0.00	0.00	0.00
Total Staff Worked WTE	**34.74**	**-7.22**	**54.11**

Variance to Budget Agency 2018/19

Staff Group	Variance WTE Jun-18	Variance WTE Jul-18	Variance WTE Aug-18
Medical And Dental	-1.25	3.84	8.27
Nursing And Midwifery Registered	-5.33	-13.60	-8.48
Support To Clinical Staff	0.21	0.00	-0.13
Add Prof Scientific and Technic	2.02	4.51	5.38
Allied Health Professionals	-0.54	9.05	6.40
Healthcare Scientists	0.00	0.00	0.00
Administrative And Estates	6.57	9.81	8.18
Any Others - Provisions	0.00	0.00	0.00
Total Staff Worked WTE	**1.69**	**13.61**	**19.61**

Nursing & Midwifery: Due to the continued operational demands and number of vacancies the use of high cost agency has continued. 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 above plan.
A review of the rostering and authorisation process is also underway.

Scientific, Therapeutic and Technical Agency: The table above show the WTE agency and bank workers used during August 2018. The largest use of agency in this staff group remains in CAMHS, which is currently part of a national project, which includes funding for agency staff.

Community and Social Care Focus

Month 5 (performance to end of August 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 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 has been sucessfully implemented in August.

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 improving working relationships with CHC team 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 are taking place to track progress.
- To support the above changes a new model of provision base 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 < 60 minutes.

Social Care and Public Health Metrics performance metrics

2018/19 Performance Scorecard to 31 August 2018

Torbay Social Care KPIs		2018/19 full year target	2018/19 YTD target	Outturn YTD	Comment
ASC-1C pt1	% clients receiving self-directed support	92%	93%	94% (93%)	On target
ASC-1C pt2	% clients receiving direct payments	28%	28.0%	26.5% (28.0%)	Below target (412 / 1555)
D-40b	% clients receiving a review within 18 months	93%	93%	90% (93%)	Within agreed tolerance
LI-404	No. of permanent care home placements (snap shot)	617	600	625 (600)	Within agreed tolerance
ASC-2A pt2	Permanent admissions (65+) to care homes per 100k population (BCF) (rolling 12 month)	599.0	450.0	557.3 (450)	Below target. Figure expected to improve after validation. (197 admissions)
NI-135	Carers receiving needs assessment, review, information, advice, etc.	43%	15.0%	9.9% (15.0%)	Below target. Impacted by a process change to care management system. Carers lead monitoring to ensure staff are following new process. (291 / 2929)
ASC-1C pt1b	% carers receiving self directed support	85%	85%	86% (85%)	On target
QL-18	% of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual	100%	100%	100% (100%)	On target
TCT-14b	% Repeat safeguarding referrals in last 12 months	8.0%	8.0%	7.9% (8.0%)	On target
ASC-1E	% Adults with learning disabilities in paid employment	4.0%	3.0%	1.2% (3.0%)	Below target. Recording reset in April 2018 to improve accuracy. Outturn expected to increase throughout year as reviews are completed. (5 / 421)
ASC-1G	% Adults with learning disabilities in settled accommodation	75%	75%	75% (75%)	Within agreed tolerance
BCF-04c	Delayed transfers of care from hospital (delays per day) - Torbay residents (BCF)	9.2	9.2	10.9 (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 Comm unity Board.

Measure	Target 2018/2019	13 month trend	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Year to date 2018/19
PUBLIC HEALTH SERVICES											
CAMHS - % Urgent referrals seen within 1 week	88.0%		85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	88.0%
CAMHS - % patients waiting under 18 weeks at month end [B]	92.0%		100.0%	98.3%	97.9%	98.4%	97.6%	94.1%	96.3%	92.6%	96.0%
% of face to face new birth visits within 14 days *	95.0%		93.1%	93.7%	89.9%	95.9%	91.8%	94.1%	92.1%	90.3%	92.5%
Children with a child protection plan * [B]			160	146	149	146	153	166	166		166
4 week smoking quitters (Quarterly) ** [B]					342			61			61
Opiate users - % successful completions of treatment (Quarterly) ** [B]					8.0%						8.0%

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

CAMHS - Target waiting times from referral to assessment have not been met in July and August. This will be reviewed at the community performance review meeting.

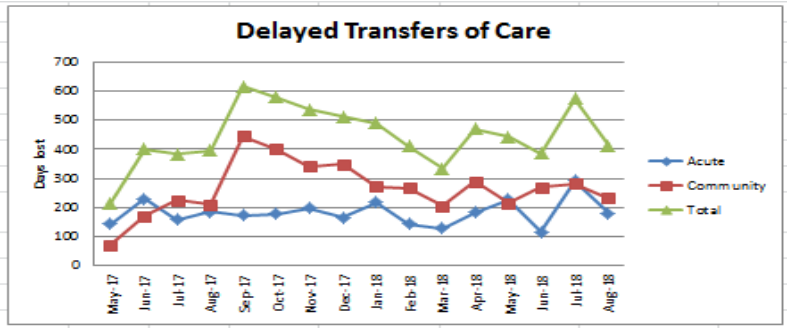
Quarterly data is shown in arrears for smoking, opiate users, and children with a protection plan.

Community Services and Social Care metrics

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

	Act. 15/16 Outturn	16/17 Year End Target	Target Aug-18	Aug-18	Total	YTD Target	Cum. Direction of Travel
Admissions / Discharges							
Total Admissions (General)	2,841	2,841	253	256	1,169	1,171	→
Direct Admissions (General)	274	274	34	26	130	121	→
Transfer Admissions (General)	2,567	2,567	219	230	1,039	1,050	→
Stroke Admissions	301	301	30	23	134	128	→
Transfers from CH to DGH	52	52	27	21	115	101	↑
Beds							
Bed Occupancy [1]	90.9%	90.0%	90%	89.5%	90.0%	90.0%	
Bed Days Lost to Delays[2]	3,190	0	266	232	1,297	1,330	↓
Bed Days Lost to Bed Closure	99			111	266		
Length of Stay							
Delayed Discharges				32	189		
Average Length of Stay - Overall (General)	11			10.6	11.1		↓
Average Length of Stay - Direct Admissions	8.4	12.0	12.0	7.1	7.4	12.0	↓
Average Length of Stay - Transfer Admissions	11.3	12.0	12.0	11.1	11.5	12.0	↓
Average Length of Stay - Stroke	15.1	0.0	0.0	13.1	14.3	18.0	↓
Long LoS (>30 days)	171	171	14	13	72	55	↑
MIUs							
Total MIU Activity [3]	37,308	37,308	3,621	4,195	19,878		
New MIU Attendances	31,645	31,645	3,105	3,688	17,094	14,397	↑
All Follow Up Attendances	5,663	5,663	141	507	2,784	2,474	↑
Planned Follow Up Attendances [4]	4,857	4,857	431	390	2,284	2,109	↑
Unplanned Follow Up Attendances [4]	806	806	85	117	500	365	↑
MIU Four Hour Breaches	2	2	1	0	1	1	
Average Waiting Time (Mins) - 95th Pctile	28	45	45	54	49	45	

Measure	Target 2018/2019	13 month trend	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Year to date 2018/19
COMMUNITY BASED SERVICES											
Nursing activity (F2F)	204,385		17,615	15,792	15,533	17,025	18,611	17,430	16,993	14,318	84,377
Therapy activity	65,415		5,771	5,066	4,411	5,525	5,836	5,968	5,857	5,399	28,585
No. intermediate care urgent referrals [B]	2,189		222	187	161	203	163	163	172	155	856
No. intermediate care placements	0		149	112	114	115	96	72	92	84	459
Intermediate Care - placement average LoS [B]	12.0		16.4	14.1	17.5	14.9	16.3	17.5	16.0	12.5	15.4



The Community Hospital Dashboard highlights

The planned levels of activity have been reset to reflect the 2017/18 baseline.

The length of stay (3 month rolling average) has slightly improved to 10.6 days. Bed occupancy is 90% being higher than our desired level for managing variations in demand (85%).

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. There is a decrease in bed days lost due to delayed discharges from 292 in July to 232 in August.

Minor injury Units

Waiting times in MIUs are being maintained with a median time of 54 minutes.

Community based services highlights

Nursing Community nursing and community outpatient activity targets reflect 2017/18 outturn activity levels. The latest month can show a lower level of activity to plan due to data entry lag. 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 (12 days) at 15.4 days however August data is showing a reduction to 12.5 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) decreased in August. Teams continue to validate and escalate delays on a daily basis. The recent go live of the discharge HUB that is a singe point of contact for patients residing in both Torbay Authority and Devon County Council catchments is expected to help manage delays where simple packages of care are required.

Operational Performance Focus

Month 5 (performance to end of August 2018)

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

NHS I Performance Summary

STP / NHSI Operational Plan - Monitored indicators

Indicator	National Standard	Operational plan / revised trajectory (M5)	Trust performance (M5)
A&E 4hr waits (PSF)	95%	93.3%	87.2%
RTT 18 week waits	92%	82.6%	82%
62 day Cancer waits	85.0%	73.0%	76.6%
Diagnostics waits < 6 weeks	99.0%	>94%	93.4%
Dementia Find	90%	90%	95.6%

NHSI Operational Plan indicators (Month 5)

A+E: Trajectory **not met** - Performance for August (87.2%) This is a fall on the previous month (92.7%).

RTT: The RTT performance improved (82.2) although trajectory **not met** - Recovery plans are being implemented and we have started working with the NHSI support team to evaluate further opportunities in the most challenged areas for managing longest waits.

Cancer: Recovery plan Trajectory **met** in August 76.6% (pre final validation).

Diagnostics: The diagnostics trajectory is **not met with** 93.4% of patients waiting under 6 weeks. .

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

Performance recovery plans for elective access standards have been approved. A refresh of delivery trajectories has been re submitted to NHSI (10th August) against

1. Greater than 52 weeks incomplete referral to treatment: 40 at end of March 2019
2. Cancer urgent referral (2week wait) - compliant by October 2018
3. 62 day cancer referral to treatment standard to be compliant by January 2019.

4 hour ED standard: In August the Trust achieved 87.2% of patients discharged or admitted within 4 hours of arrival at Accident and Emergency Dep artments. This is a deterioration on last month (92.7%). The performance in M5 is below the trajectory of 93.3% being the level of performance achieved last ye ar.

RTT (Target 92% / Trajectory 82.6%): RTT performance improved in August to 82.2% (81.5% last month) of patient waiting for treatment under 18 weeks.

Patients waiting over 52 weeks: The number of patients waiting over 52 weeks increased to 77 (July 64) by the end of August. A revised trajectory for reducing these long waits is forecasting a reduction to 40 by March 2019. There remains high confidence that the numbers will reduce in line with plans wi th additional capacity in the highest risk areas now being delivered. This is being delivered through a combination of locum cover and outsourcing of patients. Good progress is also b eing made on the substantive appointments in the surgical specialties where developments have been approved.

62 day cancer standard: The 62 day cancer pathway urgent referral to treatment standard was not met in August 76.6% (validated 13th September 2018). This is, however, in line with our recovery plan submitted to NHSI to deliver 62 day performance by January 2019. Action plans against the two week wait fro m urgent referral to appointment and the 62 day from urgent referral to treatment standards have been agreed and implementation underway with teams. The plans indicate risk and p erformance below standard until clinical capacity is increased above current levels for Urology, Colorectal Surgery, and Dermatology. Progress against these plans will be monito red 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 slightly above our local target (<4%) and national standard (<1%) at 6.6% patients waiting over 6 weeks for diagnostic test.

Maintaining additional capacity with outsourcing for CT / MRI and ultrasound backfill is required to prevent deterioration of these waiting times. Increasing demand and sickness in key

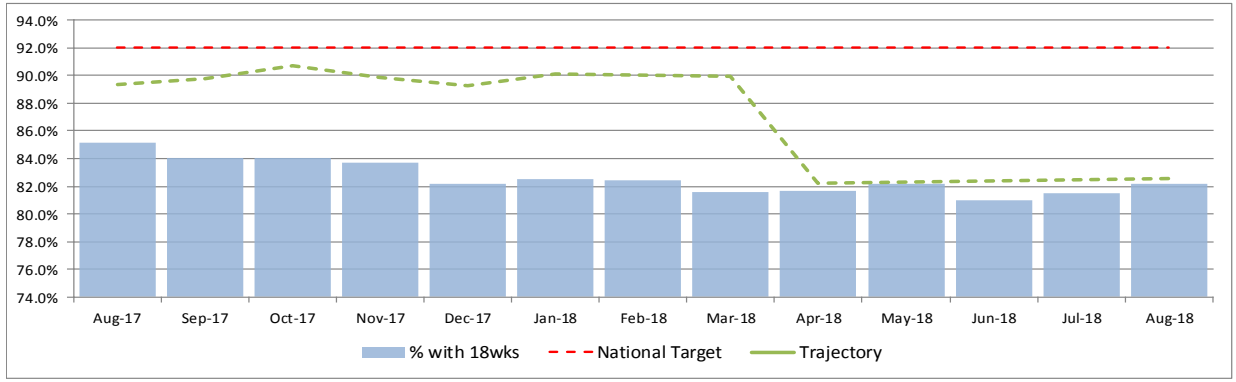
NHSI Indicator - Referral to Treatment

Specialities with highest numbers of patients waiting over 18 weeks RTT

Submitted Spec	Total > 18 weeks	Grand Total incomplete pathways	% < 18w
Dermatology	111	1256	91.16
Gastroenterology	128	1262	89.86
Paediatrics	100	879	88.62
Cardiology	152	1125	86.49
Oral Surgery	147	1077	86.35
Endocrinology	60	320	81.25
Pain Management	116	583	80.1
Ophthalmology	439	2144	79.52
Respiratory Medicine	176	848	79.25
Urology	222	1046	78.78
Orthodontics	50	216	76.85
Neurology	130	493	73.63
Trauma & Orthopaedics	652	2339	72.12
Rheumatology	127	427	70.26
Colorectal Surgery	149	457	67.4
Upper Gastrointestinal Surge	334	742	54.99
Grand Total	3338	18723	82.17

Referral to Treatment - Incomplete pathways

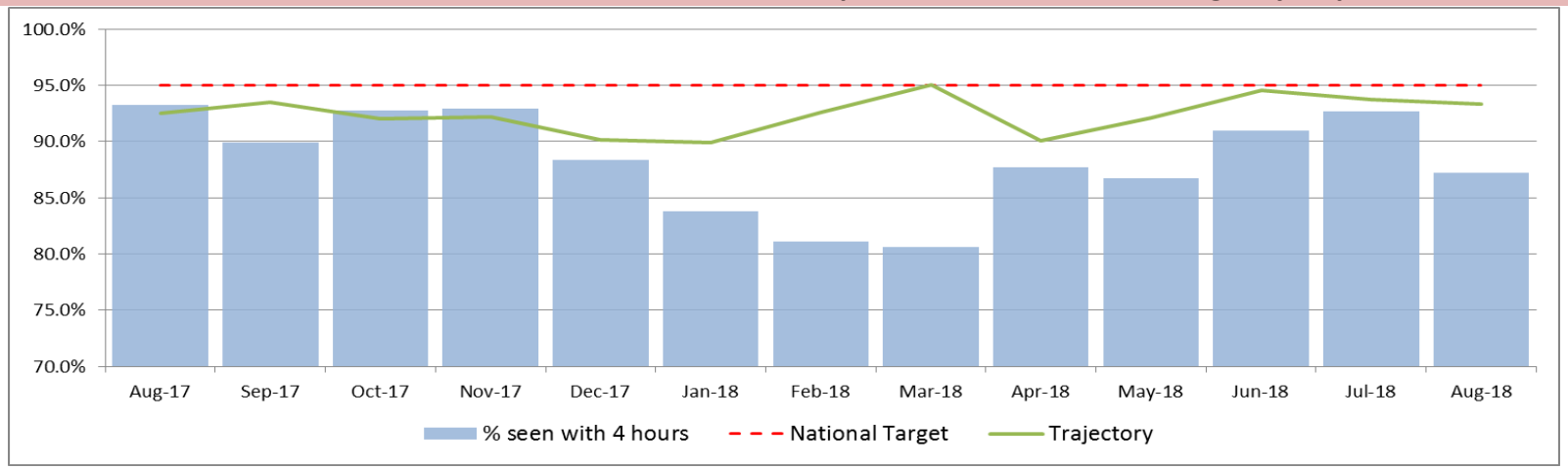
	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Incomplete <18wks	15579	15403	15713	14945	14669	14752	14952	15386	15693	16057	15693	15416	15385
Incomplete >18wks	2711	2932	2985	2902	3173	3127	3186	3473	3524	3490	3688	3494	3338
% with 18wks	**85.2%**	**84.0%**	**84.0%**	**83.7%**	**82.2%**	**82.5%**	**82.4%**	**81.6%**	**81.7%**	**82.1%**	**81.0%**	**81.5%**	**82.2%**
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	89.4%	89.8%	90.7%	89.9%	89.3%	90.1%	90.0%	90.0%	82.2%	82.3%	82.4%	82.5%	82.6%



RTT performance has improved in August with the proportion of people waiting less than 18 weeks at 82.2% (81.5% last month), just below Operational Plan trajectory of 82.6%. For August, 77 people will be reported as waiting over 52 weeks this being an increase on last month's 64. 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 increased capacity to treat more patients in these highest risk areas.
Recruitment into substantive posts in Urology, Upper Gastrointestinal Surgery ,and Colorectal is under way,along with extra capacity from the independent sector in these specialties.
Independent validation of all breaches is being completed this month, from which common errors and lessons to be learnt will be shared with teams for future data quality improvements.
Whilst the performance for the longest waits over 52 weeks have increased in August it is expected that the injection of capacity, internally and externally, will improve the position as it is introduced and mitigate any potential loss of capacity in the proposed winter 'elective pause'. Analysis of the longest waits patients shows there is also an element of unavoidable patient choice which poses a risk to the target of 0 waits over 52 weeks by March 2019. Currently there are 14 patients who have chosen to wait longer than 52 weeks.
The RTT Risk and Assurance Group is taking the lead to ensure that there is regular review of risks and triangulation of priorities.
Monitoring patients waiting longer than 52 weeks: At the end of August, 77 patients (target 35) were waiting longer than 52 weeks (64 in July). Along with recovery plans a revised trajectory has been agreed and now reflects a plan to recover to having 40 patients over 52 weeks in March 2019. Further actions to increase capacity including outsourcing and insourcing clinical teams to work weekends are anticipated to improve this position. The year end forecast will be updated accordingly once these further plans are clarified.
Governance and monitoring: All RTT delivery plans are reviewed at the bi-weekly Performance Risk and Assurance meeting chaired by the Interim Chief Operating Officer (ICOO) with the CCG Commissioning Lead in attendance.

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



Operational delivery: The Operational Plan trajectory for Accident and Emergency waiting times (less than 4 hours) is not achieved in August with 87.2% (92.7% last month) against the trajectory of 93.3%.
In August there were 15 days at Opel 3 significantly higher than the same period last year and this is reflected in the reported 4 hour performance. The current level of performance is seen as a significant risk as we start to move into the winter period. Teams have worked to implement improvements to maintain admissions avoidance , rapid assessment, and effective discharge ,however , over this period it has been the availability of inpatients beds that have triggered the delays at the front door and crowding in the Emergency Department.
Actions: Action to support the improvement plan are being taken and monitored on a weekly basis 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. Reports will be taken to the Patients Flow Board in September to update on progress against specific improvement projects identified in the improvement plan. There is clearly more to do to ensure sufficient capacity can be provided to support patient flow for the coming winter. Winter plans have been prepared and these are under review with the A&E delivery board and NHSI.

12 hour Trolley wait - In August, 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

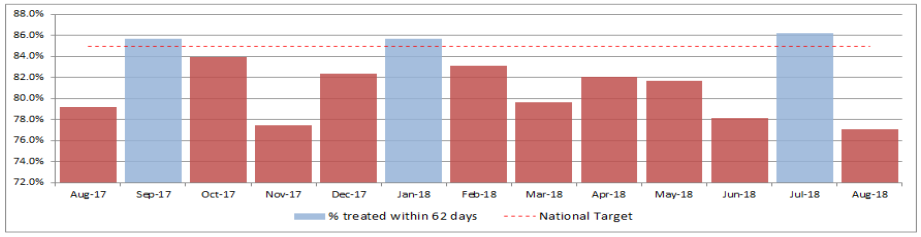
Escalation status													
Opel status	August	Septembe	October	Novembe	December	January	February	March	April	May	June	July	August
Opel 1	15	4	12	15	6	0	0	2	10	9	26	22	7
Opel 2	11	9	14	11	11	2	2	5	9	6	4	7	9
Opel 3	4	17	5	4	13	23	24	14	10	15	0	3	15
Opel 4	1	0	0	0	1	6	2	10	1	1	0	0	0
Performance	93.20%	89.90%	92.80%	92.90%	88.30%	83.80%	81.10%	80.60%	87.70%	87.56%	90.89%	92.70%	87.20%

Cancer treatment and cancer access standards

CWT Measure	Target	July 2018 Within Target	July 2018 Breached Target	July 2018 Total	July 2018 Performance	August 2018 Within Target	August 2018 Breached Target	August 2018 Total	August 2018 Performance	Quarter 2 forecast Within Target	Quarter 2 forecast Breached Target	Quarter 2 forecast Total	Quarter 2 forecast Performance
14 Day - 2ww referral	93%	766	468	1234	62.1%	1045	316	1361	76.8%	2206	993	3199	69.0%
14 Day - Breast Symptomatic referral	93%	99	9	108	91.7%	84	5	89	94.4%	249	15	264	94.3%
31 Day 1st treatment	96%	165	3	168	98.2%	194	4	198	98.0%	561	36	597	94.0%
31 Day Subsequent treatment - Drug	98%	77	0	77	100.0%	66	0	66	100.0%	160	0	160	100.0%
31 Day Subsequent treatment - Radiotherapy	94%	59	1	60	98.3%	51	0	51	100.0%	135	3	138	97.8%
31 Day Subsequent treatment - Surgical	94%	31	2	33	93.9%	32	3	35	91.4%	89	5	94	94.7%
31 Day Subsequent treatment - Other		34	0	34	100.0%	27	0	27	100.0%	65	0	65	100.0%
62 day 2ww / Breast	85%	75	12	87	86.2%	90	27.5	117.5	76.6%	306	61.5	367.5	83.3%
62 day Screening	90%	16	0	16	100.0%	13	0	13	100.0%	42	1	43	97.7%
62 day Consultant Upgrade		7	0	7	100.0%	6	1	7	85.7%	16	1	17	94.1%
104 day breaches (2ww) - TREATED	0	3				7.5				14			
104 day breaches (2ww) - OPEN PATHWAYS (today)	0	25											

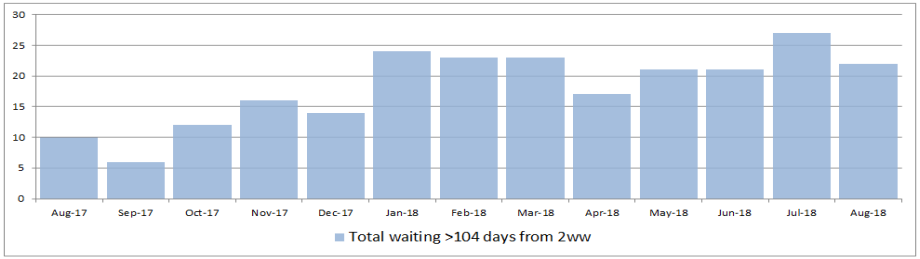
Cancer - 62 day wait for 1st treatment from 2ww referral

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
1st treatments (from 2ww)	120	98	84	97.5	85	94.5	83	91	108.5	109	112	87	115.5
Breaches of 62 day target	25	14	13.5	22	15	13.5	14	18.5	19.5	20	24.5	12	26.5
% treated within 62 days	79.2%	85.7%	83.9%	77.4%	82.4%	85.7%	83.1%	79.7%	82.0%	81.7%	78.1%	86.2%	77.1%
National Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



Cancer - Patients waiting >104 days from 2ww

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Cancer not discounted	6	4	7	12	13	15	15	11	10	17	18	22	16
Confirmed cancer	4	2	5	4	1	9	8	12	7	4	3	5	6
Total waiting >104 days from 2ww	10	6	12	16	14	24	23	23	17	21	21	27	22



Cancer standards - Table opposite shows the August and Q2 forecast performance (at 13th September 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 August:

Urgent cancer referrals 14 day 2ww: At 76% in August this position remains below the standard of 93% although is showing improvement against our trajectory of improvement to meet the 93% standard in October 2019. Loss of a urology locum and continued inability to employ a locum in colorectal surgery represents a risk to this improvement trajectory and the contribution this will make to future delivery of the 62 day standard. Improvement in Dermatology and straight to test Lower GI pathway now meeting the 2 week standard. The NHSI support team have reviewed our plans and are offering further support.

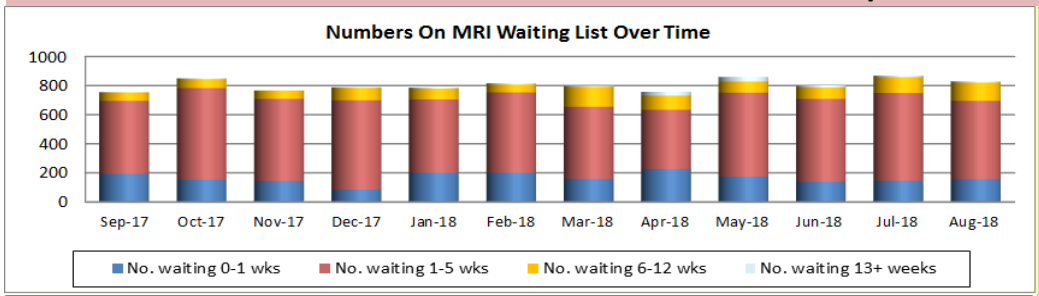
31 days for subsequent treatment from decision to treat - Surgery - Standard not met in August and remains a risk although forecast o achieve Q2 performance.

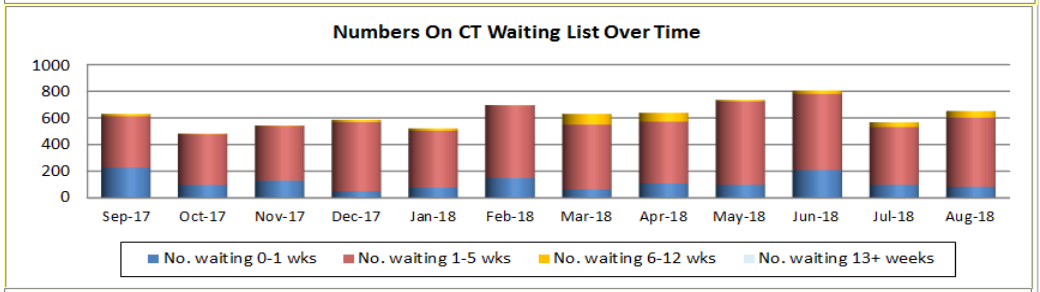
NHSI monitored Cancer 62 day standard: The 62 day referral to treatment standard has not been met in August 76.6% (validated 13th September).
Significant risk remains in the pathways for Urology and Lower GI linked to the capacity constraints and long wait for first appointment.

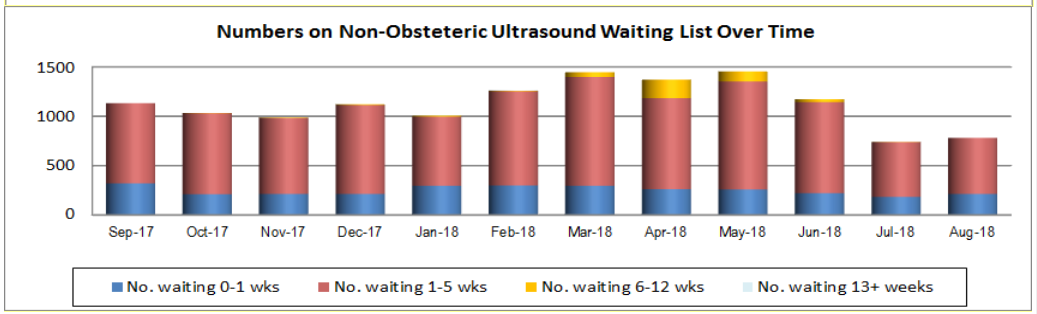
Longest waits greater than 104 days
In August, 8 Patients received treatment having a waiting time over 104 days .

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. Teams are alerted by a daily report listing patients who are waiting between 62 and 82 days to support escalation.

NHSI indictor - patients waiting over 6 weeks for diagnostics

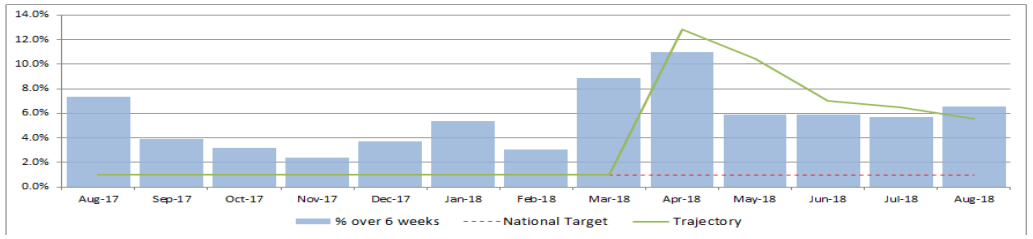






Diagnostic Tests Longer than the 6 week standard

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Patients	3716	3900	3550	3382	3591	3550	4058	4283	4166	4370	3939	3352	3377
Waiting longer than 6 weeks	273	153	114	81	134	191	125	380	458	256	231	191	222
% over 6 weeks	**7.3%**	**3.9%**	**3.2%**	**2.4%**	**3.7%**	**5.4%**	**3.1%**	**8.9%**	**11.0%**	**5.9%**	**5.9%**	**5.7%**	**6.6%**
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%	12.84%	10.42%	7.03%	6.48%	5.54%



The number of patients with a diagnostic wait over 6 weeks has risen in August to 222 (6.6%) from 191 (5.7%) in July.

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 August is for MRI with 135 patients waiting over 6 weeks. The backlogs in non-obstetric ultrasound have now been cleared.

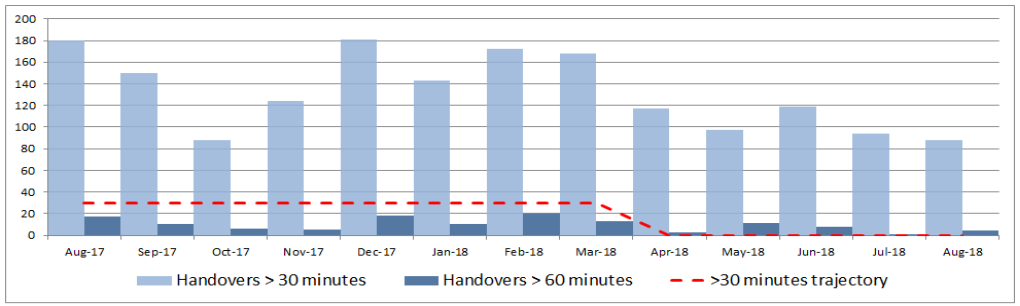
There continues to be pressures from increasing demand across many areas with demand management and options to increase capacity reviewed as part of 2018/19 business planning.

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

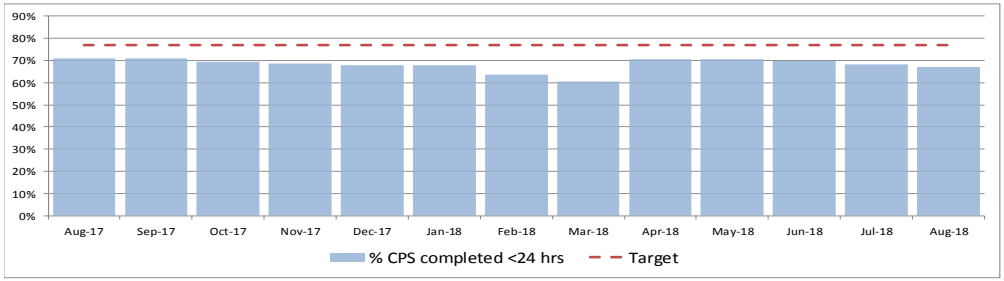
Ambulance handovers

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Handovers > 30 minutes	180	150	88	124	181	143	172	168	117	97	119	94	88
Handovers > 60 minutes	17	10	6	5	18	10	20	13	3	11	8	1	4
>30 minutes trajectory	30	30	30	30	30	30	30	30	0	0	0	0	0



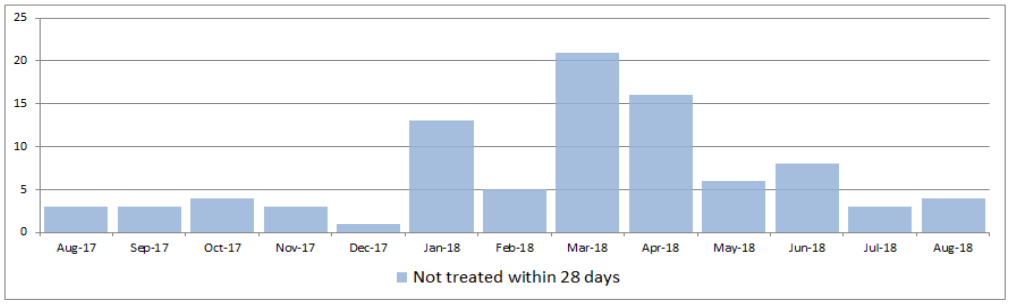
Care Plan Summaries completed with 24 hours of discharge - Weekday

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Discharges	1268	1239	1269	1251	1104	1161	959	1014	1146	1298	1240	1209	1248
CPS completed within 24 hours	1787	1746	1825	1821	1625	1716	1511	1677	1628	1844	1776	1776	1858
% CPS completed <24 hrs	71%	71%	70%	69%	68%	68%	63%	60%	70%	70%	70%	68%	67%
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

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



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)

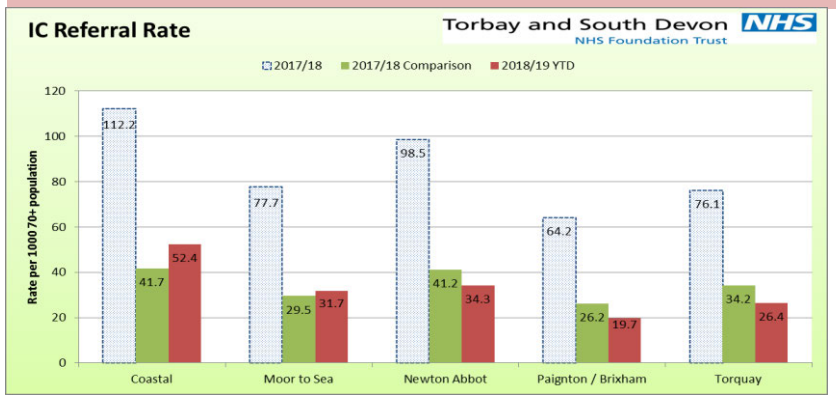
Improvement remains a challenge to complete CPSs within 24 hours of discharge with 69.82% achieved in August for weekday discharges against the internal target for improvement of 77%. The challenges remain with the manual processes and duplication of information already recorded. The strategy is to reduce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

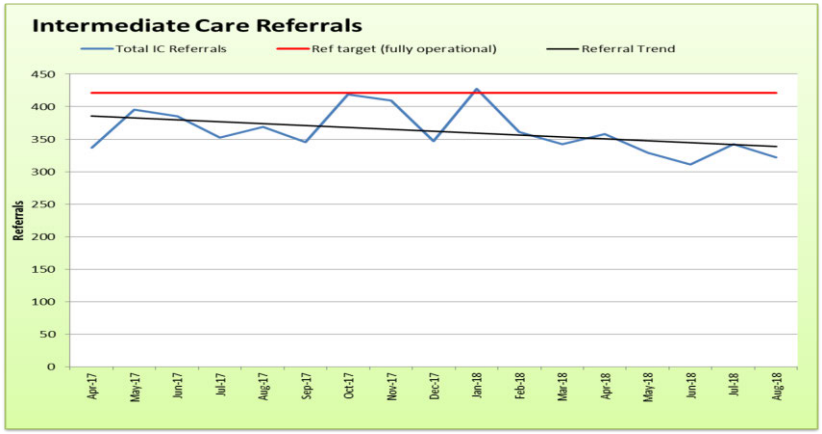
The current performance is slightly lower for the same period last year.

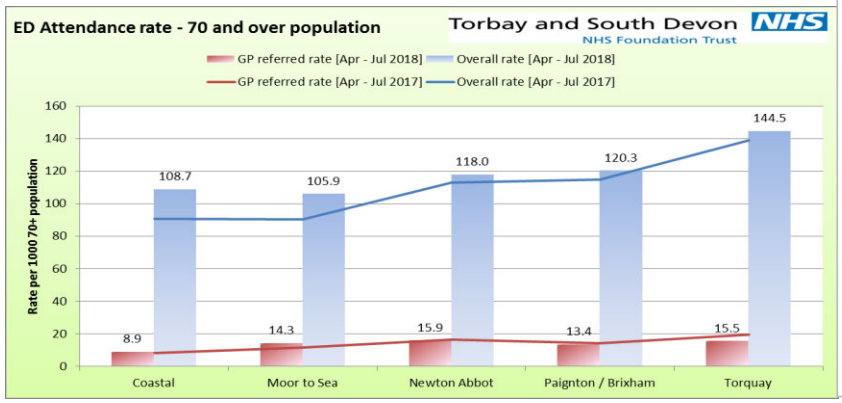
Cancelled operations

In August, 4 patients requiring rebooking had to wait longer that 28 days following cancellation by the hospital.

Integrated Care model







Caring for people at home

This month we see the implementation of the **Enhanced Care at home GP contract**. GP gateway review meetings are happening over the next 4 weeks and will help us to identify actions that can be taken to maximise the integrated working of primary care and community teams and acute based teams. The culmination of this work should help to develop and strengthen integrated pathways of care that provide alternatives to admission.

We continue to see less referrals from GP's into Intermediate Care (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.

In the month of August we saw 322 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 a seen a reducing profile of activity in IC.

Hospital Admissions and ED attendances

Overall the indicators suggest that whilst individual service changes developed as part of the care mode are working effectively, there is still work to do to bring all of these services together to create alternative integrated pathways of care that avoid the need for a hospital admission.

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.

The chart opposite shows the variation across our localities for the number of attendances to ED per head of population. Clearly the proximity of ED units is a factor, however, we continue to work towards greater intervention in the community setting to avoid attendance to ED and likely admission to hospital.

Finance Focus

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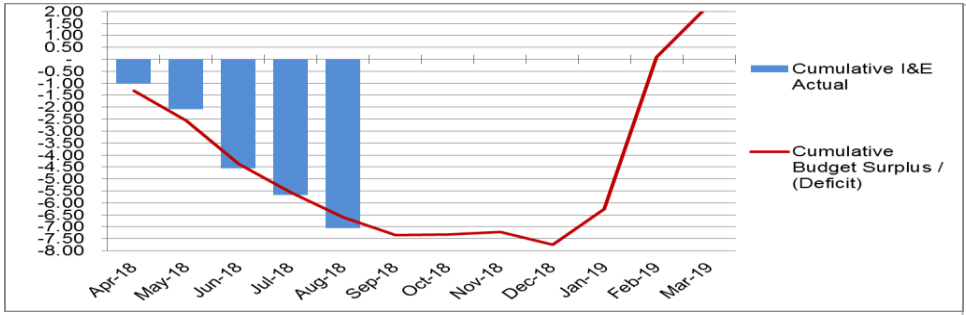
Summary of Financial Performance

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	172.87	0.29	173.16	173.38	0.22	421.47	418.93
Pay	(94.38)	0.17	(94.20)	(96.50)	(2.29)	(225.16)	(224.75)
Non Pay	(78.85)	(0.33)	(79.19)	(77.63)	1.56	(179.63)	(179.58)
EBITDA	**(0.36)**	**0.13**	**(0.23)**	**(0.74)**	**(0.51)**	**16.69**	**14.60**
Financing Costs	(6.28)	(0.10)	(6.38)	(6.32)	0.06	(14.41)	(12.32)
SURPLUS / (DEFICIT)	**(6.63)**	**0.02**	**(6.61)**	**(7.05)**	**(0.44)**	**2.28**	**2.28**
NHSI Exclusions	0.14	0.00	0.14	0.26	0.12	(0.56)	(0.56)
Plan Adjusted Surplus / (Deficit)	**(6.49)**	**0.02**	**(6.47)**	**(6.79)**	**(0.33)**	**1.72**	**1.72**
Remove STF Income	(1.74)	0.00	(1.74)	(1.22)	0.52	(6.15)	(6.15)
Variance to Control Total (Excl STF)	**(8.23)**	**0.02**	**(8.21)**	**(8.01)**	**0.19**	**(4.42)**	**(4.42)**

Cash Balance	3.03			2.99	**(0.04)**	**1.33**	
Capital Expenditure	4.90	0.00	4.90	2.37	**(2.53)**	**27.34**	

KPIs (Risk Rating)	**YTD Plan**	**YTD Actual**
Indicator	**Rating**	**Rating**
Capital Service cover rating	4	4
Liquidity rating	4	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 in June 2018 to NHS Improvement, re profiling the income and the CIP plan based on the latest information known.
- The financial position at 31st August 2018 is a £7.05m deficit, which is £0.44m behind the budgeted position.
- Excluding the income and expenditure not used by NHS Improvement in their assessment framework, a deficit of £6.79m is recorded; £0.33m behind 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 £0.19m better than plan.
- The Trust did not earn the performance element of the PSF at Q1 and early indicator suggests that it won't be earned for Q2 either. The finance element of the PSF was secured at Q1, as PSF does not affect the assessment of financial performance by NHS Improvement, but this has reduced available cash balances by £0.28m.
- 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 £5.4m of this forecast is at 'idea / concept' stage only. A significant proportion of the programme remains non-recurrent at present.
- Total pay run rates increased by £0.94m mainly due to pay award backpay for months M1-M3 for which income was received.
- Non pay expenditure run rates are at similar level to M4 totalling £15.76m. The non pay underspend as at M5 is £1.56m including underspend in investment reserve.
- The CIP target for the period to 31 August 2018 is £4.82m, against which a total of £4.33m has been delivered; an adverse variance of £0.49m.
- The Trust, at this stage of the financial year, is forecasting delivery of the control total less the Q1 and Q2 PSF income of £0.65m, although this remains subject to full delivery of the savings target and mitigation of emerging risks, with the consequent risks attached to delivery.
- Capital expenditure is forecast to be circa £3.5m underspent in comparison with Plan.
- The Trust's Finance Risk Rating is a 3 at M5. The Agency spend rating remains adverse to Plan. Liquidity is marginally favourable to Plan.

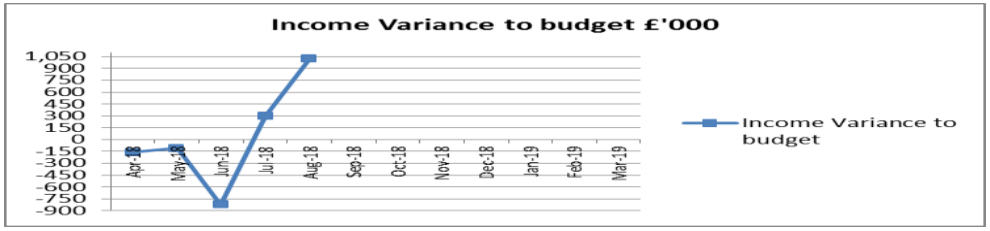
Summary of Financial Performance

	Month 05					Year to date								
	Current Month Plan	Re-Categorisation of Plan	Current Month Budget	Current Month Actual	Current Month Variance to Budget	Plan for Period YTD	Re-Categorisation of Plan	Budget for Period YTD	Actual for Period YTD	Variance to Budget YTD	Prior Month Variance YTD	Change	Annual Plan	Annual Budget
	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M
Operating income from patient care activities	31.06	0.05	31.11	32.74	1.63	154.82	0.19	155.02	155.70	0.69	(0.94)	1.63	371.25	371.67
Other Operating income	3.80	(0.01)	3.79	3.18	(0.61)	18.05	0.09	18.14	17.68	(0.46)	0.15	(0.61)	50.22	47.26
Total Income	**34.86**	**0.04**	**34.90**	**35.92**	**1.02**	**172.87**	**0.29**	**173.16**	**173.38**	**0.22**	**(0.80)**	**1.02**	**421.47**	**418.93**
Employee Benefits - Substantive	(18.24)	(0.04)	(18.28)	(19.51)	(1.23)	(91.63)	(0.07)	(91.70)	(93.13)	(1.43)	(0.20)	(1.23)	(218.98)	(218.98)
Employee Benefits - Agency	(0.48)	0.05	(0.43)	(0.75)	(0.32)	(2.75)	0.24	(2.50)	(3.37)	(0.86)	(0.54)	(0.32)	(6.18)	(5.77)
Drugs (including Pass Through)	(2.84)	0.02	(2.83)	(2.73)	0.10	(14.19)	0.05	(14.14)	(13.18)	0.96	0.86	0.10	(32.61)	(32.49)
Clinical Supplies	(2.10)	(0.00)	(2.11)	(1.96)	0.14	(10.49)	(0.05)	(10.54)	(10.34)	0.20	0.06	0.14	(23.86)	(23.99)
Non Clinical Supplies	(0.41)	(0.00)	(0.41)	(0.49)	(0.07)	(1.99)	0.03	(1.96)	(2.03)	(0.07)	0.01	(0.07)	(4.56)	(4.49)
Other Operating Expenditure	(10.69)	0.09	(10.60)	(10.58)	0.02	(52.18)	(0.36)	(52.54)	(52.07)	0.47	0.46	0.02	(118.59)	(118.61)
Total Expense	**(34.76)**	**0.11**	**(34.65)**	**(36.02)**	**(1.37)**	**(173.23)**	**(0.16)**	**(173.39)**	**(174.12)**	**(0.73)**	**0.64**	**(1.37)**	**(404.79)**	**(404.33)**
EBITDA	**0.10**	**0.15**	**0.24**	**(0.11)**	**(0.35)**	**(0.36)**	**0.13**	**(0.23)**	**(0.74)**	**(0.51)**	**(0.16)**	**(0.35)**	**16.69**	**14.60**
Depreciation - Owned	(0.72)	0.00	(0.72)	(0.71)	0.01	(3.53)	0.00	(3.53)	(3.49)	0.04	0.03	0.01	(8.73)	(8.73)
Depreciation - donated/granted	(0.07)	0.00	(0.07)	(0.05)	0.02	(0.31)	0.00	(0.31)	(0.26)	0.05	0.03	0.02	(0.74)	(0.74)
Interest Expense, PDC Dividend	(0.52)	0.00	(0.52)	(0.51)	0.01	(2.60)	0.00	(2.60)	(2.57)	0.04	0.03	0.01	(6.23)	(6.23)
Donated Asset Income	0.16	0.00	0.16	0.00	(0.16)	0.16	0.00	0.16	0.00	(0.16)	0.00	(0.16)	1.30	1.30
Gain / Loss on Asset Disposal	0.00	(0.15)	(0.15)	0.00	0.15	0.00	(0.10)	(0.10)	0.00	0.10	(0.04)	0.15	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)	**(1.05)**	**(0.00)**	**(1.05)**	**(1.38)**	**(0.33)**	**(6.63)**	**0.02**	**(6.61)**	**(7.05)**	**(0.44)**	**(0.11)**	**(0.33)**	**2.28**	**2.28**
Adjusted Plan Position														
Donated Asset Income	(0.16)	0.00	(0.16)	0.00	0.16	(0.16)	0.00	(0.16)	0.00	0.16	0.00	0.16	(1.30)	(1.30)
Depreciation - Donated / Granted	0.07	0.00	0.07	0.05	(0.02)	0.31	0.00	0.31	0.26	(0.05)	(0.03)	(0.02)	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)	**(1.14)**	**(0.00)**	**(1.14)**	**(1.33)**	**(0.18)**	**(6.49)**	**0.02**	**(6.47)**	**(6.79)**	**(0.33)**	**(0.14)**	**(0.18)**	**1.72**	**1.72**
NHSI Adjustment to Control Total														
Remove STF Income	(0.41)	0.00	(0.41)	(0.16)	0.25	(1.74)	0.00	(1.74)	(1.22)	0.52	0.28	0.25	(6.15)	(6.15)
Variance to Control Total Excluding STF	**(1.55)**	**(0.00)**	**(1.55)**	**(1.49)**	**0.06**	**(8.23)**	**0.02**	**(8.21)**	**(8.01)**	**0.19**	**0.13**	**0.06**	**(4.42)**	**(4.42)**

- The overall position in Month 05 is a deficit of £1.38m, which is £0.33m behind the budgeted position (£1.05m deficit) before NHSI exclusions. For the year to date, the cumulative deficit of £7.05m is £0.44m behind budget.
- Income is higher than budget by £1.02m in Month 05; cumulatively £0.22m higher than budget.
- Pay expenditure is £1.55m higher than budget in Month 05, mainly within substantive pay (£1.23m) due to backdated pay award for months 1-3, and agency pay (£0.32m) relating to Medical Staff, Nursing and Other Clinical Staff group, principally CAMHS. For the year to date, the pay position is £2.29m 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 £0.19m lower than budget in Month 05, and £1.56m 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 and address emerging risks in order to achieve the control total excluding PSF.

Income

Current Performance



Operating Income	Year to Date - Month 05					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	130.95	(0.64)	130.32	130.86	0.54	(0.88)	1.42
Council Social Care (inc Public Health)	19.10	0.77	19.88	19.50	(0.37)	(0.30)	(0.07)
Client Income	3.74	0.06	3.81	4.20	0.40	0.17	0.23
Private Patients	0.74	0.02	0.76	0.68	(0.08)	(0.05)	(0.03)
Other Income	0.28	(0.03)	0.25	0.45	0.20	0.04	0.16
Operating Income from patient care activities	**154.82**	**0.19**	**155.01**	**155.70**	**0.69**	**(1.02)**	**1.71**
Other Income	12.58	0.09	12.67	12.26	(0.41)	(0.10)	(0.31)
Research and Education	3.73	0.00	3.73	4.20	0.47	0.53	(0.05)
Provider Sustainability Fund (PSF)	1.74	0.00	1.74	1.22	(0.52)	(0.28)	(0.25)
Other operating income	**18.05**	**0.09**	**18.14**	**17.68**	**(0.46)**	**0.15**	**(0.61)**
Total	**172.87**	**0.29**	**173.15**	**173.38**	**0.22**	**(0.88)**	**1.10**

Contract income by Commissioner	Year to Date - Month 05					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	73.64	0.03	73.67	73.64	(0.03)	(0.02)	(0.01)
North, East & West Devon Clinical Commissioning Group	2.40	(0.38)	2.02	2.02	0.00	(0.11)	0.11
NHS England - Area Team	3.23	(0.00)	3.23	3.16	(0.06)	(0.08)	0.02
NHS England - Specialist Commissioning	12.67	0.00	12.67	11.79	(0.88)	(1.07)	0.19
Other Commissioners	3.89	(0.82)	3.06	4.53	1.47	0.40	1.06
South Devon & Torbay Clinical Commissioning Group (Placed People and Community Health)	34.27	0.38	34.66	34.61	(0.04)	(0.04)	(0.01)
Other Commissioners	0.85	0.16	1.01	1.10	0.09	0.03	0.06
Operating Income from patient care activities	**130.95**	**(0.64)**	**130.32**	**130.86**	**0.54**	**(0.88)**	**1.42**

MEMO - CCG Block Adjustment	Year to Date - Month 05					Previous Month	
	Plan	Recategorisa	Budget	Actual	Variance to	Variance to	Change
	£m			£m	£m	£m	£m
CCG Block adjustment	(2.70)	0.00	(2.70)	(2.79)	(0.09)	(0.63)	0.54

Key points

- Overall Operating Income from Patient Care Activities in M5 is ahead of plan by £0.69m and year to date £0.22 ahead.
- Within this, income from contract healthcare is £0.54m ahead of plan. The main variance reflects a reduction in pass through activity of £0.83m. Most other settings are also behind plan, but these are offset by the inclusion of £1.35m relating to Agenda for Change pay award.
- At Commissioner level, variances are marginal except for the NHS England Specialist Commissioning Contract which is £0.88m behind plan. This reflects a reduction in pass through income of £0.92m for NHS England. Admitted patient care activity is £0.11m behind plan - mainly in day case and non-elective emergency. Neonatal critical care activity is ahead of plan by £0.09m, along with chemotherapy which is £0.10m ahead of plan.

Income

Other Operating Income	Year to Date - Month 05					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	3.73	0.00	3.73	4.20	0.47	0.53	(0.05)
Site Services	0.91	0.05	0.96	0.96	0.00	(0.01)	0.01
Revenue from non-patient services to other bodies	1.55	0.22	1.77	1.94	0.16	0.02	0.14
Sustainability Transformational Funding (STF) Income	1.74	0.00	1.74	1.22	(0.52)	(0.28)	(0.25)
Misc. other operating revenue	10.12	(0.18)	9.94	9.36	(0.58)	(0.11)	(0.47)
Total	**18.05**	**0.09**	**18.14**	**17.68**	**(0.46)**	**0.15**	**(0.61)**

At Month 5, Other Operating income is lower than the cumulative budget by £0.46m.

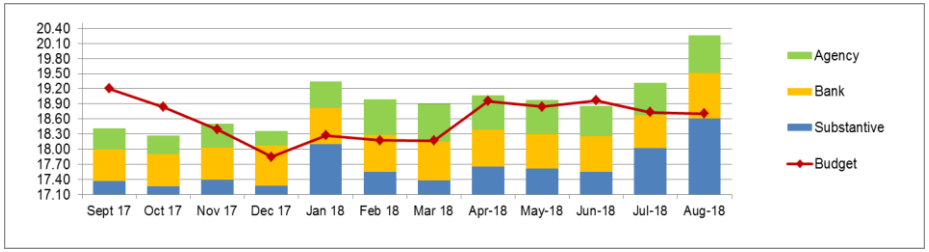
Key headlines / variances are:

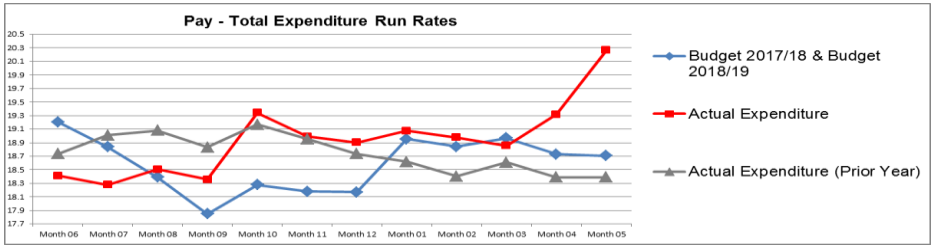
- R&D and Education income ahead of budget by £0.47m due to MADEL and NMET income.
- Provider Sustainability Fund (PSF) income behind budget by £0.52m due to loss of A&E income for Quarter 1 performance and indicative position for Quarter 2.
- Income earned by Torbay Pharmaceuticals £0.63m behind budget.

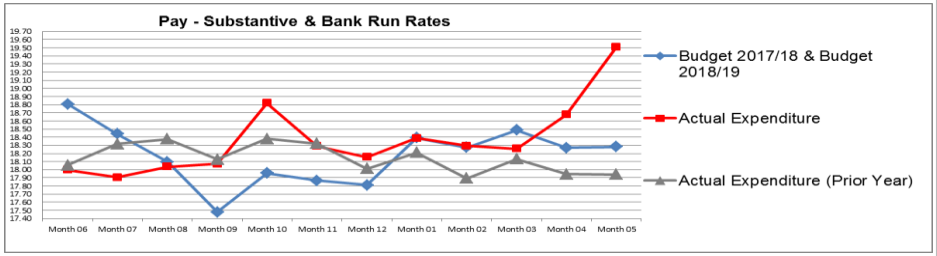
Annual PSF funding of £6.18m has been budgeted; at Month 05, £1.22m has been included in the position.

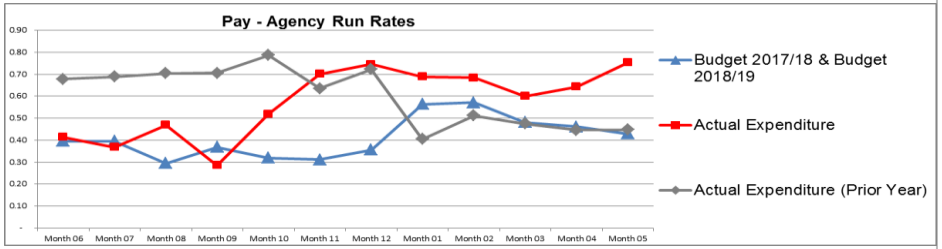
Pay Expenditure

Current Performance









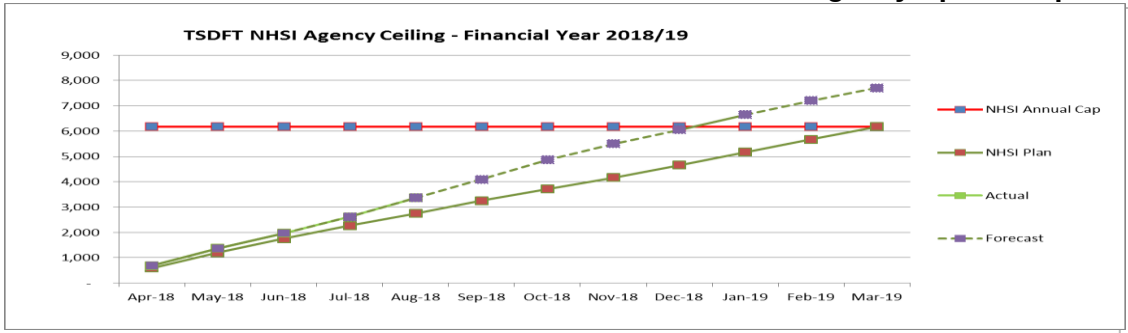
	Plan for Period	Re-Categorisation	Budget for Period	Actual for Period	Variance to Budget	Annual Plan	Annual Budget
	£M	£M	£M	£M	£M	£M	£M
Medical and Dental	(22.79)	0.58	(22.21)	(21.76)	0.45	(54.30)	(52.89)
Nursing and Midwifery	(36.56)	0.36	(36.21)	(37.02)	(0.81)	(87.88)	(87.01)
Other Clinical	(21.38)	(0.69)	(22.08)	(21.58)	0.49	(51.33)	(53.03)
Non Clinical	(13.64)	(0.07)	(13.71)	(16.12)	(2.41)	(31.65)	(31.82)
Total Pay Expenditure	**(94.38)**	**0.17**	**(94.20)**	**(96.49)**	**(2.28)**	**(225.16)**	**(224.75)**

Key points

- Total pay costs are showing an overspend against year to date budget at Month 5 of £2.29m. (National pay award funding has yet to be transacted in budget c£1.1m ytd)
- Substantive and Bank pay costs are £1.43m over budget, and agency costs are overspent by £0.86m (assessed against Budget).
- 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 due to continued reliance on Agency staff.
- Agency spend is across all staff groups - increased use of Medical Staff, Nursing, Ancillary (Domestic) and Other Clinical Staff, principally CAMHS.
- Run rates in substantive and bank pay have increased overall by £0.83m from the previous month. The increase in M5 pay mainly relate to new pay award for FY 2018/19 covering months 1-3 (offset by Income received).
- Agency run rate has increased by £0.11m during August.
- The Apprentice levy balance at Month 5 is £967,754 (£907,648 at month 4) the Trust is currently at risk of not using levy monies before the rolling two year access window starts to close. Improved forecasting of usage is being developed to ensure actions are taken and this risk is mitigated.

Pay Expenditure

Agency Spend Cap



Agency - All Staff Groups	April	May	June	July	August
	£m	£m	£m	£m	£m
Agency Plan 2018/19 (NHSI Ceiling)					
Planned Agency Cost	(0.59)	(0.60)	(0.56)	(0.51)	(0.48)
Total Planned Staff Costs	(18.97)	(18.98)	(18.94)	(18.81)	(18.73)
% of Agency Costs against Total Staff Cost	***3.1%***	***3%***	***3%***	***3%***	***3%***
Agency Actual Costs 2018/19					
Agency Cost	(0.69)	(0.68)	(0.60)	(0.64)	(0.75)
Actual Staff Cost	(19.07)	(18.98)	(18.86)	(19.60)	(19.99)
% of Agency Costs against Total Staff Cost	***3.6%***	***4%***	***3%***	***3%***	***4%***
Agency Cost vs Plan	(0.10)	(0.08)	(0.04)	(0.13)	(0.27)
% of Agency Costs against Total Staff Cost	***-0.5%***	***0%***	***0%***	***1%***	***1%***

Agency - Nursing	April	May	June	July	August
	£m	**£m**	**£m**	**£m**	**£m**
Agency Nurse Staff Cost	(0.23)	(0.26)	(0.20)	(0.19)	(0.30)
Actual Registered Nurse Staff Cost	(4.65)	(4.59)	(4.49)	(4.54)	(4.74)
% of Agency Costs against Nursing Staff Cost	***5%***	***6%***	***4%***	***4%***	***6%***

Agency - All Staff Groups	Q1	M4	M5	YTD 2017-18
	£m	£m	£m	£m
Agency Plan 2018/19 (NHSI Ceiling)				
Planned Agency Cost	(1.75)	(0.51)	(0.48)	(2.75)
Total Planned Staff Costs	(56.89)	(18.81)	(18.73)	(94.43)
% of Agency Costs against Total Staff Cost	***3%***	***3%***	***3%***	***2.9%***
Agency Actual Costs 2018/19				
Agency Cost	(1.97)	(0.64)	(0.75)	(3.37)
Actual Staff Cost	(56.91)	(19.60)	(19.99)	(96.50)
% of Agency Costs against Total Staff Cost	***3%***	***3%***	***4%***	***3.5%***
Agency Cost vs Plan	(0.22)	(0.13)	(0.27)	**(0.62)**
% of Agency Costs against Total Staff Cost	***0%***	***1%***	***1%***	***0.6%***

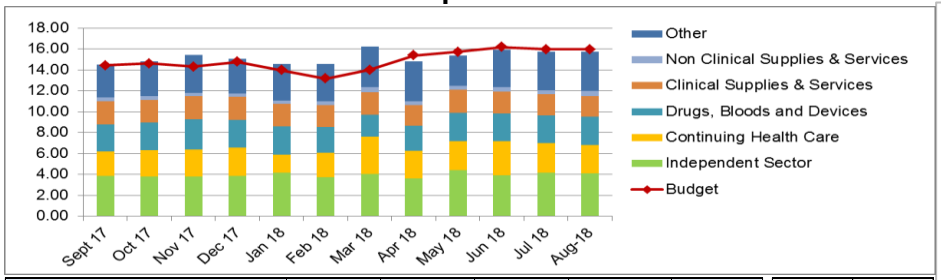
Agency - Nursing	Q1	M4	M5	YTD 2017-18
	£m	**£m**		**£m**
Agency Nurse Staff Cost	(0.69)	(0.19)	(0.30)	(1.18)
Actual Registered Nurse Staff Cost	(13.74)	(4.54)	(4.74)	(23.02)
% of Agency Costs against Nursing Staff Cost	***5%***	***4%***	***6%***	***5%***

Agency staff costs in Month 5 across all staff groups is £0.75m. This is £0.27m higher than the NHSI cap of £0.48m. The overall Agency cap for the Trust is £6.18m in FY 2018/19.

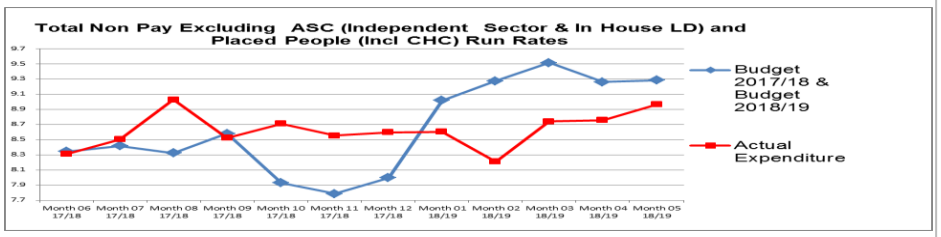
- The Agency usage to date is £3.37m against a cap of £2.75m which is £0.62m higher.
- With out any actions, the projected full year Agency spend as at M5 is £7.71m, £1.53m higher than the cap based on spend to date and anticipated operational and winter pressures. This is being reviewed and actions are being taken e.g. further Overseas Nursing recruitment and Medical staff recruitment to attempt to bring the Trust within its cap for FY 2018/19.
- Medical agency spend is £0.35m at Month 5 which is £0.22m higher than the £0.13m plan.
- Nursing Agency spend at Month 5 is £0.30m, which is slightly higher than the £0.26m plan. Spend in month has increased by £0.11m from Month 4.
- The adverse Agency cost variances are in the following areas: Medical Staff, Nursing and Other Clinical Staff, principally CAMHS. There is a slight underspend in Non Clinical staff group.
- 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 M5 pay amount of £19.99m (gross amount before deducting capitalised staff cost).

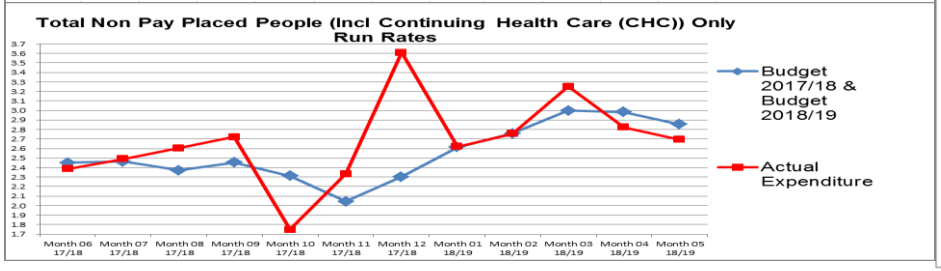
Non Pay Expenditure

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	(14.19)	0.05	(14.14)	(13.18)	0.96	(32.61)	(32.49)
Clinical Supplies & Services	(10.47)	(0.05)	(10.53)	(10.32)	0.20	(23.89)	(24.01)
Non Clinical Supplies & Services	(1.99)	0.03	(1.96)	(2.03)	(0.07)	(4.55)	(4.49)
Other Operating Expenditure	(19.69)	0.03	(19.66)	(17.74)	1.92	(41.64)	(43.39)
ASC (Independent Sector & In House LD)	(18.93)	0.27	(18.66)	(20.21)	(1.55)	(44.61)	(41.16)
Placed People (Incl Continuing Healthcare)	(13.58)	(0.67)	(14.24)	(14.14)	0.10	(32.33)	(34.04)
Total Non Pay Expenditure	**(78.85)**	**(0.33)**	**(79.19)**	**(77.63)**	**1.56**	**(179.63)**	**(179.58)**

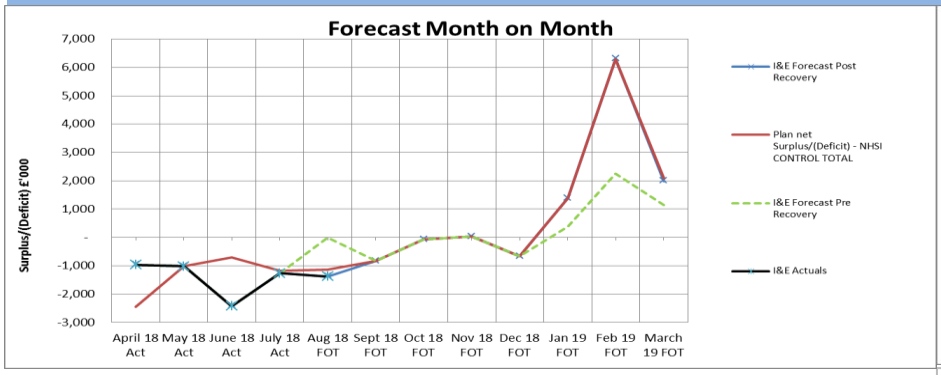


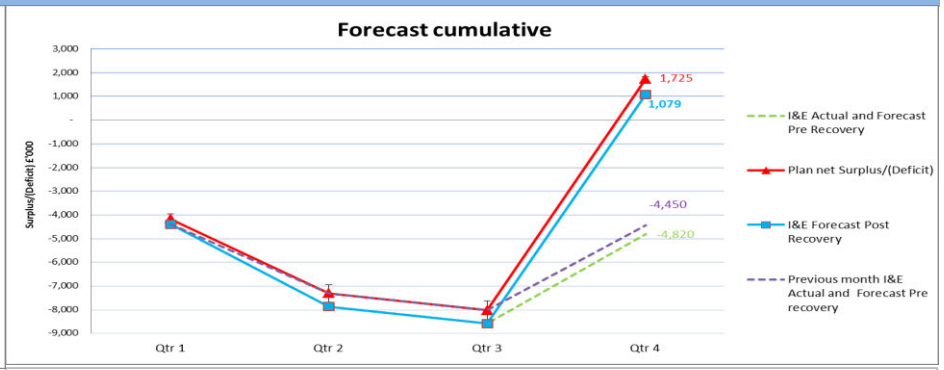


Key Points

- Drugs, Bloods and Devices - Underspent by £0.96m mainly due to pass through (£0.83m) for which income is similarly reduced for NHS England.
- Clinical Supplies – Spend is lower by £0.20m compared to budget at Month 5; 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 again from Month 4 by £0.11m.
- Non Clinical Supplies – Slight overspend as at end of M5 of £0.07m due to increased spend in M5 mainly relating to contracts and records management. Run rate has increased by £0.13m from the previous month.
- Placed People (including Continuing Healthcare) - Over spend of £0.10m against budget at Month 5 there is as risk with backlog of high cost reviews combined with new high cost cases in Adult Placed People.
- Adult Social Care (Independent sector) - Over spend by £1.55m mainly due to Mental Health (under 65) service requirement where both residential and non-residential care have surged since the start of the year.
- Other Operating Expenditure - Under spent by £1.92m reflecting:
  - Premises costs underspent by £0.45m.
  - Purchase of social care net underspent by £0.611m; £0.297m relate to savings from Intermediate Care beds in South Community services, £0.410m in reserves due to phasing, Domiciliary care and Direct payments £0.03K offset by overspend in residential short stay in Community £0.105m and other £0.021m.
  - Underspends in Education and Training £0.10m; lower Provision for Bad debt £0.47m, Establishment and Transport £0.20m and Clinical Negligence £0.41m.
  - Other cost £0.07m net underspent – this relate to the following: professional services (mainly overseas recruitment cost) £0.15m, investment reserve £0.38m, offset by unachieved CIP (£0.43m) and other cost of (£0.03m).
  - Purchase of Healthcare from non NHS bodies - £0.39m overspent - Women and Child's Health for Radiology, Breast Care Medical services provided and CT Scanning outsourcing (£0.168m), Medical Services outsourcing of Gastroenterology weekend working (£0.22m). Run rates have increased by £0.29m from the previous month.

Forecast





Forecast position with mitigations	Plan £m	Forecast £m	Variance £m
Income			
Gross	418.02	420.50	2.48
Planned CIP	4.28	3.27	(1.01)
Net position	422.30	423.77	1.47
Pay			
Gross	(235.52)	(238.92)	(3.40)
Planned CIP	10.22	6.76	(3.46)
Net position	(225.30)	(232.16)	(6.86)
Non Pay			
Gross	(207.70)	(207.43)	0.27
Planned CIP	12.43	11.00	(1.43)
Net position	(195.27)	(196.43)	(1.16)
Total net position Surplus/(Deficit)	**1.73**	**(4.82)**	**(6.55)**
Mitigations:-			
Further Schemes yet to be identified		5.90	**5.90**
Variance Against Plan	**1.73**	**1.08**	**(0.65)**
Removal of Provider Sustainability Fund (PSF) Income	(6.15)	(5.50)	**0.65**
Variance Against Control Total Excluding PSF	**(4.42)**	**(4.42)**	**(0.00)**

The forecast at Month 5 for the Trust is a surplus of £1.08m, against a plan of £1.73m. This represents a £0.65m 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 and anticipated loss in second quarter based on recent activity information.

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 and to move Amber and Red schemes to Green. (schemes at ideas stage £5.4m) The forecast will deteriorate in future months to the extent that this is unsuccessful and if operational risks are not mitigated further.

The Trust is also monitored against the Control Total excluding PSF for which the Trust forecasts a deficit of £4.42m which is on plan assuming CIP is delivered in full and operational risks are mitigated.

Bottom up forecast at indicates a position of £11.98m; this does not reflect the central actions to mitigate impact of IBCF, additional ASC income expected, technical solutions such as profit on sale of assets, increased NR CIP not yet being forecast at divisional level which will bring down the forecast to £5.93m. The Trust continues to develop benchmarking including model hospital, NHS Improvement CIP check lists to attempt to close the gap further.
The Trust has asked for an increase in control total for the effect of the pay award above funding allocation to date.

Financial Position by SDU

	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	172.87	0.29	173.16	173.38	0.22	421.47	418.93
Pay	(94.38)	0.17	(94.20)	(96.50)	(2.29)	(225.16)	(224.75)
Non Pay	(78.85)	(0.33)	(79.19)	(77.63)	1.56	(179.63)	(179.58)
EBITDA	**(0.36)**	**0.13**	**(0.23)**	**(0.74)**	**(0.51)**	**16.69**	**14.60**
Financing Costs	(6.28)	(0.10)	(6.38)	(6.32)	0.06	(14.41)	(12.32)
SURPLUS / (DEFICIT)	**(6.63)**	**0.02**	**(6.61)**	**(7.05)**	**(0.44)**	**2.28**	**2.28**
NHSI Exclusions	0.14	0.00	0.14	0.26	0.12	(0.56)	(0.56)
Plan Adjusted Surplus / (Deficit)	**(6.49)**	**0.02**	**(6.47)**	**(6.79)**	**(0.33)**	**1.72**	**1.72**
Remove STF Income	(1.74)	0.00	(1.74)	(1.22)	0.52	(6.15)	(6.15)
Variance to Control Total (Excl STF)	**(8.23)**	**0.02**	**(8.21)**	**(8.01)**	**0.19**	**(4.42)**	**(4.42)**

Key Drivers

The year to date position is a deficit of £7.05m against a budget deficit of £6.61m.

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	0.41	0.08	0.50	0.80	0.31	0.99	1.19
Pay	(16.08)	0.29	(15.79)	(16.40)	(0.61)	(38.17)	(37.48)
Non Pay	(3.92)	(0.33)	(4.26)	(4.06)	0.20	(8.52)	(9.32)
Financing Costs	(0.74)	0.00	(0.74)	(0.75)	(0.01)	(1.77)	(1.77)
Surplus / (Deficit)	**(20.33)**	**0.03**	**(20.29)**	**(20.40)**	**(0.11)**	**(47.47)**	**(47.39)**

The pay overspend is partially offset by the overachievement in income with the TWIP target accounting for the remainder but is partially offset by vacancy slippage. The non-pay underspend relates to TWIP phasing as currently is showing an overachievement YTD.

	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	3.90	0.07	3.97	4.50	0.54	9.36	9.46
Pay	(0.37)	(0.01)	(0.39)	(0.52)	(0.13)	(1.01)	(0.95)
Non Pay	(18.93)	0.27	(18.66)	(20.21)	(1.55)	(44.61)	(41.16)
Surplus / (Deficit)	**(15.41)**	**0.32**	**(15.08)**	**(16.23)**	**(1.14)**	**(36.26)**	**(32.65)**

The £1.1m overspend is driven by £940k in unachieved TWIP. In addition to this, ASC and In House services are £120k 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 Mental Health (under 65) where both residential and non-residential care have surged 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	0.01	0.01	0.00	0.00
Pay	(0.48)	0.03	(0.45)	(0.38)	0.08	(1.06)	(1.09)
Non Pay	(13.58)	(0.67)	(14.24)	(14.14)	0.10	(32.33)	(34.04)
Surplus / (Deficit)	**(14.06)**	**(0.64)**	**(14.70)**	**(14.51)**	**0.19**	**(33.39)**	**(35.13)**

Key factors behind the £185k underspend are a £330k adjustment (favourable) in the IS TWIP target. Outside of this there is a £300k overspend in CHC South, itself due to a number of backdated LD review cases from the DPT (reported previously). Reductions in Intermediate Care and Children's IPPs form the balance.

Financial Position by SDU

	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	40.67	0.00	40.67	40.54	(0.13)	98.69	98.69
Pay	(18.51)	(0.11)	(18.62)	(20.46)	(1.84)	(44.39)	(44.66)
Non Pay	(11.14)	0.01	(11.13)	(11.15)	(0.02)	(25.34)	(25.33)
Surplus / (Deficit)	**11.02**	**(0.10)**	**10.92**	**8.93**	**(1.99)**	**28.97**	**28.69**

	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	30.19	0.01	30.20	30.49	0.29	72.27	72.29
Pay	(20.02)	(0.02)	(20.04)	(20.99)	(0.95)	(47.32)	(47.45)
Non Pay	(9.14)	0.01	(9.13)	(8.62)	0.50	(20.27)	(20.22)
Surplus / (Deficit)	**1.03**	**0.00**	**1.04**	**0.88**	**(0.15)**	**4.67**	**4.62**

	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	18.81	0.10	18.91	19.11	0.21	46.09	46.33
Pay	(15.79)	(0.10)	(15.90)	(16.43)	(0.53)	(37.78)	(38.03)
Non Pay	(3.53)	(0.09)	(3.62)	(4.17)	(0.55)	(7.58)	(7.66)
Surplus / (Deficit)	**(0.51)**	**(0.10)**	**(0.61)**	**(1.48)**	**(0.87)**	**0.73**	**0.63**

	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	79.05	0.03	79.08	77.92	(1.16)	195.37	192.27
Pay	(23.13)	0.11	(23.02)	(21.33)	1.69	(55.44)	(55.08)
Non Pay	(18.61)	0.46	(18.15)	(15.27)	2.87	(40.98)	(41.85)
Financing Costs	(5.70)	(0.10)	(5.80)	(5.57)	0.23	(13.93)	(11.84)
Surplus / (Deficit)	**31.61**	**0.50**	**32.12**	**35.75**	**3.64**	**85.03**	**83.50**

Key drivers

The main drivers behind the year to date overspend of £1.99m are unachieved TWIP which is £580k for the year to date plus continued overspends against pay which are £1.2m excluding savings targets. The main reasons are ward overspends, particularly in Emergency due to continued high levels of agency to fill vacant posts as well as medical locums across several directorates costing more than substantive vacancies. Vacancy factor is also not being achieved and is £369k to date. Overspends against Income of £130k include Income from patient care activities which is £65k behind the plan for the period.

M05 Patient related income does not contain a block adjustment at Divisional level. Other income is over recovering due to a 2017/18 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 under delivering by £44k. £3,284k under delivery FY. Pay inflation will be added in M06 which will reduce our ytd position by £213k.

Income from patient care activities is overachieving by £228k at month 5 which is helping to offset overspends against pay and non pay. Pay overspent but includes £375k for vacancy factor which is not being fully achieved due to emerging cost pressures against medical pay where locums and additional sessions are being worked to cover vacant posts . 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.

Income - For Month 05, Central Income holds the block adjustment for the Trust.
Pay - Underspent by £1.69m; Investment reserves £1,089k and Vacancies across the SDU including, Pharmacy £185k due to unfilled vacancies, Torbay Pharmaceuticals £297k, Education / Research & Development £393k, Strategy including Health Informatics £68k, offset with unachieved CIP across the Corporate SDU.
Non pay - Overall underspend £2.87m; Contract Income bad debt provision under spent £469k, investment budget held in reserves £1,098k, Torbay Pharmaceuticals £317k, general miscellaneous, (bad debt) provisions; HR underspend in overseas recruitment costs £267k.

Items outside of EBITDA

	Year to Date - Month 05			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Operating income/expenditure outside EBITDA					
Donated asset income	0.16	0.00	(0.16)	0.00	(0.16)
Depreciation/Amortisation	(3.83)	(3.75)	0.08	0.06	0.02
Impairment	0.00	0.00	0.00	0.00	0.00
Total	**(3.67)**	**(3.75)**	**(0.08)**	**0.06**	**(0.14)**
Non-operating income/expenditure					
Interest expense (excluding PFI)	(0.67)	(0.63)	0.03	0.03	0.01
Interest and Contingent Rent expense (PFI)	(0.74)	(0.75)	(0.01)	(0.01)	(0.00)
PDC Dividend expense	(1.22)	(1.22)	0.00	0.00	0.00
Gain/loss on disposal of assets	0.00	0.00	0.00	0.00	0.00
Other	0.02	0.03	0.01	0.01	0.00
Total	**(2.60)**	**(2.57)**	**0.04**	**0.03**	**0.01**
Total items outside EBITDA	**(6.28)**	**(6.32)**	**(0.04)**	**0.09**	**(0.13)**

Key points

- Donated asset income £0.2m adverse due to delay in these charitable projects. NB this variance falls outside the adjusted SoCI position.

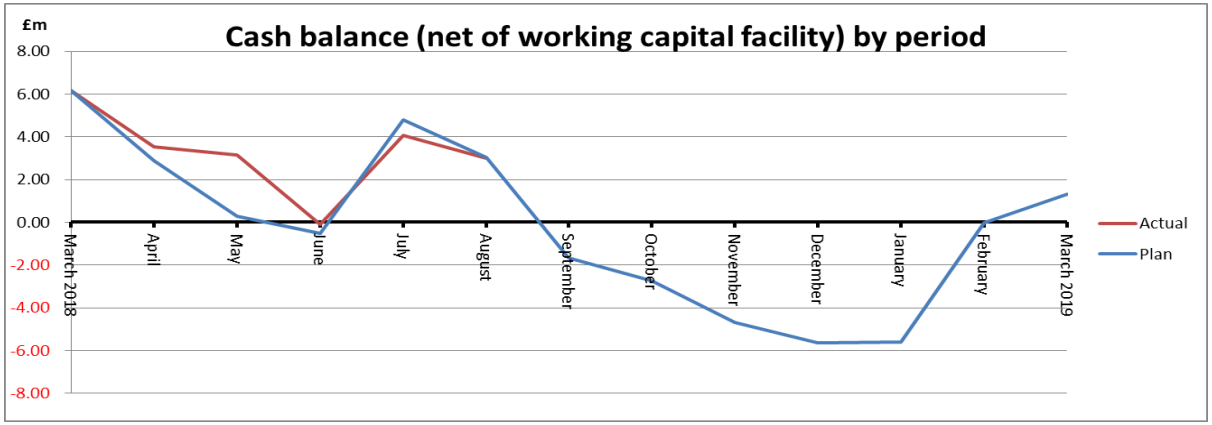
Balance Sheet

	Year to Date - Month 05			Previous Month YTD	
	Plan £m	Actual £m	Variance £m	Variance £m	Movement in Variance £m
Non-Current Assets					
Intangible Assets	9.47	8.78	(0.69)	(0.48)	(0.21)
Property, Plant & Equipment	164.64	162.99	(1.65)	(1.37)	(0.28)
On-Balance Sheet PFI	15.14	15.03	(0.11)	(0.09)	(0.02)
Other	2.37	2.39	0.02	0.00	0.01
Total	**191.63**	**189.20**	**(2.43)**	**(1.93)**	**(0.50)**
Current Assets					
Cash & Cash Equivalents	3.03	2.99	(0.04)	(0.71)	0.67
Other Current Assets	31.50	32.88	1.38	3.17	(1.79)
Total	**34.53**	**35.87**	1.34	**2.46**	**(1.12)**
Total Assets	**226.16**	**225.07**	**(1.09)**	**0.53**	**(1.62)**
Current Liabilities					
Loan - DH ITFF	(6.91)	(6.90)	0.00	0.00	0.00
PFI / LIFT Leases	(0.83)	(0.83)	0.00	0.00	(0.00)
Trade and Other Payables	(31.96)	(30.87)	1.08	(0.41)	1.49
Other Current Liabilities	(3.07)	(3.44)	(0.37)	(0.20)	(0.17)
Total	**(42.76)**	**(42.05)**	**0.71**	**(0.61)**	**1.32**
Net Current assets/(liabilities)	**(8.23)**	**(6.18)**	**2.05**	**1.85**	**0.20**
Non-Current Liabilities					
Loan - DH ITFF	(56.17)	(56.15)	0.02	0.02	0.00
PFI / LIFT Leases	(19.14)	(19.19)	(0.05)	(0.04)	(0.01)
Other Non-Current Liabilities	(4.78)	(4.79)	(0.02)	0.01	(0.03)
Total	**(80.09)**	**(80.13)**	**(0.04)**	(0.00)	(0.04)
Total Assets Employed	**103.31**	**102.89**	**(0.42)**	**(0.09)**	**(0.33)**
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	1.46	1.03	(0.42)	(0.09)	(0.33)
Total	**103.31**	**102.89**	**(0.42)**	**(0.09)**	**(0.33)**

Key points

- Intangible Assets, Property, Plant & Equipment and PFI are £2.4m adverse. This is primarily due to capex £2.5m lower than planned.
- Cash is in line with Plan, as explained on the commentary to the Cash Flow Statement.
- Other Current Assets are £1.4m higher than Plan, largely due to NHSE income received in arrears £1.0m and ASC debtor £0.8m, partly offset by reduced PSF A&E debtor £0.5m.
- Trade and Other Payables are £1.1m lower than Plan, largely due to the paying down of the capital creditor £0.8m.

Cash



	Year to Date - Month 05			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)	(4.90)	(2.37)	2.53	2.00	0.53
Capital loan drawndown	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	0.11	(0.69)	(0.79)	(1.07)	0.27
Other capital-related elements	0.12	(0.01)	(0.12)	0.03	(0.16)
Sub-total - capital-related elements	**(5.65)**	**(4.05)**	**1.59**	**0.94**	**0.65**
Cash Generated From Operations	(0.36)	(0.74)	(0.38)	(0.18)	(0.20)
Working Capital movements - debtors	4.60	3.23	(1.38)	(3.17)	1.79
Working Capital movements - creditors	(0.01)	(0.31)	(0.30)	1.47	(1.77)
Net Interest	(1.17)	(0.83)	0.34	0.20	0.13
PDC Dividend paid	0.00	0.00	(0.00)	(0.00)	0.00
Other	(0.56)	(0.47)	0.09	0.02	0.07
Sub-total - other elements	**2.51**	**0.88**	**(1.63)**	**(1.65)**	**0.02**
Closing cash balance (net of working capital facility)	**3.03**	**2.99**	**(0.04)**	**(0.71)**	**0.67**

Closing cash balance	3.03	2.99	(0.04)	(0.71)	0.67
Closing working capital facility	0.00	0.00	0.00	0.00	0.00
Closing cash balance (net of working capital facility)	**3.03**	**2.99**	**(0.04)**	**(0.71)**	**0.67**

Key points

The cash position is presented net of amounts drawn down from the working capital facility, in order to show the underlying cash position.

- Capital-related cashflow is £1.6m favourable due to capital expenditure £2.5m favourable, partly offset by the paying down of the capital creditor £0.8m.

Other elements:

- Cash generated from operations is £0.4m adverse, due to the adverse YTD variance on EBITDA £0.4m.
- Working Capital debtor movements is £1.4m adverse, mainly due to income received in arrears from NHSE and the ASC debtor.
- Working Capital creditor movements is £0.3m adverse , mainly due to the timing of payments.

Capital

Current Performance

	Year to date Mth 05 - Based upon June 18 Operational Plan					Full Year Plan/Forecast		
	Plan £m	Budget £m	Actual £m	Variance to Plan £m	Variance to Budget £m	Plan £m	Forecast £m	Variance £m
Capital Programme	4.90	4.90	2.37	(2.41)	(2.41)	27.34	23.85	(3.49)
Significant Variances in Planned Expenditure by Scheme:								
HIS schemes	1.82	1.82	0.61	(1.21)	(1.21)	5.01	5.81	0.80
Estates schemes	2.24	2.24	0.97	(1.27)	(1.27)	9.22	10.65	1.43
Medical Equipment	0.38	0.38	0.21	(0.17)	(0.17)	7.79	5.58	(2.21)
Other	0.00	0.00	0.00	0.00	0.00	0.04	0.06	0.02
PMU	0.46	0.46	0.58	0.12	0.12	1.32	1.32	0.00
Contingency	0.00	0.00	0.00	0.00	0.00	3.96	0.43	(3.53)
Anticipated slippage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	4.90	4.90	2.37	(2.53)	(2.53)	27.34	23.85	(3.49)
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	2.90	(2.81)
PDC	0.00	0.00	0.00	0.00	0.00	3.62	3.62	0.00
Charitable Funds	0.16	0.16	0.00	0.00	0.00	1.30	1.30	0.00
Disposal of assets	0.00	0.00	0.00	0.00	0.00	2.36	4.36	2.00
Other Internal cash resources	4.74	4.74	2.37	(2.53)	(2.53)	13.65	10.97	(2.68)
Total	4.90	4.90	2.37	(2.53)	(2.53)	27.34	23.85	(3.49)

Key Points

- 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 £4.00m was reported to NHSI.
- The full prioritisation of the program has now concluded and £3.50m of the £4.00m 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 now provided to the Trust's Finance Department an updated phased expenditure profile. This exercise has identified that there will be some capital expenditure slippage in year totalling £3.5m. Most notably with some Radiology equipment replacements (£2.81m). In addition to the above, potential slippage to the ED/UCC scheme is currently being evaluated.
- The cumulative capital expenditure at 31st August 2018 totals £2.37m, which is £2.53m 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 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	13,674	14,184	510	351	4%
Elective	3,379	1,445	1,464	19	-28	1%
Non-Elective Emergency	29,875	12,541	11,998	-543	-492	-4%
Non-Elective Non-Emergency	3,189	1,336	1,395	59	19	4%
Non-Elective CDU	4,576	1,877	1,978	101	73	5%
Non-Elective AMU	3,275	977	1,795	818	627	84%
TOTAL APC	**76,410**	**31,850**	**32,814**	**964**	**550**	3%
New	107,775	44,937	45,010	73	475	0%
F-Up	258,463	107,704	109,261	1,557	1,814	1%
TOTAL OPA	**366,238**	**152,641**	**154,271**	**1,630**	**2,289**	1%
A&E	79,143	35,144	35,198	54	777	0%

Activity variances to plan -Month 5

Activity variances for M5 against the contract activity plan are shown in the table opposite. In M5, 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 412 attendances above plan (in PBR terms £220k).

Within Outpatients, the specialties with the greatest variances are, Dermatology which is 443 New attendances above plan (in PBR terms £18k), and Rheumatology which is 425 attendances above plan (in PBR terms £84k). Trauma & Orthopaedics is 513 attendance s below plan (in PBR terms £4k).

For Follow Ups, Dermatology is 1,137 attendances above plan (in PBR terms £159K), and Paeds are 762 attendances above plan (in PBR terms £84k). Trauma & Orthopaedics is 1,246 attendances below plan (in PBR terms -£87k).

The Committee is asked to note:

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

Risk remains that delays in the implementation of plans to increase elective activity run rates will impact on achievement of RTT NHSI trajectory of 82%.

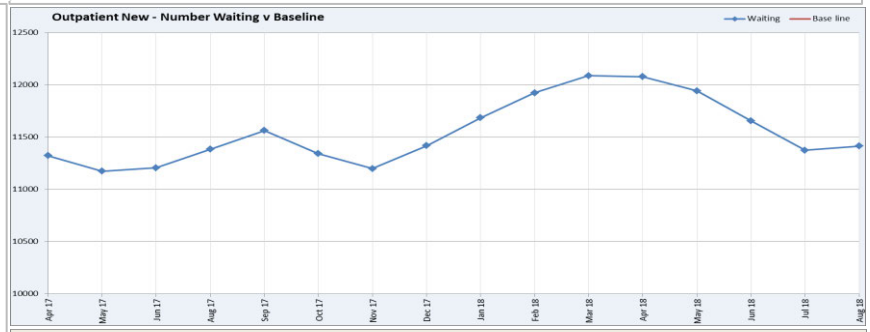
August RTT performance (82%) is on the trajectory.

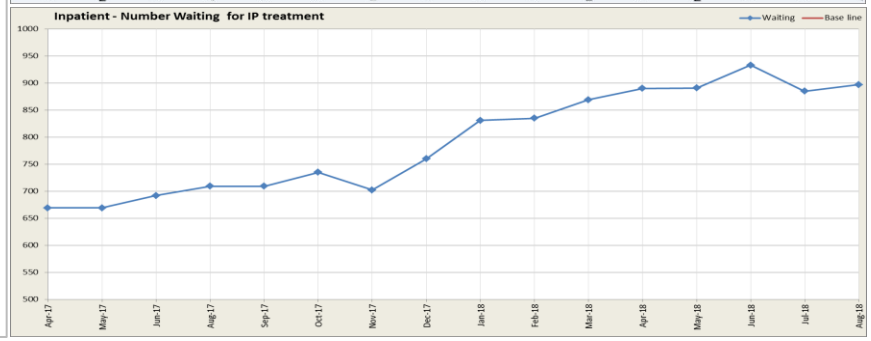
The RTT risk and Assurance group are maintaining the elective waiting time (RTT and cancer) performance oversight at individual team level.

It is noted that new 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 to support emergency care during December / January 2019 and beyond if needed is likely to have an impact on planned elective activity. Full impact of any additional loss of elective capacity over previous years have not been factored into plans.

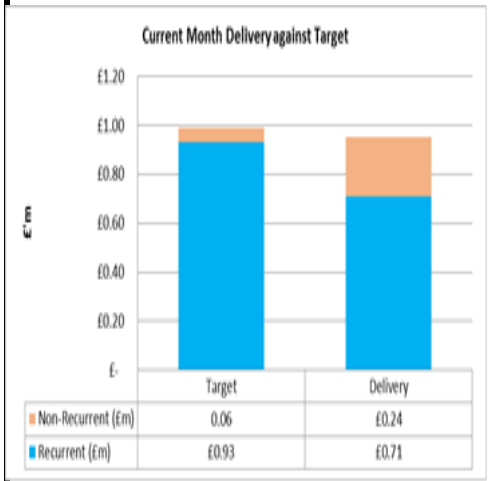
Overall waiting list number for inpatient treatment is considered a risk to patient experience and delivery of agreed RTT trajectories so maintaining bed capacity to support the treatment of these patients remain critical.

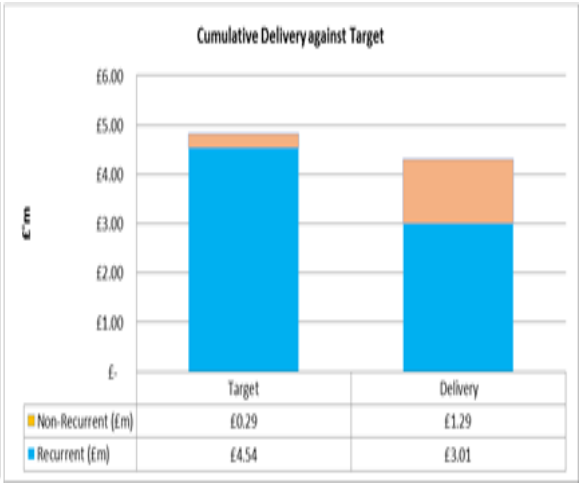




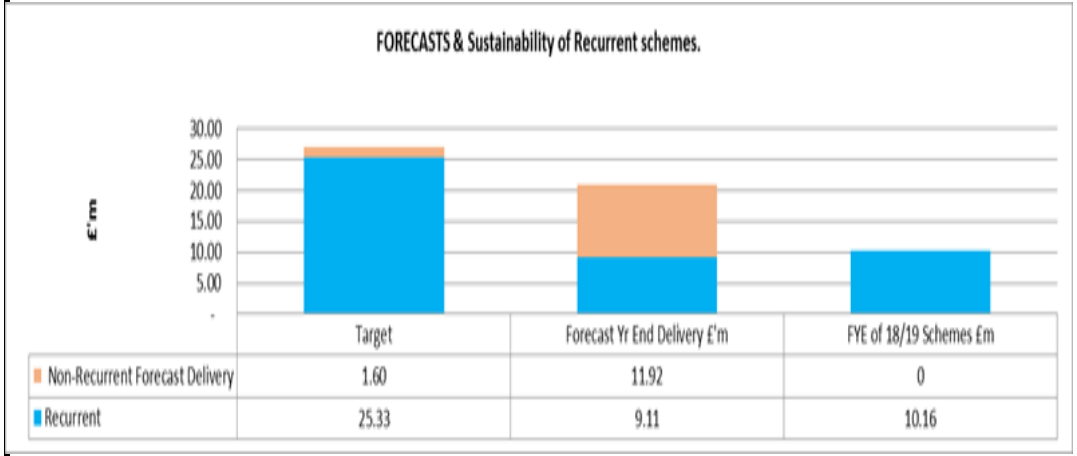
CIP Delivery: Current Mth, Cumulative & Forecast

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





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



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

-**Current Month variance:** £0.0m break-even

-**Cumulative variance:** £0.5m shortfall

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

Target: The CIP target shown is £26.9m

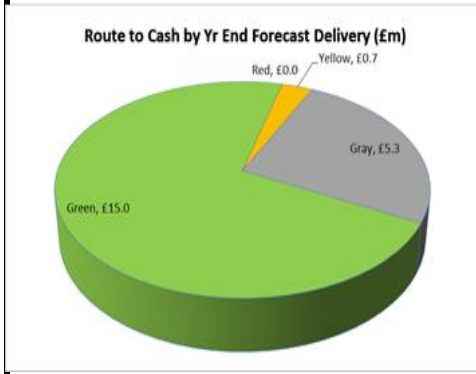
Target:	**£26.9m**
Year End Forecast Delivery:	**£21.0m**
Shortfall:	**£5.9m**

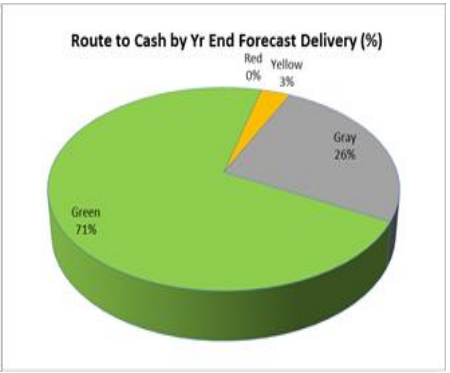
Forecast 19/20 FYE Recurrent delivery foreast, for 18/19 projects, is £10.2m.
Further recurrent projects need to be found to close the FYE gap.

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

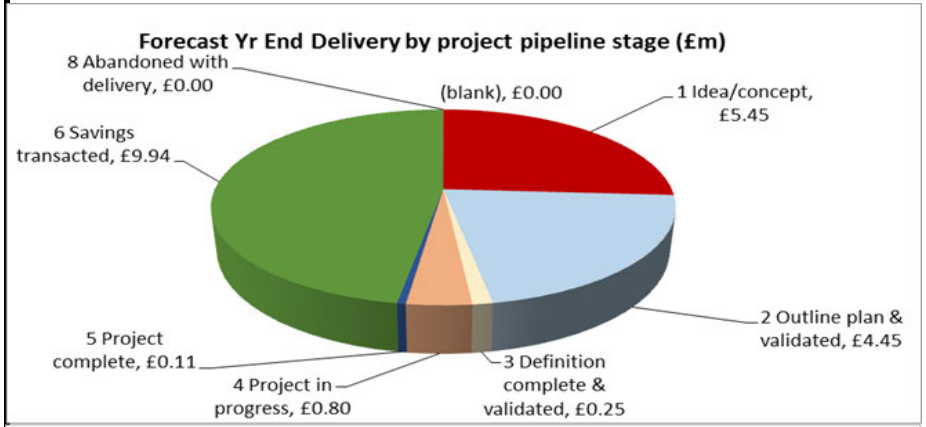
CIP- Delivery Assurance - Year end delivery forecast -

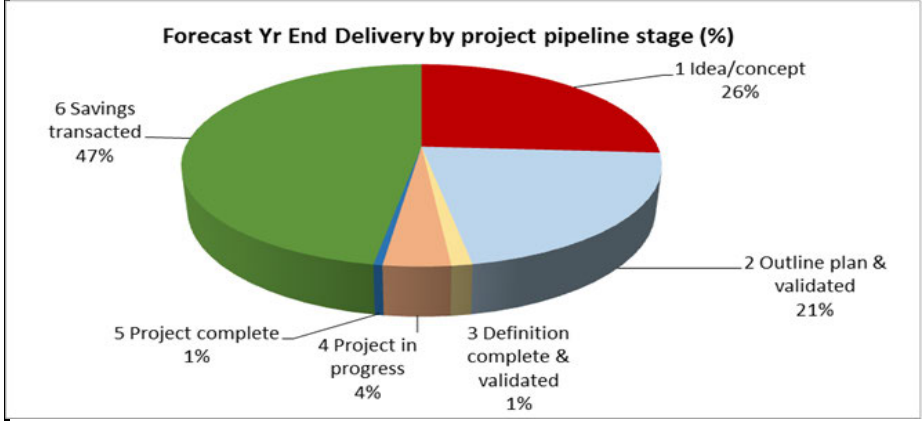
c) CIP Delivery Assurance- Route to Cash (RTC)





d) CIP Delivery Assurance:- Pipeline stage (£m)





(c) CIP Delivery Assurance:- Route to Cash (RTC)

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 3% of projects remain in Amber RTC.

(d) CIP Delivery Assurance:- Pipeline stage

Of the projects comprising the £21.0m forecast delivery:

£10.05m (48%) of projects either delivering savings or are complete, pending savings delivery.

£0.80 (4%) relates to schemes which are in progress.

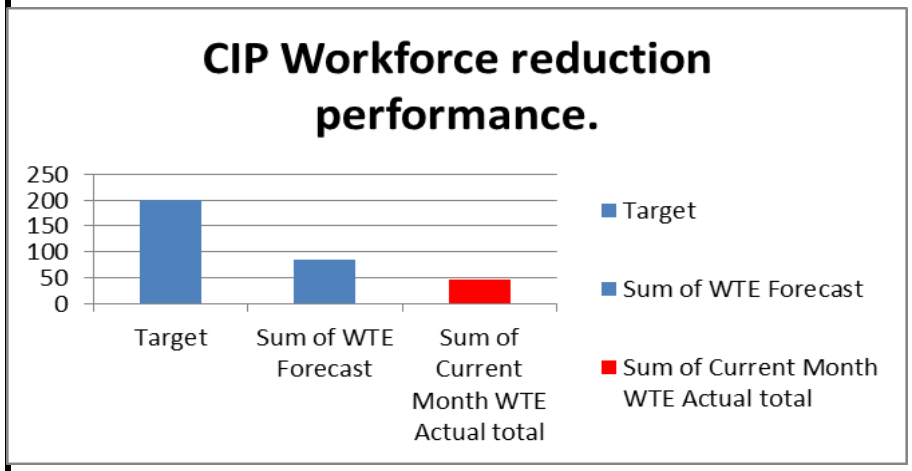
£4.7m (22%) relates to schemes where definitions are complete and validated or outline plans are validated.

£5.45m (26%) relates to schemes which are in Ideas/concept pipeline.

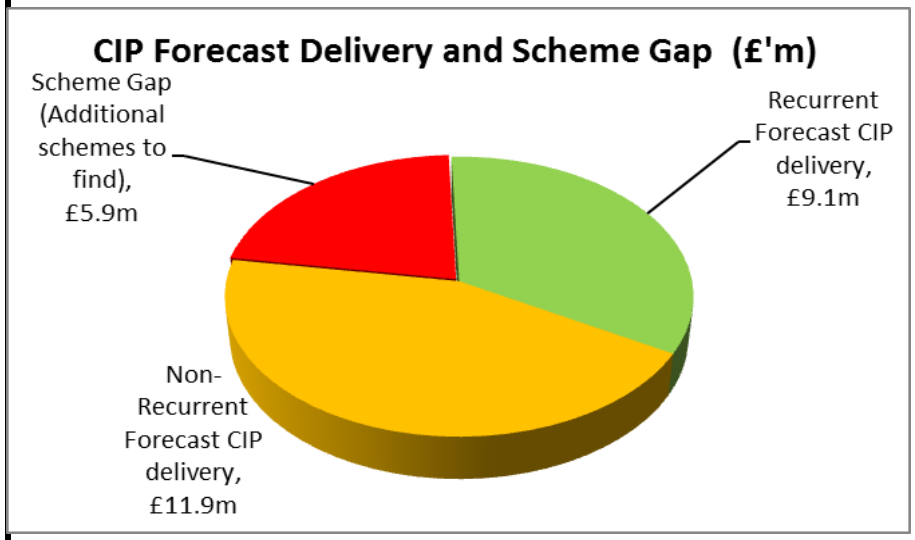
There is a need for additional projects to be identified to close the Scheme Gap.

CIP- Delivery Assurance - Year end delivery forecast-

e) CIP Workforce reduction against plan



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



e) CIP Workforce forecast reduction

The graph identifies that we have a workforce reduction target of 200 WTE.

From the schemes currently listed within PMO, these are forecast to deliver 84 WTE.

However actual posts removed equate to 46 WTE.

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

Presuming the £21m forecast delivery is fully realised, there is a need to identify £5.9m of further savings schemes to achieve balance against target.

A number of initiatives have been launched, as outlined in the recent "Closing the gap" paper, including:-

-Benchmarking oportunities
-5 new worstreams led by executives
-SDU generated ideas/ N/R projects.

Specific values are yet to be identified, but these workstreams are now taking shape.

In addition, the performance management framework has been enhanced to ensure the above process is embedded and savings oportunities are optimised.

Corporative Objective		Target 2018/2019	13 month trend	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Year to date 2017/18
QUALITY LOCAL FRAMEWORK																	
1	Safety Thermometer - % New Harm Free	>95%		96.3%	96.0%	97.2%	96.4%	97.1%	96.2%	96.4%	97.8%	95.3%	97.1%	98.0%	96.5%	96.9%	96.8%
1	Reported Incidents - Major + Catastrophic *	<6		2	0	2	0	0	3	2	0	0	2	0	1	6	9
1	Avoidable New Pressure Ulcers - Category 3 + 4 * (1 month in arrears)	9 (full year)		2	0	0	1	1	2	0	2	1	0	0	0		1
1	Never Events	0		0	0	0	0	0	0	0	1	0	0	0	0	1	1
1	Strategic Executive Information System (STEIS) (Reported to CCG and CQC)	0		8	3	6	2	2	9	2	5	2	3	3	5	4	17
1	QUEST (Quality Effectiveness Safety Trigger Tool) - Red Rated Areas / Teams	0		0	0	0	0	1	1	0	0	0	0	0	0	0	0
1	Formal Complaints - Number Received *	<60		22	22	38	24	17	37	15	27	26	26	22	30	17	121
1	VTE - Risk assessment on admission - (Acute)	>95%		92.9%	88.0%	92.3%	92.6%	88.9%	93.0%	90.8%	86.0%	93.5%	89.3%	90.9%	92.1%	91.1%	91.3%
1	VTE - Risk assessment on admission - (Community)	>95%		96.4%	97.9%	100.0%	97.5%	96.1%	98.9%	94.6%	100.0%	97.8%	97.9%	98.7%	100.0%	93.2%	97.5%
1	Medication errors resulting in moderate to catastrophic harm	0		0	0	0	0	0	4	2	0	2	0	2	0	4	8
1	Medication errors - Total reported incidents (trust at fault)	N/A		43	68	63	48	42	55	49	40	41	46	40	57	38	222
1	Hospital standardised mortality rate (HSMR) - 3 months in arrears	<100%		84.4%	93.6%	94.0%	99.1%	82.0%	96.1%	112.5%	88.3%	103.1%					94.7%
1	Safer Staffing - ICO - Daytime (registered nurses / midwives)	90%-110%		95.5%	100.0%	99.0%	104.2%	106.6%	105.2%	104.3%	106.6%	105.6%	107.3%	99.0%	95.1%	99.0%	101.2%
1	Safer Staffing - ICO - Nightime (registered nurses / midwives)	90%-110%		101.6%	101.4%	103.3%	101.7%	105.6%	105.8%	100.4%	103.9%	103.2%	106.6%	103.3%	97.3%	103.3%	102.7%
1	Infection Control - Bed Closures - (Acute) *	<100		18	12	30	130	8	198	544	64	6	4	0	16	8	34
1	Hand Hygiene	>95%		95%	99%	98%	96%	95%	89%	96%	91%	97%	94%	93%	84%	96%	93%
1	Fracture Neck Of Femur - Time to Theatre <36 hours	>90%		71.0%	73.5%	68.6%	76.3%	71.4%	75.6%	71.0%	80.0%	79.4%	81.1%	68.8%	63.4%	64.5%	71.4%
1	Stroke patients spending 90% of time on a stroke ward	>80%		86.0%	77.1%	79.4%	83.3%	72.5%	84.4%	66.7%	92.3%	77.8%	75.0%	87.8%	88.9%		81.2%
1	Follow ups 6 weeks past to be seen date (excluding Audiology)	3500		7496	7477	6790	6308	7041	6630	6761	7301	7323	7042	7144	7063	6858	6858

Corporative Objective		Target 2018/2019	13 month trend	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Year to date 2017/18
WORKFORCE MANAGEMENT FRAMEWORK																	
2	Staff sickness / Absence (1 month arrears) Rolling 12 months	<3.8%		4.14%	4.11%	4.09%	4.07%	4.09%	4.14%	4.18%	3.96%	3.70%	4.05%	3.80%	3.79%		3.79%
2	Appraisal Completeness	>90%		81.00%	82.00%	82.00%	82.00%	81.00%	78.00%	78.00%	79.00%	81.00%	80.00%	78.92%	79.61%	80.61%	80.61%
2	Mandatory Training Compliance	>85%		83.00%	83.00%	83.00%	83.00%	83.00%	82.79%	83.24%	85.00%	83.00%	82.00%	83.00%	84.50%	85.77%	85.77%
2	Turnover (exc Jnr Docs) Rolling 12 months	10% - 14%		12.37%	12.39%	12.32%	12.34%	12.53%	12.09%	11.67%	11.25%	10.85%	10.89%	10.80%	10.52%	10.35%	10.35%
COMMUNITY & SOCIAL CARE FRAMEWORK																	
1	Number of Delayed Discharges (Community) *	16/17 Avg 315		211	445	401	340	348	272	267	206	288	215	270	292	232	1297
1	Number of Delayed Transfer of Care (Acute)	16/17 Avg 64		185	172	177	197	165	218	144	128	182	228	116	281	181	988
1	Timeliness of Adult Social Care Assessment assessed within 28 days of referral	>70%		75.9%	77.2%	78.3%	79.1%	79.1%	79.0%	78.5%	79.0%	78.6%	77.6%	76.6%	71.5%	72.6%	78.6%
3	Clients receiving Self Directed Care	>90%		92.9%	93.6%	93.1%	93.2%	92.8%	92.3%	92.5%	92.6%	92.6%	93.7%	93.9%	93.9%	93.5%	92.6%
2	Carers Assessments Completed year to date	40% (Year end)		24.8%	31.1%	33.9%	34.5%	35.9%	38.1%	41.1%	42.2%	1.4%	3.1%	4.5%	6.8%	9.9%	1.4%
	Carers Assessment trajectory			17.9%	21.5%	25.1%	28.7%	32.3%	35.8%	39.4%	43.0%	3.0%	6.0%	9.0%	12.0%	15.0%	15.0%
3	Number of Permanent Care Home Placements	<=617 (Year end)		637	638	632	637	634	629	608	604	602	605	616	625	625	625
	Number of Permanent Care Home Placements trajectory			631	629	627	625	623	621	619	617	630	630	630	630	630	630
1	Children with a Child Protection Plan (one month in arrears)	NONE SET		248	254	235	198	176	160	155	150	146	153	166	166		146
3	4 Week Smoking Quitters (reported quarterly in arrears)	NONE SET			156			232			342			61			342
3	Opiate users - % successful completions of treatment (quarterly 1 qtr in arrears)	NONE SET			7.9%			7.8%			8.0%			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%	100.0%
1	Bed Occupancy	80% - 90%		89.2%	93.2%	92.7%	93.2%	92.4%	93.1%	95.0%	92.6%	92.9%	94.6%	86.3%	86.7%	89.5%	92.9%
1	CAMHS - % of patients waiting under 18 weeks at month end	>92%		100.0%	98.4%	100.0%	100.0%	98.9%	100.0%	98.3%	97.9%	98.4%	97.6%	94.1%	96.3%	92.6%	98.4%
1	DOLS (Domestic) - Open applications at snapshot	NONE SET		574	579	596	603	609	610	597	569	556	557	560	584	605	556
1	Intermediate Care - No. urgent referrals	113		181	151	200	204	171	222	187	161	203	163	163	172	155	856
1	Community Hospital - Admissions (non-stroke)	NONE SET		253	242	241	224	252	278	223	235	237	222	217	237	256	1169

Corporative Objective		Target 2018/2019	13 month trend	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-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%		93.2%	89.9%	92.8%	92.9%	88.3%	83.8%	81.1%	80.6%	87.7%	86.7%	90.9%	92.7%	87.2%	89.1%
	A&E - trajectory [STF]	>92%		92.5%	93.5%	92.0%	92.2%	90.2%	89.9%	92.6%	95.0%	90.1%	92.1%	94.6%	93.7%	93.3%	93.3%
1	Referral to treatment - % Incomplete pathways <18 wks	>92%		85.2%	84.0%	84.0%	83.7%	82.2%	82.5%	82.4%	81.6%	81.7%	82.1%	81.0%	81.5%	82.2%	82.2%
	RTT Trajectory			89.4%	89.8%	90.7%	89.9%	89.3%	90.1%	90.0%	90.0%	82.2%	82.3%	82.4%	82.5%	82.6%	82.6%
1	Cancer - 62-day wait for first treatment - 2ww referral	>85%		79.2%	85.7%	83.9%	77.4%	82.4%	85.7%	83.1%	79.7%	82.0%	81.7%	78.1%	86.2%	76.6%	80.6%
1	Diagnostic tests longer than the 6 week standard	<1%		7.3%	3.9%	3.2%	2.4%	3.7%	5.4%	3.1%	8.9%	11.0%	5.9%	5.9%	5.7%	6.6%	7.1%
1	Dementia - Find - monthly report	>90%		62.4%	81.8%	78.6%	59.0%	65.5%	52.1%	70.8%	92.7%	99.2%	92.6%	93.8%	94.3%	95.6%	94.4%
LOCAL PERFORMANCE FRAMEWORK 1																	
1	Number of Clostridium Difficile cases - Lapse of care - (ICO) *	<17 (year)		2	0	0	3	2	0	0	0	1	0	0	1	1	3
1	Cancer - Two week wait from referral to date 1st seen	>93%		65.3%	61.1%	63.1%	70.4%	76.0%	77.7%	67.4%	71.7%	60.8%	55.0%	75.3%	62.1%	76.8%	66.2%
1	Cancer - Two week wait from referral to date 1st seen - symptomatic breast patients	>93%		17.1%	69.7%	94.7%	95.1%	93.2%	94.6%	97.6%	94.5%	93.4%	91.2%	87.0%	91.7%	94.4%	91.6%
1	Cancer - 31-day wait from decision to treat to first treatment	>96%		98.6%	98.9%	95.5%	95.0%	98.0%	90.8%	96.1%	98.1%	97.8%	97.9%	96.0%	98.2%	97.98%	97.6%
1	Cancer - 31-day wait for second or subsequent treatment - Drug	>98%		100.0%	98.7%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
1	Cancer - 31-day wait for second or subsequent treatment - Radiotherapy	>94%		100.0%	98.1%	95.2%	100.0%	97.7%	96.3%	95.1%	100.0%	98.4%	98.3%	97.8%	98.3%	100.0%	98.6%
1	Cancer - 31-day wait for second or subsequent treatment - Surgery	>94%		100.0%	91.1%	95.8%	94.6%	100.0%	97.1%	97.1%	100.0%	100.0%	100.0%	93.3%	93.9%	91.4%	95.7%
1	Cancer - 62-day wait for first treatment - screening	>90%		100.0%	100.0%	87.1%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	97.0%
1	Cancer - Patient waiting longer than 104 days from 2ww				6	12	16	14	24	23	23	17	21	21	27	22	22
1	RTT 52 week wait incomplete pathway	0		19	16	26	36	42	29	33	34	43	53	41	64	77	77
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%	1.0%	1.1%	0.7%	1.6%	0.9%	1.4%	4.5%	1.1%	1.4%	0.6%	0.8%	1.0%	1.0%
1	Cancelled patients not treated within 28 days of cancellation *	0		3	3	4	3	1	13	5	21	16	6	8	3	4	37
1	Number of standed patients (daily average)			91	91	89	93	94	106	104	101	107	102	90	95	101	

Corporative Objective		Target 2018/2019	13 month trend	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Year to date 2017/18
LOCAL PERFORMANCE FRAMEWORK 2																	
1	Ambulance handover delays > 30 minutes	0		180	150	88	124	181	143	172	168	117	97	119	94	88	515
	Handovers > 30 minutes trajectory *			30	30	30	30	30	30	30	30	0	0	0	0	0	0
1	Ambulance handover delays > 60 minutes	0		17	10	6	5	18	10	20	13	3	11	8	1	4	27
1	A&E - patients seen within 4 hours DGH only	>95%		89.9%	85.5%	89.7%	90.0%	84.0%	77.2%	72.8%	72.3%	81.8%	81.1%	86.0%	88.6%	80.1%	83.6%
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%	99.9%	100.0%	100.0%	100.0%	100.0%
1	Trolley waits in A+E > 12 hours from decision to admit	0		0	0	0	0	1	8	3	6	1	0	0	0	0	1
1	Number of Clostridium Difficile cases - (Acute) *	<3		2	0	1	5	2	1	1	1	1	0	1	1	1	4
1	Number of Clostridium Difficile cases - (Community)	0		0	0	0	0	0	0	0	0	1	0	1	1	1	4
1	Care Planning Summaries % completed within 24 hours of discharge - Weekday	>77%		71.0%	71.0%	69.5%	68.7%	67.9%	67.7%	63.5%	60.5%	70.4%	70.4%	69.8%	68.1%	67.2%	69.1%
1	Care Planning Summaries % completed within 24 hours of discharge - Weekend	>60%		33.8%	38.5%	25.1%	35.9%	25.6%	28.0%	39.1%	28.6%	30.5%	34.6%	35.6%	34.9%	30.1%	33.1%
1	Clinic letters timeliness - % specialties within 4 working days	>80%		86.4%	90.9%	86.4%	90.9%	90.9%	81.8%	90.9%	86.4%	81.8%	72.7%	81.8%	68.2%	63.6%	73.6%
NHS I - FINANCE AND USE OF RESOURCES																	
4	Capital Service Cover	2		4	4	4	4	4	3	3	2	4	4	4	4	4	4
	Plan			4	4	4	3	3	3	2	2	4	4	4	4	4	4
4	Liquidity	4		4	4	4	4	4	3	3	3	3	3	3	3	3	3
	Plan			4	4	4	4	4	4	4	4	3	3	3	3	4	4
4	I&E Margin	1		4	4	3	3	3	2	2	1	4	4	4	4	4	4
	Plan			4	4	4	3	3	2	2	1	4	4	4	4	4	4
4	I&E Margin Variance from Plan			1	1	1	1	1	2	2	1	1	1	2	2	2	2
4	Variance from agency ceiling	1		1	1	1	1	1	1	1	1	3	3	3	3	3	3
	Plan			3	3	2	2	2	2	2	1	2	2	2	2	2	2
4	Overall Use of Resources Rating			3	3	3	3	3	2	2	2	3	3	3	3	3	3

Corporative Objective		Target 2018/2019	13 month trend	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Year to date 2017/18
FINANCE INDICATORS - LOCAL																	
4	EBITDA - Variance from PBR Plan - cumulative (£'000's)			-732	-543	-1123	-2545	-3560	-4464	-5587	-3832	1469	664	-275	-175	-376	
4	Agency - Variance to NHSI cap			2.00%	1.41%	1.27%	1.09%	1.05%	0.89%	0.65%	0.44%	-0.50%	0.50%	0.40%	0.89%	0.58%	
4	CIP - Variance from PBR plan - cumulative (£'000's)			1942	1475	3114	3711	2813	2263	1565	3417	-820	-758	-129	-402	-488	
4	Capital spend - Variance from PBR Plan - cumulative (£'000's)			9560	11689	13770	14723	17672	19886	22110	22318	955	2413	1531	1995	2527	
4	Distance from NHSI Control total (£'000's)			997	1503	1201	89	495	-15	-674	2287	1488	1486	-228	-117	-303	
4	Risk Share actual income to date cumulative (£'000's)			-98	0	0	0	0	0	0	0	0	0	0	0	0	
INTEGRATED CARE MODEL																	
	Intermediate Care Referrals (All)			369	345	419	409	347	427	361	342	358	329	311	342	322	
	Intermediate Care GP Referrals			83	87	90	97	86	101	76	91	80	66	76	88	74	
	Average length of Intermediate Care episode			19.15	20.92	20.84	19.45	17.07	23.31	19.43	16.56	22.21	19.99	20.80	19.04	15.89	
	Total Bed Days Used (Over 70s)			8689	9348	9337	10265	9505	11269	9965	10737	10970	9688	9866	9231		
	- Emergency Acute Hospital			4942	5045	5090	5293	5281	6076	5811	5680	5964	5332	5309	5057		
	- Community Hospital			2769	2935	2918	2963	2918	3427	2762	3051	3094	2918	3021	2689		
	- Intermediate Care			36	53	17	15	0	90	36	143	72	72	149	29		
3	Number of Emergency Admissions - (Acute)			3040	3030	3232	3130	3176	3258	2913	3145	3103	3150	3125	3214	3309	15901
3	Average Length of Stay - Emergency Admissions - (Acute)			2.9	2.9	2.8	2.7	2.7	3.1	3.2	3.1	3.1	3.0	2.8	2.8	2.7	2.9
3	Hospital Stays > 30 Days - (Acute)			19	32	34	28	28	41	38	30	38	37	37	31	31	174

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

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

Cover sheet and summary for a report to the Trust Board (appendix to main performance report)					
Report title: Balance Scorecard for Integrated Care Model – draft version as proof of concept				**Date:** 3rd October 2018	
Report sponsor	Ann Wagner, Director of Strategy and Improvement				
Report author	Dawn Butler, Deputy Director of Strategy, Performance and Planning				
Report provenance	Balance Scorecard Task and Finish Group				
Confidentiality	Public				
Report summary	A first iteration of the Care Model balance scorecard is attached. This was considered by the Finance, Performance and Investment Committee on the 25th September 2018 and it offered the Committee an opportunity to comment on the format of the scorecard as a proof of concept. The recommendation of the Committee is to request a proposal for future formatting and scheduling of board reporting for the Integrated report and balance scorecard which addresses the need for information to Board to provide adequate assurance and also the operational information requirements of our future delivery structure.				
Purpose (choose 1 only)	**Note** ☐	**Information** ☐	**Review** ☒	**Decision** ☐	**Approve** ☒
Recommendation	The Board is recommended to: • **review** the document and attachment • Consider the questions and approve the recommendation from the Finance, Performance and Investment Committee.				
Summary of key elements	Members of the Board are asked to consider and comment on the framework and decide if this scorecard has potential to meet our future requirements and should be developed further. This balance scorecard brings together a series of performance metrics and aligns them against the high level strategic objectives for the care model. In so doing, this framework has the potential to demonstrate how successful we are in delivering the outcomes that are important measures of making a difference to people in Torbay and South Devon. We would like the board to help develop the framework through receiving their comments and views and in so doing ensure that it is relevant, meaningful and informative to serve the work of the Board.				

Strategic context	Our integrated care model is complex and broad and understanding the impact of the care model across our system is sometimes difficult to determine because of the dynamic and unprecedented demands placed upon the NHS today. Whilst it is important to recognise this context, it is important to seek a greater depth of understanding about how our integrated care system is responding in light of the care model changes. To help us with this, a specific piece of work is underway which draws together a number of performance and quality indicators and presents these together into a balanced scorecard that focuses on the four domains of the care model.
Dependencies and risk	There is a risk in the Board being insufficiently sighted on the progress of our organisation in delivering the four Care Model domains. This balance scorecard seeks to help address this risk. Committing to the production of this report going forward however, has important consequences as it requires dedicated time to be allocated to its production.
Summary of scrutiny	As proof of concept scrutiny process via FPIC discussion.
Stakeholder engagement	A proposal setting out future reporting to Board and the new delivery structure will be shared with operational leads for discussion.
Other standards affected	Delivery of CCG commissioning intentions. Delivery of Torbay Council and Devon County Council Annual Strategic Agreement requirements. Delivery of Risk Share Agreement.
Legal considerations	Maintain Foundation Trust terms of authorisation. Delivery of NHS Improvement Single Oversight Framework for 1. Operational performance 2. Quality standards 3. Financial risk rating Delivery of NHS Constitution rights and standards.

Report title: Balance Scorecard for Integrated Care Model – draft version as proof of concept		Date: 3rd October 2018
Report sponsor	Ann Wagner, Director of Strategy and Improvement	
Report author	Dawn Butler, Deputy Director of Strategy, Performance and Planning	

1. Purpose

This paper presents to the Board a first iteration of a balance scorecard for our integrated care model. This has been developed for two reasons. Firstly, it provides an example of how we could move towards understanding our organisational performance in the format of a balanced scorecard which was feedback following the Board Development Session on July 4th 2018. Secondly, because we have developed this first iteration around metrics that are relevant to the care model then it begins to help the Board understand how well we are performing against the strategic objectives for our integrated model of care.

Members of the Board are asked to consider and comment on the framework and decide if this scorecard has potential to meet our future requirements and should be developed further.

2. The balance scorecard – what have we developed and why?

This balance scorecard brings together a series of performance metrics and aligns them against the high level strategic objectives for the care model. In so doing, this framework has the potential to demonstrate how successful we are in delivering the outcomes that are important measures of making a difference to people in Torbay and South Devon.

The four outcomes are:

- Supporting Communities to Stay Well
- Providing Care Closer to Home
- Providing Safe Co-ordinated Person Centred Care
- Sustainable Services through Productivity, Efficiency and value for money

By considering these four outcomes in the round we are able to assess how the activities and interventions we have put in place are beginning to have an impact and where this impact is being realised. The complexity and the breadth of all of the programmes of work that we have executed as part of the care model together with sustained and significant increases in demand across all parts of our care system mean it is important to consider the combination of metrics and how they give a sense of the balance of change at a system level.

At this stage it is important to emphasise that this is a first iteration of the report which is still in development. It is the future potential of this framework that we ask the board to judge and comment on. We would like the board to help develop the framework through receiving their comments and views and in so doing ensure that it is relevant, meaningful and informative to serve the work of the board.

3. How is this framework different?

Balance Scorecard: All of the metrics are divided into four themes or outcomes which reflect our objectives in the delivery of care to our population. The circular graphic shows how we are performing against each of these areas and visually enables us to balance achievement of the metrics against our four objectives and as a whole interconnected system.

Dashboard Summary: This provides an overview of all metrics, whether we are meeting our targets, the change since the last reporting period (month), whether the target is locally agreed, contractually commissioned, or a national regulatory target.

Dashboard: Each metric is presented individually with a **description of the metric** and why it is important. Future versions would include a link back to the B**oard Assurance Framework** so that we clearly link performance indicators with the organisations key strategic risks, controls, and assurances. It shows the **Lead Director**, the **reporting period** and the **target and actual values achieved**.

4. How will we develop it further?

The Board will recognise that this is a first draft that with a further investment of time has the potential to be developed into a comprehensive report. The Board are asked to agree recommendations for the next steps and in so doing the board is asked to consider:

1. Would the Board like to continue to receive a Care model Balance Scorecard which is separate to the Integrated Performance Report?
2. Is the balance scorecard format functional and meaningful?

5. What are the next steps?

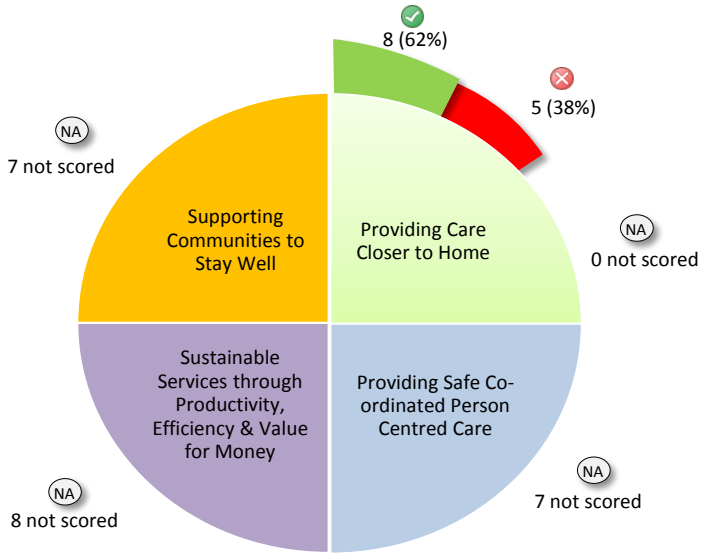
If the Board make a recommendation to move towards this format for the integrated care model outcomes, then it is necessary to make an appraisal of the time that would need to be allocated to the production of the report. In view of the intensive commitment in the production of the Integrated Performance Report and because this Care Model Scorecard would be supplementary, then it would be necessary to consider the frequency with which the board receive this information.

6. Acknowledgements

Our thanks go to James Paget University Hospitals NHS Foundation Trust, who designed this balance scorecard for their performance report. It is with their permission that we have replicated the design. The development and production of our report has been completed by Yann Rebour, Information Lead whose expertise and immense patience has enabled the development of the report to this stage.

Appendix A: Quality & Performance Dashboard

Performance Summary By Theme Area: August 2018



Overview of table headings used in this report

No:	Indicator number for reference
Achieved:	Achievement status (see icons)
Indicator Title:	The title of the indicator
Regulator:	CQC, Monitor, Contractual or local Trust measure
BAF Reference:	Corresponding BAF reference
Lead Director:	Responsible Executive Officer
Period:	Month, Quarter or Year measured
Target:	Target or aim, where applicable
Actual:	Performance in the period and breach counts ('n').
Range:	Minimum and maximum values in range
Change (period):	Change on previous period
Indicator Description:	Description of the indicator

Key to the icons used in this report

Achievement markers:

- Achieved
- Not achieved
- NA — No target / data, or assessment not due. Some key targets may be assessed on an interim basis for information only.

Trend (change on last period) markers:

- (or '↑') Improving trend
- (or '-') No change
- (or '↓') Deteriorating trend

An explanation of control charts

Control charts monitor changes in performance over a period of time and show when very high or low performance may be due to some kind of significant factor or *special cause variation* requiring further investigation.

No.	Supporting Communities to Stay Well	Indicator Type	PAGE
1	ED / MIU Attendances - All Ages	NHSI	3
2	TOTAL ED Attendances - All Ages	Local	3
3	TOTAL MIU Attendances - All Ages	Local	3
4	TOTAL ED / MIU Attendances - Age 70 and Over	Local	3
5	TOTAL ED Attendances - Age 70 and Over	Local	3
6	TOTAL MIU Attendances - Age 70 and Over	Local	3
7	Total Acute Hospital Ordinary Inpatient Admissions	NHSI	4
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			

No.			Providing Care Closer to Home	Indicator Type	PAGE
22	☒	↓	Bed Days used - Aged 70 and over	Local	5
23	☒	↓	Bed Days used - Emergency Acute Aged 70 and Over	Local	5
24	☑	↓	Bed Days used - Community Hospital	Local	5
25	☒	↓	Bed Days used - Intermediate Care	Local	5
26	☒	↑	Total All Comm. Hospital Admissions	Local	5
27	☒	↓	Total IC Referrals	Local	5
28	☒	↓	Total IC GP Referrals	Local	6
29	☑	↓	Avg. IC Episode length (days)	Local	6
30	☑	↓	Avg. IC Episode length - Placed patients (days)	Local	6
31	☑	↓	Avg. IC Episode length - Home Based patients (days)	Local	6
32	☑	↓	Total IC Placements	Local	6
33	☒	↓	IC Placement Avg. LOS (days)	Local	6
34	☒	↑	IC % of Referrals Placed	Local	7
35					
36					
37					
38					
39					
40					
41					
42					

	Sustainable Services through Productivity, Efficiency & Value for Money	Indicator Type	PAGE
43	Total All Emergency Admissions		8
44	Em Adm Aged 70+		8
45	TOTAL Acute Hospital Outpatient Attendances		8
46	NEW Acute Hospital Outpatient Attendances		8
47	FUP Acute Hospital Outpatient Attendances		8
48	TOTAL Acute Hospital Outpatient DNAs		8
49	NEW Acute Hospital Outpatient DNAs		9
50	FUP Acute Hospital Outpatient DNAs		9
51			
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62			
63			

	Providing Safe Co-ordinated Person Centred Care	Indicator Type	PAGE
64	Average IP Length of Stay		10
65	No. IP with LoS 0-1 days		10
66	No. IP with LoS 2-14 days		10
67	No. IP with LoS >14 days		10
68	Total All Em.Adm from Care Homes		10
69	Comm. Hospital Average Length of Stay (Non Stroke)		10
70	Comm. Hospital Average Length of Stay (NA Stroke)		11
71			
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84			

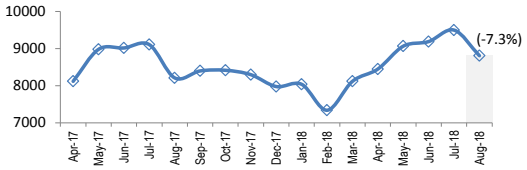
Supporting Communities to Stay Well

No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
1	✓	ED / MIU Attendances - All Ages	NHSI	?	?	Aug 18	?	8807	Range 7338	9497	(-7.3%)

Indicator Description

The care model is focused on the right care in the right place - We would expect to see this reduce the number of attendances to the emergency department at Torbay and potentially see an overall increase in the attendances at our minor injury units. It is noted that population changes (increases) and visitor numbers will impact on total numbers of attenders recorded in year and annually.

Actual Performance: April 17 - Aug 18

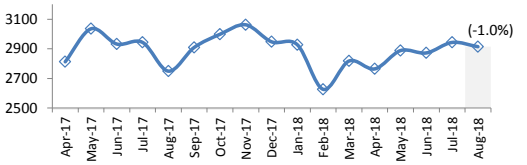


No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
2	✓	TOTAL ED Attendances - All Ages	Local	?	?	Aug 18	?	2914	Range 2626	3062	(-1.0%)

Indicator Description

We would expect to see ED attenders growing at a slower rate to the National average or remaining static given the actions taken to change the model of care to seek alternatives to ED attendance.

Actual Performance: April 17 - Aug 18

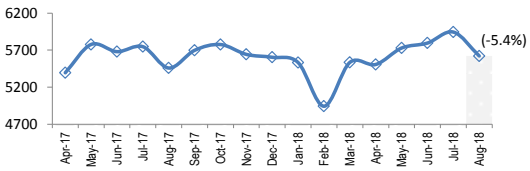


No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
3	✗	TOTAL MIU Attendances - All Ages	Local	?	?	Aug 18	?	5622	Range 4944	5944	(-5.4%)

Indicator Description

We would expect to see an increase in the number of MIU attenders overall. Actions have been taken to increase the opening hours and available services to encourage this shift of care away from the ED at Torbay hospital.

Actual Performance: April 17 - Aug 18

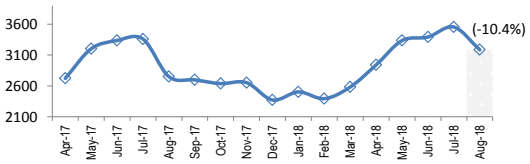


No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
4	✓	TOTAL ED / MIU Attendances - Age 70 and Over	Local	?	?	Aug 18	?	3185	Range 2372	3553	(-10.4%)

Indicator Description

The enhanced support for intermediate care and changes in care model will support alternative settings closer to home to reduce both ED attendance and admission to hospital for the over 70 age group.

Actual Performance: April 17 - Aug 18

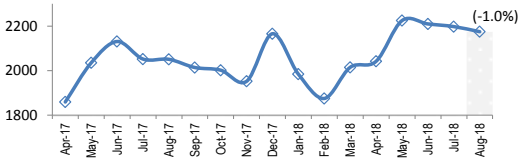


No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
5	✓	TOTAL ED Attendances - Age 70 and Over	Local	?	?	Aug 18	?	2175	Range 1859	2225	(-1.0%)

Indicator Description

The enhanced support for intermediate care and changes in care model will support alternative settings closer to home to reduce both ED attendance and admission to hospital for the over 70 age group.

Actual Performance: April 17 - Aug 18

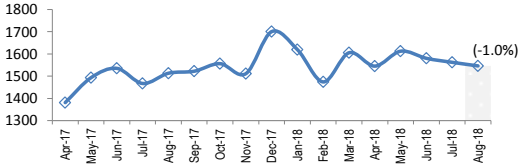


No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
6	✓	TOTAL MIU Attendances - Age 70 and Over	Local	?	?	Aug 18	?	1546	Range 1381	1700	(-1.0%)

Indicator Description

The enhanced support for intermediate care and changes in care model will support alternative settings closer to home to reduce both ED attendance and admission to hospital for the over 70 age group.

Actual Performance: April 17 - Aug 18



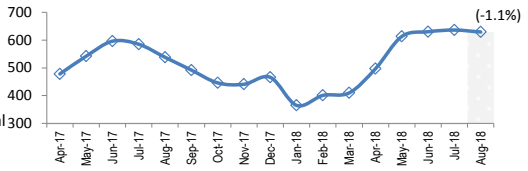
Supporting Communities to Stay Well

No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
7	✓	Total Acute Hospital Ordinary Inpatient Admissions	NHSI	?	?	Aug 18	?	629	Range 365	636	(-1.1%)

Indicator Description

The "care model" changes are designed to reduce the number of non elective admission to ward based care and support patients through intermediate care referral or rapid assessment pathway. In delivering this change the "care model" has introduced some new pathways including ambulatory care assessment which due to the way activity is recorded can increase the number of recorded admission although avoid a ward based care. We are cautious when reviewing total admission numbers in isolation. Adjustment for ambulatory care admissions and Bed day usage is an alternative method of measuring the success of the care model in reducing reliance on hospital based care and admission.

Actual Performance: April 17 - Aug 18



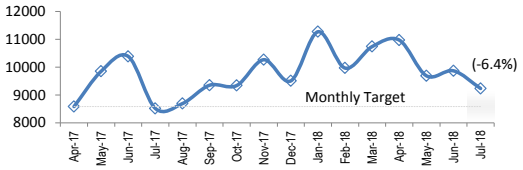
Providing Care Closer to Home

No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
22	✗	Bed Days used - Aged 70 and over	Local	?	?	Jul 18	< 8587 (monthly)	9231	Range 8516	11269	(-6.4%)

Indicator Description

This indicator shows the total number of days of bed based care we are providing across acute, community hospitals and intermediate care placements for people aged 70 and over. A reducing profile inidcates that more care is being delivered closer to home.

Actual Performance: April 17 - Jul 18

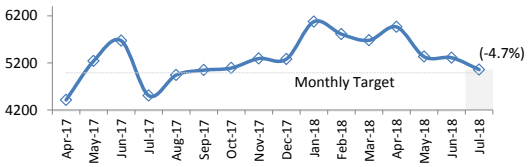


23	✗	Bed Days used - Emergency Acute Aged 70 and Over	Local	?	?	Jul 18	< 4988 (monthly)	5057	Range 4412	6076	(-4.7%)

Indicator Description

This indicator shows the number of bed days used for emergency admissions for people aged 70 and over. An outcome of the care model is to reduce avoidable unplanned admissions for older people.

Actual Performance: April 17 - Jul 18

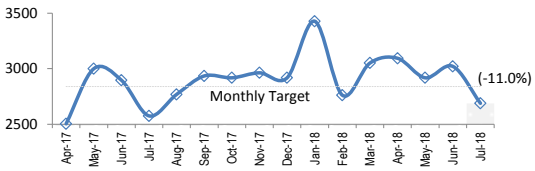


24	✓	Bed Days used - Community Hospital	Local	?	?	Jul 18	< 2841 (monthly)	2689	Range 2505	3427	(-11.0%)

Indicator Description

This indicator shows the number of beds days in community hospitals. Whilst we seek to maximise utilisation of community hospitals we want to see more people being discharged directly home with care and support if appropriate.

Actual Performance: April 17 - Jul 18

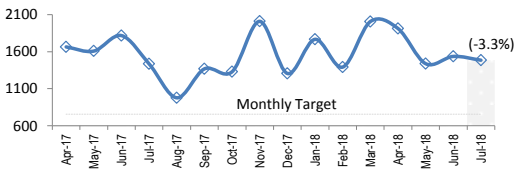


25	✗	Bed Days used - Intermediate Care	Local	?	?	Jul 18	< 758 (monthly)	1485	Range 978	2009	(-3.3%)

Indicator Description

It is recognised that intermediate care placements for a short time are important where people's needs warrant this care and support. Overall our enhanced IC service aims to provide as much care to people at home as possible to help a person regain independence so this metric should show a reducing trajectory.

Actual Performance: April 17 - Jul 18

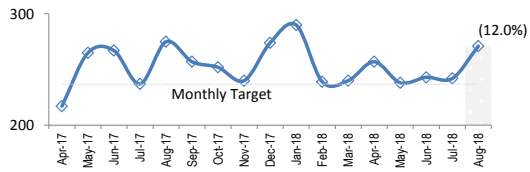


26	✗	Total All Comm. Hospital Admissions	Local	?	?	Aug 18	< 237 (monthly)	271	Range 217	290	(12.0%)

Indicator Description

This metric shows the total number of admissions to our community hospitals. We aim to maximise the use of our bed stock in community hospitals for appropriate admissions.

Actual Performance: April 17 - Aug 18



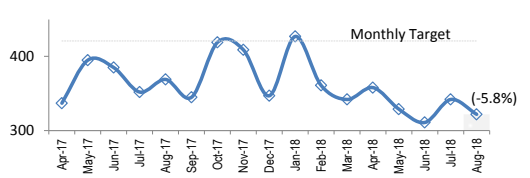
27	✗	Total IC Referrals	Local	?	?	Aug 18	> 421 (monthly)	322	Range 311	427	(-5.8%)

Indicator Description

This indicator tracks the number of referrals that are being received by the Intermediate Care teams.

The target is based on the modelling completed prior to the implementation of the new model of care and the changes that occurred to the number of beds in both Acute and Community hospitals.

Actual Performance: April 17 - Aug 18



Providing Care Closer to Home

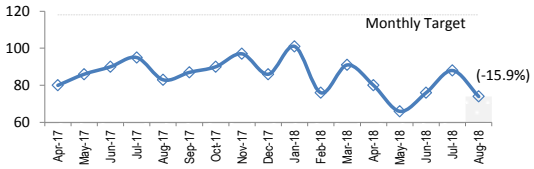
No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
28	✗	Total IC GP Referrals	Local	?	?	Aug 18	> 118 (monthly)	74	Range 66	101	(-15.9%)

Indicator Description

The aim of this indicator is to monitor the number of referrals that GP's make directly to the team.

It is the aim of the care model to use Community Services as an alternative to the emergency department at the Acute hospital, with GPs referring more of these patients to Intermediate Care.

Actual Performance: April 17 - Aug 18



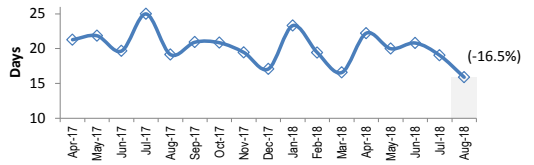
No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
29	✓	Avg. IC Episode length (days)	Local	?	?	Jul 18	< 42 days	15.9	Range 15.9	25.0	(-16.5%)

Indicator Description

National guidance for Intermediate Care recommends that the service should not be used for periods of longer that 6 weeks.

This indicator measures how long a patient is cared for by the Intermediate Care teams to ensure that the level of care provided is appropriate.

Actual Performance: April 17 - Jul 18



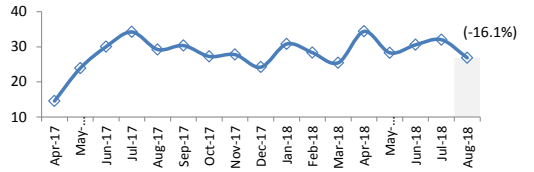
No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
30	✓	Avg. IC Episode length - Placed patients (days)	Local	?	?	Jul 18	< 42 days	26.9	Range 14.5	34.4	(-16.1%)

Indicator Description

National guidance for Intermediate Care recommends that the service should not be used for periods of longer that 6 weeks.

This indicator measures how long a patient is cared for by the Intermediate Care when they are in a bed based care home placement. These patients are often more complex than those patients that the teams deal with in a home based environment.

Actual Performance: April 17 - Jul 18



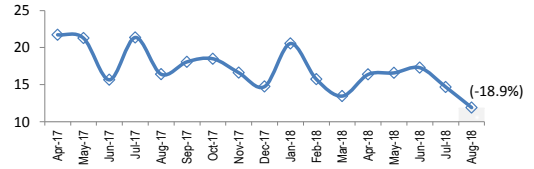
No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
31	✓	Avg. IC Episode length - Home Based patients (days)	Local	?	?	Jul 18	< 42 days	11.9	Range 11.9	21.7	(-18.9%)

Indicator Description

National guidance for Intermediate Care recommends that the service should not be used for periods of longer that 6 weeks.

This indicator measures how long a patient is cared for by the Intermediate Care when they are in their own home.

Actual Performance: April 17 - Jul 18

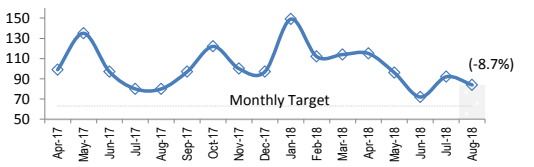


No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
32	✓	Total IC Placements	Local	?	?	Jul 18	> 63 (monthly)	84	Range 72	149	(-8.7%)

Indicator Description

The metric monitors the number of referrals to Intermediate care where the patient has been admitted to a care home as they are not currently able to be cared for within their own home.

Actual Performance: April 17 - Jul 18



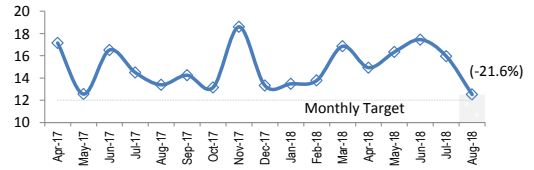
No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
33	✗	IC Placement Avg. LOS (days)	Local	?	?	Aug 18	< 12 (monthly)	12.5	Range 12.5	18.6	(-21.6%)

Indicator Description

This indicator measure the length of stay within a Care Home placement.

Placements are mostly funded on a per day rate and the aim to discharge a patient to their own home within 12 days of admission.

Actual Performance: April 17 - Aug 18



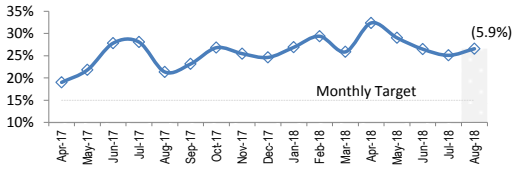
Providing Care Closer to Home

No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
34	✗	IC % of Referrals Placed	Local	?	?	Aug 18	< 15% (monthly)	27%	Range 19%	32%	↑ (5.9%)

Indicator Description

This indicator is the proportion of referrals that are placed into a care home.

Actual Performance: April 17 - Aug 18

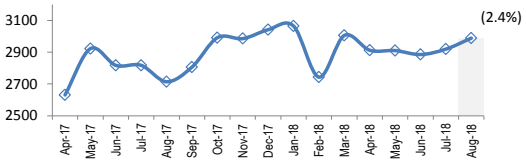


Sustainable Services through Productivity, Efficiency & Value for Money

No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
43	!	Total All Emergency Admissions	Local	?	?	Aug 18	?	2988	Range 2631	3064	↑ (2.4%)

Indicator Description

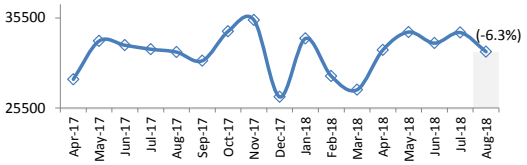
Actual Performance: April 17 - Aug 18



No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
44	✓	Em Adm Aged 70+	Local	?	?	Aug 18	?	31750	Range 26725	35263	↓ (-6.3%)

Indicator Description

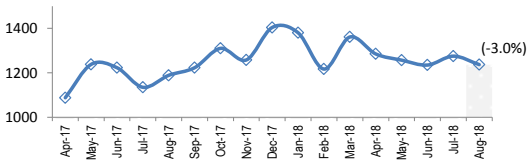
Actual Performance: April 17 - Aug 18



No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
45	✓	TOTAL Acute Hospital Outpatient Attendances	Local	?	?	Aug 18	?	1237	Range 1088	1404	↓ (-3.0%)

Indicator Description

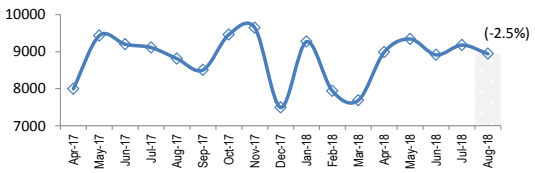
Actual Performance: April 17 - Aug 18



No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
46	✓	NEW Acute Hospital Outpatient Attendances	Local	?	?	Aug 18	?	8943	Range 7496	9647	↓ (-2.5%)

Indicator Description

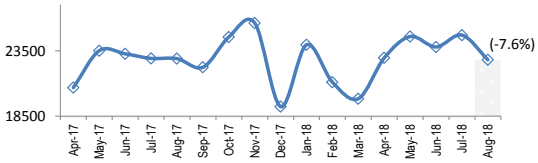
Actual Performance: April 17 - Aug 18



No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
47	✓	FUP Acute Hospital Outpatient Attendances	Local	?	?	Aug 18	?	22807	Range 19229	25616	↑ (-7.6%)

Indicator Description

Actual Performance: April 17 - Aug 18



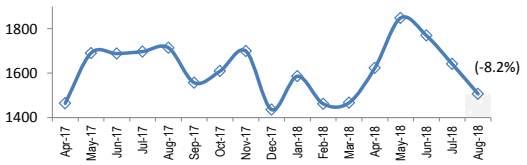
No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
48	✓	TOTAL Acute Hospital Outpatient DNAs	Local	?	?	Aug 18	?	1507	Range 1436	1848	↓ (-8.2%)

Indicator Description

This indicator tracks the number of referrals that are being received by the Intermediate Care teams.

The target is based on the modelling completed prior to the implementation of the new model of care and the changes that occurred to the number of beds in both Acute and Community hospitals.

Actual Performance: April 17 - Aug 18

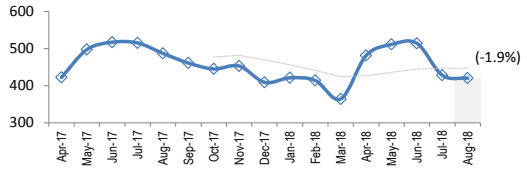


Sustainable Services through Productivity, Efficiency & Value for Money

No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
49	✓	NEW Acute Hospital Outpatient DNAs	Local	?	?	Aug 18	?	420	Range 364	517	(-1.9%)

Indicator Description

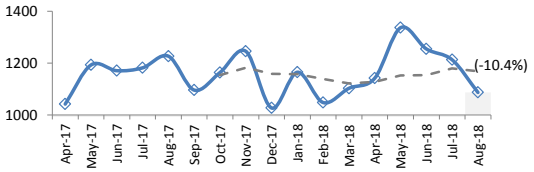
Actual Performance: April 17 - Aug 18



No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
50	✓	FUP Acute Hospital Outpatient DNAs	Local	?	?	Aug 18	?	1087	Range 1027	1337	(-10.4%)

Indicator Description

Actual Performance: April 17 - Aug 18



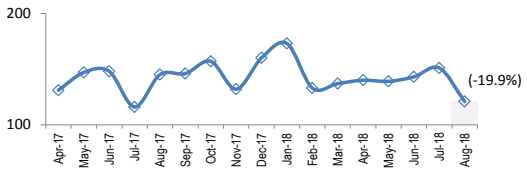
Providing Safe Co-ordinated Person Centred Care

No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
64	✓	Average IP Length of Stay	Local	?	?	Aug 18	?	121	Range 116	173	↓ (-19.9%)

Indicator Description

An indicator that our care model is working effectively to support people to receive care closer to home and supporting shorter stays in hospital.

Actual Performance: April 17 - Aug 18

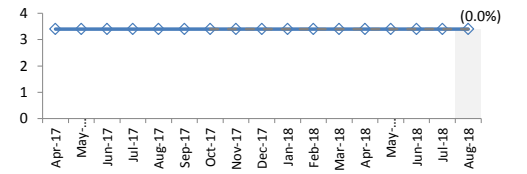


No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
65	✓	No. IP with LoS 0-1 days	Local	?	?	Aug 18	?	3.4	Range 3.4	3.4	(0.0%)

Indicator Description

This metric can help us understand is people are coming into hospital to access physican advice and/or diagnostics but then discharged back home again within 24hours.

Actual Performance: April 17 - Aug 18

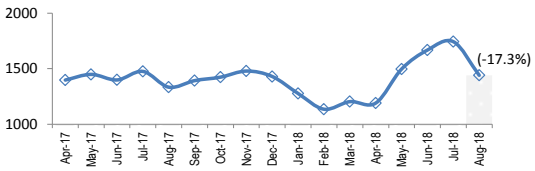


No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
66	✓	No. IP with LoS 2-14 days	Local	?	?	Aug 18	?	1441	Range 1136	1743	↓ (-17.3%)

Indicator Description

An indicator that our care model is working effectively to support people to receive care closer to home and supporting shorter stays in hospital.

Actual Performance: April 17 - Aug 18

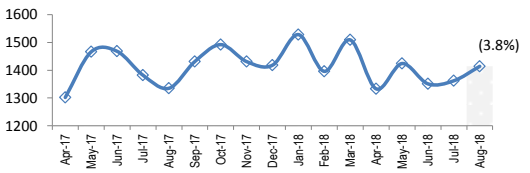


No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
67	!	No. IP with LoS >14 days	Local	?	?	Aug 18	?	1414	Range 1302	1528	↑ (3.8%)

Indicator Description

An indicator that our care model is working effectively to support people to receive care closer to home and supporting shorter stays in hospital.

Actual Performance: April 17 - Aug 18

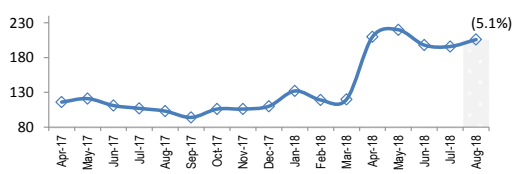


No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
68	✗	Total All Em.Adm from Care Homes	Local	?	?	Aug 18	?	206	Range 94	220	↑ (5.1%)

Indicator Description

The care model seeks to support care homes to access support and advice to avoid unnecessary admissions to hospital.

Actual Performance: April 17 - Aug 18

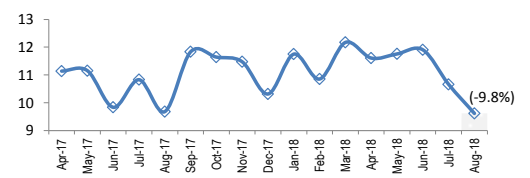


No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
69	✓	Comm. Hospital Average Length of Stay (Non Stroke)	Local	?	?	Aug 18	?	9.6	Range 9.6	12.2	↓ (-9.8%)

Indicator Description

This measure shows us if we are working effectively to reduce the amount of time a person spends in hospital where this is not adding any clinical value.

Actual Performance: April 17 - Aug 18



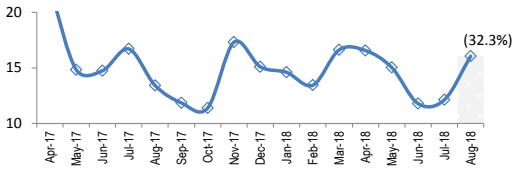
Providing Safe Co-ordinated Person Centred Care

No.	Achieved	Indicator Title	Regulator	BAF Reference	Lead Director	Period	Target	Actual	Min	Max	Change (period)
70	✗	Comm. Hospital Average Length of Stay (NA Stroke)	Local	?	?	Aug 18	?	16.1	Range 11.4	22.2	↑ (32.3%)

Indicator Description

This measure shows us if we are working effectively to reduce the amount of time a person spends in hospital where this is not adding any clinical value.

Actual Performance: April 17 - Aug 18



NHS
Torbay and South Devon
NHS Foundation Trust

Cover sheet and summary for a report to the Trust Board of Directors					
Report title: Mortality Surveillance Score Card				Date: 3rd October 2018	
Report sponsor	Medical Director				
Report author	Steve Carr, Patient & Experience Lead				
Report provenance	First presentation of this update. Data is taken from Hospital Episode Statistics and Dr Foster.				
Confidentiality	The contents of this paper are suitable for presentation to the public.				
Report summary	This report provides an update (as at 5th September 2018) of the current mortality of patients who have used inpatient services of the Trust.				
Purpose (choose 1 only)	**Note** ☐	**Information** ☒	**Review** ☐	**Decision** ☐	**Approve** ☐
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

- The standardised mortality statistics for inpatients remain stable and acceptable, being significantly lower than benchmarked and neighbouring organisations
- A detailed review is being carried out across Devon and Cornwall of the consistency of categorisation of attendances and the reporting of comorbidities. These factors can affect the standardisation of mortality and therefore the benchmarking of Trust mortality against neighbouring organisations.
- The review of all deaths in the Trust, to include potential avoidability, remains an objective. However progress towards compliance is slow, in part due to clinical capacity for reviews and in part due to uncertainty of the most appropriate level of independence required.
- There is an expectation that mortality reviews will be undertaken through the independent 'Medical Examiner' role. This is a new mandated function that should be in place by April 2019. A detailed action plan will be developed to describe the implementation of a 'Medical Examiner' function and the interrelationship with established mortality review processes within the Trust.

Strategic context	The content of the report support the following strategic aims: • Safe, quality care and best experience • Well-led
Dependencies and risk	The data can be crossed checked in the Board Databook, QIG Dashboard and independently from Dr Foster. There is a risk that the Devon and Cornwall review of mortality reporting may result in a reset of standardised mortality in the Trust which could be in an adverse direction. The rationale for any adjustment will be discussed with the executive team and any risks, including financial risk, will be assessed before adopting any suggested change. The implementation of the mandated 'Medical Examiner' role will result in additional cost to the Trust in 2019/20 and beyond. A model of implementation will be presented to the executive team including detailed costings by December 2018.

Summary of scrutiny	The contents and recommendations in this report have been subject to challenge, due diligence, and risk assessment by: Executive team meeting 25th September 2018. Quality Improvement Group (QIG) 11th September 2018.
Stakeholder engagement	The following stakeholders were consulted during the compilation of this report: South Devon and Torbay Clinical Commissioning Group through QIG.
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: 3rd October 2018
Report sponsor	Dr Dyer
Report author	Steve Carr

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. The report also includes mortality cases reviewed via the Trusts Morbidity and Mortality form 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, and Mortality Surveillance Group as well as local SDU 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.

*Shift*s: 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 • **Hospital Standardised Mortality Rate (HSMR)** • **Summary Hospital Mortality Index (SHMI)**	**Mortality**	**Dr Foster 2016/17 benchmark Month** **DH SHMI data**	**Aim for a yearly HSMR ≤90**	
Appendix 2 • **Unadjusted Mortality rate**		**Trust Data**	**Yearly Average ≤3%**	
Appendix 3 • **Dr Foster Patient Safety Dashboard**		**Dr Foster**	**All 15 safety indicators positive**	
Appendix 4 • **Hospital Mortality**		**Trust Data Structured Judgement Framework M&M reviews**		

Overview: The Hospital Standardised Mortality Rate (HSMR) and Summary Hospital Mortality Index (SHMI) at T&SDFT remain within the accepted range for our population and 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 with one in Cardiology attached as Appendix 5

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 Feb 18 monthly benchmark and analysed by Relative Risk - 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 June 15 – April 18

Chart one (as below) shows a longitudinal monthly view of HSMR as well as highlighting the current month. The latest month's data, April has a relative risk of 87.9 – 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.

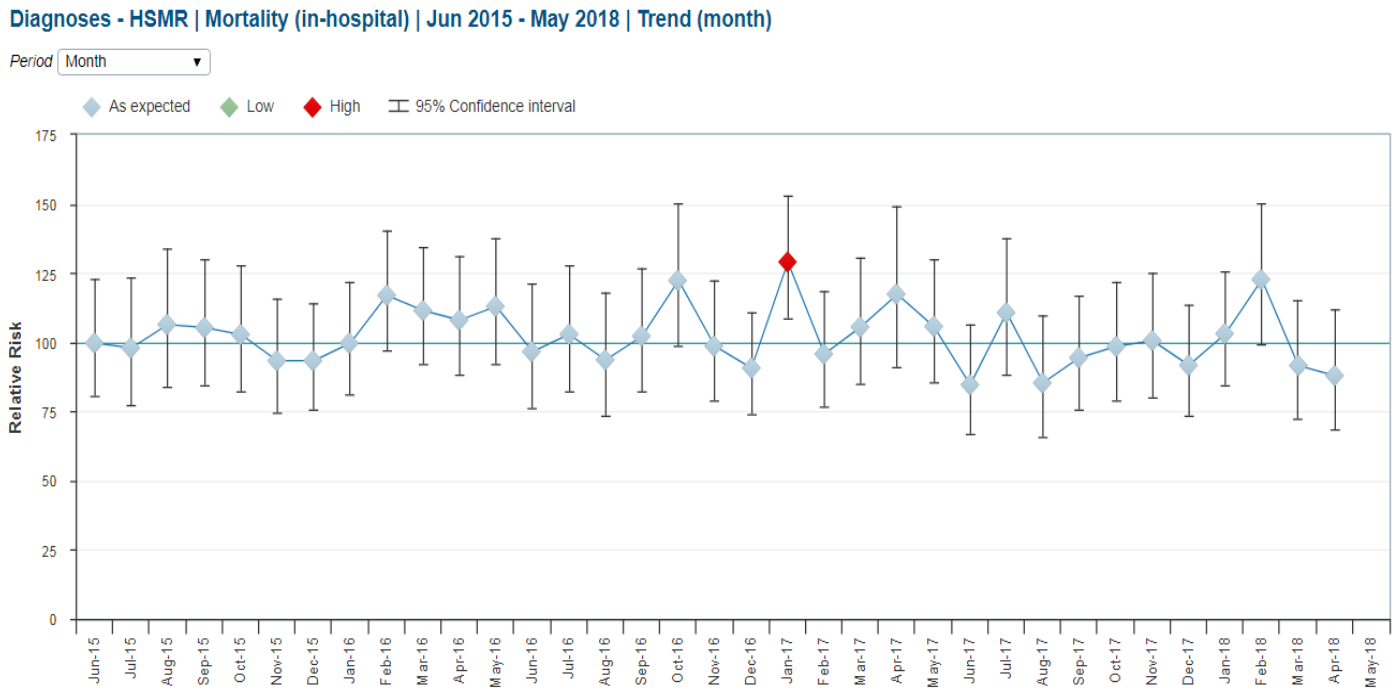


Chart 2, as below, highlights HSMR mortality by peer comparison, across the South West, using a 12 month annual total - Jun 17 to Apr 18. Torbay and South Devon are in the top third performing trusts.

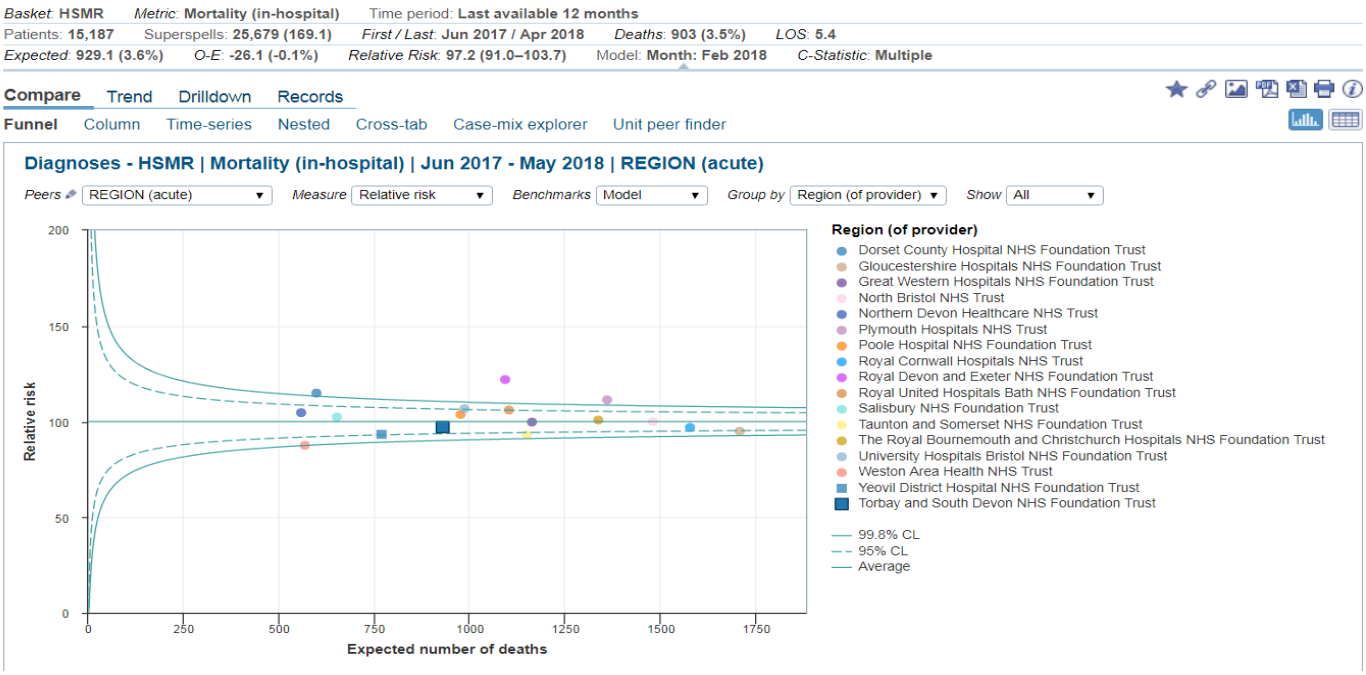
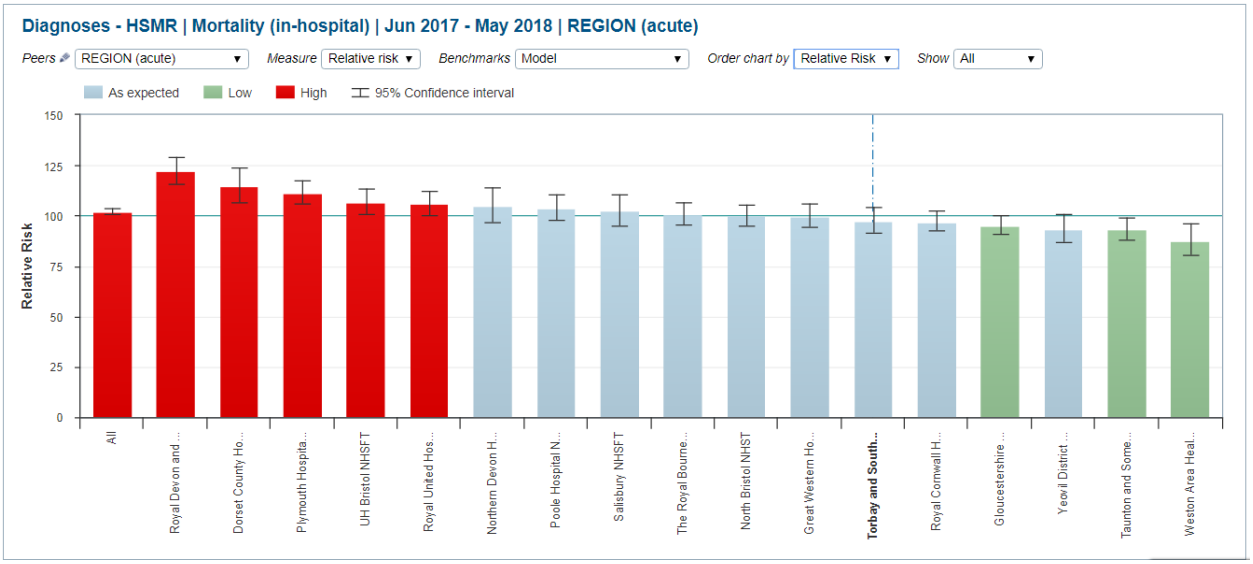


Chart 3 displays the prior data ranked and as a bar chart



1B Summary Hospital Mortality Index (SHMI) Reporting Period Jan 2017 – Dec 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* Jan 2017 – Dec 2017 *data period and is over a year different to HSMR.*

Chart 4, 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.

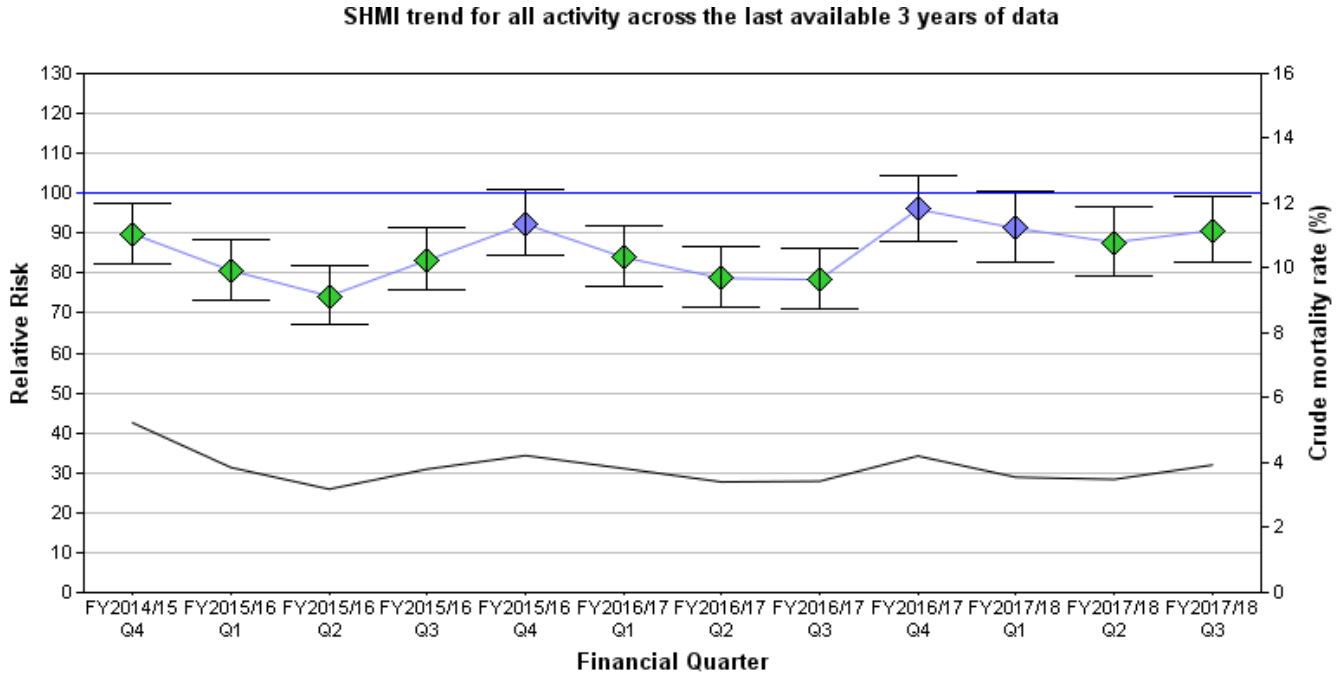


Chart 5 Detailing - SHMI all deaths, SHMI in hospital deaths and HSMR comparison

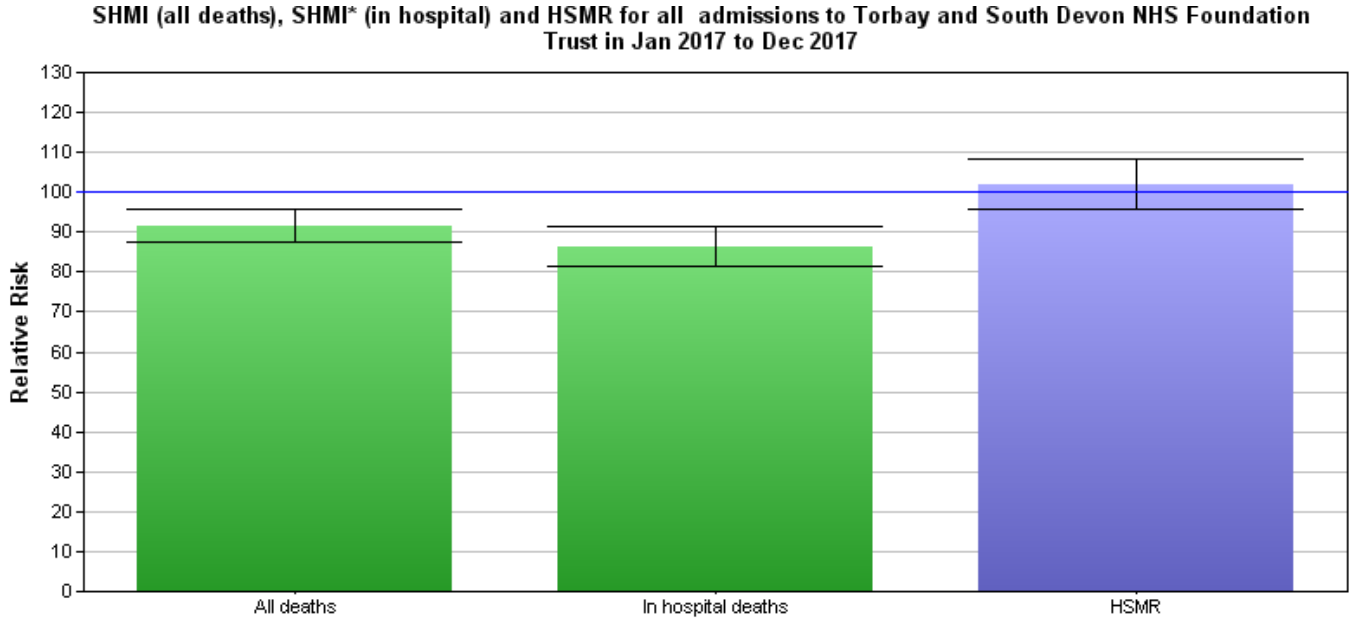


Chart 5 (as above) records all SHMI deaths, deaths in hospital and HSMR. The SHMI data are within expected range and show the in-hospital deaths at a very low relative risk. What this chart does highlight is the differential between HSMR and SHMI.

Chart 6, as below, expresses 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 thereafter.

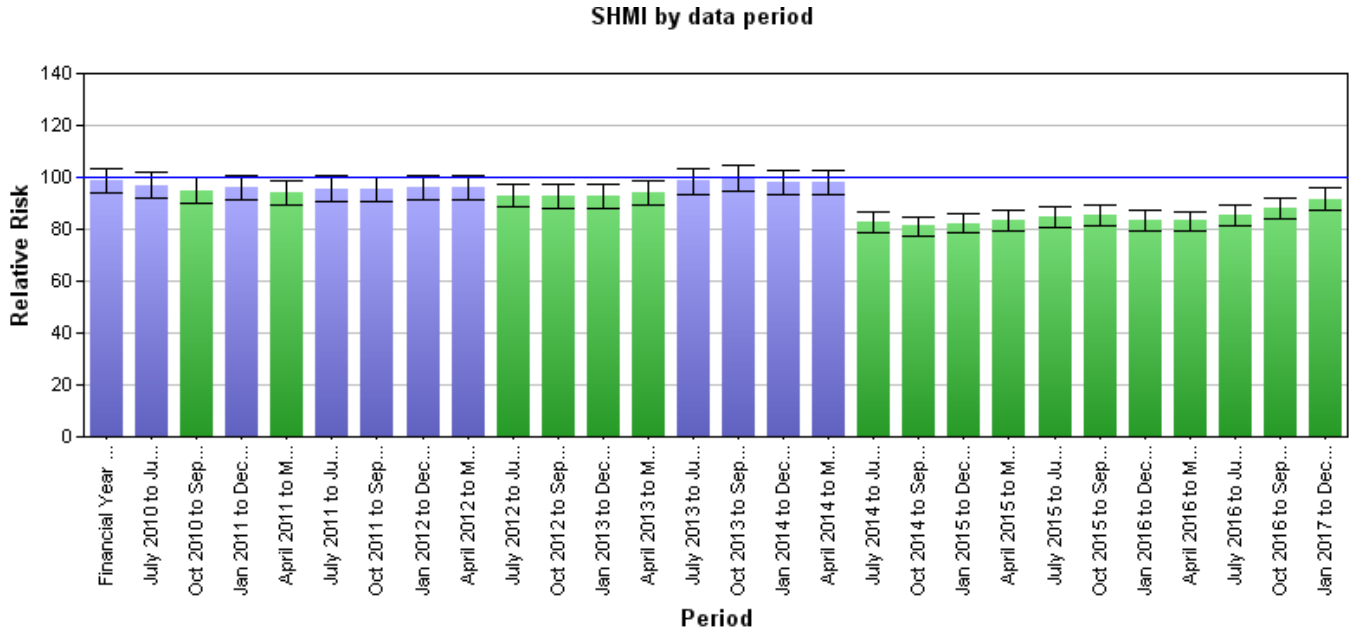
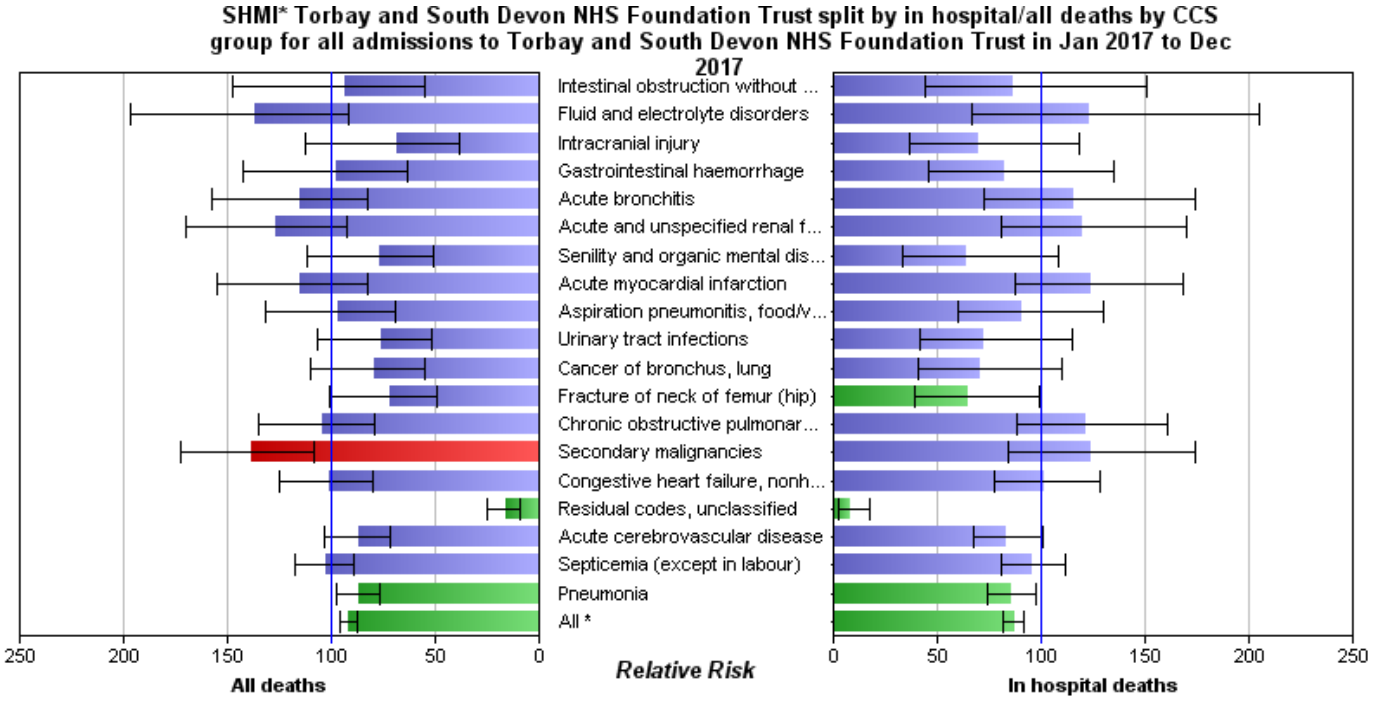


Chart 7 allows a comparison of the mortality clinical classification software (CCS) groups for in hospital and all deaths (i.e. within 30 days post discharge). All areas are within *normal range* or are performing *better than the norm* except for secondary malignancies.



Secondary malignancies appears to have increased slightly, particularly in the *death 30 pays post discharge* part of SHMI and will warrant a deep dive at the Mortality Surveillance Group in October.

Appendix 2

This data looks at the number of deaths in-hospitals and expresses this as an unadjusted death rate as a percentage, as well as by number and location across time

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 8 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 and lately below the 3% Yearly target.

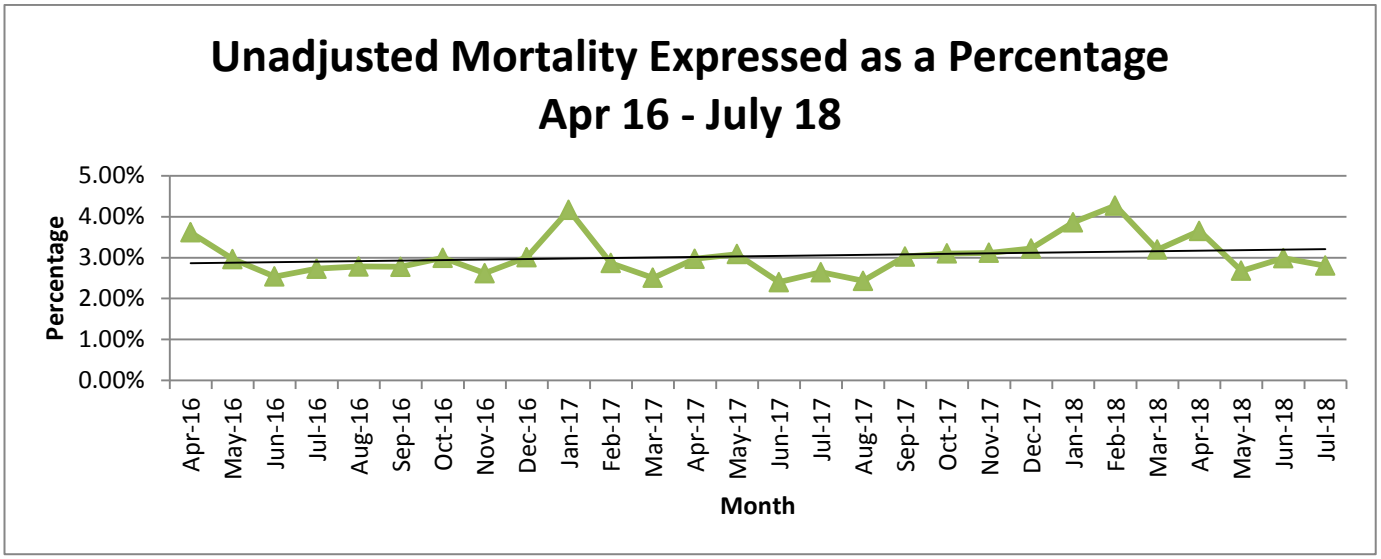
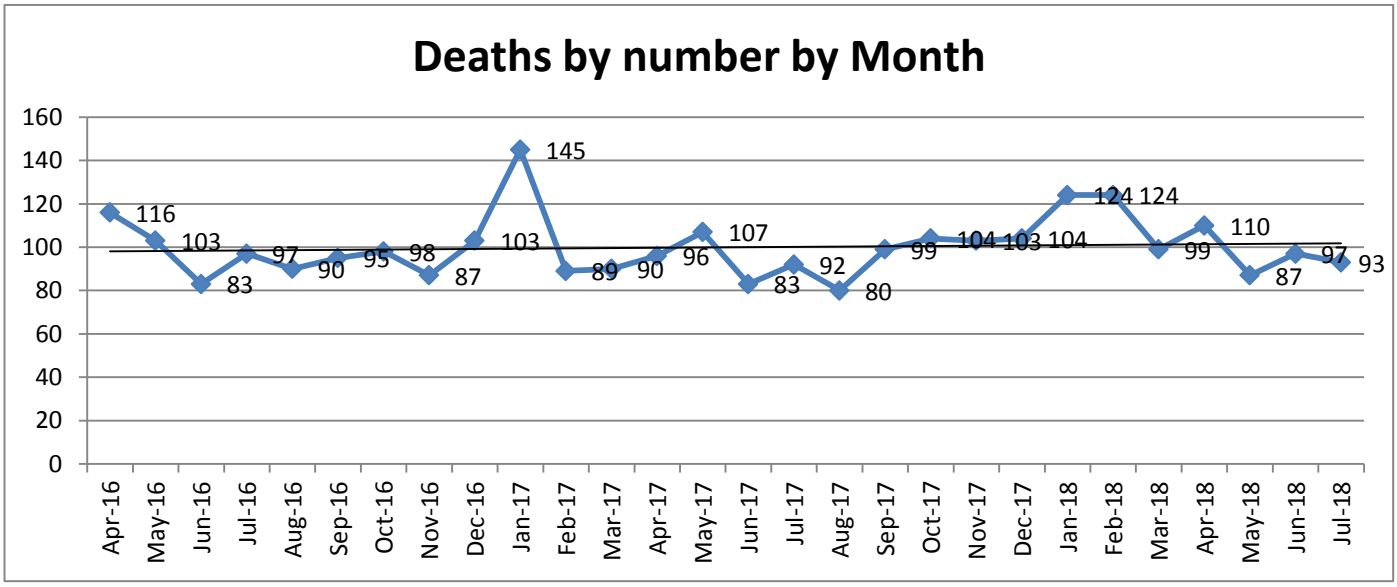


Chart 9 – as below highlights the monthly number of deaths within the hospital based care setting. Jan/ Feb 2018 appear to be the peak winter periods for this year, and numbers by month are reducing thereafter which is to be expected.



Trust Mortality distribution by area July 17 to Jul 18
Chart 10 highlights mortality by month by location and all are within expected norms

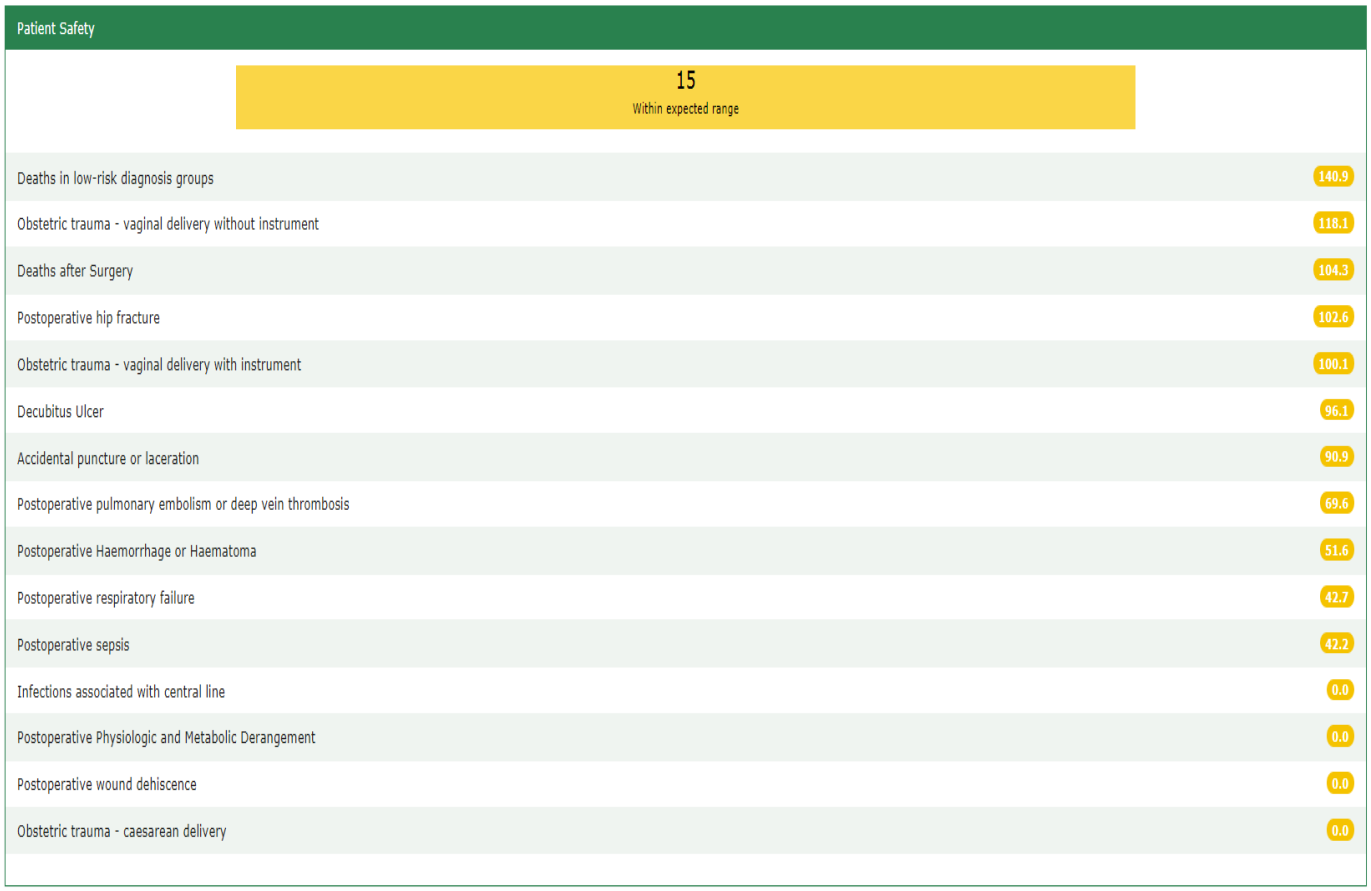
Row Labels	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Sparkline
AINSLIE	1	1	1	4	1	0	1	4	4	0	1	1	2	
ALLERTON	4	3	1	5	3	4	5	2	6	10	6	4	5	
BRIXHAM	1	1	0	2	1	3	2	1	1	2	1	1	3	
CHEETHAM HILL	11	9	16	10	15	19	12	10	11	8	12	9	8	
CROMIE	1	2	3	1	3	3	8	8	9	2	2	2	3	
DART	0	2	1	2	2	0	1	2	0	3	1	1	3	
DAWLISH	1	1	3	2	3	0	4	3	3	3	4	4	1	
DUNLOP	2	5	10	3	4	10	6	7	7	5	3	8	3	
EAU3	3	7	3	8	11	7	9	7	4	9	6	7	10	
EAU4	12	4	6	8	5	8	7	10	11	12	2	7	6	
ELLA ROWCROFT	0	0	0	0	0	1	1	0	0	1	1	2	2	
FORREST	1	1	0	3	2	3	5	3	2	4	2	0	1	
GEORGE EARLE	14	8	6	11	10	9	14	10	14	6	16	9	10	
INTENSIVE CARE UNIT	11	6	6	8	9	12	13	12	6	10	8	6	8	
MIDGLEY	7	10	15	11	9	8	12	13	8	11	8	10	8	
SIMPSON	7	5	11	8	6	4	6	9	3	9	4	9	10	
TEIGN WARD	1	1	0	2	3	3	1	3	3	2	1	1	0	
TEMPLAR WARD	3	3	1	4	4	2	1	5	2	1	3	1	3	
THEATRES	0	0	0	0	1	1	1	0	0	0	0	0	0	
TORBAY CORONARY CARE BEDS	2	4	4	2	4	1	3	3	1	3	1	2	2	
TURNER	8	7	11	10	6	6	8	8	3	9	5	13	5	
Grand Total	**92**	**80**	**99**	**104**	**103**	**104**	**124**	**124**	**99**	**110**	**87**	**97**	**93**	

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 5th Sep 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 with the exception of 1 that was possibly avoidable but not very likely (less than 50:50)

Appendix 5

Dr Foster alert Cardiology Dysrhythmias

TORBAY & SOUTH DEVON NHS FOUNDATION TRUST

Review of mortality outlier alert for CARDIAC DYSRHYTHMIAS

REPORT OUTLINE

Response to Care Quality Commission (CQC) following notification from the Dr Foster Unit at Imperial College of a mortality outlier alert for cardiac dysrhythmias – please see Appendix One for alert letter.

Action taken:

A retrospective notes review, including paper and IT records was undertaken on 24th July 2018.

Method:

Patients were identified for review from the Dr Foster database on the basis that they had been admitted with a primary diagnosis of 'cardiac dysrhythmias' (ICD -10 diagnosis codes I47.0 – I48.9) and died between 01/08/16 and 31/7/17.

Twenty one cases had been identified by the CQC as described in their letter of 15/06/18. A previous routine internal review of Dr Foster data had however revealed four cases to be mis-coded. Those four cases are therefore no longer identifiable from Dr Foster. Seventeen cases were identified for review in this case. Included in these 17 cases were two duplicate entries and therefore only 15 patients. Unfortunately the notes for six of these patients were not available for review. The notes of nine patients were therefore reviewed.

A data collection proforma was designed. This includes information on demographics, the admission symptom and coding, whether or not the patient was admitted from a nursing home and a narrative of the patient's clinical course. A copy of the proforma is attached as appendix B. A decision was made by the reviewer regarding how appropriate or not the clinical coding had been and level of clinical care was assessed using NCEPOD criteria.

The review team consisted of the following:

Consultant Cardiologist & Clinical Lead - Clinical review and assimilation of audit report
Consultant Cardiologist - Clinical review
Patient Safety Lead - Clinical review
CCU Ward Manager - Clinical review
Heart Failure Specialist Nurse - Clinical review
Arrhythmia Specialist Nurse - Clinical review
Departmental Audit Manager - Clinical review
Clinical Coding Audit and Training Manager - Clinical review

Results:

- The median age of the 15 patient cohort was 84 years (mean 84.9, range 71-99).

- Of the 9 patients whose notes were available five lived at home, three resided in institutional care and one patient's notes were incomplete.

Summary:

- The clinical review was limited to only 9 of the 15 identifiable patients
- While all of the patients had some type of arrhythmia, coding the arrhythmia as the primary diagnostic code was inaccurate and/or misleading in the majority of reviewed cases
- Management of the specific arrhythmias was judged to be reasonable with the exception of case 4 for whom inadequate information was available in the clinical record to make an informed decision regarding management
- Cause of death, as entered on the death certificate, is not included in the hospital notes and it is possible therefore that the cause of death as judged in this retrospective review may have been different from the cause of death as judged by the team caring for the patient or the cause of death as entered on the death certificate

Conclusions:

- **This review does not support a higher than expected mortality rate for patients admitted with an arrhythmia as, in the majority of cases reviewed, arrhythmia was neither the primary admission problem nor the cause of death**
- **This review has not identified examples of poor management of arrhythmias or other conditions**

Areas identified for Improvement:

- Accurate clinical coding of the primary diagnosis

- Inclusion of death certificate entries in the medical record

Action Plan:

Issue	Action	Lead	Completion
Share review findings	Sharing of outcomes internally at relevant Medical Cardiology Governance and M&M meetings	Lead Reviewer Clinical Director	Sept or Oct 2018
	Share at Mortality Surveillance group	Medical Director	September 2018
	Share findings with Bereavement Office to ensure death certificate information recorded in notes	Patient Safety Lead	September 2018
	Share report with CQC and CCG	Patient Safety lead	September 2018
Coding	Share review with Coders for discussion debate and learning	Patient Safety Lead	September 2018
	Link Coders to Arrhythmia Nurses for assistance and guidance where necessary	Head of Coding	September 2018

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 of Directors					
Report title: **Business Planning 2019/20: a new approach to support the next phase of our journey**				Date: 3rd October 2018	
Agenda item	Business Planning 2019/20				
Report sponsor	Director of Strategy and Improvement				
Report author	Deputy Director of Strategy, Performance, and Planning				
Report provenance	Business Planning Steering Group (3rd September 2018) Senior Business Management Team (13th September 12018) Finance, Performance, and Investment Committee (25th September 2018)				
Confidentiality	Public				
Report summary	The report proposes a new approach to business planning for the planning cycle 2019/20. This recognises that our integrated governance structure will evolve as we take the next steps in our journey as an integrated care organisation.				
Purpose (choose 1 only)	**Note** ☐	**Information** ☒	**Review** ☐	**Decision** ☐	**Approve** ☒
Recommendation	The Board is recommended to review the report presented and approve the proposed approach to meet organisational requirements for business planning 2019/20.				
Summary of key elements					
Strategic context	Each year NHS England and NHS Improvement release guidance that informs local governance about the process of developing business plans and contracts for the forthcoming year. The guidance for 2019/20 is expected to be published in late September 2018 and the NHS national 10 year strategic plan will be published in November 2018 closely followed by a supporting delivery framework. Whilst we anticipate a nationally mandated set of new priorities, the expectation is that we continue our focus on delivering the Five Year Forward View Refresh to drive further improvements in integrated health and care services; restore and maintain financial balance; and deliver core access and quality standards. The Devon Sustainability and Transformation Partnership have also developed a new Strategy On A Page. This has been developed with involvement from some of our executive and reaffirms commitments to achieving improvements in the long term health of the population for Devon. Our approach to business planning will take account of national and STP strategies, but will also reflect the new phase of our integrated journey and the different context in which our organisation will be working.				

	This new approach, set out in this paper builds on our 2018/19 track record of delivery and moves us towards having the first iteration of plans in place by the end of the calendar year. This enables implementation support to be secured where needed as quickly as possible so we maximise benefits for service users and realise full year effect financial value.
Dependencies and risk	The planning round for 19/20 will be significantly influenced by the extent of our success for delivery in the current year of both our financial outturn and in meeting our revised performance trajectories. Our capital programme this year supports us to address critical risks for the organisation. For this reason the delivery of this programme supported by access to national funding allocations will be an important dependency that impacts plans for next year.
Summary of scrutiny	This report has been subject to challenge, due diligence, and risk assessment by: • Business Planning Steering Group (3rd September 2018) • Senior Business Management Team (13th September 2018 • Finance, Performance, and Investment Committee (25th September 2018)
Stakeholder engagement	The formation of our new approach has been overseen by the Business Planning Steering Group and discussed with the Senior Business Management Team on 13th September 2018. Plans to involve governors in this years' process will be developed in the week of 17th September with governor leads and presented for discussion with governor's at the Council of Governor's meeting on 21st September 2018. The planning round will be launched on 4th October 2018 Trust Talk followed by the Clinical Management Group. The internal governance process is set out in the timeline in this paper.
Other standards affected	Delivery of CCG commissioning intentions Delivery of Torbay Council and Devon County Council Annual Strategic Agreement requirements Delivery of NHS Improvement Key Performance Indictors Delivery of Financial Control Total set by NHS England
Legal considerations	Maintain Foundation Trust terms of authorisation. Delivery of NHS Improvement Single Oversight Framework for 1. Operational performance 2. Quality standards 3. Financial risk rating Delivery of NHS Constitution rights and standards.

Report title: **Business Planning 2019/20:** **A new approach to support the next phase of our journey**		Date: 3rd October 2018
Report sponsor	Director of Strategy and Improvement	
Report author	Deputy Director of Strategy, Performance, and Planning	

1. Purpose

Each year NHS England and NHS Improvement release guidance that informs local governance about the process of developing business plans and contracts for the forthcoming year. This paper sets out a proposal for an approach to business planning for 2019/2020 that builds on the credible and effective delivery of last years' planning cycle, but sets out a new framework that is reflective of a new chapter in our integrated journey and a new way of working together to deliver care and support to the people we serve. In so doing this approach contributes to the integrated governance that is integral to a self-sustaining and self-managing integrated care organisation.

This paper sets out how we will respond to the national priorities that will be clarified over the next three months and also how we will contribute to the delivery of the Devon Wide Sustainability and Transformation Partnership Strategy, recognising the importance of our role in strengthening the resilience of clinical provision across the county to serve the longer term outcomes of the people of Devon.

Lastly this paper will set out the proposed internal governance timeline demonstrating the engagement of key stakeholders as part of the process, including the involvement of board members in the development and delivery of organisational plans.

2. Strategic Context

2.1 National Strategy

In March a commitment by the Prime Minster to a sustainable long term plan for the NHS underpinned by a multi-year settlement facilitated work on a new 10 year strategic plan. This plan is expected to be published in November 2018 coinciding with the autumn budget when the funding uplift will be formally set out. A delivery plan is expected to follow this and will set out in greater detail the mechanisms to ensure milestones for delivery are achieved.

We also expect our regulators to issue planning guidance later this month which will clarify sector level demand assumptions, operational performance levels, and financial requirements. It is likely that this guidance will provide a good indication of delivery requirements for NHS trusts in advance of the 10 year plan being published.

The priorities for the 10 year plan are likely to include:

- Building on recent safety and quality improvements by delivering on agreed performance standards.
- Transforming cancer care so patient outcomes match the best in Europe.
- Better access to mental health services to achieve parity of esteem.

- Better integration of health and social care.
- Focussing on the prevention of ill-health.
- Workforce and technology as key enablers to future transformation.

Regulator expectations will need to align with the national priorities and in his interview with the HSJ last month Ian Dalton, Chief Executive of NHS Improvement, confirmed that:

- Providers will need to achieve higher levels of productivity than achieved in the last year.
- The current control total system will be replaced with a new financial architecture from April 2019.
- The Provider Sustainability Fund will be reviewed.

Translating the national set of mandated priorities into our local business planning framework will take place from November onwards. In the meantime we recommend supporting congruence with the national direction by adopting the principles set by the NHS Providers (NHS Provider sector representative body) as part of our internal governance check for the development of our business plans.

These principles are:

a) The plan is **centred around patients, service users, carers and families.**
b) The plan is **realistic and deliverable.**
c) The plan is underpinned by a **credible workforce strategy**.
d) The play lays the ground work for a **transformed**, **sustainable and high-performing service**
e) The plan supports local **good governance, autonomy and accountability**.

2.2 Devon Sustainability and Transformation Partnership (STP)

Members of our executive team have been involved in the development of the Devon Sustainability and Transformation Partnership Strategy On A Page (SOAP). This importantly reaffirms commitments to achieving improvements in the long term health of the population for Devon. This plan is important in clarifying the purpose of the partnership as the STP applies to become one of the third wave Integrated Care Systems (ICS). As one of the provider trusts in Devon we have an integral role to play in supporting the longer term resilience of clinical services for people in Devon and in working together to ensure transformational change supports sustainable communities addressing health and care inequalities across the county.

2.3 NHS South Devon and Torbay Clinical Commissioning Group (CCG)

A framework has been agreed with our commissioners, (NHS South Devon and Torbay CCG) which sets out the strategy, delivery milestones and measurement parameters for all of the key system outcome domains. This commissioning framework defines the place based changes that our system partnership including commissioners and local authority leaders want to see delivered to improve population health. This framework will be one of the key supporting documents in our business planning toolkit with the expectation that it informs our plans for delivery in 2019/20.

2.4 Joint Strategic Needs Assessment (JSNA) – Torbay and South Devon

The Joint Strategic Needs Assessments for Devon and Torbay have recently been updated (June 2018). They provide a summary of health and wellbeing needs across the two Local Authorities and are integral sources of information to assist the planning of future care services that are able to respond to the changing demography and epidemiology of our local area. In particular the JSNA's help us consider the impact of changes in the local economy, provision of housing, the impact of deprivation on people's health and the specific needs of children and young people in society. The JSNA's will inform our business plans to ensure that future services are tailored to local needs and are more resilient to future demographic changes.

3. Our Approach

3.1 A new approach to support the next phase of our journey

Building on the foundations of our effective business planning round for 2018/19 we have evolved our approach for business planning for 2019/20 in response to the new organisational context, this is

a) Our new **delivery structure** that will create new synergies, new team structures, and different ways of working to underpin strengths-based person centred care and support delivery of our integrated care model.
b) Creating space for **autonomy and clear accountability** as we support the evolution of self-managing teams working within a clear delivery framework.
c) Engaging our staff with a **clear sense of purpose** that connects people to our story of where we have come from, who we are and what is important to me.

3.2 The development of an interactive tool

Working with Health and Care Videos, who are limited liability partnership between Torbay and South Devon NHS Foundation Trust and Rocklands Media, we are developing a new interactive Business Planning tool which will be ready to launch in October at Trust Talks. This interactive tool will be hosted on 'share point' and it will provide a summary framework that will look similar to the illustration below.

This framework will bring together all of the key components of business planning, financial delivery, activity plans, performance standards and trajectories, risk profiles, workforce metrics, our quality indicators, and measures of patient experience. All of these components relate to delivering high quality care today and are identified by designated icons on the bottom of the framework.

At the top of the framework are the icons that relate to our five organisational priorities. These are the priorities which the Board developed together on 2nd May 2018 during the strategic board development session.

a) Wellbeing at Work

Supporting each other to experience fulfilment and joy at work, to act with autonomy and to feel engaged by a clear sense of purpose.

b) Right Care in the Right Place

Providing care, closer to home. Working differently to support care to be accessible in the best place and in an environment that is safe and promotes the best experience for people.

c) Sharing Information

Working together to share information so that care is coordinated and person centred and people only have to tell their story once. Whenever we can use the best technology to help us to do this.

d) Strengthening Partnerships

Working with our partners across all care sectors to create sustainable services that accomplish the best outcomes for people.

e) Staying Well

Working with our communities so that people can stay well and live full lives.

This business planning tool brings together a clear plan for the delivery of today's business with a clear alignment to our future objectives which represent the next phase of our integrated journey and the next chapter of our care model. The icons and language used in this framework are the same as those that are used in our poster and animation that are being developed as part of our staff engagement with our journey as an organisation and the next steps we want to take together. This will provide a strong sense of congruence with our story and help teams as they develop their business plans to identify their part in the next chapter.

The business planning round and interactive tool will be launched at the Trust Talk on the 4th October 2018 and will be introduced alongside the launch of a new animation and poster which are all part of our new staff conversation. Launching both together will ensure that the business planning framework is seen in the context of the continuation of our journey together and this will bring meaning and purpose to the business planning process itself.

To further engage our staff in the development of business plans for their team and/or service, the interactive tool will have the feature of being able to be printed so that it becomes a poster that is put on the wall and used as a discussion tool in meetings. It is hoped that staff at all levels and across disciplines will be able to engage in the planning process and understand the future care model objectives for their team, their individual role in helping to achieve these objectives and how they contribute to our story as an integrated care organisation, helping people to stay well, tell their story once, and receive care closer to home.

The interactive tool is being designed so that a range of business planning tools sit behind each icon and are available to access and populate with team level information. These tools might include the Equality Impact Assessment, financial CIP schedule, risk framework, and performance trajectories for example.

3.3 Organisation Structure and Transition

The business planning round for 2019/20 will play an important role in helping to safely transition across from the existing Services Delivery Unit to the new locality systems.

Teams and services will be asked to complete their business plans according to the existing operational structure, but as we move into the new delivery systems we will be able to reassign teams and specialties according to the system they are aligned to. In so doing, the new systems will start with clear purposeful business plans in place for all of their service areas and be able to build up from the bottom their new overarching system delivery plan already aligned to the outcomes of the care model.

4. Involving Stakeholders

The Business Planning Steering Group has supported the development of this planning approach which was also shared with senior colleagues at SBMT on 13th September 2018. Colleagues involved in the development of our staff engagement have also supported the development of a different approach to planning.

Discussions with our Lead Governors will take place the week of 17th September about how best to engage the involvement of our governors on behalf of our members in advance of a wider governor discussion at the Council of Governors on the 21st September 2018.

The Trust Board, are asked via the Finance, Performance and Investment Committee to inform the ongoing development of the business planning approach. This Business Planning round will be launched at Trust Talks on the 4th October 2018 and following this will be discussed with our Clinical Management Group on the same day.

5. Planning Parameters

The national planning guidance is expected later this month. In the meantime we propose to instigate our planning cycle using last year's guidance and the following planning parameters.

5.1 Performance

- Emergency Care: **Delivery of 95% against the 4 hour standard**. Plans will describe progress towards sustainable delivery by March 2020.
- Referral to treatment: Plans will describe performance improvement back to **national standard of 92% by March 2020**.
- Cancer standards: Plans will describe achievement of **62 day cancer standard throughout 2019/2020**.
- Diagnostic waiting times: **Deliver the 6 week maximum waiting time** for diagnostic tests.

5.2 Finance

Further guidance against the allocation of the 3.4% increase in funding to NHS is to be confirmed. We are planning on the following basis:

- **CIP challenge** – roll over any recurring underachieved 18/19 and 19/20 CIP
- **Investment opportunities** will need to be identified and outcomes clearly described in terms of the benefits of the change proposed.
- **Capital programme envelope** – a clear process involving clinical and operational leads in decisions about allocation will inform next year's capital programme.

5.3 Workforce

Teams will be asked to assess their workforce challenges and present plans across the following areas:

- Long term vacancies and strategy
- Bank and Agency spending and plans to reduce
- Service developments and workforce requirements to support
- Use of apprentices and how engaging with this programme
- Succession planning and aging workforce strategy
- Benchmarking and model hospital

- Performance metrics sickness appraisal and mandatory training and plans when not achieving organisational targets.

6. Activity planning

6.1 Elective care

To simplify the work for teams we will use baseline actual activity levels as indicative capacity. Demand will be recalculated using baseline activity adjusted for anticipated growth underlying waiting list movements and required backlog clearance to deliver access standards. There is a programme in place to complete detailed capacity and demand planning using bespoke modelling tools supported by NHSI against the highest risk specialties for elective care RTT delivery.

6.2 Emergency Care

Activity and capacity plans will reflect underlying growth based on national planning forecasts offset by anticipated changes to be confirmed from care model and urgent care improvement delivery plans.

6.3 Community Services including Social Care

Activity targets have now been set across a number of community delivered services. Teams are asked to describe actions they will be taking to meet these targets and ensure service capacity can meet expected demand and outcomes.

7. Key Risks and Dependencies

The planning round for 2019/20 will be significantly influenced by the extent of our success for delivery in the current year of both our financial outturn and in meeting our revised performance trajectories.

Our capital programme this year supports us to address critical risks for the organisation. For this reason the delivery of this programme supported by access to national funding allocations will be an important dependency that impacts plans for next year.

8. Internal Governance and Timelines

Timelines are set out below. It is anticipated that the first version of business plans will be completed by December 2018 with a presentation to the Board by each of the SDU's. A bring and share planning workshop will also be set up which enables each of the SDU's to display all of the teams and specialties that have completed plans. This also enables us to consider implications across service areas and settings and ensure that our planning is joined up and mapped across the whole organisation.

Planning Action	Timeline
Release of national planning guidance and CCG 3 year funding allocations	Late September 2018
Business Planning Approach 2019/20 presentation & discussion with Governors about involvement in planning round - COG	21st September 2018
Business Planning Approach 2019/20 – Paper for approval by Finance Committee	25th September 2018
Development of interactive business planning tool	Complete by end of September 2018
Business Planning 2019/20 – Paper to public Board	3rd October 2018
Business Planning launched at Trust Talks	4th October 2018
Team and SDU Planning - Focus on existing performance standards delivery with associated capacity and demand planning	October 2018 – December 2018
National 10-year Strategic Plan published. Our local requirements updated according to nationally set priorities	November 2018
Complete first version of team/SDU plans	December/January 2018/19
Bring and Share Planning Workshop (All SDU's)	January 2019
Presentation to Board of SDU Business Plans	February 2019
Submit Draft operational Plan	Subject to national planning guidance

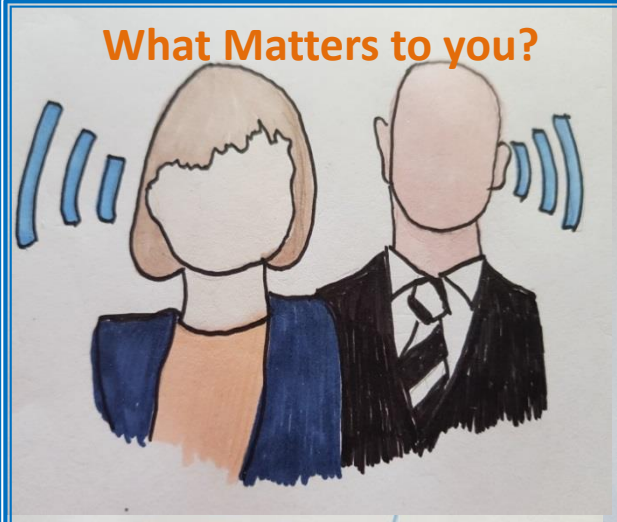
9. Conclusion and Recommendations

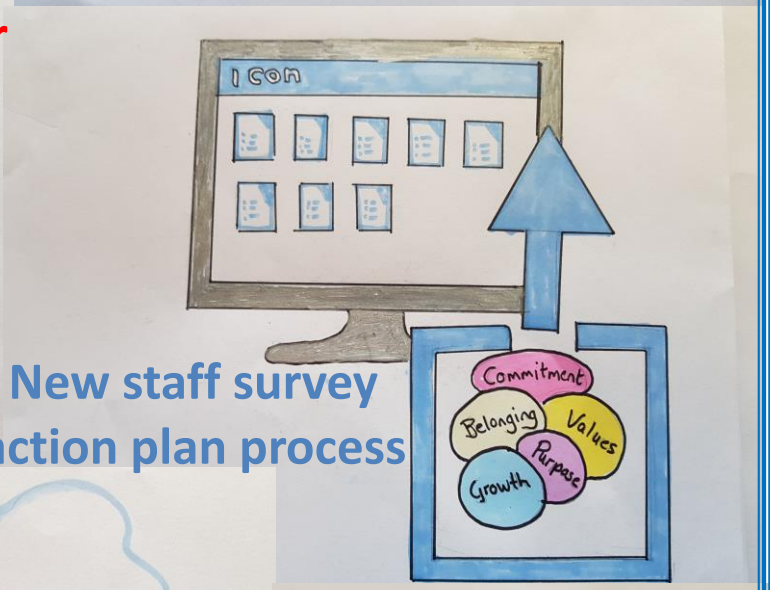
This paper sets out a different approach to business planning for 2019/20 so that it reflects the context of how our organisation is evolving and gives due importance to the emphasis that we are placing on creating space for greater autonomy and accountability working with a clearer sense of purpose about our future.

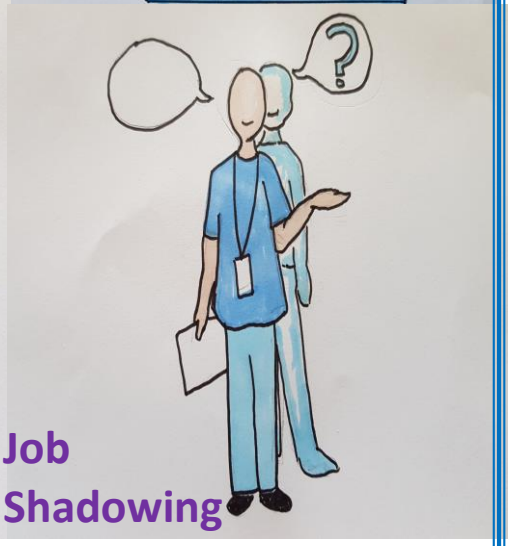
The Board is asked to approve the proposed approach to business planning for 2019/20. In particular the Board is asked to note the internal governance and timelines which includes involvement in the process from board members.

Cover sheet and summary for a report to the Board of Directors					
Report title: Staff engagement bi-annual update report				Date: 3rd October 2018	
Report sponsor	Director of Workforce and Organisational Development				
Report author	Staff Experience Lead				
Report provenance	A summary of this report has been shared with the Workforce and OD Group and has been subject to review by Executive Directors.				
Confidentiality	This report is public.				
Report summary	The Board endorsed the Staff Engagement and Communication Strategy in August 2017, in order to support a focused and co-ordinated approach to staff engagement. The strategy is underpinned by an evolving work programme. This paper seeks to provide the Board with a bi-annual update on the progress made in implementing the underpinning work programme. The key developments are detailed in the main body of the report and specifically include updates on: - Our Story - Randomised coffee trials - Health and wellbeing - Staff recognition awards - Measuring staff experience - Preparations for NHS Staff Survey 2018 Updates relating to ongoing actions are detailed in the work programme itself which can be seen in Appendix A.				
Purpose (choose 1 only)	**Note** ☐	**Information** ☐	**Review** ☒	**Decision** ☐	**Approve** ☐
Recommendation	The Board is recommended to review the document and endorse the approaches taken.				
Summary of key elements					
Strategic context	The recommendations aim to support the following strategic/ corporate objective(s) • Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led				
Dependencies and risk	Studies demonstrate a firm correlation between employee engagement and high organisational productivity and performance. Therefore the risk of not progressing this agenda is the inability to fully realise the benefits of a highly engaged workforce.				

Summary of scrutiny	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by: • Executive Directors - Report circulated 19th September
Stakeholder engagement	This paper has been informed by staff feedback via National NHS Staff survey and Staff Friends and Family Test and through discussions with the Trust Communications team, Quality Improvement team, Staffside and FTSU Guardians.
Other standards affected	The recommendations made in this report will impact upon: • CQC
Legal considerations	The engagement strategy and work programme is inclusive to all staff.







Staff engagement bi-annual update report

October 2018

Report title: Staff Engagement bi-annual update report		Date:3rd October 2018
Report sponsor	Director of Workforce and Organisational Development	
Report author	Staff Experience Lead	

1.0 Introduction

1.1 The engagement report presented in February updated the Board on the initiatives that had been developed to support the implementation of the strategy. A number of these initiatives continue and updates are provided in the work programme detailed in Appendix A.

1.2 The main body of this report seeks to update the board on the key developments since the February report and includes:

- the development of our story
- the introduction of random coffee breaks
- health and wellbeing developments
- the revised approach to staff recognition awards
- measuring staff experience
- preparations for the 2018 NHS Staff Survey

Developing a shared strategic narrative

2.0 'Our Story'

2.1 A project team consisting of the Director of Workforce & OD, Deputy Director of Strategy, Head of Communications, Deputy Director of Professional Practice, Staff Side and Staff Experience Lead, have been working with Health and Care Videos over the past 4 months to develop the materials to support staff conversations about the organisations story. Given their earlier insights work, ICE Creates have also provided valuable input to the group.

2.2 The materials include a poster which visually depicts the joining of the two organisations and the journey of the ICO through a river which is set in a landscape that reflects our local geography. Along the river are a number of icons which symbolise why the two Trusts integrated, examples of what integration has currently achieved and the enablers for taking integration further.

2.3 An animation has also been developed to convey the purpose and vision of the organisation-our reason for existence, and to generate a sense of enthusiasm and excitement in the future. The animation is centred around Mrs Smith and her family to show that our vision is to provide the care that is important to people and incorporates icons from the poster.

2.4 With the support of conversation cards and a facilitation guide, we will enable teams to have local conversations about the organisations journey – where it has come from, where it is going and how it it's going to get there. Most

importantly it enables teams to discuss what it means for them- how they are currently contributing to the purpose and the plans they have the future. Uniting people behind a common purpose and direction, and enabling them to see the role they play in the organisations future.

2.5 These conversations are due to commence in October and will directly feed into business planning and will continually inform day to day business - how resources are allocated, the way time is spent and staff objectives.

2.6 A shared space is also planned to enable teams to share across the organisations how developments in their teams are directly contributing to the vision.

2.7 It is proposed that the materials will be shared at the Board Development sessions.

Supportive and inclusive leadership

3.0 Random Coffee Breaks

3.1 The Random Coffee Breaks initiative randomly connects people across the organisation and supports them to have a conversation about what matters. It provides legitimacy to chat to people about things that aren't directly work related so builds relationships and trust, enabling us to break out of silo's and encourages collaboration.

3.2 The initiative works by participants providing their contact details and where they work. We then connect them with a coffee break partner. Once they have the details of their partner it's up to them to get in touch with each other and organise a 30 minute chat over coffee.

3.3 Following a soft launch in May, approximately 30 staff have signed up for the initiative with positive experiences being reported.

3.4 To support the roll out of the initiative and to communicate its purpose and benefits a short video has been created. This is the first of a number of staff experiences videos which are planned to ensure the spotlight is shone of staff experience.

4.0 Help Overcoming Problems Effectively (HOPE)/ health and wellbeing

4.1 The HOPE programme is designed to support individuals to increase levels of confidence, resilience and self care, over a 6 week period, through a combination of peer support and using the principles of positive psychology. This programme is aligned to the model of care as it focuses on prevention, wellness and self care.

4.2 The first wave of the programme was for patients, carers and members of the community, from which overwhelmingly positive feedback was received.

4.3 The second wave of the programme commenced in September for staff. The first cohort consists of 13 staff from a range of backgrounds, some of which are currently on long term sickness or have recently returned from absence, whilst others recognise they need support to stay well. The second cohort will commence in November and there is currently a waiting list for future cohorts.

4.4 Throughout the programme there are a series of evaluation metrics and tools to help us understand the benefits of this kind of intervention. Whilst primarily for the individuals, it also helps the organisation understand the benefits of the programme and will be used in the planned development of a staff experience video.

5.0 Staff Recognition awards

5.1 Historically, the Trust has run a monthly 'staff heroes' award scheme as well as holding an annual gala awards dinner at the Riviera Centre in Torquay. This event was deferred two years ago, due to the financial operating environment and has not been held since. A review is currently underway with the intention to run a single, co-ordinated award scheme in future. A number of options have been proposed and we are currently seeking views from staff about which option they would like us to implement. Suggestions include seeking external sponsorship for the awards, and further feedback is awaited from JCNC. In the meantime, we will continue to run the monthly 'staff heroes' awards.

6.0 Measuring staff experience

6.1 To truly improve culture we need to focus on improving employee experience (EX) as well as employee engagement, requiring us to optimise 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 within the organisation, we will achieve more engaged employees. In this respect employee engagement can be seen as the end goal, while improving EX is the means to that end.

6.2 The start of the journey is ensuring that we gather staff feedback at each of these touchpoints. Welcome Letters to all new starters have now been in place since January 2018 and we are now working on the development of Stay Interviews for all those who have been recruited through a values based process. We have also reviewed and amended the Exit Interview which has been aligned to themes within the National NHS Staff and Staff Friends and family test and is due to be piloted shortly.

7.0 Preparations for 2018 NHS Staff Survey

7.1 Given last year's poor response rate to the NHS Staff Survey we were keen to engage early with the SDU's and as such a working group has been established with representatives from each of the SDU's.

7.2 The group has completed the preparatory work with each of the representatives confirming their required staff groupings which will inform the local reports they will receive at the end of the fieldwork, and confirming the desired delivery method for their staff groupings i.e paper or electronic. Approximately 80% of staff will receive an electronic survey, with 20% receiving a paper survey.

7.3 The survey will go live on 1st October and the group will meet regularly throughout the fieldwork for short pulse meetings to monitor the response rate, respond to emerging issues and tailor Trust wide communication.

7.4 The group has been central is formulating the communication plan for the survey, with the focus this year moving much more towards local department communication in line with the direction of self organising teams. In this respect teams are provided with materials that they can use as they choose to promote the survey and to share what their teams have done locally in response to staff feedback i.e. 'You said, we did posters', range of fieldwork posters, T-shirts, a brief on confidentiality and information handling etc.

7.5 Local communications will be supported by more moderated Trust wide messaging. This has already commenced with an All Staff e-mail advising staff that the survey will be arriving in the next couple of weeks. Screensavers, bulletin messages and stands will also be used as methods to promote the survey.

Appendix A

Staff Engagement and Communication Work Programme
May 2017 – October 2018

Action No	Action	Lead	Participants	Deadline	Progress
1.0	**Shared strategic direction**				
1.1	Develop an authentic and compelling strategic narrative that explains where the organisation has come from, where it is going and how it is going to get there.	Director of Workforce &OD	Deputy Director of Strategy; Deputy Director of Professional Practice, Head of Comms, Staff Side, Staff Experience Lead	October 2018	The project team has worked with Health and Care Videos, with support from Ice Creates to develop the materials to support the roll out of staff conversations in Oct 18 about the organisations story. *See main report for further information*
1.2	Enable staff to clearly understand how they contribute to the organisations vision.	*As above*			The staff conversations detailed above will enable individuals and teams to identify their personal contribution to the organisations purpose both today and in the future. *See main report for further information*
1.3	Develop appraisal process that enables personal objectives to be clearly aligned to the strategic priorities of the Trust.	CE	LM	Launched Nov 2017 Revised July 2018	A 6 monthly review was completed in May 2018. As a result of extensive feedback the paperwork was condensed and two options were developed.
1.4	Support the implementation of the Achievement Review through the provision of training and development.	CE	LM	Additional training Aug 2018	In addition to the bespoke one hour bite size training session and BUZZ conversation, an Art of Conversation course was piloted in the summer. Following the positive feedback a plan is now in place to provide training on a monthly basis.

1.5	Review the effectiveness of team briefing cascades and re-launch to fit new organisational structure	Head of Comms/ MS		To align with new structure	The All Manager meetings have been renamed Trust Talk, to emphasise the interactive element and the expectation that staff will cascade information to their teams. As well as being filmed and livestreamed, the sessions are available on catch up. Remote questioning has been available since December. A one page briefing with key headlines and links to timeslots on the film is provided to support quick updating. A review of the effectiveness of the briefing will take place following the implementation of the new structure.
1.6	Increase the opportunities for managers to engage with the executive through filming and streaming All Manager Meetings, offering board de-briefs and encouraging interaction and feedback	Head of Comms/ MS		Dec 2018	Filming and streaming is in place and a live question facility has been set up. Review of briefings will consider other issues including gaining feedback.
2.0	**Supportive and inclusive leadership style**				
2.1	Enhance senior leadership visibility through the introduction of Chief Executive led 'what matters to you' staff engagement sessions.	JS		Action complete and ongoing. Review Dec 2018	Joint CX and Chairman staff engagement sessions continue on a monthly basis across the Estate, with approximately 40 staff attending in 2018. In addition sessions have been held across the Trust to thank staff and volunteers for the fantastic commitment they showed in ensuring services were available throughout the extreme weather earlier this year. Each session was attended by the Chairman and an Executive. .

2.2	Introduction of a *Back to the floor* programme where a senior manager works alongside a front line member of staff.	JS		Action complete and ongoing. Review Dec 2018	Members of the Executive team continue to undertake 'back to the floor shifts'. The development of a staff experience video will be used to further promote the initiative and its benefits, and encourage other senior managers to adopt within their teams.
2.3	Instigate work shadowing enabling an employee to work alongside another member of staff in a different job role to better understand the role and its challenges – ensuring feedback is shared with the team and wider organisation.	JS		Review March 2018	Information has been published with informal discussions in localities. Some evidence of teams utilising e.g. members of the HIS team shadowing on wards as a means of directly connecting with front line patient care.
2.4	Embed the approach of regularly sharing success stories and showcasing innovation both face to face in meetings (eg board, all managers, regular team meetings) and via our digital channels e.g. regular spotlight on a team.	Head of Comms	OD	Review Dec 2018	Meet the team is now a regular feature. Back to the floor has helped highlight areas of excellence in day to day working. Trust Talk has a section on good news. Social Media regularly features teams and their successes
2.5	Implementation of internal 'storytelling' workshops to advise staff how to tell their stories.	Head of Comms/ JS		Review Jan 2019	The staff story engagement programme being rolled out in October will support the telling of stories. Consideration will then be given to how best we support staff to further tell their stories.
2.6	Support executives, senior leaders and managers to engage with staff through digital media channels – including greater use of video	Head of Comms		Review Dec 2018	A number of videos have been or are being developed including YITL and the Care Model. Video is consistently being used as a comms tool and has, in particular, been used on social media and now being developed as a tool for use in media releases. Digital production skills were a key requirement for the recruitment of a

					new communications assistant.
2.7	Development of local staff experience action plans to respond to staff feedback including staff survey findings, staff FFT, local staff surveys	JS		Complete and Ongoing. Review Jan 2018	SDU's provided with quarterly findings from Staff FFT and local Staff Survey findings to continually inform local staff experience action plans. A staff engagement toolkit has been developed to provide additional support in the development of local plans and a shared space has been developed for SDU's to upload their staff experience plans to share ideas and learning.
2.8	Promote and develop health and wellbeing tools and activities.	Head of OD	Health and wellbeing Lead	Ongoing. Review Jan 2019	A whole-being network has been developed to increase awareness of health and wellbeing and to share local practices and develop new offers. *See main report for further details on HOPE*
2.9	Develop a co-ordinated approach to staff recognition awards – including scoping the re-introduction of long service awards.	Head of Comms	Comms Manager	Dec 2018	A review is currently underway with the intention to run a single, co-ordinated award scheme in future. A number of options have been proposed and we are currently seeking views from staff about which option they would like us to implement. *See main report for further detail*
2.10	Embedding a coaching approach throughout the organisation – creating the right conditions for the workforce to build resilience, empowerment and motivation	Head of OD	Coaching Lead	Ongoing. Review Jan 2019	Second cohort of workplace coaches are now in place and expand the offering and capacity of the coaching collective. Coaching skills programme continues and supports the development of a coaching culture. Coaching conversation is being

					introduced into PAM training, shared decisions making and team meetings.
2.11	Implement Random Coffee breaks as a means of networking and supporting wellbeing	JS		May 2018	Soft launch in May. Approximately 30 staff signed up to the initiative. Staff experience video developed. *See report for further details.*
3.0	**Enabling involvement in decision making through collective and distributed leadership**				
3.1	Further develop the online 'Just Ask', identifying and regularly reporting to the executive on key issues/themes and use this information as a source for discussion and development	Head of Comms		Following Exec Review	We have re-launched Just Ask and now collect people's contact details – although these are never published, and only picked up if there is a need to go back to the enquirer. Anyone who wishes to raise an issue anonymously can still do so via the Freedom to Speak Up (FTSU) Guardians, and Just Ask cross-references to the Guardians. The change appears to have reduced the number of vexatious questions, and a proper review will be carried out in the autumn.
3.2	Continue to devolve local communication to local teams (eg running locality-based Facebook accounts), set up and supported by the corporate communications team	Head of Comms		Ongoing	A number have been set up, such as Dartmouth and Coastal. Staff are supported and mentored by the comms team, and an online guide is being produced to support staff. Use to date is low and effectiveness needs to be evaluated. Teams need to ensure they can resource the ongoing running of these channels.

4.0	**Supporting personal development and learning**				
4.1	Enhance the existing communications toolkit and promote through dedicated training sessions, so that staff feel confident and empowered to contribute to corporate communication activities	Head of Comms		Dec 2018	Work is taking place on branding templates for staff to be able to develop their own correctly branded leaflets, posters, presentations and is due to launch imminently. Further toolkits and training will be developed as required
4.2	Develop a Talent Management strategy which actively seeks and harnesses the skills and recognises the strengths of our diverse workforce. Strategies will distinguish between internal talent through staff profiling and external talent through values based selection as part of the new recruitment model.	CE	Recruitment Manager	Dec 2018	A paper has been developed outlining the guiding principles for an inclusive approach to talent management and the required actions. This is to be presented to the Executive team in September 2018.
5.0	**A culture based on trust and integrity**				
5.1	Enable staff to engage more interactively via digital channels through increased use of un-moderated forums	Head of Comms		March 2019	Discussion has taken place with the web team and the FTSU Guardians about developing an in-house un-moderated discussion forum for staff. However, development and delivery of this has to follow other organisational priorities.
5.2	Continue to progress FTSU Guardian work programme	FTSUG		Ongoing. Review Feb 2019	Lead Guardian now in place as recommended by CQC. Regular supervision in place for Speak Up Champions. Recruitment for a community FTSUG in progress. Anonymous boxes under SSSS to be rolled out during national Speak Up month October 2018. Self review tool for Boards to be

					undertaken as part of rolling action plan
5.3	Implementation of value based recruitment to ensure that all recruitment and promotion decisions are based upon values	CE	Recruitment Manager	Ongoing. Review Dec 2018	Values based assessment centres are now being held weekly across the organisation. Nest steps include the inclusion of multi-disciplinary centres. Welcome Letters to all new starters have now been launched since January 2018, we are now working on the development of Stay Interviews for all those who have been recruited through a values based process.

Cover sheet and summary for a report to the Board of Directors					
Report title: **Annual Report or the Responsible Officer relating to Medical Appraisal and Revalidation.**					Date 3rd October 2018
Report sponsor	Medical Director				
Report author	Appraisal and Revalidation Team				
Report provenance	Appraisal and Revalidation Group.				
Confidentiality	The contents of the paper are expected to be accessible to members of the public through the Trust Board papers.				
Report summary	This is a summary of the annual report for Torbay and South Devon Foundation Trust prepared by the Appraisal and Revalidation Team as reported to the Board by the Responsible Officer, the Medical Director. This data has been submitted to NHS England. This report addresses the requirement for Trust Board oversight and approval. Included at Appendix A is a statement of compliance signed by the Trust Chairman. The requirement for submission in September did not allow approval by the full Board prior to submission. The report is therefore provided for information after submission of the report and signed compliance statement.				
Purpose (choose 1 only)	**Note** ☒	**Information** ☐	**Review** ☐	**Decision** ☐	**Approve** ☐
Recommendation	The Trust Board is asked to note the contents of the report and the risks and assurance highlighted. The monitoring of appraisal and revalidation continues as described and reporting to the Board will be undertaken on an annual basis.				

Summary of key elements

The report provides a summary of the revalidation of senior medical staff in 2017/2018

- Rates of completeness of appraisal are consistent with benchmarked Trusts
- Rates of satisfactory outcomes of appraisal and revalidation are maintained over the 4 years since revalidation was implemented.
- The Trust has a large group of appraisers (almost 1:4 of senior doctors) who have an appropriate workload in terms of volume of appraisals performed.
- There is a rigorous quality assurance process in relation to quality of appraisals and appraisal documentation. Underperformance is actively managed.
- Based on feedback from appraisees there is evidence that appraisal is seen as a supportive and valued process
- The Appraisal and Revalidation Team has been made more resilient through the appointment of a second appraisal and revalidation lead.
- There is continued improvement of the service to ensure that the practice

	of all doctors working in the Trust is monitored and that the full scope of doctors' practice is included. • The Responsible Officer (RO) for the Trust has been approved as the RO for Rowcroft Hospice.
Strategic context	Medical revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system. Revalidation is based on satisfactory annual appraisal (including 360 degree appraisal and patient feedback) over a 5-year cycle. This report provides assurance that the Trust system for medical appraisal and revalidation supports the following strategic/corporate objectives • Safe, quality care and best experience • Valuing our workforce • Well-led
Dependencies and risk	The maintenance of the licence to practice of doctors through the GMC is dependent on completion of appraisal and revalidation. The publishing of this annual report safeguards the practice of all senior medical staff within the Trust. The processes of medical revalidation are described in detail at https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/introduction-to-revalidation
Summary of scrutiny	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by: • The appraisal and revalidation team • Executive Directors meeting dated 25.09.2018 • NHS England appraisal and revalidation team September 2018
Stakeholder engagement	The Trust Chairman provides lay advice to the appraisal and revalidation team.
Other standards affected	
Legal considerations	

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annual Board Report

NHS England INFORMATION READER BOX		
Directorate		
Medical	Commissioning Operations	Patients and Information
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference:	**03551**
Document Purpose	Guidance
Document Name	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D - Annual Board Report Template
Author	Gary Cooper, Project Manager Quality and Assurance, Professional Standards Team
Publication Date	16 June 2015
Target Audience	All Responsible Officers in England
Additional Circulation List	Foundation Trust CEs , NHS Trust Board Chairs, Medical Appraisal Leads, CEs of Designated Bodies in England, NHS England Regional Directors, NHS England Directors of Commissioning Operations, All NHS England Employees, Directors of HR, NHS Trust CEs
Description	A template board report for use by designated bodies to monitor their organisation's progress in implementing the Responsible Officer Regulations.
Cross Reference	The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013) and the GMC (Licence to Practise and Revalidation) Regulations 2012
Superseded Docs (if applicable)	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D - Annual Board Report Template, version 4 April 2014.
Action Required	Designated Bodies to receive annual board reports on the implementation of revalidation and submit an annual statement of compliance to their higher level responsible officers.
Timing / Deadlines (if applicable)	**From June 2015**
Contact Details for further information	england.revalidation-pmo@nhs.net http://www.england.nhs.uk/revalidation/

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet. **NB:** The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

Executive summary

1.1 Number of doctors with a prescribed connection to Torbay and South Devon NHS Foundation Trust and number of completed appraisals during the appraisal year 01 April 2017 – 31 March 2018.

Total number of doctors with a prescribed connection to Torbay and South Devon NHS Foundation Trust during the period 01 April 2017 – 31 March 2018	282
Number of completed appraisals	252
Discrepancy	30

1.2 Further investigation into the outstanding appraisals is outlined below:

RO Approved Missed Appraisals:	
Service Pressures	1
Sick Leave	2
Personal Issues	2
Overseas Ophthalmic fixed term doctors	2
Doctors new to the Trust with no recorded appraisal for the previous year	8
Total	15

RO Unapproved Missed Appraisals	
Doctors who had completed their appraisal outside the reporting period 01 April 2017 – 31 March 2018	12
Doctor who had an appraisal booked outside the reporting period 01 April 2017 – 31 March 2018	1
Doctors who had not booked an appraisal date and under review by the RO	1
Doctor under investigation at time of appraisal	1
Total	15

1.3 Outstanding appraisals are closely monitored by the Revalidation team and each individual case is reviewed by the Responsible Officer with intervention as appropriate.

Background

2.1 Medical revalidation was introduced in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system. Doctors wishing to maintain their licence to practise medicine in the UK must demonstrate on an ongoing basis that they are up to date and fit to practise.

2.2 Revalidation has now commenced its second five year cycle and continues to provide assurance to employers and the public by ensuring that appraisal of a doctor's whole scope of work takes place on an annual basis. Throughout the appraisal process particular emphasis is placed on supported reflection on the information provided to the appraiser, including feedback from colleagues and patients.

2.3 Employers have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that the Trust Board will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisation;
- checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- confirming that feedback from patients and colleagues is sought regularly so that their views can inform the appraisal and revalidation process for their doctors and
- Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

3. Trust Appraisal Data 2014 - 2018

3.1 NHS England categorises appraisals as follows:

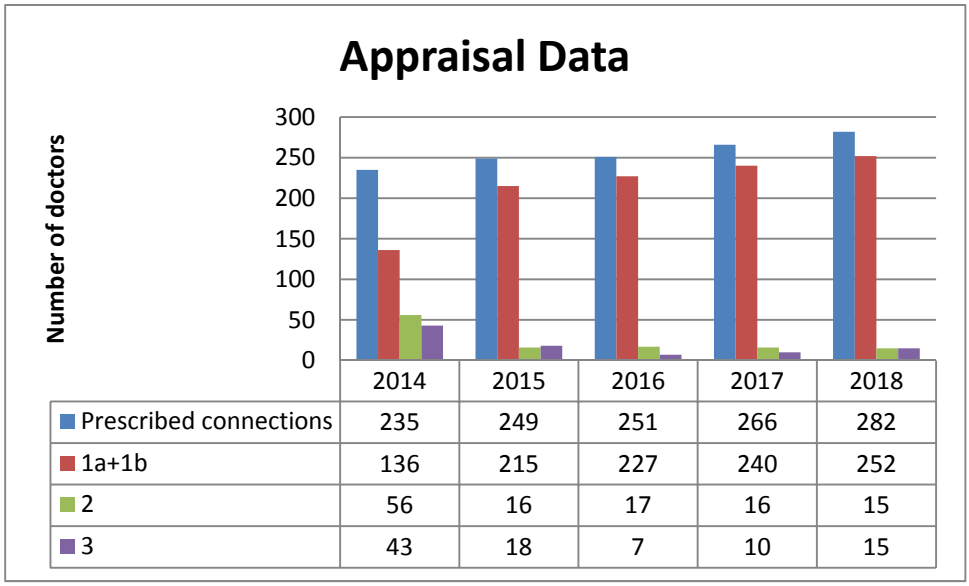
Category 1a. The Appraisal meeting takes place between 01 April and 31 March with completed and signed off outputs and within three months of the appraisal due date and summary signed off within 28 days and the whole process occurred between 01 April and 31 March.

Category 1b. Appraisal completed but ‘no’ to any of completed and signed off appraisal outputs andwithin three months of the appraisal due date and summary signed off within 28 days and the whole process occurred between 01 April and 31 March.

Category 2. Approved incomplete or missed appraisal

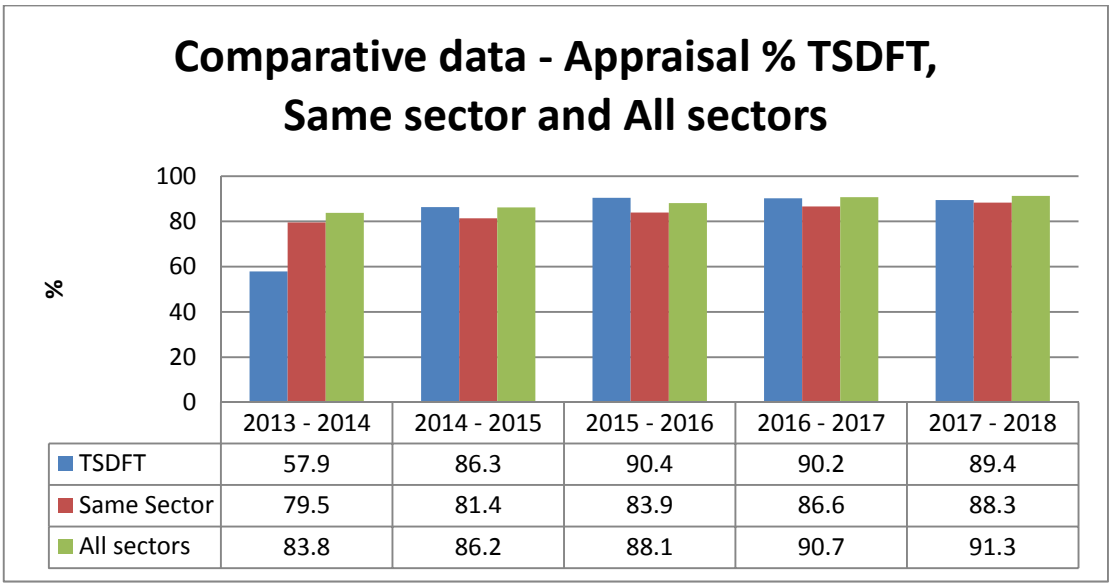
Category 3. Unapproved incomplete or missed appraisal

3.2 Comparison of Torbay and South Devon NHS Foundation Trust appraisal data:



	2014	2015	2016	2017	2018
Prescribed connections	235	249	251	266	282
1a+1b	136	215	227	240	252
2	56	16	17	16	15
3	43	18	7	10	15

3.3 Comparison between Torbay and South Devon NHS Foundation Trust with Same Sector Designated Bodies and All Sector Designated Bodies:



	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018
TSDFT	57.9	86.3	90.4	90.2	89.4
Same Sector	79.5	81.4	83.9	86.6	88.3
All sectors	83.8	86.2	88.1	90.7	91.3

4. Governance Arrangements

Designated body	Torbay and South Devon NHS Foundation Trust
Responsible Officer	Medical Director
Revalidation Support team	Appraisal Lead Revalidation Support Manager

4.1 Prescribed connections to Torbay and South Devon NHS Foundation Trust are monitored on a regular basis by the Revalidation Support Manager by close liaison with the Medical Human Resources Officer. Doctors may contact the

General Medical Council (GMC) themselves to select Torbay and South Devon NHS Foundation Trust as their designated body.

4.2 Assurance of the process addressing systems of medical appraisal; revalidation and deferral recommendations; monitoring performance and responding to concerns is carried out as follows:

- Quarterly reporting to NHS England
- Annual Organisational Audit (AOA) report to NHS England
- Annual report to the Trust Board by the Medical Director

4.3 External Quality Assurance is carried out by NHS England (South) via an external visit every five years.

5. Medical Appraisal

5.1 The Trust has 49 trained Appraisers actively carrying out appraisals as follows:

Number of appraisals completed 2017 - 2018	Number of appraisers
21	1
9	1
6	10
5	12
4	17
3	4
2	2
1	2

Mean	4.8
Median	4
Mode	4

5.2 Of those appraisers doing less than three appraisals, five have ceased to be appraisers and two were new appraisers and had not completed a full year of appraising. One appraiser appraises Hospice doctors as well as Trust doctors.

5.3 The Appraisal Lead allocates an appraiser to each doctor on an annual basis taking into account a mix of in-specialty and out-of-specialty appraisers within a five year period.

5.4 The Appraisal Lead identifies the number of appraisals needed and ensures that there are a sufficient number of trained appraisers within the Trust to carry out these appraisals. Individuals wishing to undertake new Appraiser training are interviewed by the Appraisal Lead and recommended for new Appraiser training as appropriate.

5.6 Each new appraiser will undertake the requisite training and will initially complete a minimum of two appraisals which will be reviewed by the Appraisal Lead. Appraisers will be supported by the Appraisal Lead through ongoing professional development such as attending monthly drop in sessions and a twice yearly half

day Appraiser session to ensure that consistently high standards are maintained across the Trust.

6. Quality Assurance

6.1 Internal Quality Assurance (QA) of appraisal comprises of:

- Assurance of the process
- Assurance of the performance of appraisers

6.2 Quality Assurance of the appraisers is undertaken each year by the Appraisal Lead using:

- Recruitment and selection
- Review of probationary appraiser performance after their first two appraisals
- Review of Appraisal summaries using the ASPAT scoring tool
- Review of established appraisers' performance through regular feedback questionnaires from appraisees
- Calibration exercises
- Appraiser drop in sessions and Study days

6.3 Summary of Appraisal Quality Assurance as follows:

- 49 active appraisers
- Appraisers now have appraisees allocated by the Appraisal Lead aiming at five appraisals per appraiser with a less uneven distribution of appraisers and appraisees.

6.4 Mean Scores from Appraisee Feedback using the PReP Appraisal system:

Date	Duration Of Appraisal Meeting	Management Of The Appraisal System	Access To The Necessary Supporting Information	Preparation For My Appraisal	Ability To Conduct My Appraisal
2016-17	1.93 hours	4.10	3.94	4.69	4.74
2017-18	1.70 hours	4.25	4.16	4.72	4.77

	Ability to review progress against last year's PDP	Ability to help me review my practice	Usefulness for my professional development	Usefulness in preparation for revalidation	Usefulness of my new PDP
2016-17	4.68	4.70	4.44	4.41	4.48
2017-18	4.72	4.72	4.45	4.53	4.47

5 = Very Good 4 = Good 3 = Satisfactory

7. Access, Security and Confidentiality

7.1 All data relating to appraisal and revalidation is held on a secure drive accessed by the Appraisal Lead and Revalidation Support Manager only.

7.2 Hard copy data files are kept in the Revalidation Support Office which is accessed by security code.

7.3 No patient identifiable data is uploaded to an appraisal portfolio.

8. Revalidation Recommendations

Recommendations completed on time between 01 April 2017 and 31 March 2018 (within the GMC recommendation window)	12
Late recommendations between 01 April 2017 and 31 March 2018 (completed, but after the GMC recommendation window closed)	0
Missed recommendations between 01 April 2017 and 31 March 2018 (not completed)	0
TOTAL	12

9. Recruitment and Engagement Background Checks

9.1 There are six standard pre-employment checks which are carried out by the Medical Human Resources Department on both substantive and locum appointments. These are as follows:

- ID Checks
- Professional Registration Checks
- Employment History and Reference Checks
- Right to Work Checks
- Work Health Assessment Checks
- DBS Checks

9.2 The Revalidation Office requests completion of a Medical Practice Information Transfer Form from the Responsible Officer of any new Consultant or SAS doctor joining the Trust.

9.3 Transfer of Information Requests for 2017 – 2018:

Transfer of Information requested by this Trust - 01April 2017 – 31 March 2018	35
Transfer of Information requested from this Trust – 01 April 2017 – 31 March 2018	7

10. Monitoring Performance

10.1 Performance of all doctors within Torbay and South Devon NHS Foundation Trust is monitored by the following means:

- Annual Appraisal
- Complaints and Datix Incident data
- Individual performance data
- Divisional performance data
- Dr Foster data
- Maintaining High Professional Standards policy
- Transfer of Information requests

11. Responding to Concerns and Remediation

11.1 The Trust has a responsibility to ensure that all doctors have the opportunity to revalidate and will, therefore, support doctors in following the appropriate remediation process and programmes where there are concerns that the standards required for revalidation may not be met.

11.2 The Trust will offer early intervention when justifiable concerns emerge over the capability, conduct or health of a practitioner, with the aim wherever possible of remediation, re-skilling or rehabilitation. In all circumstances the safety of patients will be paramount and underpin any remediation programme.

11.3 The details for remediation can be found in the Trust's Remediation Policy.

12. Risks and Issues

12.1 All significant events, complaints and litigation data are now made available to the doctor in a single report from the Datix system. It is accepted that not all incidents relate directly to the clinical practice of the doctor.

12.2. The development of hybrid posts has brought new challenges to assurance that the Responsible Officer has access to appraisal data and personal development plans for all doctors employed by Torbay and South Devon NHS Foundation Trust including General Practitioners. A detailed assessment of completeness of data submitted by doctors who have another RO is to be undertaken.

12.4 Decreased number of appraisers due to retirement and personal issues. More senior appraisers need to be recruited.

13. Future Developments and Successes

13.1 Appointment to an additional Appraisal Lead role. New appointee in post September 2018.

13.2 Rowcroft Hospice Doctors (2 only) to fall under the remit of the Responsible Officer and to use the Trust's PReP appraisal system. Closer liaison with the Palliative Care Clinical Director eg attendance at future Revalidation Recommendation meetings.

13.3 Revalidation team to attend the NHS England Revalidation South Regional Conference on 16 October 2018.

13.4 PReP appraisal system contract renewed for a further three years.

13.5 Appraisee Half day session planned for 09 November 2018 to include presentations from Premier IT and GMC Regional Liaison Adviser (South West)

13.6 Appraiser Half day session planned for 14 December 2018.

13.7 Annual Organisational Audit and Statement of Compliance submitted to NHS England

13.8 Individual feedback meetings held with all appraisers by the Appraisal Lead.

13.9 Robust process for Transfer of Information between organisations.

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex E - Statement of Compliance

Statement of Compliance

Version number: 2.0

First published: 4 April 2014

Updated: 22 June 2015

Prepared by: Gary Cooper, Project Manager for Quality Assurance, NHS England

Classification: OFFICIAL

Publications Gateway Reference: 03432

NB: The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Designated Body Statement of Compliance

The Executive Board of Torbay and South Devon NHS Foundation Trust can confirm that

- an AOA has been submitted,
- the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)
- and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[1] or equivalent);

5. All licensed medical practitioners[2] either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners[1] (which includes, but is not limited to, monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues) and ensuring that information about these matters is provided for doctors to include at their appraisal;

7. There is a process established for responding to concerns about any licensed medical practitioners[1] fitness to practise;

8. There is a process for obtaining and sharing information of note about any licensed medical practitioner's fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where the licensed medical practitioner works;[3]

9. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licenced medical practitioners[4] have qualifications and experience appropriate to the work performed;

[1] http://www.england.nhs.uk/revalidation/ro/app-syst/
[2] Doctors with a prescribed connection to the designated body on the date of reporting.

[3] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

10. A development plan is in place that ensures continual improvement and addresses any identified weaknesses or gaps in compliance.

Signed on behalf of the designated body

Official name of designated body: Torbay and South Devon NHS Foundation Trust

Name: Sir Richard Ibbotson Signed: _ _ _ _ _ _ _ _ _ _

Role: Chairman

Date: _ _ _ _ _ _ _ _ _ _

Cover sheet and summary for a report to the Trust Board of Directors					
Report title: **Report on Safeguarding Adults and Deprivation of Liberty Safeguards**					Date: 3rd October 2018
Report sponsor	Jane Viner, Chief Nurse				
Report author	Jo Williams, Associate Director for Adult Social Services				
Report provenance	Trust Executive Team				
Confidentiality	Public				
Report summary	This annual report will inform Torbay and South Devon NHS Foundation Trust board members on issues relating to safeguarding vulnerable adults in Torbay and South Devon. The Trust has delegated responsibility for Local Authority Statutory Safeguarding Duties for Adults on behalf of Torbay Council. This is governed by The Care Act 2014. In addition the Trust is a partner organisation working with Devon County Council and Torbay Council as a provider of health and care services. Devon County Council retains the lead for Adults Safeguarding in the South Devon footprint. The Chief Nurse is Executive Lead for Safeguarding and is supported in this role by the Deputy Director of Adult Social Services and the Named Professionals.				
Purpose (choose 1 only)	**Note** ☐	**Information** ☒	**Review** ☐	**Decision** ☐	**Approve** ☐
Recommendation	The Board is asked to note the contents of the report for assurance.				
Summary of key elements					
Strategic context	• Safe, quality care and best experience • Improved wellbeing through partnership				
Dependencies and risk	Deprivation of Liberty Safeguards remains a key risk for the organisation. Specialist assessors are very limited due to the qualifications required and the volume of assessments is high. A recovery plan has been fully implemented; however it has not addressed the waiting list. The replacement for this legislation was presented to The Lords on 3 July 2018, which is intended to resolve process issues. Training for Safeguarding Adults at level 3 is currently underprovided; plans are underway to recommission the training to provide sufficient capacity.				
Summary of scrutiny	Executive Directors Meeting 25th September 2018 Trust Integrated Safeguarding Group 6th September 2018				
Stakeholder	Torbay Safeguarding Adults Board				

engagement	
Other standards affected	None
Legal considerations	Legal duties are outlined in the report below, due regard to our duties under The Care Act 2014 and The Mental Capacity Act 2005

Report title:	**Report on Safeguarding Adults and Deprivation of Liberty Safeguards**	Date: 3rd October 2018
Report sponsor	Jane Viner, Chief Nurse	
Report author	Jo Williams, Associate Director for Adult Social Services	

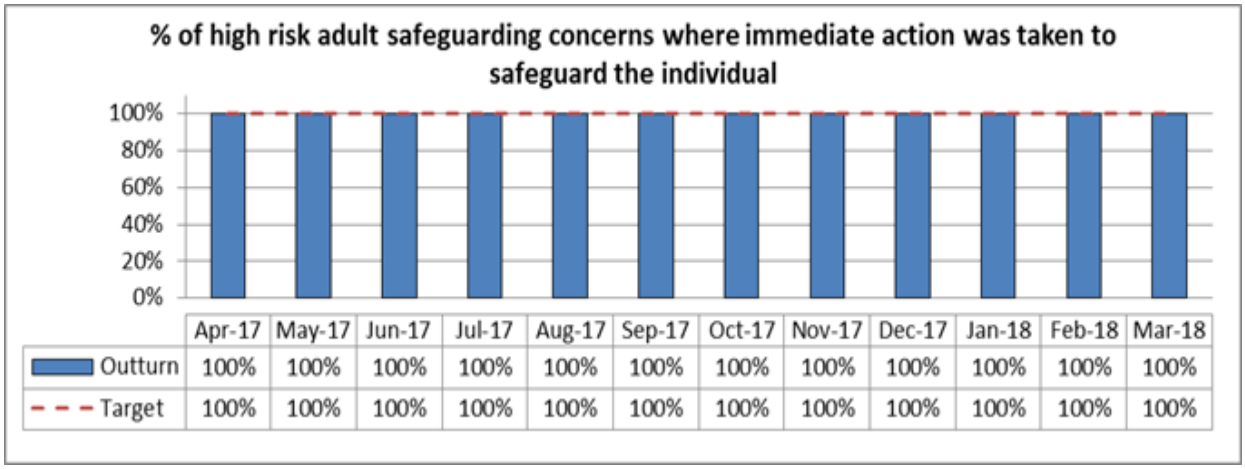
1. Performance

1.1 **Performance reporting** to Torbay Council in relation to our delegated statutory duties changed in 2016/17. 2017/18 figures with 2016/17 comparators are below:

The performance in the two key indicators for the Safeguarding Adults Process has remained good over the last two years. Performance for 2017/18 respect to key indicators in the Safeguarding Adults Process was:

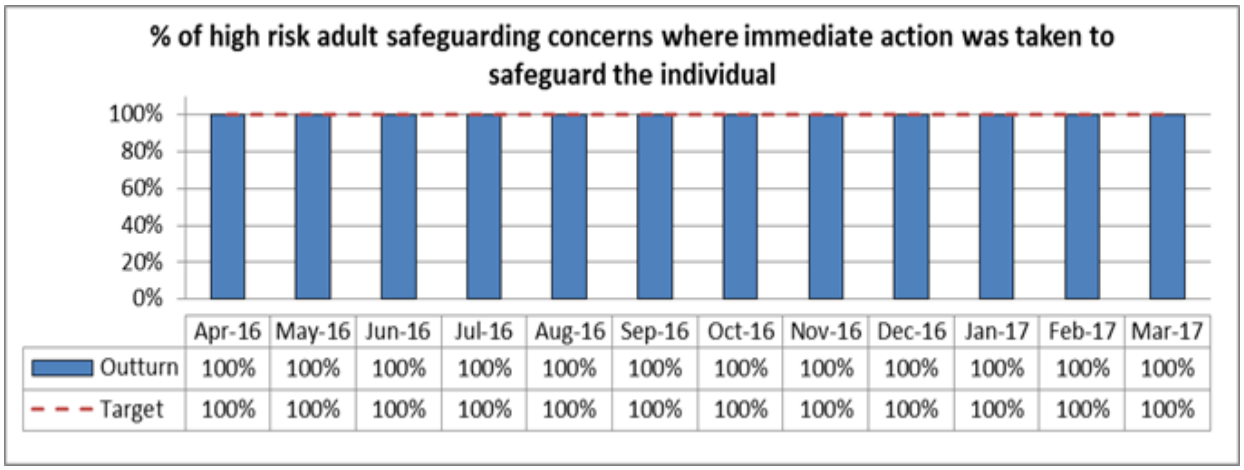
- Percentage of high risk adult safeguarding concerns where immediate action was taken to safeguard the individual. (high performance good) Target 100%, performance 100% - tables below
- Percentage of repeat referrals to adult safeguarding in 12 months (low performance good)

Target 8%, performance 6.75% – tables below indicate a one off spike in Jun 2017 following a particularly low report for the previous month. Repeat referrals tend to be cases that arise due to complexity of circumstances or repeat referrals as a consequence of whole service / large scale enquiries. Consideration was given to audit repeat cases in 2017 but as the figure on average was low, work plans focused elsewhere.

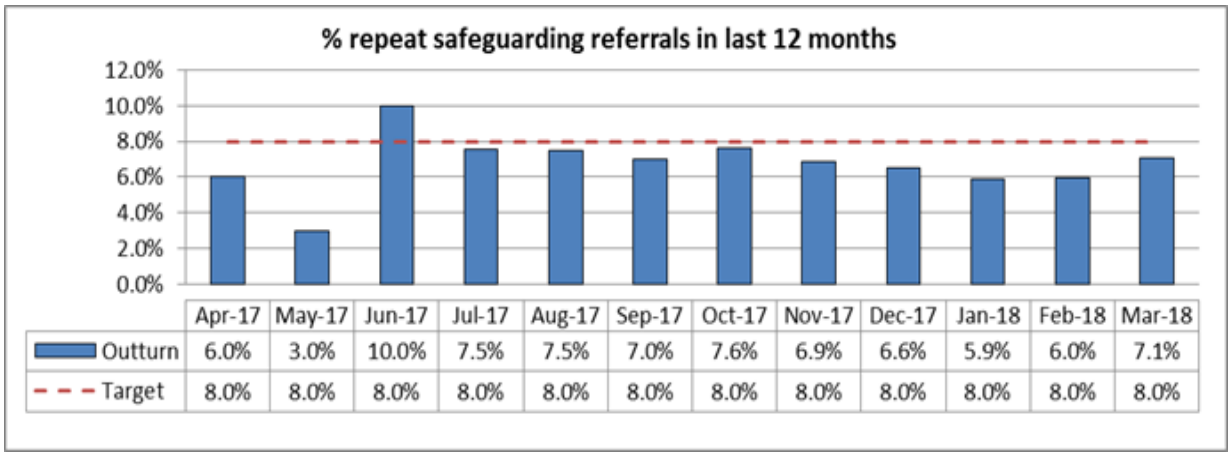


	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Outturn	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

For comparison, performance for 2016/17 for this indicator was also met at 100%

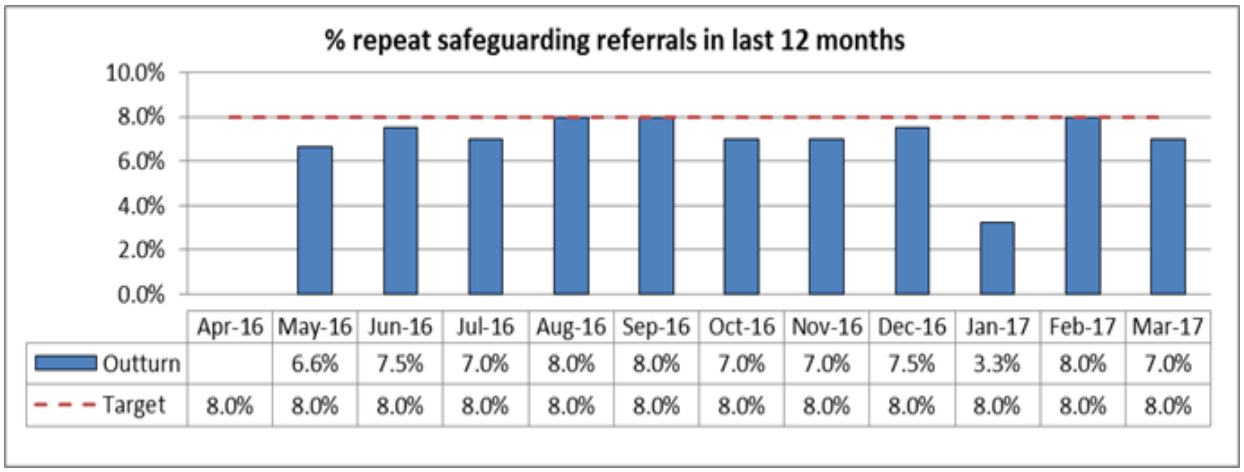


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Outturn	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Outturn	6.0%	3.0%	10.0%	7.5%	7.5%	7.0%	7.6%	6.9%	6.6%	5.9%	6.0%	7.1%
Target	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%

For comparison, the performance in 2106/17 was:



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Outturn		6.6%	7.5%	7.0%	8.0%	8.0%	7.0%	7.0%	7.5%	3.3%	8.0%	7.0%
Target	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%

Reporting in Safeguarding Adults is detailed and comprehensive and based on Making Safeguarding Personal priorities. It is primarily used to look for trends and to highlight areas of concern.

For example, 2017/18 figures highlighted an increase in referrals closed at initial pre enquiry stage. There were 54 enquiries closed in 2016/17 and 134 in

2017/18. Because of this change, an audit was undertaken and the audit showed good practice, with an increased focus on personalised solutions meaning that a formal process was necessary in far fewer cases.

Safeguarding Enquiries received by the Safeguarding Single Point of Contact

Type of Enquiry	**Total 2017/18**	**Total 2016/17**
Physical	28	25
Sexual	7	6
Sexual Exploitation		2
Psychological	30	25
Financial	24	30
Discriminatory	2	3
Institutional	9	16
Neglect	45	56
Domestic	3	1
Modern Slavery	2	
Self Neglect	2	7
Radicalisation	1	
Hate Crime	4	4
Not recorded	4	2
Total	165	177

Work has been undertaken by the trust Horizon Centre to support the training of Care Home staff. Care home staff now have access to the Trust's training and education learning management system (HIVE). A review of courses accessed will be undertaken to evaluate the uptake of safeguarding training specifically.

1.2 Current Training Performance: (July 18)

A new training framework for Safeguarding Adults was implemented in 2017/18; this will replace the current levels and focus on the National Competency Framework. It provides a comprehensive training framework and on-going professional development framework for Safeguarding Adults. The framework also links with the NHS England Inter-collegiate document.

Safeguarding Competencies Framework	**Delivered**
A All TSDHT Employees & Volunteers	Hiblio and Induction
B1 All Patient facing staff *To include what their role is in a safeguarding process, including report writing etc.*	ELearning

Safeguarding Competencies Framework	**Delivered**
B2 Patient Facing Staff who have some professional and organisational responsibility for Safeguarding Adults *They have to be able to act on concerns*	Face to face 1 day session
C Safeguarding Adults Lead Professionals *Senior responsibility for the oversight and delivery of the Safeguarding Process*	Face to face 1 day session
D Governance and Board Roles *Corporate responsibility and risk*	Face to Face by Safeguarding Leads and AD Social Care

Because of the changes outlined above, comparator figures are not available from 2016/17

Level	Percentage completed	Completed	Required
1 (A)	93.04	5724	6152
2 (B1)	79.32	3027	3816
3 & 4 (B2)	80.73	438	621
5 (C)	74.55	41	55
6 (D)	100.00	6	6

The main challenge is in level 3 & 4, where there were difficulties in the commissioned trainer's capacity to deliver sufficient sessions. This is on the Training Risk Register, the current commissioned trainer is retiring March 2019 and the training team are currently exploring alternative options.

2. Legislation and Guidance

2.1 The Care Act 2014

The Care Act 2014 sets out provision relating to the care and support for adults and carers. Sections 42-47 of the Care Act relate specifically to Adult Safeguarding and replace the previous guidance contained in the ' No Secrets' documents.

The Act places Adult Safeguarding on a statutory footing in particular

- Each local authority area must set up an Adult Safeguarding Board (SAB)
- Each SAB must arrange for there to be safeguarding adult reviews (SAR) where a person has died and it is known or suspected that the death resulted from abuse or neglect, or where the person is still alive and has been subject to serious abuse or neglect.

2.2 **The Mental Capacity Act 2005** provides a statutory framework for:

- People who lack capacity to make decisions for themselves, or
- Who have capacity and want to make preparations for a time in the future when they may lack capacity
- Who can take decisions, in which situations, and how they should go about this.

2.3 **The Deprivation of Liberty Safeguards (DLS)** came into force in April 2009 and provides a framework for:

- Approving the deprivation of liberty for people who lack the capacity to consent to treatment or care, in either a hospital or care home.
- Requirements about when and how deprivation of liberty may be authorised.
- An assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

3 Governance

3.1 Torbay Safeguarding Adults Board (TSAB):

The Trust is responsible for the delivery of this statutory board on behalf of Torbay Council. A new independent chair was appointed in May 2016; she is currently reviewing the sub groups and membership.

An annual report was published in June 2018. It is a statutory duty to produce this report. This year The Board is focussing on:

- Making Safeguarding Personal
- Learning from Safeguarding Adult Reviews
- Focussing on Strengths Based Approaches
- The Torbay Domestic Abuse and Sexual Violence Strategy
- The interface between Safeguarding Adults and NHS Serious Incident Pathways
- Ensuring Safeguarding Practices are professional, appropriate and focussed on individuals' needs and wishes

These priorities are integrated into the Trust Integrated Safeguarding and Inclusion Group workplan.

There has been one Safeguarding Adults Review commissioned this year. This is on the GA care home. It is not yet published and findings are still not available.

3.2 Devon Safeguarding Adults Board (DSAB):

The Trust remains a key partner in Devon Safeguarding Adults Board and participates in all key work streams and sub groups. These work streams have been reviewed to maximise joint working with Torbay's Board. The DSAB priorities are:

- Improving people's experience of safeguarding and delivery of "Making Safeguarding Personal" across all partners
- Prevention of harm and neglect in care and health services
- Improving awareness and application of MCA and Best Interests for people.

These priorities are integrated into the Trust Integrated Safeguarding and Inclusion Group work plan. This year we have delivered:

Measured Domestic Abuse Strategy against NICE guidance and approved reviewed policy on Domestic Abuse.
Hosted 3 Safeguarding Adult Forums on learning from Safeguarding Adult Reviews; Prevent and Coercion & Control.

Reviewed safeguarding adult training to align with national guidance as well as update / incorporate 'Prevent' and Modern Slavery into mandatory training framework for all staff.

3.3 Trust Integrated Safeguarding and Inclusion Group (ISIG):

This group was formed in 2015 as part of the ICO governance structure. This Executive led group has a CCG, Governor and NED members. Priorities are reviewed annually and linked to the Torbay and Devon Safeguarding Adult Boards. In 2017/18 the principle priorities were to improve training compliance, improve processes relating to mental capacity assessment and to improve the reporting of care home quality. Priorities are delivered through a number of subgroups.

3.3.1 Mental Capacity Adults Operational Group

Following the formation of the ICO, the Trust formed the Safeguarding and Mental Capacity Adults Operational Group to ensure clinical teams are leading the delivery of the safeguarding adult's agenda. The monitoring and quality assurance of Trust wide Safeguarding Adults processes are reported to this group. This group reports to the Safeguarding Inclusion Group, chaired by the Chief Nurse and links to the Quality Improvement Group internally and the Torbay Safeguarding Adults Board externally. There is an Audit programme which forms part of the standing agenda. The Trust's Integrated Safeguarding and Inclusion Committee have overseen the Operational work plan which has prioritised:

Achievements for 2017/18 were:

- The completion of the Internal Audit on Deprivation Liberty Action plan, with all recommendations completed. The final Internal Audit report was completed in June 2017 and rated these provisions as satisfactory.
- Domestic Abuse policy ratified, follow up is planned for operational implementation of routine enquiries and a training strategy.
- A very successful Safeguarding Adults Forum was held, which presented the learning from Serious Case Reviews/Safeguarding Adults reviews from across the peninsula. Learning from these are being incorporated into the sub group action plans for this year.

3.3.2 Integrated Safeguarding Adults Operational Group (SAOG).

The SAOG agenda is directed at delivering the TSAB and DSAB priorities.

Modern Slavery:

Slavery is not an issue confined to history; A National Referral Mechanism has been established by the Home Office, of which The Trust is a statutory partner. Our staff did highlight potential modern slaves this year, which is a good indication that we are aware of the issues as a Trust.

An ICON site is now available to support staff, alongside a 'Buzz' video. The Trust supports partnership arrangements led by Torbay Council Safer Community Partnership.

Prevent:

The PREVENT strategy was updated by the government in 2011 in response to the growing threat of terrorism and is one part of the UK Counter terrorism strategy CONTEST.

PREVENT is pertinent to adult safeguarding in that we know that vulnerable people have been targeted and radicalised. The Adult Safeguarding leads are responsible for assisting with the referral process and subsequent assessment meetings. The majority of referrals locally are for young men who are autistic and vulnerable, they are radicalised by Right Wing Extremists online.

All staff are to be made aware of the PREVENT strategy and how it is being implemented within the Trust, via basic awareness training. This training is now included in induction training and updated via mandatory training schedules, in 3 yearly conflict training. The October 2017 Safeguarding Adults Forum focussed on PREVENT – Identifying and minimising risk of radicalisation of vulnerable people. This was delivered in partnership with Devon and Cornwall Police and Torbay Safer Community Partnership.

County Lines:

County Lines is becoming an increasing problem in Devon. Criminal exploitation, also known as 'county lines', is when gangs and organised crime networks exploit vulnerable adults and children to sell drugs, which originate in major cities. Often these people are made to travel across counties, and they use dedicated mobile phone 'lines' to supply drugs.

It can also involve 'cuckooing' which when those gangs take over the home of a vulnerable adult and use it to sell drugs from. The October Safeguarding Adults Forum is focussing on this topic.

Domestic Abuse:

Collaboration with other members of TSAB / DSAB continues to reduce improve reporting and responding to Domestic abuse incidents.

Increasing safeguarding awareness and referrals:
Implementation of the green sticker:

The green stickers have been developed to record when a safeguarding concern is first identified and what, if anything, has been done with the concern in terms of recording and alerting.

It has been noted that on some occasions where there are safeguarding concerns, it has been difficult to ascertain what action has been taken and what might still be required. The Green Sticker will provide an easily identifiable form for recording this information.

- Any safeguarding adult concern MUST be recorded on the Green Sticker as soon as it is identified by the person who observes the concern. This is then placed in the patient's medical notes.
- The Green Sticker will also provide an aid memoir for the person completing the concern as well as having referral telephone numbers.

3.3.3 Dementia Steering Group:

This clinician led group has the following objectives:

Ÿ Improving public and professional awareness and understanding of dementia
Ÿ Good quality information for those with diagnosed dementia and their carers
Ÿ Implementing the carer's strategy
Ÿ Improved quality of care for people with dementia in general hospital
Ÿ An informed and effective workforce for people with dementia

Achievements:

- Publication of the Trust Dementia strategy
- Achievement of the Dementia Find KPI
- Contributed to the Devon gap analysis
- Focus on improving the referral pathway for those with delirium
- Adoption of the Herbert protocol - Missing Person Information

3.3.4 Joint Equalities Cooperative:

This newly formed CCG led group will focus on the equality and parity of esteem agenda.

4. Quality Assurance and Improvement in Care Homes:

4.1 The Quality Assurance and Improvement Team

The Trust has statutory responsibility for adult social care and safeguarding for all residents in Torbay, and almost half of the residents in these homes are funded this way. There are also people whom are self-funding in these homes, whom we must legally ensure are safeguarded as per our responsibilities under The Care Act 2014. The Care Quality Commission (CQC) is the overall legal

regulator of care homes and is responsible for the monitoring and audit of quality. There are currently 87 care homes in Torbay, with 73 of those registered with CQC as residential homes and 14 as nursing homes.

The NHS England framework for Enhanced Health in Care Homes (EHCH) was published in September 2016; it makes recommendations about having a suite of evidence based interventions, designed to be delivered within and around a care home in a co-ordinated manner in order to make the biggest difference to its residents. Critical to the success of this model are person centred change, co-production, focus on quality and strong leadership to deliver a number of elements of care. One of the key elements of care detailed is multidisciplinary team (MDT) support for residents with care and support needs. The QAIT provides this MDT, and improves the care of complex conditions by ensuring care homes and residents have access to and are making full use of the knowledge and skills of team members from multiple disciplines.

The QAIT team offers homes the opportunity to develop a long term trusting ongoing relationship with a smaller group of staff and clinicians. Such trusting relationships enable us to prevent issues becoming serious. The QAIT also works closely with GPs to look at identified issues.

5. Whole Service Reviews:

There were four whole Service Reviews undertaken in 2017/18. This is formal safeguarding adults process for a whole care home or provider. These are done in partnership with the Care Quality Commission.

The themes from these reviews were incorporated into the Quality and Assurance Team's review process. Key themes were:

- Management & Leadership
- Staffing levels
- Medication
- Staff training
- Care records

6. Deprivation of Liberty Safeguards - Activity for the Supervisory Body (Delegated from Torbay Council):

Deprivation of Liberty (DOLS) assessments can only be done by Best Interest Assessors, who have undertaken a specialist assessment. The process authorises the 'deprivation of liberty' of people who cannot leave their care location and have an impairment of the mind.

DOLS statistics remain very high, and nationally there are significant problems in this field. In Torbay, staffing capacity to undertake the assessments is limited. The cases are triaged using criteria published by the Association of Directors of Social Services. The replacement legislation is making its way through parliament and will address process issues.

Additional staff were funded in 2017/2018, however one post remains unfilled – despite a national external advertisement. An agency was acquired to undertake

assessments, but the quality was not deemed satisfactory. This risk is on the Corporate Risk Register. The team continues to prioritise high risk cases. However, the volume of referrals is very high, and the July 2018 figures for care home applications are in the table below:

Applications	2014/15	2015/16	2016/17	2017/18	01/05/18	06/06/18	03/07/18	02/08/18
Being Triaged	0	1	4	7	0	4	3	10
High	24	17	32	83	73	70	68	69
Medium	76	106	114	128	133	141	141	141
Low	409	447	447	349	348	340	345	362
Other	12	0	0	2	2	2	3	2
Total	521	571	597	569	556	557	560	584

7. Case law - July 2018: End of Life Care for Persons in a Vegetative State:

In 2017 the definition of what constituted a high risk was revised, and the resulting increase can be seen in the table above.

The Supreme Court ruled (An NHS Trust and others v Y) that where a person is in a vegetative state, their family will no longer have to consult a judge when deciding to stop their end of life care if the medical team are also in agreement. Even if the person has not made an advance decision to refuse treatment, where the family and medical team agree it is in the person's best interests, artificial feeding and hydration can be stopped.

8. Summary:

Performance in Safeguarding Adults targets remains good, with strong governance and operational delivery. Adult Safeguarding has faced the challenges of new national programmes to tackle an increasing problem in Exploitation. Training and support is embedded for Prevent and Modern Slavery, and County Lines awareness is being developed.

A training strategy for Adult Safeguarding has been embedded, with a focus on ensuring all levels are provided and attended, in order to ensure that our staff are skilled and confident in protecting vulnerable adults. The key risk is at level three, which is being prioritised.

Consistent efforts have been put into monitoring and improving Deprivation of Liberty Requests, but this remains a key risk for the organisation.

The TSDFT Quality Assessment and Improvement Team for Torbay has had a strong year, with good supportive relationships developing with care home providers. All care homes in Torbay have been reviewed for quality and safety, and individual reviews undertaken for residents. Key quality issues were dealt with by the team and fed into Whole Service Safeguarding Reviews where necessary.

Cover sheet and summary for a report to the Trust Board of Directors					
Report title: Care Quality Commission update					Date: 3rd October 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 updates on the key current CQC-related items, such as the progress towards completion of the TSDFT Requirement Notices Action Plan responding to the CQC Inspection Report published on 17th May 2018. The report also summarises two recent documents related to CQC regulation.				
Purpose (choose 1 only)	**Note** ☐	**Information** ☒	**Review** ☐	**Decision** ☐	**Approve** ☐
Recommendation	For information only.				
Summary of key elements					
Strategic context	Strategic aims supported: • Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led				
Dependencies and risk	Elements of this Board report can be cross-referenced with: • the TSDFT 2018 final CQC Inspection Report published on the CQC website. https://www.cqc.org.uk/sites/default/files/new_reports/AAAH1824.pdf • "Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts", June 2017, NHS Improvement. https://improvement.nhs.uk/documents/1259/Well-led_guidance_June_2017.pdf • "Emerging Concerns Protocol", 26th July 2018 https://www.cqc.org.uk/sites/default/files/20180726_emerging-concerns-protocol.pdf				
Summary of scrutiny	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by the Executive Directors in a meeting on 25th September 2018.				
Stakeholder engagement	The following stakeholders were consulted during the compilation of this report: • Core service leads, regarding the Requirement Notices Action Plan				

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: Care Quality Commission update		Date: 3rd October 2018
Report sponsor	Chief Nurse	
Report author	Quality and Compliance Manager	

1. Introduction

1.1 Aim:

This paper aims to provide the following for the TSDFT Board:

- An update on the progress towards completion of the Requirement Notice Action Plan which responds to the TSDFT 2018 final Care Quality Commission (CQC) Inspection Report published on 17th May 2018;
- An update on the Should Do Improvement Management Plan being developed in response to the CQC Inspection Report 2018;
- An update on Audit South West's review of TSDFT's monitoring of CQC regulations compliance;
- Notification of a change of CQC Inspection Manager;
- An update on TSDFT's well-led self-assessment;
- An outline of an internal process by which TSDFT will review and respond to the monthly CQC Insight extract.
- A summary of NHS Improvement's report "From Good to RI: Understanding why some trusts' ratings are slipping", received in July 2018;
- A summary of the Emerging Concerns Protocol published by eight health and social care regulatory and professional bodies, in July 2018.

1.2 Purpose

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

2. Requirement Notice Action Plan

2.1 Background

The CQC's final Inspection Report published in May 2018 from the inspection of five CQC-defined core services and well-led assessment of TSDFT, stated ten Requirement Notices across the core services as follows:

- 5 in Maternity;
- 1 in Acute End of Life;
- 3 in Outpatients, and
- 1 in Community End of Life.

A Requirement Notices Action Plan with 34 actions to address these Notices was submitted to the CQC in June 2018 and accepted without comments, as previously reported to the Board.

Accountability for completing the Requirement Notices Action Plan rests with the relevant Service Delivery Unit (SDU) and is reviewed at the SDU Board meetings. Additionally, the CQC compliance forms part of the Quality Performance Review meetings. The Action Plan is also monitored through the monthly CQC Assurance Group meeting.

The Requirement Notices Action Plan progress has been included on meeting agendas for the:

- Quality and Compliance Committee;
- Quality Assurance Committee, and
- Quality Improvement Group (QIG).

2.2. Update

The Requirement Notices Action Plan showing the status at 19th September 2018 is summarised in Table 1.

The Action Plan last presented to the Board showed the status as at 19th July 2018. Since then, the following progress has been made:

- 4 further actions completed;
- For the remaining open actions, the RAG status is unchanged.

Overall, the status of the 34 actions as at 19th September 2018 is:

- 23 are complete
- Four are delayed from the planned completion date (amber in the "on track RAG analysis"); all four are anticipated to complete in Q3, two are in regard to medical staff training, and two are in regard to the fracture clinic renovations (works due to complete 21st September 2018, and staff to move in on 24th September 2018);
- Seven are on track for completion by the planned date (green in the "on track RAG analysis"), of which six are planned to complete in Q3 and one is planned to complete in Q4.

The CQC have requested updates on the progress towards addressing the Requirement Notices, therefore, this updated Action Plan with the status as at 19th September 2018, is also being provided to the CQC.

Table 1: Summary of status of Requirement Notices Action Plan as at 19th September 2018

Ref.	Requirement Notice (Core Service)	Action to be taken (set by TSDFT)	Planned Completion Date	On track status against planned completed date (RAG analysis) + Date of completion or update.
1	Ensure that all maternity staff has in date mandatory training. (Acute maternity)	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	19-Jun-18 (G)
2a	Review systems and processes to ensure equipment has had the correct safety checks and audits, with particular reference to resuscitaires. (Acute maternity)	Remind staff regarding the requirement and importance of checks	To be completed by 31-May-18	31-May-18 (G)
2b		Band 7 midwives to take responsibility for ensuring complete	To be completed by 31-May-18	31-May-18 (G)
2c		Implementation of spot checks by midwifery matron in relation to compliance	To be completed by 31-May-18	31-May-18 (G)
2d		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 19-Sep-18 from Head of Midwifery: 2 months of audit data collected – this has coincided with one of our most busy periods. There has been an improvement from the time of inspection, but we are not yet achieving the level we would like. The first month data has been shared with the staff and the second months data will be shared shortly. The HoM and matron have met with the senior midwives in the areas and agreed how we can ensure the level of compliance improves. (G)
2e		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	04-Jul-18 (G)

Ref.	Requirement Notice (Core Service)	Action to be taken (set by TSDFT)	Planned Completion Date	On track status against planned completed date (RAG analysis + Date of completion or update.
3a	Review systems & 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)	Remind staff regarding the requirement and importance of checks	To be completed by 31-May-18	31-May-18 (G)
3b		Band 7 midwives to take responsibility for ensuring complete	To be completed by 31-May-18	31-May-18 (G)
3c		Implementation of spot checks by midwifery matron in relation to compliance	To be completed by 31-May-18	31-May-18 (G)
3d		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 19-Sep-18: same as action 2d (G)
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 & post-operatively. (Acute maternity)	Weekly sampling of compliance	In place and ongoing until assured compliance is embedded in practice	As at 19-Sep-18: sampling currently on hold, whilst enabling embedding of new chart. To recommence sampling Oct 18. (G)
4b		MEOWS chart to be updated	To be completed by 30-Jun-18	09-Jul-18 (G)
4c		Relaunch MEOWS chart, including update for staff	To be completed by 31-Aug-18	14-Aug-18 (G)
5	Lead midwife for safeguarding and the nominated individual for safeguarding for the trust should have correct level of training to comply with national recommendations. (Acute maternity)	The Named Midwife for Safeguarding Children (new in post) to attend Level 4 training	External course booked 10&11-Jul-18	11-Jul-18 (G)

Ref.	Requirement Notice (Core Service)	Action to be taken (set by TSDFT)	Planned Completion Date	On track status against planned completed date (RAG analysis + Date of completion or update.
6a	Ensure care planning documentation is used consistently to assess & plan the needs of palliative care and end of life patients. (Acute 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	18-Jul-18 (G)
6b		The Specialist Palliative Care lead nurse will undertake regular routine snapshot audits to monitor adoption and completion of the documentation.	To commence beginning Q2	18-Jul-18 (G)
7a	Ensure that trust targets are met for the completion of mandatory training updates for both medical staff & nursing staff in the outpatients service. (Acute outpatients)	Specialty Clinical Directors to undertake a review of medical staff mandatory training in their areas of responsibility.	By end of Q1	Status as at 19-Sep-18: Head of Education & Workforce Development states meeting with Medical Director on 24-Sep-18 will review latest compliance report and agree action plan. (A)
7b		Specialty Clinical Directors to undertake a review of nursing staff mandatory training in their areas of responsibility.	By end of Q1	29-Jun-18 (G)
7c		Mandatory training dates to be allocated by medical staff individuals	Achieved during Q2/3.	Status as at 19-Sep-18: same as action 7a (G)
7d		Mandatory training dates to be allocated by nursing staff individuals	Achieved during Q2/3.	17-Sep-18 (G)

Ref.	Requirement Notice (Core Service)	Action to be taken (set by TSDFT)	Planned Completion Date	On track status against planned completed date (RAG analysis + Date of completion or update.
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)	Specialty Clinical Directors to undertake a review of medical staff safeguarding training in their areas of responsibility.	By end of Q1	Status as at 19-Sep-18: same as action 7a. (A)
8b		Specialty Clinical Directors to undertake a review of nursing staff safeguarding training in their areas of responsibility.	By end of Q1	29-Jun-18 (G)
8c		Safeguarding training dates to be allocated by medical staff individuals	Achieved during Q2/3.	Status as at 19-Sep-18: same as action 7a. (G)
8d		Safeguarding training dates to be allocated by nursing staff individuals	Achieved during Q2/3.	17-Sep-18 (G)
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)	Initial planning meeting to review scope of renovations to ensure best value in use of vanguard unit	Immediately following inspection	01-Feb-18 (G)
9b		Enabling works for QC Lab areas and Staff Rest Room	Complete by eob 01-Jun-18	01-Jun-18 (G)
9c		Temporary Plaster Room in Hydrotherapy to be complete, enabling plaster teams to move in	Complete by eob 04-Jun-18	04-Jun-18 (G)
9d		Work on existing Plaster Room and Clinic areas to start w/b 04-Jun-18	Work completed mid-Jul-18	Status as at 17-Sep-18 from EFM Governance Lead: All works will be completed 21-Sep-18. Volumes of fracture clinic patients during the summer season have adversely affected progress of works in a live environment. (A)
9e		Staff to move back in to re-designed Fracture Clinic	By 31-Jul-18	Status as at 17 Sep 18 from EFM Governance Lead - Volumes of fracture clinic patients during the summer season have adversely affected progress of works in a live environment. Staff move in on the 24-Sep-18. (A)

Ref.	Requirement Notice (Core Service)	Action to be taken (set by TSDFT)	Planned Completion Date	On track status against planned completed date (RAG analysis + Date of completion or update.
10a	The trust must ensure the Mental Capacity Act 2005 is complied with. (Community End of Life)	Community Hospital Matrons and Community Nurse Leads to review training compliance across the Community SDU	By end of Q1	17-Jul-18 (G)
10b		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	17-Jul-18 (G)
10c		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 17-Sep-18 from Community ADN: Training now available for staff to access. All relevant areas aware of need to complete by end of Q3. On track for all staff to have booked on to training or completed the training by the end of Q3. (G)
10d		Medical staff (i.e. GPs covering community inpatient beds) training dates to be identified and staff allocated training	Achieved during Q2/3	31-Aug-18 (G)
10e		Community Hospital Matrons and Community Nurse Leads to undertake an audit of MCA compliance during Q4.	By end of Q4	Status as at 17-Sep-18 from Community AND: ADN has contacted Adult Safeguarding Team regarding undertaking an audit in Q4. (G)

3. Should Do Improvement Management Plan

3.1 Background

The CQC's final Inspection Report stated 47 actions the Trust should take to improve, across the CQC-defined core services inspected as follows:

- 9 Overall Trust;
- 12 in Acute Maternity;
- 10 in Acute End of Life;
- 5 in Outpatients;
- 6 in Community End of Life, and
- 5 in Community Children and Young People.

3.2 Update

With the greater degree of flexibility for the level to which the "should do improvements" can be addressed, a different approach is being used to manage these than with the Requirement Notice actions. The majority of the actions are already being managed through existing workstreams. Therefore, it was decided that the role of the CQC Assurance Group would be to propose and document for Executive Director approval, whether each action would be completed in this financial year, after 1st April 2019 or no action to be taken, and to ensure/assign an existing workstream to manage the action. These actions have been worked on by the CQC Assurance Group over the last three meetings assigning a management route for each action as follows:

- Business as usual, current workstream (34 actions);
- Current workstream to be actioned (12 actions);
- Delay action past 1st April 2019 and review later, with reason to postpone, review date and outcome of risk register consideration documented (1 actions);
- No action, with reason for no action and outcome of risk register consideration documented (0 actions).

Following the next CQC Assurance Group meeting on 28th September 2018, this Should Do Improvement Management Plan will be submitted to the Executive Directors for approval week beginning 8th October 2018.

4. Audit South West's review of TSDFT's monitoring of CQC regulations compliance

4.1 Background

As part of the 2018/19 Internal Audit Plan, approved by the Audit and Assurance Committee, Audit South West is undertaking a review to confirm whether the systems in place within TSDFT to monitor compliance against the CQC regulations, provide sufficient ongoing awareness and assurance.

The overarching objective is to assess TSDFT's response to the CQC's Inspection report published in May 2018 following its inspection in February and March 2018. As done in previous years Audit South West will be looking to establish the status of actions for implementation. The primary focus of this review is to identify the implementation status of a sample of 'must do' and 'should do' recommendations taken

from the CQC Inspection Report. In order to confirm the effectiveness of these, Audit South West will include confirmation that actions identified in response to the CQC findings and that there is effective and ongoing performance monitoring being undertaken.

The objectives of this review will be to provide the Trust with assurance that there are adequate controls in place managing the compliance with the CQC regulations.

4.2 Update

Audit South West anticipate sending their draft audit report to TSDFT by mid-October 2018 for TSDFT's review and comments within two weeks of report receipt. Audit South West will review the comments and revise the audit report as appropriate before the final report is released and issued to TSDFT.

5. Change of CQC Inspection Manager

CQC have made regional personnel changes, with Dan Thorogood moving from Inspector Manager for Devon to Inspector Manager for Cornwall, and Mandy Williams, a registered midwife, becoming Inspector Manager for Devon. Sharon Hayward-Wright remains TSDFT's local Inspector. Mandy Williams is scheduled to be present at the next CQC Provider Engagement meeting on 1st November 2018 when meetings are scheduled with Maternity, Fracture Clinic and the Mortuary.

6. TSDFT's well-led self-assessment

6.1 Background

NHS Improvement's (NHSI) well-led framework is structured around eight Key Lines of Enquiry (KLOEs):

1 Is there the **leadership capacity and capability** to deliver high quality, sustainable care?	2 Is there a clear **vision** and credible **strategy** to deliver high quality, sustainable care to people, and robust plans to deliver?	3 Is there a **culture** of high quality, sustainable care?
4 Are there clear responsibilities, **roles** and systems of accountability to support good governance and management?	**Are services well led?**	5 Are there clear and effective processes for managing **risks**, issues and **performance**?
6 Is appropriate and accurate **information** being effectively processed, challenged and acted on?	7 Are the **people** who use services, the public, **staff** and **external partners engaged** and involved to support high quality sustainable services?	8 Are there robust systems and processes for **learning**, continuous **improvement** and **innovation**?

The well-led framework is wholly shared with the CQC and underpins the regulatory assessments of the well-led key question, so that information prepared for continuous improvement and development can also be used for regulation. The main elements of this framework are reflected in NHS England's (NHSE) improvement and assessment framework for clinical commissioning groups.

NHSI's guidance document published in June 2017 "Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts" states that self-review against the eight KLOEs is recommended to be performed by the Trust Board annually, although the timeframe can be set by the provider.

This guidance document states that:

- "The purpose of regular self-review is to promote self-knowledge, reflection and vigilance, and the development and improvement of leadership and governance. It helps providers identify their strengths and development areas to deliver continuous improvement. High performing providers are likely to carry out some form of self-review of their leadership and governance regularly and frequently."
- The Self-Review is an important first step in preparing for an externally facilitated Development Review of the provider's leadership and governance using the well-led framework, which is strongly encouraged to be performed every 3-5 years. The last TSDFT Board self-assessment against the well-led framework was conducted in November 2017 and reported in the February 2018 Board meeting.

6.2 Update

Using the previous TSDFT well-led self-assessment (February 2018 Board paper) as a foundation, the next self-assessment is planned for kick-off during the Board Development Session in November 2018, anticipated to be facilitated by the Deputy Chief Nurse and the Quality and Compliance Manager. A proforma will be circulated to the Board in the first week of October for individual consideration prior to the Board Development Session.

7. CQC Insight

7.1 Background

CQC's Insight tool is designed by CQC to make their activity more intelligence-driven as outlined in the CQC's strategy for 2016-2021. The Insight dashboard primarily enables CQC staff to monitor the quality of care and focus resources on where the risk is greatest and identify areas where quality may be improving.

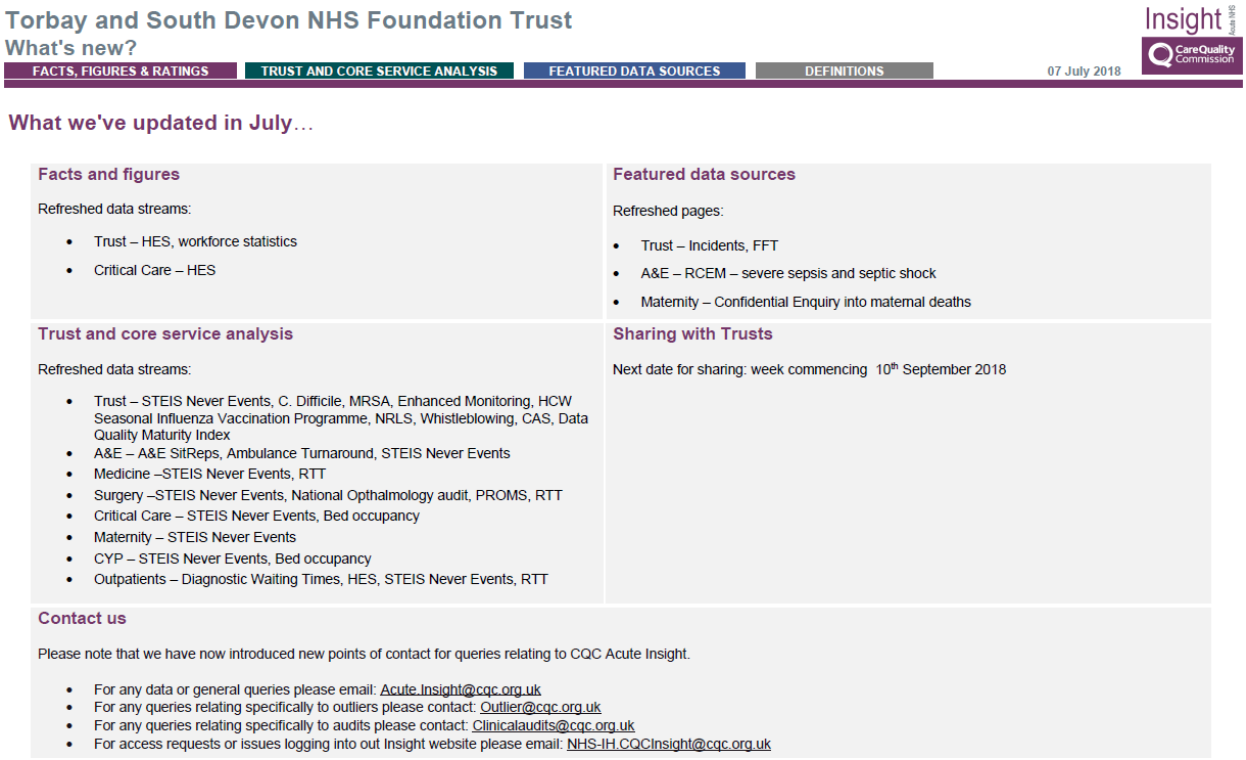
Insight data is refreshed overnight and CQC staff can view this ongoing. Point-in-time extracts are made available to providers approximately monthly. Arm's Length Bodies (ALB; e.g. NHSI, NHSE, Clinical Commissioning Groups and Healthwatch) have access to the same dashboard as providers, however providers can access only their own data whereas ALB can access for all providers. The data can be used as part of ongoing engagement between the CQC and the provider.

The current version of CQC Insight for Acute Trusts has approximately 260 Indicators from a number of data sources, aligned to KLOEs. CQC will continue to develop indicators, for example, improve use of qualitative information.

Data sources are mostly publicly available, some of the main datasets used include:

- Dr Foster;
- Electronic Staff Record;
- Experience information reported on NHS Choices, patient opinion, and to CQC;
- General Medical Council's (GMC) National Training Survey;
- Hospital Episode Statistics;
- Incidents reported to National Reporting and Learning System (NRLS);
- National mandated surveys;
- Never events reported to the Strategic Executive Information System (StEIS);
- NHS England's Friends and Family Test;
- NHS staff survey;
- Royal Colleges' audits;
- Safety Thermometer;
- Staff concerns reported to CQC (whistleblowing information).

Not all data are refreshed each month. The "Planner" page of the dashboard gives the schedule of planned indicator refreshes for the year. The "What's New" page (as shown on the next page) in the extract provided to the Trust, states the data refreshed in that extract.



Torbay and South Devon NHS Foundation Trust

What's new?

FACTS, FIGURES & RATINGS | TRUST AND CORE SERVICE ANALYSIS | FEATURED DATA SOURCES | DEFINITIONS

07 July 2018

Insight

CareQuality Commission

What we've updated in July…

Facts and figures

Refreshed data streams:

- Trust – HES, workforce statistics
- Critical Care – HES

Featured data sources

Refreshed pages:

- Trust – Incidents, FFT
- A&E – RCEM – severe sepsis and septic shock
- Maternity – Confidential Enquiry into maternal deaths

Trust and core service analysis

Refreshed data streams:

- Trust – STEIS Never Events, C. Difficile, MRSA, Enhanced Monitoring, HCW Seasonal Influenza Vaccination Programme, NRLS, Whistleblowing, CAS, Data Quality Maturity Index
- A&E – A&E SitReps, Ambulance Turnaround, STEIS Never Events
- Medicine –STEIS Never Events, RTT
- Surgery –STEIS Never Events, National Opthalmology audit, PROMS, RTT
- Critical Care – STEIS Never Events, Bed occupancy
- Maternity – STEIS Never Events
- CYP – STEIS Never Events, Bed occupancy
- Outpatients – Diagnostic Waiting Times, HES, STEIS Never Events, RTT

Sharing with Trusts

Next date for sharing: week commencing 10th September 2018

Contact us

Please note that we have now introduced new points of contact for queries relating to CQC Acute Insight.

- For any data or general queries please email: Acute.Insight@cqc.org.uk
- For any queries relating specifically to outliers please contact: Outlier@cqc.org.uk
- For any queries relating specifically to audits please contact: Clinicalaudits@cqc.org.uk
- For access requests or issues logging into out Insight website please email: NHS-IH.CQCInsight@cqc.org.uk

7.2 Update

On 21st September 2018, the CQC advised providers that they are experiencing technical difficulties with the CQC Insight tool and the next provider extracts will be delayed 3-4 weeks.

The following review process is planned for new CQC Insight extracts received through to March 2019. During this time, the understanding of the data in the Insight extract will build e.g. source, currency, and whether the information is already known and part of TSDFT's governance monitoring, and the process below will be reviewed.

- The Quality and Compliance Manager will regularly check the QRP website for publication of the next CQC Insight monthly extract.

- Data listed on the "What's New" page in Insight extracts will be reviewed:
  - by the Deputy Chief Nurse, Patient Safety Lead and Quality and Compliance Manager for new information, for example, performance trends and evidence against the KLOEs.
  - by the Clinical Audit Team Leader and the Quality and Compliance Manager to ensure that where national audit data indicates that TSDFT is an outlier, that internal workstreams are monitoring and addressing with action plans if appropriate.

- The outcome of these reviews will be documented and reviewed at the monthly CQC Assurance Group meeting, and an exception report made available to the QIG monthly meeting. The national audit data review will be reported into Clinical Audit Effectiveness Group.

8. NHS Improvement's: "Good to RI: Understanding why some trusts' ratings are slipping"

8.1 Background

NHSI had noted the CQC rating of some trusts had declined from Good to Requires Improvement (RI) and undertook a project to understand the decline to help the trusts improve and other trusts to avoid a decline. The project summary was sent by the Assistant Quality Manager (South West, South) at NHSI to regional trusts on 27th July 2018.

8.2 Summary

The main findings from the analysis are:

- three quality domains are consistently RI, and underscore the decline in overall rating: safe, effective and well-led. Caring and responsive quality domains were largely unchanged or improved, i.e. were not a factor in overall rating decline.

- Trusts appear to be rated RI for similar reasons:
  i. “A lack of staff supervision
  ii. Staff training, especially poor compliance/monitoring of mandatory training
  iii. Staff not having the right skills for the role
  iv. Issues with governance and risk assessments/audits being undertaken
  v. Misunderstanding or improper application of the Mental Health (MH) Act or Mental Capacity Act.
  vi. Staff not following national guidelines (although not one single guideline)
  vii. Inappropriate use of restraint and/or tranquilisation
  viii. Not sufficiently learning from incidents (including poor communication of learning, or failure to properly record the learning)
  ix. Lack of understanding of Duty of Candour”

- MH services appear to be a factor in this cohort, as four out of five trusts in the analysis are a MH provider.

Of the above reasons i-ix, the first five can be recognised as findings in the CQC Inspection Report of TSDFT published in May 2018, however, the last two are positively commented upon several times for this Trust.

Caution should be exercised in the significance placed on these findings to TSDFT as the sample size is only five trusts, of which, only one is an acute trust.

9. Emerging Concerns Protocol

Health and social care professional and system regulators, and others involved in the quality and safety of care provision have an essential role in ensuring that services promote, protect and maintain the health, safety and well-being of people who use services, and in protecting the public. Information sharing between organisations does happen, however, improving the transparency and consistency would enable the organisations to fulfil their collective role better, improve the ability of individual organisation to fulfil their roles, reduce unnecessary burden, and quicken prevention of people receiving poor care.

The Emerging Concerns Protocol:

- was developed under the governance of the Health and Social Care Regulators Forum, and was published on 26th July 2018.

- provides guidelines to staff in signatory organisations with a role in the quality and safety of care provision, on how to raise and escalate concerns to one or more organisations, that may not be seen as an emergency, but which could indicate a future risk to people who use services, their carers, families or professionals.

- aims to enable discussions to take place safely and without judgement, and decisions to be made as to how relevant concerns can be addressed in a proactive rather than a reactive way.

- It does not replace existing responsibilities, protocols or arrangements for taking emergency action, including arrangements for whistleblowing and responsibilities under Duty of Candour, and Fit and Proper Persons Regulations.

The following eight organisations are signatories of this protocol:

- CQC
- GMC
- General Pharmaceutical Council
- Health and Care Professions Council
- Health Education England
- Local Government and Social Care Ombudsman
- Nursing and Midwifery Council
- Parliamentary and Health Service Ombudsman

In addition to the signatories, the General Dental Council is supporting the emerging concerns working group for the protocol, and are expected to become a signatory.

NHSE and NHSI have supported the emerging concerns working group.

The concerns may fall into three categories:

- Concerns about individual or groups of professionals
- Concerns about healthcare systems and the healthcare environment (including the learning environments of professionals)
- Concerns that might have an impact on trust and confidence in professionals or the professions overall.

10. Conclusion

The monitoring of the Requirement Notice Action Plan and the Should Do Improvement Management Plan is on track and receiving satisfactory engagement from stakeholders.

We continue to develop our processes for reviewing externally summarised information.

11. Recommendations

This summary Board Report is for information only.

Cover sheet and summary for a report to the Board of Directors					
Report title: Revisions to the FT Constitution to reflect amalgamation of the Nomination and Remuneration Committees				Date: 3rd October 2018	
Report sponsor	Chief Executive				
Report author	Interim Company Secretary				
Report provenance	• Council of Governors dated 18/07/2018 • Executive Directors dated 25 September 2018				
Confidentiality	Public				
Report summary	The Council of Governors' Nominations Committee and the Remuneration Committee have experienced challenges with continuity and sharing of information, as well as duplication of effort and some confusion of roles. It was proposed to bring the two committees together, with an expanded membership, to make the process smoother, more joined up, and to include more governors than before to give a better representation of the Council of Governors (CoG) on the Committee. The CoG approved the proposal and new Terms of Reference on 18 July 2018 and mandated the Interim Company Secretary to revise the FT Constitution (FTC) to reflect the new Terms of Reference. The newly amalgamated committee has dealt with two matters since approval of the approval of the amalgamation. These are the remuneration of Non-executive Directors and the Chair for 2018/19, and the reappointment of Jen Welch as Non-executive Director for a further term of three years. Both recommendations were subsequently approved by the CoG. Additionally, paragraph 19 is deleted due to NHSI disbanding the Independent Panel for Advising Governors on 23 January 2017. A future revision to the FTC will set out procedures for managing matters that previously might have been escalated to the Independent Panel for Advising Governors. The revisions the FTC are for approval by the Board of Directors.				
Purpose	**Note** ☐	**Information** ☐	**Review** ☐	**Decision** ☐	**Approve** ☒
Recommendation	The Board is recommended to approve the revisions to the FT Constitution.				
Summary of key elements					
Strategic context	• Valuing our workforce • Well-led				
Dependencies and risk	There is no assessed legislative or regulatory risk associated with this recommendation.				
Summary of scrutiny	The recommendations in this report have been subject to challenge and due diligence by:				

	• Council of Governors dated 18 July 2018 • Executive Directors dated 25 September 2018
Stakeholder engagement	The following stakeholders were consulted during the compilation of this report: • Council of Governors • Executive Directors • Chairman
Other standards affected	The recommendations made in this report will impact upon: • NHSLA compliance • Compliance with the Monitor License • Compliance with the Monitor NHS Code of Governance dated July 2014
Legal considerations	There are no legal implications identified.

Report title: Revisions to the FT Constitution to reflect amalgamation of the Nomination and Remuneration Committees		Date: 3rd October 2018
Report sponsor	Chief Executive	
Report author	Interim Company Secretary	

Introduction

The Council of Governors' Nominations Committee and the Remuneration Committee have experienced challenges with continuity and sharing of information, as well as duplication of effort and some confusion of roles. It was proposed to bring the two committees together, with an expanded membership, to make the process smoother, more joined up, and to include more governors than before to give a better representation of the Council of Governors (CoG) on the Committee.

The CoG approved the proposal and new Terms of Reference on 18 July 2018 and mandated the Interim Company Secretary to revise the FT Constitution (FTC) to reflect the new Terms of Reference.

New Text to replace existing text at paragraph 18:

18 Council of Governors Committees and Sub-Committees and Groups

18.1 The Council of Governors shall appoint two standing committees and may appoint task and finish groups from time to time as required. The standing committees shall be the:

a) Nomination and Appointments Committee (including remuneration functions), and
b) Quality and Compliance Committee.

18.2 The Nomination and Appointments Committee shall be chaired by the Chairman of the Trust, or in the case of the appointment to office or the appraisal and remuneration of the Trust Chairman, the Senior Independent Director (SID) shall chair the committee.

18.3 The Nomination and Appointments Committee membership shall be appointed by the Council of Governors and shall comprise ten (10) members including:

a) The Chairman of the Trust or Senior Independent Director
b) Two governors from each of the public constituencies (Teignbridge, South Hams, Torbay)
c) Two governors from the staff constituency
d) The Lead Governor or their duly nominated deputy

18.3.1 Governors appointed by Clinical Commissioning Groups or Local Authorities shall not be members of the Nomination and Appointments Committee.

18.3.2 Governors shall be appointed to the Nomination and Appointments Committee for a maximum period of two years, or until they choose to resign from the Committee, which shall be confirmed in writing to the Chairman of the Trust.

18.3.3 Appointment of governors to the Nomination and Appointments Committee shall be conducted at a general meeting of the Council of Governors. If there are more governor nominees than places on the Committee, the final selection of candidates shall be put to a private ballot of the Council of Governors.

18.3.4 Neither the Chairman nor the SID shall participate in voting unless a deadlock ensues in which case they shall have a casting vote.

18.4 The Chair of the Quality and Compliance Committee shall be elected by and from the members of the Q&CC Committee annually. In the Chair's absence, one of the publicly-elected members shall Chair the meeting.

18.5 The Council of Governors may appoint additional committees consisting of its members to assist it in carrying out its functions. A committee appointed under this paragraph may appoint a sub-committee.

18.6 These committees or sub-committees may call upon outside advisers to help them in their tasks.

Existing text at paragraph 18 to be replaced

18 Council of Governors - Committees and Sub-Committees

18.1 The Council of Governors will appoint four standing committees:

(a) A Non-Executive Directors' Remuneration Committee.

(b) A Nominations Committee.

(c) A Quality and Compliance Committee.

(d) A Membership Group.

18.2 The Non-Executive Directors' Remuneration Committee shall be chaired by the Lead Governor of the Council of Governors and will include three Public Governors drawn from each of the three public constituencies and one other member of the Council of Governors.

18.3 The Nominations Committee shall be chaired by the Chairman, or in his absence the Lead Governor of the Council of Governors and consist of members as outlined in its Terms of Reference.

18.4 The Chair of the Quality and Compliance Committee (Q&CC) will be elected by and from the members of the Q&CC Committee on an annual basis. In the Chair's absence, one of the publicly-elected members shall Chair the meeting.

18.5 The Chair of the Membership Group will be elected by and from the members of the Membership Group on an annual basis or in their absence, one of the publicly-elected members.

18.6 The Council of Governors may appoint additional committees consisting of its members to assist it in carrying out its functions. A committee appointed under this paragraph may appoint a sub-committee.

18.7 These committees or sub-committees may call upon outside advisers to help them in their tasks.

Existing text to be deleted due to NHSI disbanding the Independent Panel for Advising Governors on 23 January 2017

NHS Improvement states that: [1]

"We have taken the decision to disband the Independent Panel for Advising Governors.

We have taken this decision with the full support of the Panel Chair, Linda Nash. No substantive questions have been put to the Panel in over three years of its operation. Since governors are not choosing to make use of the Panel's facility given the referral criteria as laid out in legislation, it has been decided to disband this."

19 Referral to the Panel by the Council of Governors

19.1 In this paragraph, the Panel means a panel of persons appointed by Monitor to which a governor of an NHS Foundation Trust may refer a question as to whether the Trust has failed or is failing -

(a) to act in accordance with the constitution, or

(b) to act in accordance with provision made by or under Chapter 5 of the 2006 Act.

19.2 A governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

1 Website reference: https://improvement.nhs.uk/news-alerts/independent-panel-for-advising-governors-disbanded/

Torbay and South Devon NHS
NHS Foundation Trust

Report of Quality Assurance Committee Chair to TSDFT Board of Directors

Meeting dates:	8 August 2018
Report by + date:	Jacqui Lyttle, 3 October 2018
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives: *(please select one or more boxes as appropriate)*	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☐ 3: Valuing our workforce ☐ 4: Well led ☒
Public or Private *(please select one box)*	Public ☒ or Private ☐+ Freedom of Information Act exemption [*insert exemption if private box used*]

Key issue(s) to highlight to the Board:

QIG ways of working and QAC assurance
The committee received comprehensive reports from July and August 2018 QIG and were assured of information provided to QIG and robust challenge and discussion taking place across the 3 parts of the QIG agenda. There was evidence of risk review risks relating to patient safety and quality, with escalation as required to QAC. Assurance had been received relating to the discussion at the Mortality Surveillance Group regarding the SCBU peer review, which had not identified any major issues, although some good learning points had been identified for clinical teams. .

The Chief Nurse provided an overview of the revised CQC intelligence report and approach to information gathering. The system was demonstrated and showed data available from various national audits which could be presented in a variety of different ways, depending on the area under review and the type of assurance required. QAC members agreed that the detail of the report would be discussed at the CQC Assure group but that issues for escalation would come to QIG and QAC.

Health and Safety update
The committee received a very comprehensive health and safety report focussing on incidents of violence against staff and appropriate assurance was received on the measures being undertaken to mitigate this risk.

RTT
The committee received a report from N Foster on the current position regarding various national standards and assurance was provided on the processes being used to monitor and prioritise waiting lists and to ensure the safety of patients on the lists. This is a challenging area for the Trust and is receiving a high degree of attention.

Key Decision(s) Made:

Performance report and metrics

The QAC received the month 3 integrated performance report and a verbal exception update and received assurance on detailed action plans in place to reduce the key risks.

Significant adverse events (SAE)
The committee received summary reports from the June and July SAE group from the Medical Director. Key points from the reports related to an analysis of RCAs undertaken; assurance received on improved ED performance and Quality and Safety and a discussion around GIRFT in relation to ED delays.

The SAE group had discussed the only Never event in the past two years relating to wrong site nerve block, and the national "stop before you block" methodology had now been introduced resulting in a reduced likelihood of recurrence and CN confirmed that this report had completed the action raised at FPIC.

Workforce and organisational development update
The DWOD presented a detailed workforce and organisational development report which detailed work being undertaken to mitigate risks in relation to sickness absence, staff survey and succession planning. The sickness absence target had been met in June for the first time in two years.

Assurance was received on the complete review of mandatory training (both content and delivery) which had taken place: assurance was received that by making the training more relevant and easier to access, the rate of take up should improve. .

Risks from the Board Assurance Framework: - deep dive review:
Two risks were reviewed at this meeting (Risks 1504 and 1695) and information provided for feedback to risk owners. QAC discussed the BAF deep dive process and how assurance could instead be provided from the deep dives undertaken into the SDU risk registers and Risk Owners at monthly Risk Group meetings.

Care Homes
Chief Nurse had provided a very interesting report which prompted a wide-ranging discussion on performance and viability of Care Homes in Torbay: assurance was provided on various work being undertaken to promote closer working with the homes to improve the quality of care provided.

Recommendation(s):

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

Name: Jacqui Lyttle - Committee Chair

Torbay and South Devon NHS
NHS Foundation Trust

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

Meeting date:	28 August 2018
Report by + date:	Robin Sutton, 29 August 2018
This report is for: *(please select one box)*	Information☒ Decision ☐
Link to the Trust's strategic objectives: *(please select one or more boxes as appropriate)*	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☒ 4: Well led ☒
Public or Private *(please select one box)*	Public ☒ or Private ☐

Key issues to highlight to the Board (Month 4):

1. For assurance the Committee reviewed the Month 4 Financial Performance, which remained broadly in line with plan after taking into account not earning the Q1 PSF performance element (£277k). Given the current pressures on A&E it is thought likely that the Trust will miss the targets for earning Q2 PSF. The latest forecast suggests the Trust is facing a gap of £14m on the control total, this consists of CIP £5.9m, Non-recurring £3m and Council/BCF of £5m.

2. For assurance the Committee reviewed the Month 4 Performance Standards together with related management actions and mitigations. Discussion focused upon achieving planned trajectories for the year with particular focus on RTT and Cancer standards.

3. NHSI self-certification for Month 4 was noted by the Committee.

4. The Committee was assured by the deep dive presentation on the Finance Department restructure following the merger.

5. The Committee discussed and reviewed the CIP gap of £5.9m and the supporting Smartsheet position.

6. Torbay Pharmaceuticals financial performance for July 2018 was discussed by the Committee for assurance, a review of an updated forecast following further sales slippage to plan (YTD - £535k) is planned to be undertaken by the TP board.

7. Updates to the Finance Risk Register were noted and Board Assurance Framework Risks Numbers 1231 (Failure to Raise Sufficient Capital) and 1159 (Current IT Systems & Infrastructure) were noted.

8. IM&T report from 2 August 2018 was provided for information and assurance together with CQC report on cyber security from 6 March 2018.

9. The business cases for Meridien and Urology Consultant and Support Staff were reviewed and approved by the Committee.

10. Future deep dives are planned for Procurement and Community SDU.

11. CODAG and SBMT meetings for August 2018 were verbally referenced.

Key Decision(s)/Recommendations Made:

1. As above.

Name: Robin Sutton (Committee Chair)

Torbay and South Devon NHS
NHS Foundation Trust

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

Meeting date:	25 September 2018
Report by + date:	Sally Taylor, 27 September 2018
This report is for: *(please select one box)*	Information☒ Decision ☐
Link to the Trust's strategic objectives: *(please select one or more boxes as appropriate)*	1: Safe, quality care and best experience ☒ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☒ 4: Well led ☒
Public or Private *(please select one box)*	Public ☒ or Private ☐

Key issues to highlight to the Board (Month 5):

1. For assurance the committee reviewed the Month 5 integrated Finance and Performance report and noted that we are still not achieving several standards - notably the A&E 4 hour standard. The committee was assured that the 52 week wait trajectory should be achieved for October.

   There is concern about the provision of domiciliary care in both Torbay and Devon which is resulting in unfilled packages of care and hand backs to the Trust.

2. The financial position for Month 5 is a £7.05m deficit, which is £0.44m behind the budgeted position, largely due to failure to achieve the thresholds for the sustainability fund. There remains a £6 million shortfall on CIP plans for the year.

3. NHSI self-certification for Month 5 was noted by the Committee.

4. The Committee received a presentation on the Community SDU financial situation. It is clear that despite achieving a good level of savings, there remains a shortfall of £2 million and in addition there are cost pressures resulting in a forecast overspend of £4 million. This is mainly due to price pressures for Torbay care clients and high cost placed persons.

5. The Committee noted the draft Care Model Balanced Scorecard and discussed how best to report performance to the Committee, to the Board and at SDU level, as good management information is required on a regular basis. Resources to prepare reports need to be used effectively and a suggested reporting cycle is to be presented for discussion.

6. A presentation was given re Torbay Pharmaceuticals. The revised forecast shows final outturn close to budget despite a slight shortfall in sales. Relationships with customers are being strengthened and action is being taken to reduce the number of failed batches.

   Strategies are being considered to reduce reliance on just a few customers and products. This was a deep dive into a BAF risk (Risk 2209).

7. Business cases were formally approved in respect of AMU expansion and Upper GI staffing.

   The committee noted the reallocation of the overseas nursing recruitment budget to change the model in order to work with HEE on recruitment in India.

8. The Committee approved the renewal of the working capital facility. This will enable the smoothing of cash flows to allow the capital expenditure programme to proceed.

9. The Committee received an update on the Allocate project and noted the delays in implementation which will cause delays in associated benefits.

10. Risk Share Agreement negotiations continue, with support by all parties for the philosophy. However commissioner funding challenges can be expected.

11. The Committee approved the proposed exception reporting process for capital expenditure variances.

12. The Committee noted the update on the Children and Young People's tender and members were pleased to note that preferred bidder basis had been achieved – appropriate governance arrangements would now be put in place.

13. The committee reviewed BAF Risk 1050 - Special Theatres Ventilation and noted that funding for this is a STP agreed priority. In the interim, maintenance is being prioritised.

14. The HIS report was considered. The funding of £1.2 million for community IT (building on the TPP pilot in Coastal) via the STP was noted.

    There are still resourcing issues re mapping for GDPR compliance. A proposal on reviewed staff responsibilities will be brought to the relevant committees.

Key Decision(s)/Recommendations Made:

1. As above.

Name: Sally Taylor (Committee Chair)

Report to the Trust Board of Directors		
Report title: Report of the Interim Chief Operating Officer		Date: 3rd October 2018
Report sponsor	Interim Chief Operating Officer	
Report author	Community; SDU Manager, Assistant Directors and Lead Managers	
Report provenance	The report is the product of business transacted through the community SDU Board, Senior Business Management Team and other support committees, the Torbay Adult Social Care Programme Board the Market Development Executive Group	
Confidentiality	Public	
Report summary	This month the report provides a particular the focus on performance and delivery for the community health and social care services. The report outlines progress on our strategic health and 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 impact with a reduction people placed permanently in residential home and care home use. Along with a number of key prevention measures and system wide engagement around our care model delivery plans. There are many areas of good performance highlighted in the report. However the greatest area for concern is the availability of domiciliary care to support people in their own homes. The percentage of people provided with reablement prior to a social care package of care is on target and the percentage of Intermediate Care placements not resulting in short or long term placement is low at 85.5%. Only 4 people were permanently admitted to a care home in Torbay, directly from hospital (social care funded). Continued strong performance of the community hospitals average length of stay is highlighted. There has however been an increase in the long length of stay in community hospitals. This will impact on the Trust target set by NHS Improvement to reduce the number of patients staying over 21 days across the Acute and Community bed base. The Public Health teams have been involved in significant strategic and operational areas. Engagement and leadership from within these services to support both the Children and Young People (CYP) bid and the 0-19 bid has shown immense commitment and passion. The National Development Team for Inclusion (NDTI) work is an exciting development and the support for a co-produced and co-delivered approach will deliver significant learning for the ICO	

	teams. The work the through Torquay Hub is enabling our vulnerable residents including families living in poverty to access resources and signpost for assistance for their wellbeing maximising community assets. Technology enabled care initiative is progressing with the successful transition to a new provider and a clear engaged strategy to support our clients to remain as independent as possible. Progress and development on the "Friends centre" in Brixham due to open in April 2019.				
Purpose (choose 1 only)	**Note** ☐	**Information** ☒	**Review** ☒	**Decision** ☐	**Approve** ☐
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	Highlight which strategic/corporate objective(s) this recommendation aims to support • Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led				
Dependencies and risk	Detailed performance information and risk assessment in relation to the full scope of operational responsibilities is included within the Integrated Performance Report. Risks specific to the Community SDU are market sufficiency and price as well as community workforce. These risks impact on the potential to further optimise the Care Model. In particular risks to the provision of domiciliary care have crystallised in recent days and have resulted in escalated levels of assurance being sought.				
Summary of scrutiny	The report has been subject to challenge, due diligence, and risk assessment by: • Risk and assurance deep dive • Community services board • SBMT This report has also been reviewed by the Executive Team on the 25th September.				

Stakeholder engagement	The following stakeholders were consulted during the compilation of this report or the business it relates to: • Clinical and operational teams through various meetings including the Senior Business Management Team and Quality and Performance Meetings. • NHS and Local Authority Commissioners • Partnership Board and other stakeholder groups.
Other standards affected	The recommendations made in this report will impact upon: • NHS I Performance Standards • Trust Operational Plan Trajectories
Legal considerations	No legal considerations

Report title: Report of the Interim Chief Operating Officer		Date:3rd October 2018
Report sponsor	Interim Chief Operating Officer	
Report author	Community; SDU Manager, Assistant Directors and Lead Managers	

1. Purpose

To provide the Board of Directors with an update on operational work programme across the Community Service Delivery Unit (CSDU).

2. Overview

The Community SDU covers a diverse range of services across the health and care system this report provides a greater level of detail of the performance and delivery.

2.1) Key ASCOF measures (adult social care outcome framework)

Review and oversight of these measures is delivered through the Adult Social Care Programme Board (ASCPB), Divisional Board and the senior leadership team at Devon County Council (DCC).

Areas under further scrutiny:

- There has been a reported reduction in people receiving a statement of need which is understood to be a recording issue. This is being investigated by the CSDU and once the issue is fully understood this will be reported through the ASCPB.

- The target in relation to the percentage of people receiving direct payments is being achieved. Performance remains amber however due to low performance in mental health under 65. This is being addressed by Torbay Council commissioners with Devon Partnership Trust.

- DCC are reviewing the use of direct payment as part of the offer to support meeting outcomes for people following an assessment of needs. Although meeting our target we are exploring the use of a genuine direct payment and focusing on outcome based commissioning. There is work going on with NHS commissioners to look at the future strategy for personalisation with health budgets and the infrastructure currently in place within DCC, this goes live from April 2019.

- Carers; a needs assessment and review information and advice is red rated. This is due to a change in process that has impacted on the target. The Carers team and localities have identified additional resource to ensure all Carers information is correctly recorded on the Community IT system – Paris. This includes ongoing and additional training being delivered in to staff in localities. It will take 3 months to address the backlog of inputting to Paris that is required.

- This target is also red for the Southern Teams in DCC although the national and comparator averages are exceeded for Carers receiving self-directed support. This indicates that when assessed direct payments and other mechanisms are used to support personalisation.

- The metric for people with learning disabilities in paid employment is red rated for Torbay. This is a focus for the organisation the Trust partners to support in this area – the Space Support Planning service and it will remain so over the next 12 months.

- The DCC target is 8%, currently Southern Devon are at 8.8% against a national average of 6%. However when aggregated across DCC performance is 7%.

- Timeliness of social care assessment is green rated and remains good.

New local indicators designed to measure demand management in social care are being met these are;

- Percentage of people receiving 5 hours of domiciliary care or less is 9.8% - low is good.
- Percentage of people given reablement prior to a social care package of care on target.
- Percentage of Intermediate care placements not resulting in short or long term placement is good at 85.5%
- Only 4 people were permanently admitted to a care home in Torbay, directly from hospital (social care funded).

2.2) Rapid Response

The purpose of these services is to rapidly assist and re-able people to maintain their independence at home after an acute/emergency episode to ensure they can live safely at home. At its most proactive it can avoid hospital attendance and inpatient stays. It routinely enables more timely patient flow out of the inpatient setting to reduce delays in transfer. It is therefore critical to the Integrated Care Model that this service functions well.

- A diagnostic for Rapid Response (across Torbay and South Devon) and Torbay Reablement has been completed identifying that the key issues are within the workforce area, giving clear scope for improvement and development.
- Vision and design principles are being further developed and agreed.
- A project team has been established on the 5th September who are undertaking a forensic review of the service and a project plan is in development.
- Meridian will be working with the project team and managers to deliver improvement to productivity.

2.3) Domiciliary Care Torbay

One of the key community elements to improve performance and patient experience is quality and sufficiency of domiciliary care. There continue to be frequent operational and strategic meetings with Mears our main partner for delivery of the Living Well at Home domiciliary contract. These meetings continue to seek a better understanding of demand pressures in domiciliary care and a monthly run rate of delivered hours is now produced. This has been used to plan for future development and delivery. In addition

to this there have been externally facilitated meetings with partner providers and Mears to work together to understand current issues and make plans for improvement. This however remains an area for concern and very close management and scrutiny.

- Dom care; outstanding packages have continued to increase; As of 18/09/18 there are 70 outstanding packages for 574 hours for Torbay.

- Risk assessment and review of clients on the list is undertaken by the Torbay Zone teams. To ensure sufficient visibility of the risks, the AD for Torbay and the CSDU Assistant Director of Nursing are working with locality managers and social work leads to consider whether additional processes are needed.

- The Trusts Personal Assistant (PA) lead has reviewed the outstanding packages is working with 5 clients who were suitable to match to PA's.

- Mears are continuing to have discussions with the provider market to increase capacity and have identified a further provider to work with.

- SPOT purchase paper agreed and a small team are meeting to develop plans and processes to increase sufficiency.

- iBCF application made for QAITT worker for domiciliary care quality improvement.

- In discussion with Mears about what immediate actions can be taken to increase market sufficiency in the short term.

- LW@H steering board set up by Commissioners with the TSDFT Chief Nurse as Executive lead to develop the plans around transformation of the market.

- Domiciliary care stakeholder Workshop set up for early October to explore transformation opportunities.

2.4) Domiciliary Care South Devon

As a result of a large provider transfer across to Mears a number of risks in regard to capacity have arisen. This is also further compounded by the reduction in capacity of another provider in the same locality. A formal risk management process is in place.

- Unsourced packages of care (POC) for people have remained fairly consistent at circa 35 however this is under close management in light of the recent developments.
- All cases are reviewed by team managers and overseen by Care Direct Plus (Southern).
- An occupational therapist is engaged in reviewing all requests for double handed packages of care.
- Technology Enabled Care (TEC) offer is to be considered for all request for a POC
- LW@H board for DCC represented by the AD for South Devon.
- Some significant market changes are underway supported by MEARS and the AD for South Devon.

2.5) Length of Stay in community hospitals

Community Hospitals continue to deliver against the key performance targets. The year to date target for length of stay (LoS) within Community Hospitals is an average of 12 days for both direct and transfer general admissions, for stroke admissions the target is 18 days.

The community hospitals are performing exceptionally well against these targets with the direct admissions average LoS being 7.4 days, transfer admissions being 11.5 days and stroke admissions being 14.3 days. The total numbers of admissions remain on target and the overall bed occupancy to date remains on target at 90%. However, long lengths of stay (>30 days) continue to be above trajectory. Multiple factors have an influence on the long length of stay including care home placement availability, package of care availability, complexity of patient need and fitness for discharge.

Community Hospital wards use the SAFER care bundle when considering and planning patient discharges and the Red2Green process is also being rolled out to ensure patients are receiving value to their care on each of the days they are in hospital.

2.6) Enhanced Intermediate care

The 5 locality GP Clinical Directors in conjunction with the Deputy Medical Director, Community Leads, the Performance Team and Locality Delivery Teams have carried out a forensic review of the activity and delivery of home based and bed based intermediate care and the impact on patient flow. This work will be presented in November to understand the impact of the engagement and performance trajectory.

3. Community productivity work-Meridian

The Community Service Delivery Unit (SDU) has commissioned Meridian to work with our community teams for a 16 week project to identify potential areas for improvement to support delivery into the future. They will work in and alongside our teams to understand current levels of productivity within community services and to ensure that staff are supported through any resulting change process to deliver any identified productivity improvements and to sustain them. The CSDU have also identified some extra resource to work alongside Meridian to ensure the experience and benefits are shared across other community services and other SDUs. The scope will cover all health teams within our 5 locality community teams and rapid Response Torbay and South Devon and Reablement Torbay with an aim to:

- Review productivity within community services and understand how all our community health assets could be used more effectively.

This project is a precursor to further development of self-managed teams to help people understand what each team is required to deliver.

4. Public Health

- Devon Children and Young People (CYP) tender –The alliance bid has gone through to preferred bidder stage.

- CYP Integrated services tender (Torbay Council led) – The council have not awarded (our bid was not compliant) The council are working with the CYP team and other agencies to develop a local integrated service.

- Recent Torbay Council Ofsted report indicated some improvements in help & protection services (which would include Public Health nursing, CAMHS and Children's LD Services input) for MASH (multi-agency safeguarding hub) and the development of effective early help services again with the input from our PH teams. In additional positive recognition of CAMHS providing placement support to looked after children both direct work and consultation to professional and carers.

- Staffing report - Appraisals are 96% (Other PH) and 99% for HV/SN

- Mandatory training mainly green – exceptions amber for IG and children's safeguarding amber for PH and actions plans are in place to turn the ambers to green.

- Sickness rates in August have improved and are green.

4.1) Health visiting

All the 0-5 mandated checks on upward trajectory in quarter 1 (& noted by PH Commissioners in QRM report):

- New Birth Visit 93.8% up from 92.51% in Q4
- 6-8 week review 94.55% this is up from 91.26% in Q4 17/18
- 3-4 Month review 96% up from 95.22% Q4 17/18
- Year Check 92.88 up from 88.56% Q4 17/18
- 2 Year Check 93.64% up from 91.21% Q4 17/18
- Also improvements in Q1 for breastfeeding at new birth visits 53.65% up from 51.79%
- Within school nursing service 100% (262 in total) have a health plan reviewed within 1 year

4.2) Drug & Alcohol

Service re-design consultation has been completed in conjunction with DPT services at Shrublands. The context to this re-design is a reduction in funding to drug and alcohol services over the period 2017-20 of approximately £333,000. This includes a proposed further £100,000 reduction in budget for 2019/20. The Partnership Board has been developed and a project plan for the integration and delivery of a full range of drug and alcohol treatment interventions has been developed.

The team is working with NHS England to develop GP / Primary Care service within the Drug & Alcohol services to provide a holistic service to clients accessing treatment.

4.3) Lifestyles

- Planned campaign for **Stoptober** through internal communications and social media.
- Project recently started - delivering pre-diabetes education to patients within Primary Care.
- Piloting with the Harbourside practice Health coaching clinics for GPs to book patients into.
- Supporting the Trust in developing a smoke-free trust wide policy.

5. CAMHS

Performance

- **25%** Increase in referrals year to date to August (from 338 to 422)
- Accepted referrals increase by 19% (269 to 321)
- RTT year to date 96% August -93%

Additional funding – Business case (to CCG) for additional funding to reach the access target. Trailblazer funding as part of government green paper to provide more staff to work within schools / colleges with aim of reducing waits for CAMHS to 4 weeks.

6. National Development team for Inclusion NDTI

The NDTI programme will support the SCDU to implement a co-produced Community Led Support model in Torbay; working with us through the following core elements:

- Embedding within teams of practitioners a strong culture of strengths based, person centred working and promotion of independence, choice and control within their practice.

- Involving the voluntary sector, other partners, community groups and local people in collaborating together to develop new ways of working.

- Streamlining working processes and paperwork, devolving decision making to teams whilst strengthening responsibility and ownership of changes.

- Exploring new ways of managing demand that may involve setting up ‘community hubs’ where people can have face to face discussions within their community and seek guidance and information and which may result in a proportionate assessment.

- Through the NDTi research and evaluation team, understanding the impact of changes and to evaluate the effectiveness based on clarity around the desired outcomes and definitions of success.

NDTI are visiting on 25th and 26th September to conduct as “readiness check”; they will be speaking to a range of frontline social care staff, including the Complex Hospital Discharge Team and colleagues in mental health to get a sense of where the organisation is culturally, and gather feedback from staff to inform the shape of the programme going forward. We anticipate that the programme will last around 18 months, and gives us on-site support and access to a national learning of peer-

organisations, as well as opportunities for staff to attend events and training which will help to embed skills within our own workforce to sustain change.

7. The Older People Mental Health Team (OPMH)

OPMH based at Chadwell provides Care Management to people who have a complex mental health presentation whether Organic or Functional in nature working closely with Devon Partnership Trust Older People Community Mental Health Team sharing offices at Chadwell. Teams are high performing, meeting all performance targets required whilst being committed to providing high quality, efficient & compassionate care to some of the most vulnerable people living within the Torbay area.

A recent initiative was started by the Chadwell co-located team called the Care Home Education and Support Team (CHES Team). It is a joint Devon Partnership Trust and TSDFT initiative. This team comprises Nurses, OTs and Social Care staff and aims to support care homes to personalise their approach to improve the management of patients with Behavioural and Psychological Symptoms of Dementia (BPSD). These difficulties can often lead to the most complex presentations associated with Dementia and require specialist input or additional staff time to manage the safety of the individual and those they are sharing their living environment with. This team has been successful in improving outcomes for people in care homes and reducing one to one costs and based on the success of delivery in Torbay, work has begun to roll the model out across South Devon. In addition the OPMH team have been working with the temporary staffing team to develop a bank workforce with extra skills and training to work with people in care homes when extra one to one care is requested. The bank workers are directed by the team so that the person's lived experience improves and they then feedback to the team which informs better care planning. The use of this model and in-house bank staff has led to a reduction in costs of one to one care and in the overall cost of placements. The next phase of this work will aim to engage those homes which have not referred into this service previously, further increase the bank workforce and make more links with the Hospital discharge team and locality care management teams so that earlier involvement may offset patient distress and higher costs of placements. The aim is also to offer this service to more people within the community to ensure that people have the opportunity to remain in their own home for longer. Feedback from Care Home and Nursing Home providers has been very positive.

8. **Voluntary sector engagement**

The proposed review of the Voluntary and Community Sector offer and arrangements will focus on the following:

- Co-production with the whole of the VCS operating in Adult Health and Social Care; with the dialogue being led by them.
- Delivering enduring change and transformation.
- Being explicit on what VCS organisations want in terms of support from the Public Sector.
- Recommending where there a need to encourage more voluntary and community groups and establishing the requirements for capacity building and long term resilience.

- Working with the wider community and voluntary sector, and recommending how the partnership can recognise and support smaller, less structured and less formal organisations; in order to increase capacity.

9. **Development of Community Health and Wellbeing centres/hubs in Torquay**

- The Windmill Centre is a local community centre based in Hele, but open to all residents of Torquay to use. They offer a wide range of resources and activities to help bring people together and support wellbeing, including a community breakfast café, crafts, a peer support group for people with chronic pain, a meet-up for Mums with young children, sensory play sessions, and more.

- We have been working with the Windmill Centre since April, building links between frontline staff in the Torquay locality team and exploring ways to work together. Frontline staff have been to visit the centre, and vice versa.

- The Windmill Centre have worked with local supermarkets to set up a “food bank plus” for NHS and social care referrals. They can deliver packages for referred clients, which includes easy-to-make meal packs with fresh produce, baby/sanitary items and toiletries. They also support with signposting to community resources, benefits advice and help with getting online.

- Torquay team are testing an outreach model, where social care assessments take place at the Windmill Centre and include input from wellbeing coordinators and voluntary sector colleagues; to offer a more holistic approach. These better links with communities will ensure that even if people are eligible for statutory services they can still take advantage of the support available within their own communities, hopefully leading to a more ‘rounded’ approach to providing services as an add on to support networks already in place or accessible with support. This includes working with families and carers to think differently about how needs can best be met.

- The plan is for workers from the localities to have much more presence out in the community, working from within existing settings as a way of linking service users and their communities. Using the homeless project as a model of a multiagency approach with flexible support built in, to enable them to do ‘on the spot’ assessments and make care arrangements to supplement or strengthen the existing support system

This is early in development but so far looks very positive with one client who was expected to need statutory services not require this ad support from the community met this person’s needs. The locality has plans to test this model in other areas (central Torquay and Wellswood).

There could be opportunities to link in other services with this e.g.carers support and lifestyles practitioners. The model, once developed, has potential to help deliver the vision of local wellbeing hubs embedded within communities, by making the most of assets that already exist within them.

The NDTI programme will further support and enhance this approach and allow these new ways of working in local communities to flourish and spread across Torbay.

10. Homelessness project Torquay

This is now in its second year, two social workers giving each two days a week to this project.

- Working in close partnership with Care and Support south West providing flexible support time as and when needed
- Working closely with other partner agencies such as the vulnerability team, Leonard Stocks, housing and health professionals with the aim to support as early as possible a transition in to temporary or permanent housing, access to welfare benefits, food and health care.
- Evidence that the work is preventing unnecessary referrals with lengthy waiting times coming in to the locality and at the same time delivering timely interventions for service users.

Torquay Social work Lead is on the Housing First Steering group

11. Trusted Assessor

This work is making good progress across Torbay and South Devon. A wide range of stakeholders across health and Social care are engaged in this work. 5 Care Homes have signed up to be part of the first pilot, and work is progressing to identify other care homes in conjunction with locality teams and QAITT. Technology solutions are also being used to support systems and processes which will enable improved communications and the trusted assessor model. Opportunities within this project are being maximised to enable better joint working and improved efficiency to enable patients to be cared for in the most appropriate setting, at the right time.

12. Technology Enabled Care (TEC) update

- Transition from MaRC will be completed end of September, new contract signed and commences 1st October with NRS. Currently further development activity taking place related to monitoring cost avoidance and working in partnership with the new provider who have performed well during a challenging transformation from the Trust in house provider.

- Focus on developing self-funders market as part of cost avoidance and the asset based approach. Working on a communications strategy and induction for the new service to raise public and staff awareness quarter October to December.

- Working with Health and Social Care Teams on pathway and approach to public funded Telecare packages using a cost avoidance model, use of this gateway will need to be proven as cost effective compared to existing alternatives such as Dom Care.

- TECS development and contract manager post interviews in October. This role will manage the contract and help drive innovation, culture change and marketing of the potential of TECS to keep people safely and independently at home as part of a cost avoidance strategy.

13. Brixham HWBC update - "Friends Centre"

Currently a vision statement is being shared with the community for feedback about the ethos and potential services in the new Friends Centre and how this links with other outpatient activity at Brixham Hospital and the voluntary sector in the town.

- The build funded and manage by Brixham Hospital League of Friends is proceeding to plan, allowing for a transition to occupy the build it is anticipated the Friends Centre will open for business on 1st April 2019.

- Detailed planning and transitional work is on-going with a number of work streams looking at potential services for the centre, TUPE for the Trust Day Care staff, finances, communication strategy and practical move and operational matters.

- Further work on the final details of the contract with Brixham Does Care to operate the Friends Centre is being worked through with the aim of the final Version being approved by the Trust contracts committee in late October.

- BDC and Friends committees have approved the contract and we continue to work in collaboration closely with them and the wider community to deliver the project successfully.

14. 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.

Torbay and South Devon NHS
NHS Foundation Trust

Cover sheet and summary for a report to the Trust Board Meeting					
Report title: Chief Nurse portfolio report				Date: 3rd October 2018	
Report sponsor	Chief Nurse				
Report author	Quality Improvement Lead Deputy Director of Nursing				
Report provenance	Quality and Performance Review Meeting				
Confidentiality	Public				
Report summary	This report provides an update on matters relating to the Chief Nurse portfolio				
Purpose (choose 1 only)	**Note** ☐	**Information** ☒	**Review** ☐	**Decision** ☐	**Approve** ☐
Recommendation	The Board to note the content of the report.				
Summary of key elements					
Strategic context	The Antenatal and Newborn (ANNB) Report was published in February 2018 and highlighted the need to align the Trust screening process for the identification of haemoglobinopathy disorders with the national process. . From 1 October 2018, it is anticipated that all pregnant women booking for care before 10 weeks of pregnancy will be offered haemoglobinopathy screening, along with infectious diseases screening at their first contact visit. This will enable the service to evidence compliance with the screening standards. The National Neonatal Audit Programme (NNAP) report has highlighted that the Trust are an outlier for 'Parental consultation within 24 hours of admission'. This is the proportion of families who were documented as seen by a senior member of the neonatal team within 24 hours of their baby's admission. The team have provided a response to the NNAP and to the CQC. Compliance is anticipated in the next audit. The maternity services quality improvement plan arose from a stillbirth cluster noted in Jan 2017. The subsequent action plan was monitored by the CCG, NHSE and NHSI. The action plan was completed and closed in July 2018 with one outstanding action. The completion of the cultural Safety, Culture, Operational Risk, Resilience & Engagement (SCORE) survey was underway and has since been completed. The findings and actions associated with this are presented in this report.				

Dependencies and risk	The audits inform the CQC inspection review.
Summary of scrutiny	The report have been subject to challenge, due diligence, and risk assessment by: • Executive Directors meeting on 25 September 2018 SDU Governance Board
Stakeholder engagement	• NEW Devon CCG • SDT CCG
Other standards affected	CQC
Legal considerations	Childrens Act (1989 and 2004)

Report title: Report of the Chief Nurse		Date: 3rd October 2018
Report sponsor	Chief Nurse	
Report author	Quality Improvement Lead Deputy Director of Nursing	

1.0 Antenatal and Newborn (ANNB) Report:

All pregnant women should be screened for haemoglobinopathy disorders before 10 weeks of pregnancy, as part of one of seven Antenatal and Newborn (ANNB) Screening Programmes. Historically in areas of low prevalence, it was accepted that only women who were at high risk would be offered screening by 10 weeks within the community setting, whilst all other women would offered screening as part of a one-stop hospital screening appointment at 12 weeks. This was added to the Obstetric risk register. During the ANNB Screening QA visit in Dec 2017, it was highlighted that the national drive was to move away from this practice and screen all women before 10 weeks. A recommendation was made that the Trust review their processes to incorporate this change. In August 2018, the Trust was contacted informally by NHSE to highlight that the Trust was now one of the worst performers against this KPI and to request an action plan to improve the position.

The maternity service has reviewed its screening offer. From 1 October 2018, it is anticipated that all pregnant women booking for care before 10 weeks of pregnancy will be offered haemoglobinopathy screening, along with infectious diseases screening at their first contact visit. This will enable the service to evidence compliance with the screening standards and ensure a high quality, equitable offer is provided to women. Women will still be offered the 12 week hospital screening appointment as this includes an ultrasound scan.

2.0 Royal College of Paediatricians and Child Health – National Neonatal Audit Programme (2017) Annual Report on 2016 data

As part of its annual reporting process the National Neonatal Audit Programme (NNAP) conducts unit level outlier analysis on six audit measures for 2017 data. The purpose of the outlier process is to identify and highlight variation, enable local review of the causes of that variation and stimulate quality improvement.

All participating unit leads were sent their provisional 2017 data (Q4) report in February 2017 and could review and amend their 2017 NNAP data until 30 March 2018. After 30 March the definitive download of data was taken from which the final analysis (including outlier analysis) of 2017 data was undertaken.

The NNAP identifies outliers between 2 and 3 standard deviations below expected performance (known as alert level) and at 3 or more standard deviations below expected performance (known as alarm level). The NNAP also identifies, for some measures, outliers between 2 and 3 standard deviations above expected performance (known as excellent) and at 3 or more standards deviations above expected performance (known as outstanding). The NNAP confirm that Torbay Hospital is an outlier at alarm level (3 or more standards deviations below expected performance) for the audit measure ‘Parental consultation within 24 hours of admission’. This is the proportion of families who were documented as seen by a senior member of the neonatal team within 24 hours of their baby’s admission (88% in 2015; 90%, in 2016). The Trust score is 81.6%. The Trust are

required to report this to the CQC and to provide an action plan. Key actions are highlighted below:

- **Raised awareness** amongst all Consultant Paediatricians and senior SCBU nurses [and juniors] regularly during our grand rounds and clinical governance mornings, Monthly Consultant Meetings and during New Doctors' Induction that all babies admitted to SCBU irrespective of their gestation or clinical status needs a clearly documented consultation from senior clinicians in the Communication sheet

- **Further empowered nurses** to escalate to Consultant Paediatricians during the day time and evenings to ensure that documentation of the consultation with parents within the first 24 hours is done + recorded in the Yellow Communication Sheet

- The **Badger System administrator will highlight it to the Consultant of the Week every Monday** about any outliers and necessary actions need to be taken by the relevant consultant to address it.

- During the Monday ward rounds the neonatal lead will **check notes for such documentation** and where the Communication sheet is not filled up but there is a clearly documented consultation with time and date from a senior clinician elsewhere in the babies' notes, we enter that with that particular individual's name in the Communication sheet and the Badger data is updated.

- Missed opportunities for such communication - wherever feasible a **gentle reminder is given to the clinicians involved in person** to improve on their documentation.

- Our SCBU patient board now has a dedicated column to highlight the issue though **introduction of traffic light system colour magnets** - green if done and red if still awaiting within first 24 hours

- There is a **dedicated column now in our SCBU handover lists** where completed and outstanding parental communications are highlighted and discussed in all 3 handover meetings and plan is made to complete it as a matter of priority.

The team intend to keep up with this improvement in practice with help and participation from everyone in the team and we are hopeful of reaching the national level targets next year.

3.0 Maternity Quality Improvement Action Update

The Maternity Services have undertaken a quality improvement process in response to the stillbirth cluster in Q1 2017. Assurance from local and national level was requested and these bodies have now confirmed assurance of progress and the safety of our services. Organisational support was primarily through our Quality Improvement department. A culture survey was one tool used for staff to identify current position & issues as well as ideas for improvement.

The SCORE (Safety, Culture, Operational Risk, Resilience & Engagement) Survey was used. Staff were surveyed Spring 2018. 61% staff responded; as per SCORE methodology this is enough to accurately reflect the culture: approx. 225 staff members in Maternity. Results were available May 2018 and the process requires that the results are followed by 90 minute staff debriefing sessions, these were held 22 May - 12 July. 27% of staff attended the debrief sessions which were supported by a competent facilitator. A scribe recorded comments which are drawn together into a summary report. This was shared with the maternity

leadership team on 24 July. Leadership pulled out 5 focus areas for them to own and progress with support as needed – QI, HR etc.

Learning: Culture in Maternity was standard for NHS England. The results of the survey aligned with the qualitative data in the debriefing sessions as well as aligning with other sources such as original work with Maternity via the 2017 action plan and the CQC report 2018, particularly around local leadership. Top three learning points:

1. Develop positive approach- people need praise for their work from line managers and genuine celebration of achievements; making time to come together to learn as well as socialise

2. Intensity of the work addressing – high levels in certain areas. Recognising and controlling these better through strengthened relationships and staff development- as well focus on right staff to do the work

3. Getting the basics right e.g. time for breaks, handovers

   Actions: The SCORE survey was one tool used to progress change and improvement. This has been particularly useful for Maternity Leadership with other QI work developing bottom up improvements. Thus the following are projects which are being worked on in Maternity to improve both working conditions as well as clinical outcomes:

From the SCORE survey:	**From other sources**:
- On the spot feedback	- Extending scan services
- Explore the culture of taking breaks	- Smoking cessation
- Better understanding of roles	- Setting up a different - ‘induction of labour’ service
- Communication between leadership levels	- Post-natal contraception
- Safe handover	- Intelligent IT

Cover sheet and summary for a report to the Trust Board						
Report title: Safer Staffing					Date: 3 October 2018	
Report sponsor	Jane Viner, Chief Nurse					
Report author	Cathy Bessant, Deputy Director of Nursing					
Report provenance	Executive Director Meeting					
Confidentiality	Public					
Report summary	This is the monthly safer staffing report as required by the CNO NHS England. The report also gives a progress report of the Nursing Workforce Programme streams					
Purpose (choose 1 only)	**Note** ☐	**Information** ✓ ☐	**Review** ☐	**Decision** ☐	**Approve** ☐	
Recommendation	The ongoing commitment to address nurse recruitment through a variety of strategies. This includes plans for a further overseas recruitment campaign in order to achieve the revised safer staffing levels and reduce the agency nurse overspend.					
Summary of key elements						
Strategic context	Highlight which strategic/corporate objective(s) this recommendation aims to support • Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led					
Dependencies and risk	Registered Nurse Recruitment remains a challenge both locally and nationally.					
Summary of scrutiny	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by: • Executive Directors meeting dated 26 September 2018					
Stakeholder engagement	None					
Other standards affected	Nil					
Legal considerations	Nil					

Report title: Safer Staffing		Date: 03.10.18
Report sponsor	Jane Viner, Chief Nurse	
Report author	Cathy Bessent, Deputy Director of Nursing	

1. Purpose of the Report

The purpose of this Report is to provide information and assurance to the Board regarding the Nursing and Midwifery Safer Staffing levels and the subsequent underpinning workstreams as part of the Nursing Workforce Programme Board.

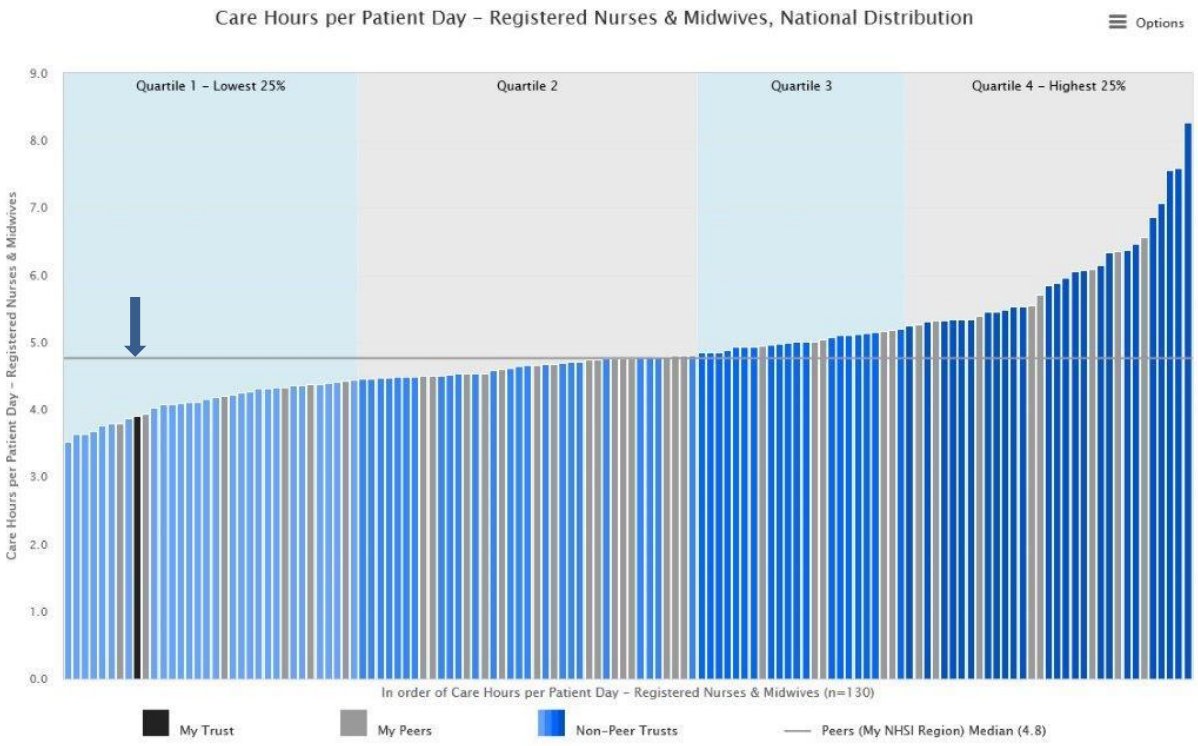
On a monthly basis the number of planned nursing hours (based upon the agreed baseline safe daily staffing numbers for each ward) and actual nursing hours (the total number of nursing hours used each day) for each inpatient ward area is submitted to the national dataset.

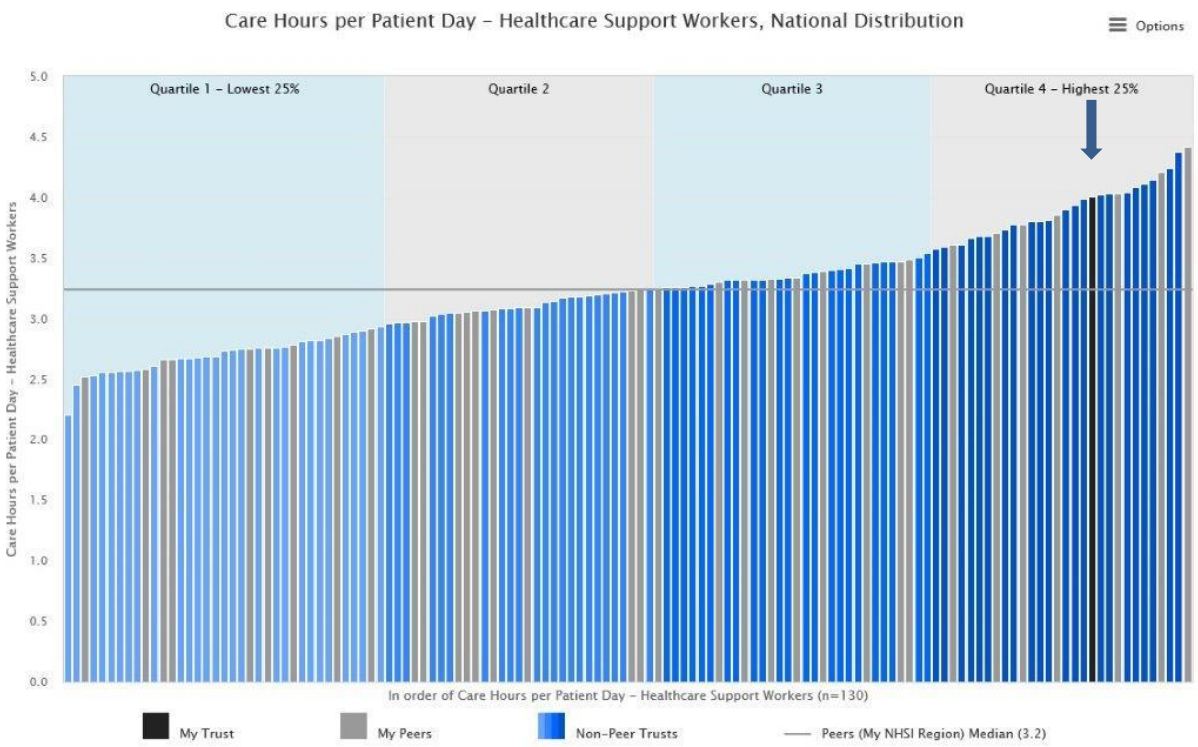
The model hospital dashboard was updated in September 2016 to show the national median data which is 7.76 Total, 4.74 RN & 2.91 HCA.

The snapshot below is taken from the Model hospital as at July 2018, and shows the Trust is above the National total CHPPD, below for Registered Nurses and above for HCA's (Data currently shown in Model hospital)

Model Hospital Diagram

This is reflected in the distribution chart below showing the Trust is in the lowest quartile for RN's nationally and the highest quartile for HCA's.



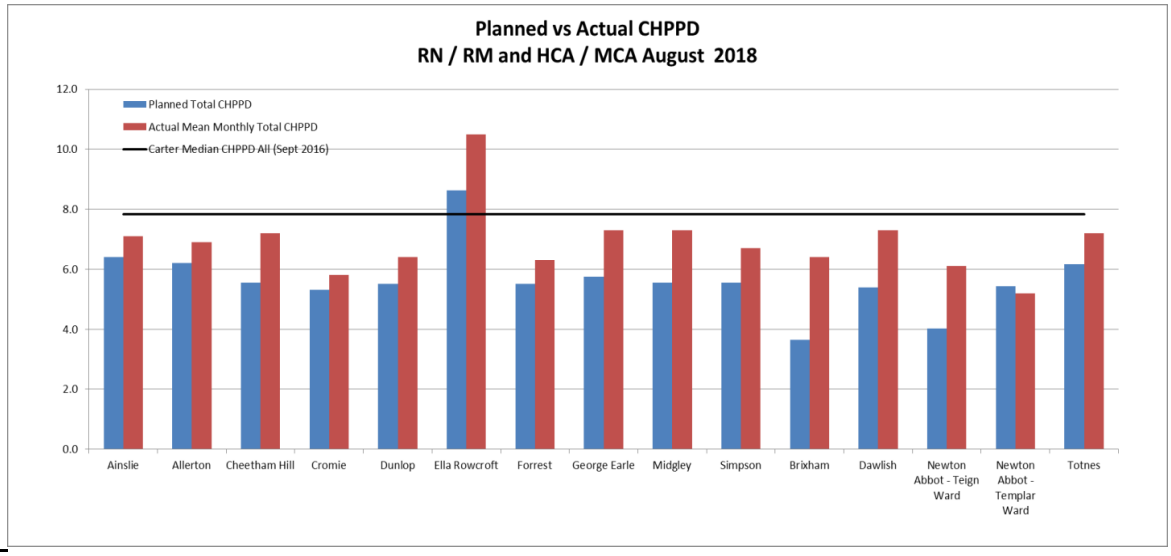


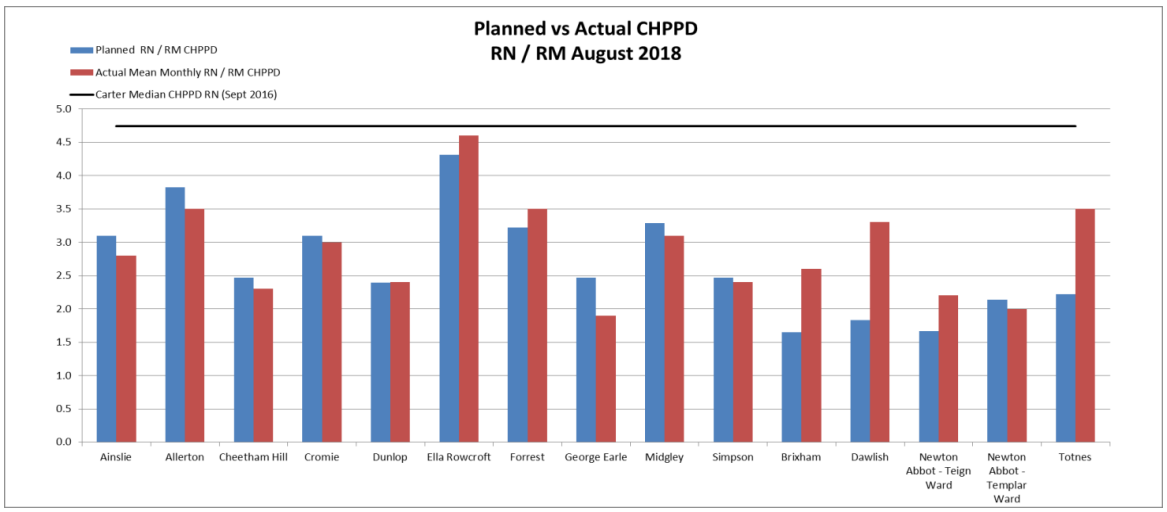
The Table below shows the Trust position for the month of August 2018. Whilst the Trust is above the National CHPPD Median of 7.76 for combined RN + HCAs, the Trust is still below the national RN range at 3.87, and above the national 2.91 for HCAs at 4.04.

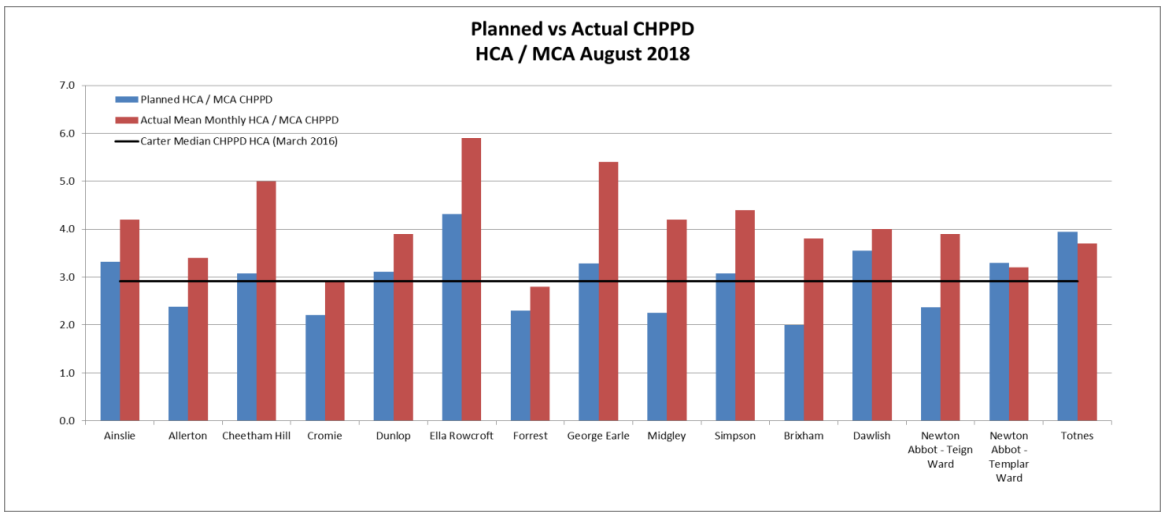
The RN position is expected to improve as recruitment takes place in line with the expansion to the medical wards establishment as recently agreed.

	TSDFT August 2018	TSDFT September 2016	National Median September 2016
Total CHPPD	7.91	7.84	7.76
RN/ RM CHPPD	3.87	3.73	4.74
HCA / MCA CHPPD	4.04	4.11	2.91

The 3 graphs overleaf show the detail for wards in the acute and community hospitals.







The graphs shown above reflect a largely stable picture over the previous months. As before, the higher than planned use of HCAs is predominantly due to the additional requirements of patients requiring supportive observation. Several

wards have experienced significant periods of 24/7 1:1 supportive observation in the month.

The graphs above and table in appendix 1 show that there are a number of areas that are above the current planned RN numbers. For example:

Ella Rowcroft – this reflects normal variation of the effects of the High Care Area and bed occupancy.

EAU3 and 4 –this largely reflects the requirement for RMN shifts for patients identified as high risk. In addition to skewing the ward figures, these staff are only available to us from nursing agencies and these costs are reflected in the agency spend detail in section 6 of this report.

Forrest – this is due to the planned specific requirements of a small group of specialty patients who require 1:1 RN support for the first 12 hours of their pathway.

NAH Teign- this is reflective of a temporary enhancement of RN availability resulting from temporary closure of 4 beds for lifecycle decorating.
Turner –this reflects newly appointed staff working through their induction in a supernumerary capacity and the complexity of RNs working across Turner and RGDU.

Brixham Hospital –this reflects the induction of newly appointed staff while working in a supernumerary status.

Dawlish Hospital – this reflects a period of lower occupancy

Totnes hospital – this is indicative of lower levels of occupancy

The areas highlighted in red in the table at appendix 1 show where ward staffing was below that planned, and reflect that on occasion we are unable to fill RN rota gaps. These are assessed and managed both through the specialty matrons and overseen through the operational control room function, which seeks to facilitate appropriate allocation of temporary staffing in conjunction with specific operational pressures.

Several ward areas, for example Midgely, have new RNs taking up their posts during September and these will be undertaking a period of supernumerary practice during the initial weeks.

2. Organisational Alert Status

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

The alert status for the organisation for the month of August 2018 is summarised in the table below, with the detail for July shown in brackets. The table demonstrates that in the month of August, the Trust experienced more Opel 3 days than in July. The Emergency Department continued to experience similar attendance numbers as during earlier months, with the time of attendance continuing to build during the afternoon and early evening.

TSDFT Alert Status	*No Days in Month*	*% days in Month*
Opel 1	***7 (22)***	***22.58%***
Opel 2	***9 (7)***	***29.03%***
Opel 3	***15 (2)***	***48.39%***
Opel 4	***0***	***0%***

3. Medical Services Delivery Unit and Emergency Department

The table below details the daily planned, actual and % fill rates for nurse staffing in the Emergency Department during August 2018. The department continues to experience difficulty in recruiting to vacancies and is continuing to use resources from temporary staffing, including use of nursing agencies to maintain staffing levels. Where appropriate to do so, HCAs are placed to provide partial backfill to RN gaps. As noted above, the specialty matrons and operational control function balances rota pressures across the organisation.

		Total Planned shifts		Total Actual Shifts		RN Shift	HCA Shift
		RN	HCA	RN	HCA	fill rate	Fill Rate
Wed	01/08/2018	19	13	18	16	94.7%	123.1%
Thu	02/08/2018	19	13	19	16	100.0%	123.1%
Fri	03/08/2018	19	13	23	14	121.1%	107.7%
Sat	04/08/2018	19	13	18	16	94.7%	123.1%
Sun	05/08/2018	19	13	20	15	105.3%	115.4%
Mon	06/08/2018	19	13	18	14	94.7%	107.7%
Tue	07/08/2018	19	13	20	14	105.3%	107.7%
Wed	08/08/2018	19	13	19	15	100.0%	115.4%
Thu	09/08/2018	19	13	21	16	110.5%	123.1%
Fri	10/08/2018	19	13	17	14	89.5%	107.7%
Sat	11/08/2018	19	13	20	15	105.3%	115.4%
Sun	12/08/2018	19	13	21	15	110.5%	115.4%
Mon	13/08/2018	19	13	18	14	94.7%	107.7%
Tue	14/08/2018	19	13	20	13	105.3%	100.0%
Wed	15/08/2018	19	13	20	15	105.3%	115.4%
Thu	16/08/2018	19	13	20	13	105.3%	100.0%
Fri	17/08/2018	19	13	17	15	89.5%	115.4%
Sat	18/08/2018	19	13	19	13	100.0%	100.0%
Sun	19/08/2018	19	13	20	15	105.3%	115.4%
Mon	20/08/2018	19	13	18	12	94.7%	92.3%
Tue	21/08/2018	19	13	20	13	105.3%	100.0%
Wed	22/08/2018	19	13	20	14	105.3%	107.7%
Thu	23/08/2018	19	13	20	13	105.3%	100.0%
Fri	24/08/2018	19	13	21	13	110.5%	100.0%
Sat	25/08/2018	19	13	21	12	110.5%	92.3%
Sun	26/08/2018	19	13	20	14	105.3%	107.7%
Mon	27/08/2018	19	13	20	19	105.3%	146.2%
Tue	28/08/2018	19	13	20	16	105.3%	123.1%
Wed	29/08/2018	20	13	20	15	100.0%	115.4%
Thu	30/08/2018	20	13	24	13	120.0%	100.0%
Fri	31/08/2018	21	13	24	12	114.3%	92.3%

4. Further Nursing Workforce Programme Updates:

Recruitment & Retention

The Trust recruitment & retention campaigns continue with a Trust recruitment steering group in place to review marketing and values based recruitment. Strategies to increase the attraction of TSDFT as a place to work in the future continue, for example with drop in sessions for nursing students to discuss career opportunities across the Trust.

As previously reported the nursing rotation programme has been relaunched, with the standard that all newly qualified nurses will join the programme. The rotation programme includes placement to areas providing experience of surgical and medical specialties, including in community hospitals. Nine newly qualified nurses have started on rotation in September 2018.

At the time of writing a local recruitment day has just been completed with employment offers being made to 7 individuals who are due to qualify in February 2019.
We have recently undertaken Skype interviews with a number of nurses from India as part of Health Education England's Global Nursing Programme and we have secured initial offers for 5 nurses with a further offers planned in the New Year. These nurses will still be subject to NMC competence assessments although have largely already completed their IELTS.

A business case paper to describe the next planned overseas recruitment programme has been successfully reviewed by SBMT and will be presented to the Finance Committee during September. The intention is to proceed with a further programme in the Philippines, utilising the same agency as previously. Learning from the previous cohort, we are anticipating a more rapid progression through the IELTS process for the next cohorts.

Alongside our overseas recruitment, we continue to develop our strategies for locally developed progression into UK RN education, for example though the apprenticeship, Assistant Practitioners and Nursing Associate routes. A working group to explore the development of the Nursing Associate role has been developed and is working in partnership with an STP wide group. NAs will be registered with Nursing and Midwifery Council, although the final detail regarding the detail of medication administration are yet to be confirmed by the NMC.

The Trust is clear that the Assistant Practitioners and Nursing Associates are providing a strong career progression opportunity for staff currently in non registered nursing posts, and clinical areas are entirely supportive of learners in these roles as well as those on traditional RN programmes.

5. E rostering

The Allocate system is now live with all Temporary Staffing and Autoroster has commenced with 5 wards across the Trust. The wards will also be implementing SafeCare which will provide an organisational perspective of staffing levels and acuity of patients. The plan is to ensure that all wards are using Autoroster and SelfCare by the end of the year. Feedback from the pilot areas has been positive As with all systems there were some snagging issues which both the ESR and Temporary Staffing teams have been working through with the Allocate support team.
At the time of writing one of the pilot areas is live with auto roster. The Allocate support team are working with the Trust project team to continue to build the workbooks from which the individual ward rosters are compiled. Learning from the experiences of the teams involved in the initial project wards is being utilised in management of the next areas for roll out.. The template workbooks for the next tranch of wards will be distributed the coming weeks prior to building the auto rosters.

6. Agency Spend

The table below shows the agency spend per cost centre for the current year. The Emergency Department has the highest agency usage representing 45% (£398K) of the overall Nursing agency cost. This spend reflects that RNs trained in ED working are not widely available in the less expensive agencies. As reported previously in this paper, the ED has been unable to recruit sufficient numbers of RNs to the department; the effects of which has been further compounded by periods of sick leave.

The Trust recruitment strategies are seeking to target the areas of greatest need, which is clearly the ED: early indications from the interview process for the nurses from India show that some of these nurses are from ED backgrounds.

Row Labels	Sum of 201801	Sum of 201802	Sum of 201803	Sum of 201804	Sum of Total
00700-EAU3 - Emergency Assessment Unit Level 3	3,837	3,837	-568	2,590	9,696
00900-George Earle Ward	862	862	-10,508	-771	-9,554
01025-Torbay Cardiac Centre (CPU)	1,592	1,592	-1,007	0	2,177
01100-Dunlop Ward	4,072	4,072	-955	5,548	12,737
01200-Turner Ward	9,427	9,760	22,571	4,204	45,962
01300-Midgley Ward	4,287	4,287	7,790	9,067	25,432
02000-Cheetham Hill Ward	3,266	3,266	12,661	1,377	20,569
02200-Simpson Ward	6,476	6,476	6,366	9,528	28,845
02300-Warrington Ward	7,388	-7,791	17,182	159	16,938
02500-Medical Services Division Matrons	-74	0	0	0	-74
04000-Allerton Ward	358	-331	483	-83	427
04100-Cromie Ward	3,533	4,365	17,066	8,253	33,217
04200-Forrest Ward	4,251	5,617	1,836	605	12,310
04300-Intensive Care Unit	12,876	24,530	22,256	15,757	75,419
05200-Ella Rowcroft	3,557	2,618	-526	370	6,020
05300-Ainslie Ward	3,139	4,821	3,680	403	12,043
05900-Trauma Theatre (Old Day Theatre)	0	0	314	0	314
08300-Accident & Emergency	117,279	119,628	70,770	90,073	397,750
08302-Emergency Nurse Practitioners	14,812	14,812	4,797	8,841	43,261
08400-EAU4 - Emergency Assessment Unit Level 4	3,992	4,070	-3,717	1,768	6,113
09800-Special Care Baby Unit	70	8,189	292	5,677	14,228
09900-Meridian Core Team	0	664	852	0	1,516
19599-AMU	0	0	572	0	572
42700-Louisa Cary Ward	6,546	15,718	3,394	1,651	27,309
75240-Temporary Staffing	0	0	3,646	-1,307	2,339
86103-Brixham Inpatients	4,671	9,671	5,210	9,533	29,085
86482-Totnes Dart Ward	-5	0	1,876	1,366	3,237
86501-Dawlish Hosp Genrl	1,731	4,054	2,822	1,925	10,531
86503-Dawlish MIU	0	0	87	0	87
86541-Templar Ward N Abbot	449	449	3,547	1,230	5,674
86544-Clinical Costs	720	0	0	0	720
86548-Newton District Nursing	0	1,351	0	0	1,351
86554-Stroke Unit Teign Ward	8,929	8,929	5,467	3,942	27,267
87703-OBSOLETE - CHC Torbay	3,621	-3,621	0	0	0
87704-CHC Southern Devon	0	7,242	2,557	6,116	15,915
Grand Total	**231,661**	**259,137**	**200,812**	**187,823**	**879,433**

7. Quality & Safety

There is a robust quality and safety monitoring process in place to ensure patient care is not compromised. 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 QuESTT tool 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 ensures appropriate action is taken place.

A weekly huddle takes place with the Chief Nurse, Associate Directors of Nursing & Deputy Director of Nursing to discuss current staffing, safety & quality issues and concerns. These are closely monitored in terms of acuity of patients, safe staffing levels and any use of agency/temporary staff. In addition staffing levels and ward status is discussed three times a day at the control meetings with the Matron of the week, and on call manager.

The QuESTT Dashboard for August is displayed in the tables below for ward and non-bed based nursing and therapies so as to give a broad overview of staffing trigger points.

In August 2018 the dashboard identified 6 teams triggered amber and no teams triggered red or Purple. 7 teams had not completed the return at the time the QuESTT report was compiled; in the intervening days, 3 further teams submitted their data and all were within level 0 ie no action required.

Quality Safety and Effectiveness Trigger Tool (QuESTT)

Torbay and South Devon NHS
NHS Foundation Trust

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	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
% Complete		96%	94%	99%	98%	99%	95%	94%	99%	94%	94%	100%	92%
Total Purple (L3)		0	0	0	0	0	0	0	0	0	0	0	0
Total Red (L2)		0	0	0	1	1	0	0	0	0	0	0	0
Total Amber (L1)		7	8	7	6	14	11	12	11	4	5	4	6
Total Green (L0)		75	72	77	76	69	70	68	73	76	75	81	72
Average Score		8.3	8.9	8.6	9.0	9.6	9.7	9.3	9.0	8.8	8.9	8.7	8.8
Acute	Ainslie	10	8	7	9	8	13	11	10	12	14	10	12
	Allerton	12	14	14	15	10	11	13	10	13	14	13	14
	AMU	0		2	4	6	4	2	3	6	4	4	2
	Anaesthetics	8	7	9	8	10	9	4	8	9	6	6	7
	Breast Care Unit	2	1	1	0	1		0	2		9	6	6
	Cath Lab	9	1	5	3	5	7	1	0	8	4	4	4
	Cheetham Hill	5	5	9	12	9	9	8	9	7	11	10	13
	Cromie	5	4	3	7	8	17	10	16	11	14	12	8
	DSU	9	11	8	10	2	4	7	11	10	11	9	10
	Dunlop	1			6	7	4	6	7	8	7	10	10
	Early Pregnancy / Fertility Service	2	0	0	2	8	6	8	2	2	6	7	6
	EAU3		12	4	7	3	7	14	8	13	4	10	12
	EAU4	5	11	2	7	6	8	6	6	4	4	7	8
	Ella Rowcroft	8	8	9	8	10	8	9	12	13	11	9	8
	Emergency Department	16		12	18	14	21	17	18	14	13	14	15
	Endoscopy	4	4	4	6	8	9		4	6	4	6	8
	Forrest	5	6	5	9	8	11	11	4	4	6	15	7
	General Theatres	9	12	12	12	8	12	9	11	9	9	7	11
	George Earle	12	15	10		14	8	13	8	6	9	9	9
	Gynaecology Out-Patients Dept	3	7	12	9	5	5	3	3	3	3	4	3
	Hutchings	14	19	4	5	10	6	6	9	7	8	10	10
	ICU	7	4	9	7	11	5	4	7		5	8	
	Louisa Cary	11	9	5	7	7	8	4	4		3	6	8
	MAT / TAIRU	2		6	6	12	11	3	4	6	7	8	5
	Maternity	12	14	16	11	9	11	12	14	9	13	13	12
	Midgley	8	4	11	9	13	9	15	13			16	
	OPD	4	2	2	6	6	3	5	4	2		4	3
	Ophthalmology	7	7	7	10	5	6	8	11	11	8	11	10
	Ortho Theatres	15	14	13	13	8	15	15	17	17	17	16	16
	Pre-assessment	4	2	6	2	2	2	4	4	2	6	6	6
	Radiology	15	14	15	13	13	15		11	12		11	11
	Recovery	7	7	7	5	5	6	5	5	7	8	9	6
	RGDU	7	8	12	15	17	13	19	10	10	17	5	5
	SCBU	7	9	3	11	8	8	5	4		5	10	7
	Sexual Health	13	10	8	8	19	15		14	9	10	14	12
	Simpson	10	8	12	11	8	11	11	14	8	7	11	7
	TCCU	3	0	2	4	6	11	4	2	4	7	5	4
	Turner	7	14	13	15	12	12	17		11	13	6	7
	Urology	4	7	8		9	9	9	14	14	14	7	11

Community Hospital	Brixham	7	11	7	5	9	13	11	8	10	13	9	9
	Dawlish	3	5	3	3	3	7	3	5	8	4	4	11
	Newton Abbot Teign	10	14	15	17	17	12	14	12	12	11	11	14
	Newton Abbot Templar	3	3	2	9	5	7	7	3	6	7	5	4
	Totnes	7	4	6	8	16	9	8	10	2	7	3	8
MIU	Dawlish	4	0	2	4	7	5	2	2	3	2	4	4
	Newton Abbot	0	0	5	3	5	2	2	0	2	2	0	2
	Totnes	0	0	0	2	0	3	7	3	3	3	3	3
Community Stroke and Neurology	Torbay and South Devon	8	10	10	8	16	16	10	10	10	10	10	8
Infection Control	Infection Control	8	8	6	3	10	11	9	4	4	4	4	9
LLTS	LLTS	5	5	4	4	4	4	4	6	6	6	9	5
Nursing	Brixham and Paignton	9	9	14	10	12	12	8	11	13	13	15	20
	Coastal	12	9	19	18	19	15	18	16	15	14	12	7
	Moor to Sea	17	11	11	11	9	13	14	12	9	8	7	17
	Newton Abbot	15	14	15	18	9	13	19	8	5	10	10	9
	Torquay	5	8	5	6	8	9	7	11	12	15	11	8
OOH Nursing	OOH Nursing	12	21	19	15	16		16	10	9	15	16	20
Specialist Nursing	Specialist Nursing	16	12	15	10	10	10	12	13	13	11	10	
Occupational Therapy	Brixham and Paignton	8	2	4	6	8		16	12	14	10	12	12
	Coastal	13	11	13	13	17	19	12	19	12	9	10	14
	Moor-to-sea	10	12	10	7	10	10	12	12	10	12	12	14
	Newton Abbot	14	11	9	15	9	13	15	13	17	12	11	11
	Torquay	16	16	12	10	16	10	8	2	8	4	4	8
Physiotherapy	Brixham and Paignton	14	14	16	14	13	16	16	16	13	12	12	14
	Coastal	11	15	11	14	23	23		17	10	10	8	11
	Moor-to-sea	6	10	10	6	14	10	12	8	14	10	8	12
	Newton Abbot	18	15	15	19	15	19	15	13	15	10	7	9
	Torquay	8	6	6	6	8	6	8	8	10	8	6	4
Podiatry	Podiatry	19	19	24	18	17	18		17	16	15	16	20
Public Health - CAMHS	CAMHS	8	10	8	12	12	7	10	13	8	8	10	10
Public Health - Lifestyles	Lifestyles	7	10	8	8	7	6	9	9	9	11	9	11
Public Health - Nursing	Brixham	3	0	0	2	2	4	3	0	2	0	0	0
	Paignton	4		12	9	8	4	10	8	4	2	4	4
	School Nursing	7	9	12	15	14	10	4	9	10	11	12	10
	Torquay North	2	2	3	2	2	12	10	16	7	9	11	
	Torquay South	2	3	4	4	4	4	5	3	2	5	2	3
Public Health - Substance Misuse	Substance Misuse	10	10	10	8	8	8	10	10	4	8	8	8
Social Care	Brixham and Paignton	12	12	10	14	16	12	20	14	13	16	14	
	Dawlish & Teignmouth	12	8	6	6	2	4	4	9	8	6	14	4
	HADT - S. Devon	17	19	15	13			9	13	7		5	13
	HADT - Torbay		17	11	15	11	11	9	9	11	13	7	5
	Newton Abbot		16	6	10	16	16	20	20	14	18	14	11
	Older People Mental Health - Torbay	0	2	2	2	2	0	0	0	2	4	0	0
	Torquay	14	14	12	16	20	14	16	14	12	14	14	
	Totnes & Dartmouth	14	14	20	10	20	6	10	10	10		12	
Tissue Viability	Tissue Viability	12	10	6	9	7	10	8	7	11	5	9	5

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- Teign Ward – due to vacancies and sickness
- Ortho theatres – continue to experience vacancies, and have staff on long term sickness. Over running lists has also scored this month. The department have now recruited to vacant posts and the score is expected to fall into the green zone as staff complete their induction period and become fully operational.
- Paignton and Brixham Community Nursing- this has been double checked and the score should have shown as 16 which is a stable position from the previous month. The cause is vacancy and sickness.
- Moor to Sea Nursing – there has been a rapid escalation of score this month and is reflective of existing vacancies compounded by staff sickness. The Associate Director of Nursing is aware of the issues and supporting the team leader. The position is expected to improve as those on sick leave return to work.
- Out of hours nursing – due to vacancy and sickness
- Podiatry: podiatry have seen an increase in their QuESTT due to the number of serious incidents being reported and investigated. The outcomes of these investigations are reported and overseen as part of the SDU and Trust governance processes.

8. Staffing Incidents

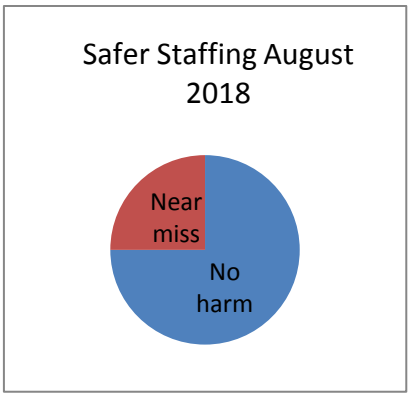
Clinical areas report incidents where staffing levels have been a concern through the Datix system. Incidents are managed through the SDU governance monitoring process, and through to Quality Improvement Group (QIG) dashboard. The QIG dashboard is a comprehensive system which presents data at Trustwide, SDU and individual clinical area level.

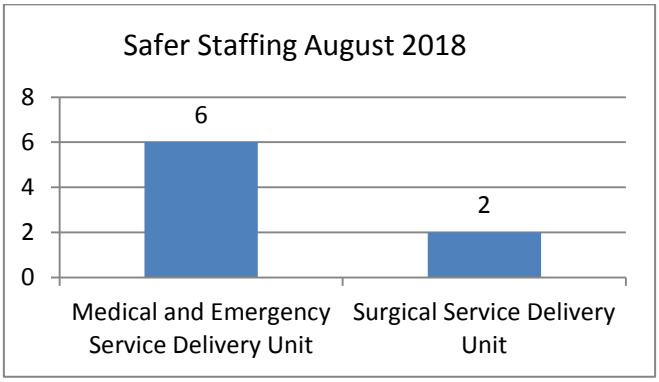
There were 8 incidents relating to staffing levels during August 2018. Of the 8 reported incidents, 6 were from clinical areas of the medical SDU, and 2 were in the surgical SDU.

Of the 6 in the medical SDU, 4 were from one ward and reflected concerns about maintaining additional patient requirements such as supportive observations, and having sufficient RNs for the workload of the ward.

Of the 8 incidents, 4 related to night duty and all indicate that the concern was appropriately escalated and mitigating action taken to assist the ward, even though the full shift could not be supported. It has been recognised that the RN establishments for night duty required revision and additional resource has been made available. Recruiting to these posts will take some time.

There was no harm caused to any patients; however, the staff reflect the stress caused to the team during these times.





Appendix 1 – Care Hours Per Patient Day for Acute and Community Setting Wards August 2018

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
Ainslie	6.4	3.1	3.3	7.1	2.8	4.2
Allerton	6.2	3.8	2.4	6.9	3.5	3.4
Cheetham Hill	5.5	2.5	3.1	7.2	2.3	5.0
Coronary Care	5.8	5.8	0.0	8.2	7.3	0.9
Cromie	5.3	3.1	2.2	5.8	3.0	2.9
Dunlop	5.5	2.4	3.1	6.4	2.4	3.9
EAU3	6.3	3.6	2.8	9.8	5.0	4.8
EAU4	7.2	3.8	3.4	8.8	4.9	3.9
Ella Rowcroft	8.6	4.3	4.3	10.5	4.6	5.9
Forrest	5.5	3.2	2.3	6.3	3.5	2.8
George Earle	5.8	2.5	3.3	7.3	1.9	5.4
ICU	20.4	20.4	0.0	28.0	26.8	1.2
Louisa Cary	5.5	3.5	2.0	13.3	8.5	4.7
John Macpherson	4.0	2.3	1.7	14.1	9.5	4.6
Midgley	5.5	3.3	2.3	7.3	3.1	4.2
SCBU	6.9	6.9	0.0	9.9	7.7	2.2
Simpson	5.5	2.5	3.1	6.7	2.4	4.4
Turner	7.9	3.6	4.2	12.4	5.1	7.3
Brixham	3.7	1.7	2.0	6.4	2.6	3.8
Dawlish	5.4	1.8	3.6	7.3	3.3	4.0
Newton Abbot - Teign Ward	4.0	1.7	2.4	6.1	2.2	3.9
Newton Abbot - Templar Ward	5.4	2.1	3.3	5.2	2.0	3.2
Totnes	6.2	2.2	3.9	7.2	3.5	3.7

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.

Cover sheet and summary for a report to the Trust Board of Directors					
Report title: **Annual Review of University of Plymouth Clinical Schools at Torbay and South Devon NHS Foundation Trust**					Date: 3rd October 2018
Report sponsor	Jane Viner, Chief Nurse				
Report authors	Mary Hickson and Susie Pearce, University of Plymouth Clinical School				
Report provenance	Quality Improvement Committee				
Confidentiality	No				
Report summary	This report provides and background to the importance of linking research in practice for nurses midwives and allied health professional within health care organisations. It does this from a national, regional and then Trust wide perspective mapping out the implementation of the Torbay and South NHS Trust Clinical School partnership with the University of Plymouth. The goals for the year 2017-2018 and the progress made are documented alongside the goals and objectives for 2018/2019. The report will conclude that The Clinical School at Torbay and South Devon NHS Trust in partnership with the University of Plymouth has bought a new focus on clinical and service focused research, development and education to the Trust's activities. It has started to work strategically to embed this organisationally, together with working with teams and individuals on projects, opportunities and in developing skills. Over time this will impact on the workforce, developing safe and high quality patient care.				
Purpose (choose 1 only)	**Note** ☐	**Information** ☒	**Review** ☐	**Decision** ☐	**Approve** ☐
Recommendation	To develop further the partnership with the University of Plymouth South West Clinical School and the opportunities for NMAHPS for pursuing career pathways and clinical academic careers, fully embedding and linking research with practice.				
Summary of key elements					
Strategic context	• Safe, quality care and best experience • Valuing our workforce • Well-led				
Dependencies and risk	The limiting factor in the Clinical Schools activity is the capacity of the Professors working with Torbay Trust. Susie Pearce and Mary Hickson commit one day a week funded by the University of Plymouth and Susie Pearce is funded by the Trust to do an additional day a week.				

	The Trust's staff have had limited capacity to engage in research, development and related educational activities on top of their clinical commitments. A key to the success of the overall initiative is to release funds to support more staff to take more time away from clinical service and engage more deeply in work to develop, enhance and drive forward the services provided by the Trust. The Care Quality Commission is increasingly interested in the research activity of Trusts they inspect. A risk of not enabling this initiative to continue is that the CQC will demand to see more research activity in order to deliver high approval ratings. Research is a core part of the NHS function and constitution. There is also a national Department of Health strategy to enable research activity within nursing, midwifery and allied health professions. This initiative supports these policy requirements.
Summary of scrutiny	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by: • Quality Improvement Group
Stakeholder engagement	The following stakeholders were consulted during the compilation of this report: • University of Plymouth
Other standards affected	The recommendations made in this report will impact upon: • Workforce development, recruitment, retention and satisfaction • Research and Development • Quality Improvement, • Safe high quality care • Care Quality Commission inspections
Legal considerations	Not applicable

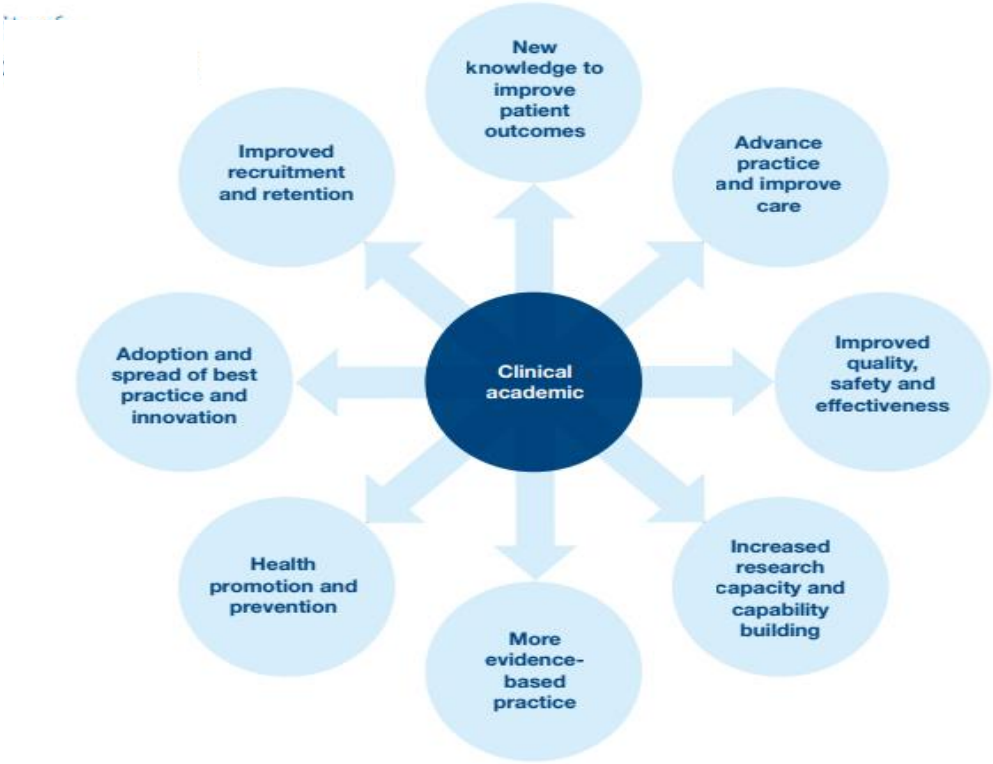
Report title:	**Annual Review of University of Plymouth Clinical Schools at Torbay and South Devon NHS Foundation Trust**	Date: 3rd October 2018
Report sponsor	Jane Viner	
Report author	Susie Pearce and Mary Hickson	

1. Background

1.1 A National Perspective

Nurses, midwives and allied health professionals (NMAHPs) are creative problem solvers, developing ways of changing health care practice from the smallest detail of care to whole new health care models. Clinical academic staff sit at the vital juncture between research, innovation dissemination and education, and enable research to be translated into clinical practice and quality education and training. In particular, they bring patient-focused insights and conduct translational research which offers direct benefits to the quality of patient care. Evidence based NMAHP care directly supports the service quality and improvement agendas, improved health outcomes, increased cost effectiveness and innovations which are underpinned by the best research.(Council of Deans, 2018). Further information can be found in a recent Council of Deans report.

There is increasing research evidence that research active health care organisations achieve better patient outcomes (Hanney *et al*, 2013, Ozdemir *et al*., 2015) and thus the CQC have now included research as one of its metrics. Figure 1 illustrates some of the impacts of research, innovation and development with NMAHPs in healthcare practice (from AUKUH, 2016)).



Nationally nursing, midwifery and AHP clinical academics are less than 0.1% of the workforce (target is 1%), compared to 4.6% of the medical consultant workforce. In 2007 '*Developing the Best Research Professionals'* (the Finch Report) highlighted the lack of a clinical academic careers framework for midwives and nurses; in 2008 the NIHR funded four levels of clinical academic career programmes for the allied health professions, nursing and midwifery, which have since been expanded to all non-medical and dental registered health professions. These have had a big impact nationally but are highly competitive and few in number.

In recent year's partnerships between universities and healthcare organisations have developed local schemes to increase the critical mass of NMAHP clinical academics. There are a growing cadre of clinical professors, clinical academics and locally developed schools, academies and networks. Westwood *et al.,* (2018) suggested that the success of this partnership model is the strength of the strategic relationships developed at all levels, from board to ward, across and within the clinical organisations involved. These relationships enable organisations to support nurses, midwives and allied health professionals to climb, in parallel, both clinical and academic career ladders. Ultimately, with the ability to drive their disciplines and services forward, these clinical academics can impact on improved health outcomes and patient benefit.

1.2 The Regional South West Clinical Schools

The South West Clinical School with the University of Plymouth is a partnership between the School of Nursing and Midwifery, the School of Health Professions and local NHS Trusts. The aim is to develop a clinical academic workforce and support the development of research in practice.

The first clinical school started at the Royal Devon and Exeter NHS Trust in 2014 and now the South West Clinical Schools includes the Royal Cornwall NHS Trust; Torbay and South Devon NHS Foundation Trust; Taunton and Somerset NHS Foundation Trust and University Hospitals Plymouth NHS Trust.

Each Trust is supported by a Professor or Associate Professor one day a week funded by the University of Plymouth. In February 2018 the South West Clinical Schools met with stakeholders across the region. There have been several outputs, including a developing relationship and influence at regional level (via the Sustainability and Transformational Partnership [STP]); and mechanisms for increasing visibility and engagement.

The website link for the South West Clinical Schools is https://www.plymouth.ac.uk/research/institutes/health-community/south-west-clinical-schools.

The South West Clinical Schools has also recently developed a research group, Innovations in Patient Care and Quality (ImPACT), which sits within the Institute of Health and Community at the University of Plymouth.

1.3 Clinical School at Torbay and South Devon NHS Foundation Trust

The Clinical School at this Trust began its development in May 2017. This involved Susie (Associate Professor for Nursing) and Mary (Professor of Dietetics) working one day a week supported by the University of Plymouth. It involved scoping the organisation and meeting people before developing some strategic objectives. In May 2018 we held the South West Clinical Schools Conference here at Torbay Hospital, welcoming nurses and AHPs from the whole of the south west and showcasing some of the research and development work being done in the organisation through concurrent sessions and posters. This event also formally launched the Torbay and South Devon Clinical School.

Mary and Susie are working particularly with nurses, midwives and AHPs, but also and any other healthcare professional interested in improving practice with applied health research. Both have strong clinical and research backgrounds and both have extensive experience in developing research in the clinical environment, strategically, and with individuals, teams and services to improve patient care. The goal of the Clinical School here is to increase both research capacity within the organisation, and the capability of staff to develop practice-based research to improve service delivery and patient outcomes. Activities are targeted at two levels; one to change the ethos, strategy, culture and infrastructure to support research activity; and secondly to work with individual staff to support them to increase their research skills and knowledge, develop clinical academic careers, which will lead to innovative ideas that enhance clinical services within the Trust.

2. Goals and subsequent progress across 2017/2018

The following overarching targets were agreed for the year August 2017 - July 2018:

- Develop the Torbay and South Devon Research Strategy for Health Professionals: The need for a new multi-disciplinary research strategy has been established and this will be taken forward within the newly reformed Research and Development Committee in the coming year.

- Establish a reporting structure to the Trust Board to ensure that research partnership activities are communicated: The link to the Board has been through the Executive Chief Nurse, Jane Viner, who we meet regularly and who takes items to the Executive Board and Trust Board. This has been an interim arrangement through the reorganisational process. Post restructuring a steering group for the Clinical School will be formed and reporting lines to the Board clarified.
  We have worked closely with Research & Development and Quality Improvement to development initiatives and will continue to collaborate across these teams.

- Submit a Nursing and AHP led research grant relating to new models of care

  Three projects are currently in progress:

  a) Education for healthcare workers in the public, voluntary and independent care organisations: an evaluation project

  In December 2017 public, voluntary and independent organisations providing care to people within the area served by Torbay and South Devon NHS Trust, were invited to access for free, education provided by the Trust. This included a range of educational opportunities, with face to face, e-learning and blended learning.
  The rationale for the provision of the education was to improve the knowledge, skills and behaviours of staff working in these organisations and thus, improve the quality of care provided to people using these services. This project evaluates whether this rationale is warranted and the free provision of education improves clinical outcomes. We are using both routine data on hospital outcomes (e.g. number of emergency admissions etc.), a review of care organisation outcomes (number of falls etc.) and qualitative evaluation of staff experience in a nursing home, care home and domiciliary service.

  b) Exploration of professional boundaries and identity within the multi-disciplinary team working in an integrated care setting.

  This project is being developed to help the organisation understand how the integrated care organisation impacts on staff, the way they work, their perception of their professional identity and how they work effectively as a team. This will be designed and carried out over the next 12 months providing preliminary data to support future funding applications.

  c) Audit of staff qualifications to establish a baseline of staff education within the Trust and contribute to national benchmarking for Clinical Academic Careers.

  The Association of UK University Hospitals (AUKUH) supports a networking group to promote and expand clinical academic careers amongst nursing and allied health professions. The Clinical School is part of this group which shares and builds on learning throughout England. A benchmarking scheme has been set up to monitor the development of Clinical Academic careers and Torbay and South Devon NHS Trust are part of this programme of work. Establishing the baseline qualifications of staff is part of this initiative and is reflective of research capability and capacity.

- Ensure professional readiness for developing a research culture in practice and clinical academic career pathways.

  a) An internal research fellowship programme has been proposed and funding is being sought. This programme will support one nurse, midwife or AHP per year to apply to register for a doctoral studentship part-time over 6 years, this will be whilst working part-time in the Trust and continuing their clinical career. The programme will also support one nurse, midwife or AHP

per year to undertake pre-doctoral level preparation, 1 day a week for 1 year, preparing for doctoral level study and fellowship applications. When funding sources are confirmed we will initiate a competitive application process.

b) Other funding streams. We have been and will also continue to support NMAHPs to develop and apply for the highly competitive national programmes and to apply for smaller project funding locally and nationally. We will also support NMAHPs to develop new skills, such as writing for publication, developing posters, disseminating their work and raising the profile of the Trust nationally.

c) Career pathways have been explored for NMAHPs to enhance opportunities for research, development quality improvement and education. New job descriptions are being reviewed to ensure that research activities are embedded in all job roles at a level suitable for that role. A model developed at the University of Nottingham will help inform post qualifying career pathway development and will be used to further develop career structures and education pathways. This will support recruitment, retention, service development and quality of care. This work will continue in 2019 and will be embedded in developing groupings and strategies.

- Enhance effective methods of communication

  The Clinical School at Torbay and South Devon NHS Foundation Trust now has a web page on the intranet site: Research and Practice (under the professional practice tab). We have also featured on the 'Meet the Team' feature on ICON with a short video. We will continue to develop this website and seek out further opportunities to enhance our profile and awareness at the Trust throughout 2019. We also have regular items on the ICON news page.

  In May 2018 we held the University of Plymouth South West Clinical Schools 4th Annual Conference at Torbay Hospital; Celebrating Research and Development in Practice. This was a huge success bringing together over 80 people to reflect on nursing and AHP practice development and research, as well as take part in educational activities relating to critical appraisal and patient and public involvement. A second conference is planned for May 2019.

3. Goals for 2018-19

The goals for the forthcoming year include the continuation of progress already made and highlighted above. Susie has also started working an additional day a week from September 2018, funded by the Trust.

- Research fellowship programme: Develop suitable application criteria and process, recruit, interview and award. The aim is to have the first fellow in place in January Q4.

- Development of other pathways for quality improvement and research. This will include strengthening QI teaching to Masters level and consolidating links to Trust wide projects; developing themes and priorities for the Trust for research;

developing clinical academic pathways for Band 5s and the development of post-doctoral opportunities.

- Annual conference - deliver a Torbay event (conference, workshop) in May 2019, Q1
- Nursing (& AHP) career pathways - Work with Jane Viner to develop pathways that reflect the new organisational vision, and utilises innovative models used elsewhere (e.g. Nottingham).

- Deliver the Education to Public, Voluntary and Independent sectors project with Helen Limmer and Neil Elliott.

- Multi-disciplinary research – continue to develop the proposal and submit to Torbay Medical Research Fund (Q3), submit ethics (Q4) and start April 2019 (Q1).

- Develop a workshop programme for skills relating to research and development

- Continue to develop communication and profile with the Trust by participating in the research roadshows, and starting regular research drop in clinics.

- Continue to support teams and individuals in research and project development, such as the attainment of small grants or awards, and support with implementation, and dissemination

4. Conclusions

The Clinical School at Torbay and South Devon NHS Trust in partnership with the University of Plymouth has bought a new focus on clinical and service focused research, development and education to the Trust's activities. It has started to work strategically to embed this organisationally, together with working with teams and individuals on projects, opportunities and in developing skills. Over time this will impact on the workforce, developing safe and high quality patient care. The ongoing restructuring process through 2017-2018 has had an impact on the ability to engage staff and to develop strategic directions across the organisation. It is envisaged that this will all become easier in this next year 2018-2019.

5. Recommendations

To further develop the partnership of the Trust with the University of Plymouth South West Clinical School. This includes developing the opportunities for NMAHPS for pursuing clinical academic careers, fully embedding and linking research with practice.

6. References

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Hanney, S., Boaz, A., Jones, T., Soper , B. (2013) Engagements in research: an innovative three stage review of the benefits for health care performance. *Health services and delivery research* 1 (8) DOI 10.3310/hsdr01080

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Westwood, G., Richardson, A., Latter, S., Macleod Clark, J., Fader, M (2018) Building clinical academic leadership capacity: sustainability through partnership. *Journal of Research in Nursing*. https://doi.org/10.1177/1744987117748348

Cover sheet and summary for a report to the Trust Board					
Report title: Quarterly Report of the Directorate of Strategy and Improvement				**Date:** 3 October 2018	
Report sponsor	Ann Wagner, Director of Strategy and Improvement				
Report author	Dawn Butler, Deputy Director of Strategy, Performance and Planning				
Report provenance	Executive Directors – 25 September 2018				
Confidentiality	Public				
Report summary	This is the quarterly report for the Strategy and Improvement Directorate for the period Quarter 2 (July to September 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.				
Purpose (choose 1 only)	**Note** ☐	**Information** ☒	**Review** ☐	**Decision** ☐	**Approve** ☐
Recommendation	The Board is recommended to: • **review** the document; and • **review** the evidence presented.				
Summary of key elements					
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 provides department highlights in the first section for strategy and development performance and planning, quality improvement, strategic communications and the Health Informatics Service. The second section provides a summary of key outputs for Quarter 2 of 2018/19 and a forward view for Quarter 3 for the financial year 2018/19, together with key performance indicators that reflect progress against important strategic objectives				

	Key risks and mitigations include: • **age of critical IT systems**. The Board's decision to prioritise capital and revenue for IT (and other infrastructure) will enable some of the key risks to be mitigated • **workforce engagement** – we need to engage differently with the workforce. Our work with ICE creates and the engagement work being led by Judy Falcao, the Director of Workforce and OD will provide the framework to enable this to be achieved. As well as supporting organisation wide, the Directorate senior team is supporting work across the full directorate to improve team morale in response to the staff survey results feedback • **stakeholder engagement** – feedback and learning from partners and communities in Dartmouth reinforces the importance of our commitment to ongoing conversations with our communities. • **locality delivery model** – current support functions are arranged around the existing SDU structure. Teams are working on the transformation they need to support the new delivery structure. • **Operational plan delivery** – risks to performance and financial plans are well documented. The Directorate is providing support across all areas to secure the improvements necessary and provide assurance
Summary of scrutiny	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by: Executive Directors meeting - 25 September 2018
Stakeholder engagement	The directorate is involved with the engagement of internal and external stakeholders and wider system partners. In particular ongoing strategic communications are focussed on supporting discussions underway in our communities where we are developing our care model and our health and wellbeing centres. The directorate is also working closely with colleagues in Human Resources and Organisational Development, giving focus to the conversations with our staff as part of building a clear story about the future of our local care services.
Other standards affected	Careful consideration will need to be provided to issues of equality and diversity as we engage our staff in the next steps of our journey and our business planning.
Legal considerations	None

Report title: Quarterly Report of the Directorate of Strategy and Improvement		Date: 3 October 2018
Report sponsor	Ann Wagner, Director of Strategy and Improvement	
Report author	Dawn Butler, Deputy Director of Strategy, Performance and Planning	

1. Introduction

This is the quarterly report for the Strategy and Improvement Directorate for the period Quarter 2 (July to September 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. These functions are:

- Strategy and Development;
- Planning and Performance;
- Quality Improvement;
- Strategic Corporate Communications; and
- Health Informatics Service.

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.

2. Quarter 2 2018/19 Overview

The templates appended to this report provide an overview of key outputs for Quarter 2 (July to September 2018) and a forward view look for Quarter 3 (October - December 2018) for each function. The key performance indicators help to convey progress against relevant areas of development.

2.1 Function Highlights

The following highlights are worthy of particular note:

Strategy and Development:

Embedding our integrated care model into practice: The new locality delivery structure through creating new synergies between services and teams, will be integral to ensuring that the integrated care model programmes of work continue to be embedded into practice and systematically scaled up so that we optimise the full benefit of changes to the benefit of system performance. The strategy lead is supporting the transition of care model programmes across to operations to assure continued focus on delivery.

The difference our care model is making; A number of work streams are underway to help us understand and consider the difference our integrated care model is making at both an individual level and also on the performance of our system. These include:

- The development of the **integrated care model balance scorecard**. A first iteration of this framework is being shared with Finance, Investment and Performance Committee and the Board in the next two weeks which takes a number of key performance metrics and aligns them with the 4 care model outcomes.

- **Locality Dashboards**, **System Metrics and Researcher in Residence evaluations** are used by GP leads and localities to understand and adapt health and wellbeing services in the community. It is also used to inform the Integrated Board Report. The most recent analysis undertaken shows how we are laying the foundations for improved system performance in the longer term with significantly better rates of A&E attendances and bed days used between 2014/15 and 2017/18 compared to national averages.

Engaging people in the next phase of our journey: The next phase of our journey as an organisation is described through the five ICO key strategic goals. The Board will remember developing these at our board strategy development session in May. As a reminder these are:

These strategic goals will be bought to life in our new staff engagement piece led by Judy Falcao. The materials, which include an animation and poster, have been developed to tell the story of why we became an ICO, what we have achieved together and what the next phase of our journey looks like. The staff conversation asks people to consider what is important to them and what contribution they will make to achieving the next chapter of our integrated care model. Team objectives will be captured in our business planning interactive tool which seamlessly links to the animation and poster.

As business plans are developed by teams then we will build from the bottom up our strategic plan for the next phase of our journey framed around each of the five key strategic goals.

Health Informatics Service (HIS):

There have been two major developments this quarter which have had the most impact on the HIS. Firstly, the approval of the prioritised 2018/19 capital and revenue to support the first year's Trust essential/critical I.T. infrastructure investments. This has meant that the procurement activities have begun in earnest and a significant effort to ensure implementation in the remaining six months of the year is underway.

Secondly, the Board approved the work to investigate sharing the new electronic patient record system that the Royal Devon & Exeter Foundation Trust are implementing in

2020. This requires a 'mini' outline business case to be presented to the Board in December and the HIS has redirected the appropriate resource to achieve this timescale. This will affect some other priorities, but it is essential that this work remains the focus of the HIS in support of an updated information and technology approach, followed by a strategy that supports IT enablement for cross-organisational clinical pathways that underpin our integrated practice as an Integrated Care Organisation.

Planning and Performance:

- **Business Planning 2019/20:** Developing and communicating the planning parameters and approach with teams in the context of the Devon wide STP, national 10-year strategic plan and importantly our context as an organisation working differently to engage our staff in the next phase of our journey. The Business Planning process will be launched at the Trust Talk on 4th October 2018. A separate paper setting out the proposed new approach to Business Planning, internal governance, and timescales will be considered by the Finance Performance and Investment Committee, and the Board.

- **Performance Reporting:** The Integrated Quality, Workforce, Performance, and Finance Report continues to be refined in terms of content and areas for improvement, following feedback from a Board Development Session held in July and an on-line survey.

- **NHS Improvement**: Following escalation of underperformance against plan for RTT (52 week waits) and Cancer standards the performance team have worked with the Chief Operating Officer and operational teams to provide recovery plans and recovery performance trajectories. These plans have been signed off and are now subject to weekly review to give NHS Improvement assurance that agreed actions are on track.

- In support of **Children's and Young Persons** (CYP) services, a review of activity and data recording has been undertaken and a planned activity submission is now agreed with commissioners for the future.

- Last month, **GP medical support to health and wellbeing teams commenced,** as part of the Enhanced Care in the Community contract. To help maximise the outcomes of this new service and strengthen working relationships between community teams and GP's, the performance team are supporting an ongoing process of evaluation and review.

- An **operational dashboard** is being developed to help ensure delivery teams have accurate and relevant data against key operational metrics to optimise escalation and patient flow. This is an important programme of work to support improvements in system performance.

Engagement and Communications:

- Providing communications and engagement support for **Health and Wellbeing centres** for care and support across all of our localities is a key priority. Most recently we have been working with the CCG to engage the communities of Brixham, Dartmouth, and Teignmouth on developing plans for health and wellbeing services in their areas.

- We held a number of events to **commemorate the 70th anniversary of the NHS**, including hosting NHS 70th anniversary tea parties at several of our sites, holding a staff celebration and inviting people to share their memories and celebrations under our #ProudOfOurNHS campaign.

- We developed a plan to communicate the discovery of **legionella at Paignton Hospital** so that staff and public were kept updated and informed that the closure of Paignton Hospital was done as a precaution. Media and social media coverage was largely supportive.

- Working with Health and Care Videos, and led by colleagues in Workforce and Organisational Development, we are preparing to support staff engagement sessions commencing this month on the next steps of our integration journey.

- We are taking a lead role in working with provider Trusts across Devon to ensure that we share best practice on the staff flu vaccination campaign. This includes looking at what has worked well in each Trust.

- We are leading the communications and marketing support for a number of cross agency bids. This includes the bid to run community Children, Young People and family services in Devon.

- We are currently reviewing the way we communicate and engage our stakeholders. One part of this is that we are carrying out a survey of our newsletter – Health and Care Insights. The survey will close on 30th September and we will subsequently analyse the feedback before making recommendations for change.

Quality Improvement:

- The Outpatient Innovation Programme has been extended in scope to include cardiology and clinic room/resource scheduling as well as GIRFT and electronic referrals. This is a significant change programme that has the potential to change the way outpatient services are delivered in the future by being more tailored to what is important to people.

- Quality Improvement coaches are now supporting the £13m Emergency Department/urgent care project.

- The results of the Researchers in Residence work on the integrated care model has been presented at a number of forums locally and regionally. As a result of their successful collaboration, the Trust and the University of Plymouth are match

funding a further two years' work on integrated care.

- The NHS Quicker app has been shortlisted for two national prestigious awards; namely the HSJ awards 'Enhancing care by sharing data and information' and the Times Higher Education awards. This is the equivalent of an Oscar in academia. The app has been nominated under 'Tech innovation of the year', one of only six nationally.

2.2 Developing our Strategy and Improvement Directorate

Sensing and responding to organisational changes: We all work in demanding and uncertain times and a lot of our recent work as an organisation has been to consider how we create the conditions for success so that our teams are agile and can sense and respond to the context they work within. This is a key component of self-organising teams and critical to the success of our new locality delivery structure.

The Strategy and Improvement Directorate is working together to sense and respond to the changing context and how we evolve to best serve the needs of our two future locality delivery structures.

Wellbeing at work: The Directorate holds a monthly 'Team Talk' providing an opportunity to get to know colleagues across teams, reflect on Trust issues, share ideas and concerns, good news, and provide time to look at the support the directorate provides to the organisation.

This opportunity led to a close look at feedback from our staff via the recent national staff survey, with the top three priorities identified as supporting each other's and our collective development, future direction of the directorate, and obtaining joy at work. Each of these priorities are being addressed at the monthly meetings with a focus on how the directorate is going to change and challenge its behaviours and move towards 'be the change you want to see'.

3. Recommendations

The Board is recommended to:

- **review** the document; and
- **review** the evidence presented.

Executive Lead:

Ann Wagner
Director of Strategy and Improvement

Report Author:

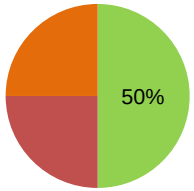
Dawn Butler
Deputy Director of Strategy, Performance and Planning

Strategy and Development

Team KPI Scorecard

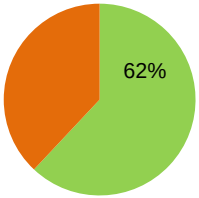
System Wide Savings Plan – Care Model 18/19 Target £1.7 million

System savings plan revised in light of current system performance.



Programme Delivery of Care Model Strategic Changes

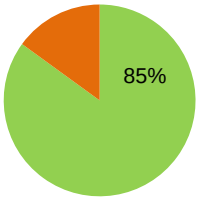
This compromises all large scale programmes: VS partnership, IM&T enablement etc.



This shows that 62% of programmes are delivered, 38% are at implementation stage. Financial investment has been secured for (HIS) and local place based objectives are being set for mental health.

Strategy Update Development
Engaging organisation & partners in our strategy.

Remaining 15% relates to launch of engagement programme planned for October which engages staff with describing our integrated future and their contribution to it.



Summary of Key Outputs for Q2 2018-19 and Forward View for Q3 2018/19

Supporting Delivery Today

- **Embedding Care model changes into practice** will be a core responsibility of the two new delivery systems as part of the new locality structure. A schedule has been developed which identifies the 32 programmes of work and their new reporting structure. This has been completed subsequent to the **Care Model Delivery Group meeting for the very last time on 20th June 2018.** The decision to stand down the fortnightly group reflects that 100% of the work programmes have either been delivered in full or are being implemented and led operationally.

- The **5 ICO key strategic goals** which were developed as part of the **Board Development Session** on Wednesday 2nd May 2018 are now embedded in our engagement and business planning strategy and will form part of our engagement piece that asks staff about their contribution to these 5 aims and asks teams to commit to delivering action for each of the 5 goals in their business plans.

- A visit to our coastal team on Thursday 20th September 2018 by Roger Davidson – National Director for Engagement and Communications for Health System Transformation provided an opportunity to **give visibility to our integrated journey on a national platform**. This helps us to influence policy and regulation to break down the barriers to place based integration which as an ICO we experience more acutely than other areas.

Strategy - Planning for Tomorrow

- **Delivery Group:** A new delivery group that will include members from our partner organisations is being set up and will support ongoing translation of strategic plans into operational delivery.

  This includes the development of health and wellbeing centres, the STP 'Integrated Care Model Blue Print', the 'Enhanced Care in Care Homes' framework and the development of 'Community Conversations' to support ongoing involvement and engagement in our collective vision for health and wellbeing across Torbay and South Devon.

- The **Enhanced care in the community GP contract** is now underway and the strategy and performance team have put in place a framework to support the first contract gateway review meetings taking place over the next 4 weeks.

- We are hosting a visit from Cornwall Partnership Trust, the Isle of Man and NHS England on the 10th October. We have been asked to share our learning about the development and implementation of the Care Model to support the **spread of good practice and innovation.**

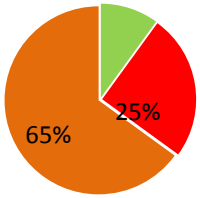
KEY: Delivered | In progress – on target | **Remedial action required**

Dawn Butler – Deputy Director of Strategy, Performance and Planning

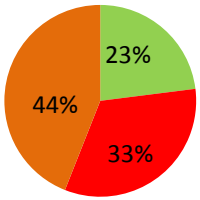
Health Informatics Service

Team KPI Scorecard

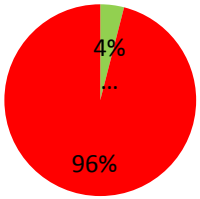
HIS: RAG-rated Priority IT Projects



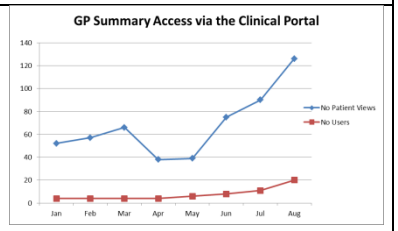
HIS: Breakdown of accounts set up on the Clinical Portal



HIS: GP Summary Usage: The percentage of medics using the GP Summary in August



HIS: GP Summary Access (individual user access to the GP Summary via Clinical Portal a month & total number of a Patient sGP Summary Views in a month)



Summary of Key Outputs for Q2 2018-19 & Forward View for Q3 2018-19

Supporting Delivery Today

- Community IT Project –successful go live in Coastal of SystmOne pilot on 17/9/2018. Capital budget agreed, awaiting business case for rollout being completed to draw down the funds.
- Number of admitted patient care episodes coded over the last four weeks: 7,799
- Medical records completeness of ward note keeping: 94%
- Lymphedema system replacement work underway.
- EPMA trials underway with go live planned for late September/early October on EAUs.
- Data Engineering met their reporting obligations despite challenging infrastructure problems.
- GDPR compliance planning in place and reviewed by audit as appropriate.
- Annexe Datacentre returned to operational status following Annexe fire, but planning downtime in October for the installation of new switchgear .
- Following the Board approvals in August of the 2018/19 investment programme, planning is underway to commence related procurements.
- Provided support to the WCD in blood tracking system supplier issues.
- Galaxy system feeding operation notes into Infoflex for Care Planning Summaries was not working as it should. Work is underway to address this.

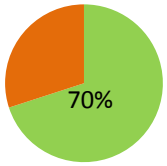
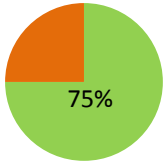
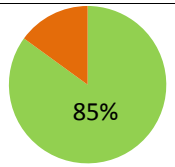
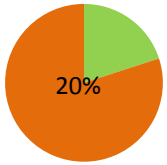
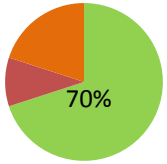
Strategy - Planning for Tomorrow

- Resolution on Capital and Revenue investment requirements to enable Trust's cybersecurity mitigations to progress.
- Appointment to cover senior manager long-term sickness absence will enable progress to be made on GDPR compliance and FoI performance.
- Localised medical records completeness of ward note keeping audit, and automated audit outcome data set to pilot in October
- A high percentage of investment requirements have awaited approval due to there being revenue requirements attached to the capital spend. Execs agreed priorities for investment which are expected to enable progress into 2019.
- EPIC outline business case started – with staff being asked to act up to cover IT Programme Managers role.
- NHS Contract requires electronic sending of Transfers of Care to other organisations; work is underway to scope what is required to meet this.
- C.£40 million bid for Cybersecurity upgrades was submitted to STP on behalf of Devon (£14 million for TSDFT).
- Community IT Bid for £1.2 million to STP was provisionally agreed.
- IT support for CYP bid as lead organisation.
- New ED build being supported by IT.
- Planning for improved storage solution for medical records underway.
- ECDS go live 2 October 2018

KEY: Delivered | In progress – on target | Remedial action required

Gary Hotine – Director of Health Informatics

Planning and Performance – work programme

Team KPI Scorecard		Summary of Key Outputs for Q2 2018-19 and Forward View for Q3 2018/19	
		Supporting Delivery Today	**Strategy - Planning for Tomorrow**
2019/20 Business Planning		• Establish business planning guidance and strategy with launch at Team Talk 4th October 2018. • Develop interactive tool for teams to record team level business plans. • Business planning support – support teams through the business planning process. • Performance standards: establish planning parameters and support teams through process of demand and capacity planning.	• Overall process of supporting SDU plans and presentations to the Trust Board. • Work with new organisational structure on format of business plans.
Delivery agreements 18/19		• Delivery agreements to be drafted and signed off with SDU teams. • Operation of the framework will be reviewed and revised, to reflect experience and best practice elsewhere, in Q3/4.	• Work with teams on areas of variance against agreed deliverable outcomes agreed in Delivery Agreements through the Quality and Performance assurance process.
Integrated Performance Report		• Report being reviewed with survey to users to collect feedback for improvement. Report being extended to cover Patient Experience and wider ICO metrics.	• Adapt to reflect revised operational structures. • Increase resilience of the process and the effectiveness of organisational engagement. • Ensure that the action plan and feedback cycle is incorporated into report. • Provide internal escalation of performance actions.
Urgent care delivery board		• Support Delivery board with required metrics • Review and ensure adoption of operational dashboards.	• Support Safe care, innovation and appropriate escalation
Recovery plans against NHSI standards and People Waiting over 52 Weeks RTT		• Monitoring and support delivery of plans	• Support teams through the process of Capacity and demand modelling with NHSI support team

KEY: Delivered | In progress – on target | Remedial action required

Paul Procter & Nigel Moxon– Heads of Performance

Strategic Corporate Communications

Team KPI Scorecard		Summary of Key Outputs for Q2 2018-19 and Forward View for Q3 2018/19	
		Supporting Delivery Today	**Strategy - Planning for Tomorrow**
Regular communication channels	**Daily** • Web content review in last three months, **90,129 people** have looked at a total of **355,613 pages**. • Frequent social media updates **Weekly** • Board Update • Staff Bulletin • Screen savers **Monthly** • Trust Talk and briefing • Back Pocket Board briefing • Stakeholder newsletter *Health and Care Insights*.	Proactively released information and/or responded to the media 42 times resulting in coverage of a range of subjects including: • Public feedback on Coastal public engagement • Dartmouth Clinic wellbeing event • Winter funding allocation • Paignton Health and Wellbeing Centre temporary closure and reopening • Announcement of the Strategic Estates Partnership • Chief Executive Retires • Coastal Wellbeing event • Hospital mortuary transformation • Technology enabled care contract announcement • Carers Week Round Up • Investment in remembrance garden • NHS 70 celebrations	• We will be continuing our campaign #ProudOfOurNHS that highlights the hard work and commitment of our staff • Engagement and consultation in Coastal locality • Engagement on new health and Wellbeing Centre building in Dartmouth • Procurement of CYP services and NHS partnership tender • Developing a new staff recognition/awards scheme • Working through localities to identify and share good news and success stories. • Leading the development of strategic communications across the STP for the Local Care Partnership (South) and Planned Care
Social Media 74 Facebook posts 57 Tweets Top messages: • Organ Donation week • Annual Members meeting • Nurse recruitment day • Hope Programme • Recruitment • NHS 70th	**Reach** 281,650 Facebook post reach and 74,600 Tweet impressions Top individual message reach: • Bank Holiday Choose well (19.1k) • Cancelled out patients at Paignton (19k) • Hope programme for chronic pain (14.1k) • Can you help us with Blood (12.5k) • NHS turning 70 (14.2k)		

Jacqui Gratton/Corinne Farrell – Joint Head of Communications

Quality Improvement (QI)

Team KPI Scorecard		Summary of Key Outputs for Q2 2018-19 and Forward View for Q3 2018/19	
		Supporting Delivery Today	Strategy - Planning for Tomorrow
Build capacity and capability in improvement methodology (IHI)		3 day QI training course reinstated, in response to staff survey findings – 3 cohorts running September 2018-June 2019. Preceptees' QI training course in place and started in September 2018. 1 hour QI taster sessions ran over summer 2018, low uptake. Band 6 QI programme for nurses, AHPs and social workers is being developed, course dates to be confirmed. QI modules incorporated into two forthcoming ILM courses. Bespoke QI training being delivered to teams (e.g. TP, CAMHS, paediatrics). Devon Flow coaching presentation.	New strategic programmes underway: • Nurse led/criteria led discharge • Outpatient transformation programme- focussed on diabetes and rheumatology • £13m ED/AMU new build • Patient Experience Collaborative • Business planning and transformational change work • CQUINs 18/19 • NHS mail care homes – parked with CCG until new IG toolkit online and approach agreed with care home how to take forward. • Health literacy & digital inclusion • Winter pressures- completed • Supporting Planned Care/STP spinal pathway. • Community specialist nursing improvement programme. • Maternity improvement programme support. • GIRFT for T&O – focus on length of stay and embedding 4 joint lists. • PAM – ongoing baselining. • Red2Green implementation • Change of use for EAU3 to shorter stay (6 hour) assessment unit for GP expected patients • E-Referrals Strategy Group- part of the Outpatients Transformation Programme
ICO care model research completed by April 2019		Researcher in residence findings published and shared internally. Outcome slide set also shared regionally and nationally. Two papers in pre-print stage. Funding secured for 2 addnl years starting from April 19.	
Support the maternity improvement programme		Programme of improvement agreed and projects started including smoking cessation, review of the IOL service, intelligent IT, extended scanning service and PN contraception. Poster of work completed to date promoted at a national conference. SCORE survey completed and debriefs carried out.	
NHS quicker (Devon & Cornwall Emergency App)		National recognition of app - HSJ Awards and Times Higher Education awards. Comms support to drive app usage challenging. Work started to tie in with winter campaign messages.	
Embed 'Trusted assessor' ways of working as part of the Five Year Forward View by the end of 2018		Memorandum of Understanding in place. On-going liaison with 5 local care homes to enable test of change. Planned test of change date Quarter 3 2018. New project lead in place since August 2018. Work being done to get NHS mail for trial homes and buy in to project.	
100% of inpatient wards with safer bundle in place by Oct 18 & 33% of discharges by midday		SAFER bundle approach being used on all wards of TSDFT. Community wards consistently achieve >33% discharges by 12 noon. Acute wards struggle at 16% possibly due to short length of stay and same day discharge. Red2Green being implemented Q3 which will help reduce internal and external delays and consequently support earlier discharge.	
Provision of ambulatory emergency care , at least 14hrs a day , 7 days a week by December 17		AMU business case successful with funding secured subsequently national from winter pressures funding. Project kick off Sept with completion due end of Nov.	
GIRFT for Trauma and Orthopaedics		QI support for the projects resulting from the GIRFT report recommendations with particular focus on the length of stay (LOS) and 4 joint list projects.	
Patient activation measures (PAM)		Baselining of patient cohorts using PAM surveys across rheumatology, diabetes, Parkinson's and respiratory (autumn 2018). This information supports the OP improvement programme. Learning about TSDFT's approach to rolling out PAM in secondary care is being shared at STP and NHSE levels.	
Development of a national resource discovery system by August 2018		Health Education England accepted the options appraisal and business case for a national resource discovery system. Procurement starts imminently.	

Criteria led discharge		Test of change to Friday sheets used by junior doctors at weekends to clarify weekend tasks. The addition of criteria for discharge to the sheet to encourage weekend discharge and discharge that is appropriately led by either nurse, junior or senior medics.	
NHSmail in Care Homes as part of the Trusted Assessor pilot		QI support for completing the Data and Security Protection Toolkit in identified care homes across Torbay and South Devon in preparation to introduce the Trusted Assessor role.	
Cardiology Referral Capacity		QI support for review and subsequent work required to improve the process and distribution of referrals to the cardiology consultant body.	
Cardiac Arrest Team- Ensure Resuscitation Council UK standards are met		QI support to ensure Resuscitation Council UK standards are met and any projects resulting from the review of the current system.	
Pathology SCORE survey		QI support to organise debriefing sessions with Pathology team and support any projects identified following the results.	

Susan Martin Associate Director, Quality Improvement

Cover sheet and summary report to the Trust Board of Directors					
Report title: EFM and Health and Safety Performance exception report for July and August 2018 and published PLACE 2018 results				Date: 3rd October 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	• **Critical Estate Failures: Water Safety:** The Capital Infrastructure and environment group received assurance on water safety. The Estates team identified through routine monitoring an increased risk relating to the incoming mains water temperature being over 20 degrees. Actions have been determined and overseen by the Director Infection Prevention and Control alongside the water management group. Water temperature over 20 degrees places water systems at increased risk of growth of Legionella bacteria. Testing was introduced at the community hospitals which are not routinely tested. Levels were detected at Paignton H&WB Hub. As a precaution the facilities were closed whilst a high temperature sterilisation took place and subsequently re-opened safely. Testing will continue whilst incoming mains water temperatures remain high. As robust flushing regimes are in place there is consequently a low risk to patients and staff Final resolution of the business continuity actions arising from the Annex electrical fire is expected in mid-October. The Trust insurance claim is with the loss adjuster. • **Maintenance performance:** Performance has improved and it is now the best that it has been for the previous 12 months. The risk of non-compliance as a result of change to the estates operational model will now be removed from the risk register. • **Patient Led Assessment of the Care Environment (PLACE):** The National 2018 PLACE results were published in August 2018. A comparative report is enclosed. This summarises the Trust performance against local providers and the national average. The Trust compares very well regionally and is above the national average across all measures.				
Purpose	**Note** ☒	**Information** ☒	**Review** ☐	**Decision** ☐	**Approve** ☐
Recommendation	The Board is recommended to note for information the Trust EFM and H&S exception report for July and August 2018, and the 2018 PLACE results. A further update will be provided for information in December 2018				

Summary of key elements	
Strategic context	• 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	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by: • Executive Directors meeting 25 September 2018 • Capital Infrastructure and Environment Group 19 September 2018
Stakeholder engagement	The following stakeholders were consulted during the compilation of this report: • Water Safety Group • CORPS security & manned guarding provider • Staff-side (Health and Safety meeting dated 24 September 2018)
Other standards affected	The recommendations made in this report will impact upon: • 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 to:	Trust Board
Date:	3rd October 2018
Lead Director:	Director of Estates & Commercial Development
Report Title:	EFM and Health and Safety exception performance report for July and August 2018 and published PLACE 2018 results

1. EFM Performance report for August 2018

Table 1 below identifies the Key Performance Indicators and variances for Estates and Facilities Management for the month of July and August 2018. Any area of concern for the attention of the Capital Infrastructure and Environment Group with appropriate explanation and action to a resolution is shown in Table 2.

Table 1: August 2018 Scorecard Indicator

Green ✓	Amber !	Red ✘	Previous Position	Current Position
Red rated Indicators with no change				
1.15 Number of estates internal critical failures			✘	✘

Table 2: Areas with Specific Cause for Concern		Timeline
1.15	Number of Estates Internal Critical failures	
Explanation	There was 1 critical failure in August 18	
Action	Short term closure of Paignton health and well-being centre to allow disinfection of the water system at high temperature following reported levels of legionella due to high temperature mains cold water. Action plan in place overseen by water safety group. Robust flushing regime in place to mitigate any risks.	Resolved

Summary of any performance issues/exceptions related to Health and Safety and Security.

There is an increase in security related incidents in August related to threatening and abusive behaviour. These incidents largely relate to three specific inpatients over the two months rather than a widespread increase in abusive and threatening behaviour across all areas.

2. Conclusion

The performance for estates facilities and health and safety for July and August is reflected in mainly green indicators. Indicators around estates maintenance continue to improve as planned following the transformation of the estates operations service and are now at their best performing levels for the last 12 months. 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 where possible.

The final recovery phase and completion of works on the annex site as a result of the electrical fire is scheduled to be completed by mid October.

3. Recommendation

The Trust Board are asked to review the information provided in this report and note the contents.

EFM Key Performance Indicators Month 5 – August 2018																					
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	526	523	436								502			
1.2	Statutory PPM % success against plan			97%	93%	85%	84%	88%	91%	91%							97%	88.6%	R<85%	A85-96%	G>97%
1.3	Number of mandatory PPM items planned per month			Variable	420	238	434	417	509	411								404.8			
1.4	Mandatory PPM % success against plan			95%	90%	91%	94%	89%	91%	89%							95%	91%	R<85%	A85-94%	G>95%
1.5	Number of routine PPM items planned per month			Variable	148	101	183	190	202	265								181.5			
1.6	Routine PPM % success against plan			70%	91%	79%	99%	89%	78%	86%							70%	87 %	R<60%	A60-69%	G>70%
1.7	% of Reactive work resolved within target	Emergency – P1	Total Requests	Variable	80	65	68	55	54	62								64			
1.8		Emergency – P1	<2 Hour	95%	100%	99%	98%	99%	99%	99%							95%	99%	R<90%	A90-94%	G≥95%
1.9		Urgent – P2	Total Requests	Variable	234	384	244	185	205	177								238			
1.10		Urgent – P2	<1- 4 Days	90%	74%	83%	86%	66%	90%	92%							90%	81.8%	R<85%	A85-89%	G≥90%
1.11		Routine – P3	Total Requests	Variable	423	446	471	500	497	555								482			
1.12		Routine – P3	<7- 14 Days	85%	67%	86%	87%	71%	75%	75%							85%	76.8	R<75%	A75-84%	G≥85%
1.13		Routine P4	Total Requests	Variable	113	91	97	129	133	143								117.6			
1.14		Routine P4	<30 Days	75%	54%	75%	90%	69%	71%	69%							75%	69.6	R<65%	A65-74%	G≥75%
1.15	Number of Estates Internal Critical Failures			0	4	3	1	2	3	1							0	2.6	R1	-	G0
	Cleaning																				
2.1	Compliance Very High Risk Cleaning Audit			98%	100%	100%	99%	99%	99%	99%							98%	99.3%	R<95%	A95-97%	G≥98%
2.2	Compliance High Risk Cleaning Audit			95%	99%	98%	97%	97%	97%	98%							95%	97.7%	R≤89%	A90-94%	G≥95%
2.3	Compliance Significant Risk Cleaning Audit			85%	99%	99%	99%	99%	98%	98%							85%	98.7%	R<80%	A80-84%	G≥85%

2.4	Compliance Low Risk Cleaning Audit	75%	99%	99%	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							0	0	R1	-	G0
	Waste																		
3.1	Total Tonnage per month all waste streams	Variable	169.34	167.69	192.67	164	166.15	181.99								174			
3.2	% of Total tonnage Recycled Waste	>47.1%	52.6%	49%	57.2%	54.1%	51.39 %	48.28 %							>47.1%	52.1%	≤40%	40.1-47%	>47.1%
3.3	% of Total tonnage Landfill Waste	<5%	0	0	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%	13.96 %	12.48 %							14-24.9%	13.7%	>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%	6.58%	4.95%							4.1-7.9%	6.0%	>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 %	11.38 %	10.07 %							5.1-9.9%	9.5%	<5%	>10%	5.1-9.9%
3.7	Waste to Energy	<24%	18.4%	19.3%	16.9%	17.04 %	16.69 %	24.22 %							<24%	18.8%	>35%	24-34.9%	<24%
3.8	Total Waste to Energy	Variable	25.5	26.2	21.6	22.6	23.27	29.17								24.7			
3.9	Number of Waste Audits undertaken per month	15	15	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%							100%	100%	R<80%	A80-84%	G≥85%
3.11	% Compliance of Statutory Waste Audits	100%	100%	100%	100%	100%	100%	100%							100%	100%	R≤89%	A90-94%	G≥95%
	Health & Safety																		
4.1	Number of serious/RIDDOR Incidents	3	5	1	3	2	1	1							3	1.7	R≤6	A4-5	G≤3
4.2	Non-patient incidents resulting in moderate harm	4	2	1	1	2	4	2							4	2.0	R>7	A5-7	G≤4
4.3	Non-patient incidents resulting in minor harm	35	33	20	28	29	39	30							35	29.0	R>39	A36-39	G<36
4.4	% of near misses against total incidents reported	22%	22%	**15%**	**11%**	20%	18%	20%							22%	**18.3%**	R<15%	A15-19%	G≥20%
4.5	% of EFM Staff receiving H & S training in month	85%	81%	87%	88%	88%	88%	89%							85%	86.8%	R<80%	A80-84%	G≥85%

Report to:	Trust Board
Date:	24 September 2018
Report From:	Head of Facilities
Report Title:	Patient Led Assessments of the Care Environment (PLACE) Assessments 2018

1. Purpose

The purpose of this paper is to brief the Board on the results of the 2018 PLACE Assessments undertaken in March this year.

2. Background

The Department of Health and NHS Commissioning Board recommend that all hospitals, hospices and independent treatment centres providing NHS funded care undertake an annual assessment of the quality of non-clinical services and condition of their buildings. These assessments are referred to as Patient Led Assessments of the Care Environment (PLACE) and respond to specific questions based on each of the following criteria (a more detailed definition of each criterion is shown in Appendix 1, for information):

- Cleanliness of the environment
- The internal and external condition, appearance and maintenance of the buildings, fixtures and fittings
- How well the building meets the needs of those who use it – for example through signage and car parking facilities
- The organisation, quality and availability of food and drinks
- How well the environment protects people's privacy, dignity and wellbeing
- How the Hospital is providing facilities within a dementia environment
- How the facilities support people with disabilities.

The PLACE programme is carried out annually and offers a non- technical view of the non-clinical services and buildings provided by the NHS. It is based upon a visual assessment and does not rely on the application of any technical or scientific tool.

This year, the PLACE Assessment Teams comprised:

- Deputy Director of Estates & Facilities
- Matrons (at Torbay Hospital and each Community Hospital)
- Facilities Management team representatives
- Foundation Trust Governors
- Healthwatch members
- Patient representatives

3. 2018 PLACE Results

The following table shows the results of this year's audits, NB: The PLACE assessment is undertaken at sites with inpatient beds only.

Site	Cleanliness	Food	Organisation Food	Ward Food (tasting)	Privacy, Dignity and Wellbeing	Condition Appearance & Maintenance	Dementia	Disability
WHOLE TRUST SCORE	99.82%	92.97%	92.27%	93.36%	91.84%	97.87%	87.07%	95.63%
BRIXHAM HOSPITAL	100	94.65	91.97	98.27	92.86	93.46	84.40	91.96
DAWLISH HOSPITAL	100	95.12	91.97	98.59	90.85	95.86	80.15	92.24
NEWTON ABBOT HOSPITAL	99.91	92.63	91.97	93.42	95.59	95.74	87.66	92.59
TOTNES HOSPITAL	100	91.15	90.84	91.52	92.67	97.34	89.88	95.40
TORBAY HOSPITAL	99.78	92.81	92.40	93.00	91.20	98.50	86.97	96.42

4. Position against neighbouring trusts

For comparison, the table below indicates how Torbay and South Devon NHS Foundation Trust scored against neighbouring Trust's.

Organisation Name	Cleaning	Position	Food	Position	Org of Food Service	Position	Food – Ward Assess	Position
TORBAY AND SOUTH DEVON	99.82%	1	92.87%	3	92.27%	4	93.36%	3
TAUNTON AND SOMERSET	97.09%	6	95.74%	1	93.13%	2	96.55%	1
NORTHERN DEVON	97.77%	4	85.87%	5	91.72%	5	83.76%	6
ROYAL CORNWALL HOSPITALS	98.43%	3	84.91%	6	86.40%	6	84.34%	5
ROYAL DEVON AND EXETER	97.41%	5	89.93%	4	93.10%	3	89.53%	4
PLYMOUTH HOSPITALS	99.22%	2	95.04%	2	94.45%	1	95.08%	2

Organisation Name	Privacy, Dignity & Wellbeing	Position	Condition, Appear & Maintain	Position	Dementia	Position	Disability	Position
TORBAY AND SOUTH DEVON	91.84%	2	97.87%	1	87.07%	2	95.63%	1
TAUNTON AND SOMERSET	93.74%	1	92.01%	4	96.25%	1	92.40%	2
NORTHERN DEVON	81.61%	5	94.96%	2	79.76%	4	89.28%	3
ROYAL CORNWALL HOSPITALS	80.17%	6	92.13%	3	76.39%	5	81.13%	6
ROYAL DEVON AND EXETER	81.71%	4	92.00%	5	73.36%	6	81.24%	5
PLYMOUTH HOSPITALS	87.50%	3	90.22%	6	86.11%	3	88.24%	4

5. 2018 Results compared to 2017 and the 2018 national average

The 2018 comparison with the 2017 PLACE results and against the national average are shown in the table below:

Brixham Hospital					
Category	**2017/18 % score**	**2016/17 % Score**		**Position against the 2018 national average**	
Cleanliness	100	↑	98.61	↑	98.5
Food	94.65	↑	92.89	↑	90.2
Food Organisation	91.97	↑	89.76	↑	90.2
Ward Food (tasting)	98.27	↑	96.06	↑	90.2
Privacy/Dignity	92.86	↑	88.06	↑	84.2
Condition/Appearance	93.46	↑	91.43	↑	94.3
Dementia	84.40	↑	80.45	↑	78.9
Disability	91.96	↑	86.94	↑	84.2
Dawlish Hospital					
Category	**2017/18 % score**	**2016/17 % Score**		**Position against the national average**	
Cleanliness	100	⇔	99.47	↑	98.5
Food	95.12	⇔	94.14	↑	90.2
Food Organisation	91.97	↓	93.76	↑	90.2
Ward Food (tasting)	98.59	↑	94.53	↑	90.2
Privacy/Dignity	90.85	⇔	89.42	↑	84.2
Condition/Appearance	95.86	↑	91.49	↑	94.3

Dementia	80.15	⇔	80.15	↑	78.9
Disability	92.24	↑	83.40	↑	84.2
Newton Abbot Hospital					
Category	**2017/18 % score**	**2016/17 % Score**		**Position against the national average**	
Cleanliness	99.91	⇔	99.59	↑	98.5
Food	92.63	↓	94.85	↑	90.2
Food Organisation	91.97	⇔	92.14	↑	90.2
Ward Food (tasting)	93.42	↓	98.34	↑	90.2
Privacy/Dignity	95.59	↑	90.32	↑	84.2
Condition/Appearance	95.74	⇔	96.10	↑	94.3
Dementia	87.66	↑	81.98	↑	78.9
Disability	92.59	↑	87.06	↑	84.2
Torbay Hospital					
Category	**2017/18 % score**	**2016/17 % Score**		**Position against the national average**	
Cleanliness	99.78	⇔	98.96	↑	98.5
Food	92.81	↑	82.59	↑	90.2
Food Organisation	92.40	↓	93.81	↑	90.2
Ward Food (tasting)	93.00	↑	78.15	↑	90.2
Privacy/Dignity	91.20	↑	89.42	↑	84.2
Condition/Appearance	98.50	↑	91.83	↑	94.3
Dementia	86.97	↑	75.39	↑	78.9
Disability	96.42	↑	80.55	↑	84.2
Totnes Hospital					
Category	**2016/17 % Score**	**2015/16 % Score**		**Position against the national average**	
Cleanliness	100	⇔	99.73	↑	98.5
Food	91.15	↓	95.36	↑	90.2
Food Organisation	90.84	↓	95.06	↑	90.2
Ward Food (tasting)	91.52	↓	95.66	↑	90.2
Privacy/Dignity	92.67	↑	89.52	↑	84.2
Condition/Appearance	97.34	↑	92.61	↑	94.3
Dementia	89.88	↑	81.86	↑	78.9
Disability	95.40	↑	86.55	↑	84.2

Key

⇔ - score within 1% of the previous year

↓ - score below that of the previous year

↑ - score above that of the previous year

Narrative of the scores achieved are summarised below:

The Trust achieved higher than the national average in all of the audits completed.

Cleanliness

The Trust's overall score of 99.82% is above the national average of 98.5% and is a very slight increase (0.75%) on last year's achievement. All Trust sites scored above the national average and achieved the highest percentage score when assessed against neighbouring organisations.

Food

The assessment remains divided over three food categories: service, food organisation and taste. Generally the Trust sites fared well, with all assessments scoring above the national average. However, all bar Brixham Hospital saw a small reduction in scores for food services. The outcome of these audits will be shared with the Nutritional Steering Committee to agree the actions required. Again, the dining arrangements in the majority of community hospitals (where patients eat lunch in a communal dining area where possible) were particularly well received.

Privacy, dignity and wellbeing

All sites scored above the national average for this criterion. Areas where the Trust loses marks are primarily around not having a limited number of single occupancy rooms with en-suite facilities and sharing TV access in some wards.

Condition, appearance & maintenance

Despite the challenges known within Torbay Hospital in particular, the percentage score increased by over 6%, indicating that repairs to the fabric of the building has improved over the last 12 months. Similarly, community hospitals increased scores for this criterion, with Newton Abbot remaining the same. The introduction of an estate manager focussed on community settings may be a contributory factor to this upturn in scores.

Dementia friendly environment

Again, this criterion achieves the lowest overall percentage score nationally (78.9%) and although the Trust exceeded this score, this remains the biggest challenge for the Trust. Areas where the Trust loses marks include not having noise absorbent flooring in place, lack of en suite facilities, door demarcations (with staff only doors being disguised), visibility of clocks from every bed area and displaying the name of the ward, hospital and day and date prominently within each ward.

Disability

The Trust exceeded the national average against this criterion.

6. PLACE Action Plans

Action plans will be managed through the Environment Group and Nutritional Steering Group and will include the improvements required which were identified during the assessments. The results of the assessments are shared with the Care Quality Commission, who will use the information in their monitoring of provider compliance with the essential standards of quality and safety and to inform inspection of relevant standards.

7. Recommendations

The Trust is asked to formally receive the PLACE Assessment scores for 2018 and note the role of the Capital Infrastructure and Environment Group (CIEG) in overseeing the delivery of the PLACE action plan on behalf of the organisation.

Appendix 1

DEFINITIONS OF ASSESSMENT CRITERIA

The assessment of ***Cleanliness*** covers all items commonly found in the healthcare premises including patient equipment; baths, toilets and showers, furniture, floors and other fixtures and fittings.

The assessment of ***Food and Hydration*** includes a range of organisational questions relating to the catering service, for example, the choice of food, 24-hour availability, meal times and access to menus. An assessment of food services at ward level and the taste and temperature of food are also completed.

The assessment of ***Privacy, Dignity and Wellbeing*** includes infrastructural/ organisational aspects such as provision of outdoor/recreation areas, changing and waiting facilities, access to television, radio, computers and telephones. It also includes the practicality of male and female services such as sleeping and bathroom/toilet facilities, bedside curtains sufficient in size to create a private space around beds and ensuring patients are appropriately dressed to protect their dignity.

The assessment of ***Condition, Appearance and Maintenance*** includes various aspects of the general environment including décor, the condition of fixtures and fittings, tidiness, signage, lighting (including access to natural light), linen, access to car parking, waste management, and the external appearance of buildings and maintenance of grounds.

The ***Dementia*** assessment focusses on flooring, decor and signage, but also includes such things as availability of handrails and appropriate seating and, to a lesser extent, food. The items included in the assessment do not constitute the full range of issues requiring assessment which, in total, are too numerous to include in these assessments. However they do include a number of key issues, and organisations are encouraged to undertake more comprehensive assessments using one of the recognised environmental assessment tools available.

The ***Disability*** assessment focusses on issues of access including wheelchair, mobility (e.g. handrails), signage and provision of such things as visual/audible appointment alert systems, hearing loops, and aspects relating to food and food service. It shares many facets with the dementia assessment, and with very few exceptions draws on existing aspects of the assessment rather than introducing new additional questions. This ‘double’ counting allows better use of data and avoids imposing additional burdens on data providers. The items included in the assessment do not constitute the full range of issues, rather focussing on a limited range with strong buildings/environment related aspects.

Cover sheet and summary for a report to the Trust Board of Directors					
Report title: Workforce & OD Board Report			3rd October 2018		
Report sponsor	Judy Falcão, Director of Workforce & OD				
Report author	Julie Turnbull, Human Resources Manager				
Report provenance	Workforce & OD Group				
Confidentiality	Public				
Report summary	• 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** ☐	**Information** ☒	**Review** ☐	**Decision** ☐	**Approve** ☐
Recommendation	This report is for information.				
Summary of key elements					
Strategic context	This report aims to demonstrate the Workforce and OD support of the following strategic/corporate objectives : • Safe, quality care and best experience • Improved wellbeing through partnership • Valuing our workforce • Well-led				
Dependencies and risk	Risks are reviewed as part of the agenda of Workforce & OD Group. **Sickness Absence:** The 12 month rolling sickness absence rate for the end of August was at 4.19% and the monthly rate for August was 3.93% against the 3.80% target. **Achievement Review:** The Achievement Review rate for the end of August is at 80.61% against a target rate of 90% which is an increase from July's figure of 79.61%. **Mandatory training:** The Trust has set a target of 85% compliance as an average for the statutory and mandatory training modules which is against the 11 subjects which align with the MAST Streamlining project from April 2018. The current rate has increased to 85.77% for August from to 84.50% in July, which means the Trust is achieving the Trust target of 85%. **Risk Register**: The risk register currently holds the following risks:				

	• 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 - Staff Survey - Succession planning Work is progressing to minimise the risks in these areas.
Summary of scrutiny	The recommendations in this report have been subject to challenge, due diligence, and risk assessment by: • Workforce & OD Group
Stakeholder engagement	The following stakeholders are members of the Workforce & OD Group: • Governor • Non-Executive Director • Trust representatives
Other standards affected	The information in this report will impact upon: • CQC Well Led Domain
Legal considerations	All equality and diversity implications have been considered in each of the areas outlined in this report.

Report title: Workforce & OD Report		Date: 3rd October 2018
Report sponsor	Judy Falcão, Director of Workforce & OD	
Report author	Julie Turnbull, 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 is scheduled for 26th September 2018.

The following summarises the key items scheduled for discussion:

- Review of risk register and associated actions.
- **Achievement Review:** The Achievement Review rate for the end of August is at 80.61% against a target rate of 90% which is an increase from July's figure of 79.61%. Managers are provided with detailed information on performance against the target.
- **Sickness Absence:** The 12 month rolling sickness absence rate for the end of August was at 4.19% and the monthly rate for August was 3.93% against the 3.80% target.
- **Turnover:** The Trust's turnover rate (excluding junior doctors) stands at 10.35% for the year to August 2018. This is a further reduction from last month's 10.52% and within the target range of 10% to 14%.
- **Mandatory Training:** The Trust has set a target of 85% compliance as an average for the statutory and mandatory training modules which is against the 11 subjects which align with the MAST Streamlining project from April 2018. The graph shows that the current rate has increased to 85.77% for August from to 84.50% in July. The Trust is achieving the target of 85%.
  The group will be asked to approve the proposals for the next 12 months.
- **Apprenticeship Strategy**: The group will be asked to endorse the recommendations. See Appendix A for further information.
- **Talent Management:** The group will be asked to endorse the approach and agree the next steps. See Appendix B for further information.

3.0 Medical Recruitment

TSDFT has been successful in recruiting to 6 vacant appointments recently (see below for details). The Trust is currently reviewing the recruitment process for medical staffing and looking to introduce a value based recruitment process. We are also reviewing the induction process for all new Consultants and SAS doctors and are arranging a series of modules for all new recruits, these will focus on areas such as QI and Leadership

As at 20 September 2018, the following posts have been appointed to and are due to commence employment with the Trust over the next couple of months:

- Consultant in Acute Medicine
- Consultant in Emergency Medicine
- Specialty Doctor in Neurology
- Consultant Corneal Ophthalmologist
- Consultant in Oran & Maxillo-Facial Surgery
- Consultant Community Paediatrician
- Consultant Radiologist interest in Breast Radiology
- Consultant in Clinical Radiology
- Consultant UGI Surgeon

The applicants for the following posts have been shortlisted and interviews scheduled:

- (Fixed Term) Pain Management Specialty Doctor
- Consultant ENT Surgeon
- Consultant Haematologist
- Consultant Colorectal Surgeon
- Consultant Urologist

The following posts are being advertised:

- Specialty Doctor in Dermatology
- Consultant Histopathologist
- Consultant Neurologist

4.0 Education & Development

4.1 Mandatory Training

The Mandatory training action plan was updated for the Board Workshop discussions on the 10th August. A strategy outlining the current position, cost and time associated with mandatory training and potential solutions going forward is being developed.

The Mandatory training Sub-Group are due to meet for the first time on 17th October.

4.2 OPEL 4 planning

A review of the OPEL 4 measures for the Education Directorate has been undertaken and the development of an agreed plan for this coming winter.

4.3 STP bid for HEE funding

The STP Training Delivery Group was successful in securing some funding for the continuation of their existing projects including the delivery of an increased number of non-medical prescribing placements. The STP Training Delivery Group have also been awarded some funding to support a part time senior project management post to support and drive forward the work of the group. This is being discussed at the next meeting in September.

In addition the Trust was successful in their bid for a mental health training package of the sum of £37K to deliver training across the STP.

Due to the specifics of the above approvals the Trust's proposals to develop community simulation/VR and an intermediate care training package were not successful in being awarded funding. The Education team are discussing alternative proposals with the relevant leads to take forward to the Board in October.

4.4 Medical Undergraduate Programmes

The new Exeter programme started on the 20th September at the Trust. 20 final year medical students from Exeter will be based at Torbay for their final academic year which will include a combination of clinical placements (acute and community), academic programmes and assessments.

The PCMD Sub Dean stood down from the end of August. From 2018-19 academic year there will be separate Sub-deans for Plymouth and Exeter – Maree Wright has already been appointed to the Plymouth post 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 imitative 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.

4.5 Postgraduate Medical Education

The 2018 GMC National Trainee Survey results have now been published and yet again, Torbay has ranked top in the Peninsula for overall satisfaction. HEE held their Interim Senior Leader Visit here in July and felt we were performing very well overall with no major issues.

We successfully inducted 98 junior doctors during the last week of July and first week of August, 36 F1 doctors and 62 F2s-StRs.

We have recently obtained funding from HEE to appoint a SuppoRTT Champion (Supported Return to Training). The post holder (Consultant or SAS Doctor) will act as a local champion to support doctors returning to training after e.g. career breaks, maternity leave, providing an equitable and caring approach. The post has been advertised internally and interviews are planned for the end of August. We have been offered the opportunity to recruit a dedicated Clinical Educator in the Emergency department, part funded by HEE. This role will work alongside clinical colleagues supporting learners and developing and delivering learning opportunities. The Trust has been asked to match fund the Salary (approx. 1-2 PA's in total) and we have been asked to confirm our support of this role.

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 didn't all get their first choice so some withdrew.

4.6 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: We are continuing our work with senior nursing colleagues in the marketing of the role and opportunities for workforce development. We are planning a further cohort next year in partnership with Plymouth.

Assistant Practitioner Programme (foundation degree): Due to developments in the Nursing Associate role clarification is required over the routes in to the Nursing associate role, Nursing and AHP professions. This will be presented at the next Workforce and OD Group meeting.

Preceptorship Programme: A more bespoke and flexible programme has been developed with our AHP colleagues so the programme meets individual learning needs as well as core learning.

4.7 Apprenticeships and Widening Participation

BSc degree level 6 Adult Nursing Apprenticeship (University of Plymouth): We have offered 8 Assistant Practitioners (AP's) a place on the level 6 BSc Adult

Nursing Apprenticeship programme with Plymouth University commencing in September 2018. All 8 AP's 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.

AHP Bridging Programme: we are working with South Devon College and University of Plymouth Marjons in the development of a new bridging programme, leading in to a BSc (Hons) in Podiatry and BSc (Hons) in to Occupational Therapy. As the leading Trust in the development of this programme locally, we have been asked by HEE to present at the next HEE Stakeholder event this coming September.

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.

Degree level 6 in Audiology (Aston University, Birmingham): A support worker from Audiology is being supported by their manager to undertake this qualification though Aston University. The course structure enables learners to attend 3 – 4 time each year for block tutorials of one week in duration, as well as distance learning.

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.

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.

4.8 Digital Technology

Virtual reality (VR) lab: The team have been funded to develop a virtual reality (VR) lab (£10k) through HEE which is now up and running – A virtual Reality Test lab based at Belmont to review and research VR technology to help inform national strategy in both simulation and healthcare education around this technological platforms potential. The team will be producing regular outputs for national content platforms.

ITEL: (Immersive Technology Enhanced Learning £30k) The team were successful in another HEE funded bid for a VR project to disseminate our learning and training in VR to five other Trusts in the south region to incorporate VR for patient safety, as we have done here for the past three years as part of TEREMA.

Digital Health Facilitator Apprenticeship: HEE have approached Nick Peres to lead a proposal for a new national apprenticeship scheme which will train in the areas of simulation and emerging technologies within a healthcare context, aimed at fulfilling a potential skills shortage niche for a digital NHS.

VR in ICU: (Virtual Wembury) Intervention partnership with Birmingham University - this involves using virtual reality for the exercise rehabilitation of long term patients on our ICU and research in this area (please see https://vimeo.com/254674755)

VR Spirometer : (Physio teams) partnership with Birmingham University which we will launch later this month. The specially designed spirometer encourages patients to use the apparatus by incorporating a gamified interface to make the medical task more enjoyable for patients.

Board Workshop: The team are working with Birmingham University in the development of mobile virtual reality learning environments. This, alongside developments with community simulation, was showcased to the Board at their workshop on the 10th August. The team will now be developing proposals to take to Board in the Autumn.

Visimeet: has continued to grow in usage rapidly within the ICO with success cases being presented at the Cleveland Henry visit. It is no longer a trial but now forms the Trusts program of remote communications between sites, which John Deans is currently managing.

4.9 Simulation

The team are currently exploring options for the replacement of the current simman for simulation training. The approximate cost of a replacement is £60k. Part of the options appraisal will include the cost of an additional simman 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 the Autumn.

There are a number of medical simulation tutor vacancies that will be advertised following the summer.

The team are busy implementing the new Exeter Medical School simulation programme for this academic year and putting plans in place for community simulation.

4.10 Resuscitation

Basic life support compliance: This remains below the recommended 85% of staff compliance across the Trust and is a concern. Currently it is 72% for adult basic life support. Extra courses have been offered and although all places are full, few courses are full due to last minute cancellation or non-attendance. It is expected that compliance will drop further with the cancellation of courses for OPEL 4.

To meet Skills for Health guidelines, all healthcare staff need to have Level basic

life support awareness including how to call for help/raise the alarm and commence cardio-pulmonary resuscitation in the event of cardiac arrest. A short video has been developed on line for staff to access, this went live in June.

National Cardiac Arrest Audit: Audit of cardiac arrests is an important element of the resuscitation team. The annual report was sent in June and there has been a slight deterioration in the number of patients surviving to discharge following cardiac arrests compared to other hospitals. This has been highlighted at the Resuscitation Steering Group, QIG, new doctors' inductions and other meetings.

Quality Improvement Project: There is some quality improvement work being done with the cardiac arrest team. There are four phases planned to ensure that the team follows Resuscitation Council UK recommendations with planning, role allocation, documentation and debriefing. Phase 1 has commenced with the introduction of a pre- team meet so that members have roles allocated to them at the start of the shift prior to a cardiac arrest call. Several junior doctors are helping the service with this. It is due to finish March 2019.

Emergency trolley audit: Emergency equipment is audited quarterly. Although there have been improvements in the pass rate across the acute hospital, there are still a large number of areas where the trolleys fail the audit. Feedback is given at the time and managers contacted.

*Resuscitation training***:** The service is now offering three advanced life support courses a year with 72 places available. This means that all F2s working within the Trust can attend a local course and this year we have seen the physician associates attend and pass. The paediatric immediate life support course has also been re-introduced after a year. One aim would be to offer an advanced paediatric life support course in-house although this would not be before 2020.

Replacement defibrillator stock: The existing Philips defibrillators across the Trust are aging and there have been several safety alerts connected with them. There is a plan to replace them and this is going through the necessary channels.

5.0 Organisational Development

5.1 HOPE (Help to Overcome Problems Effectively) Programme for Staff

Our first ever HOPE programme for staff commenced on 5 September with a group of 13 people, some of whom are currently absent from work due to ill health. The programme is being facilitated by two members of staff who have been trained to facilitate the HOPE Programme.

Aligned to our model of care for our local population, HOPE is an organisational offer that supports the increase of wellness, self-care, confidence and resilience in staff members. The programme is designed using positive psychology and the method of peer support.

In response to the number of requests to attend the programme a second course will commence in November and will continue to be promoted pro-actively through screen savers and by the Organisational Development and Human Resources Team. The programme is open for all staff whether they are currently absent from work due to illness, have just returned to work and for those who are at work.

HOPE is being formally evaluated by Coventry University and includes a PAM (patient activation measure) to ascertain an individuals' level of motivation to self-care at the beginning and at end of the programme.

Other organisations including NHS, Fire and Police have shown an interest in working with us to be part of a system wide HOPE for staff.

5.2 Mediation and Resolution

Following all four mediators successfully completing their training the team are preparing to officially 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 October, having experienced technical difficulties during the design phase. Publicity materials are currently developed and will be ready for the launch.

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 conceivable the mediators are linking into existing meeting structures and taking opportunities for low level training and promotion of the service. An example of this was at the Practice Managers Forum, an hour was spent exploring the benefits of mediation thinking around conversations and practicing some core conversation skills. A half day course on conversation skills has been piloted. Following the pilot 2 courses; one for staff and one for managers has been developed and dates are set for October onwards.

To date six referrals for mediation have been received and are either completed or underway.

5.3 Inaugural Coaching for Wellbeing Conference

There is a wealth of evidence that suggests that those organisations that embed a coaching approach throughout its usual business are high performing and have a

workforce who is highly motivated and well. As an organisation we are starting to see the real benefits of having our own internal coaching network so with that in mind and in the spirit of collaboration and partnership working the OD team hosted the inaugural coaching conference day, “Coaching for Wellbeing”.

The aims of the conference were to connect and build relationships across the Devon and Cornwall coaching networks; collaborate and share coaching practices; identify key areas where coaching or a coaching approach could be embedded and offered wider; ascertain if there were projects that the group could be a part of to support the wider system along with providing personal development.

Fifty nine people attended representing a number of coaching networks from across the wider system and included organisations in the NHS, local government and voluntary sector. Also in attendance was the coaching lead from the South West Leadership Academy and local care home managers.

The conference was opened by the Interim Chief Executive and each of the guest speakers were coaches speaking about health and wellbeing from different perspectives covering both mental and physical health, one of which was Ali Hepher, Head Coach from Exeter Chiefs. The Head of OD gave a presentation “Creating the Space for Coaching”.

Each person was asked to leave an “offer”, a personal contribution to the wider system and coaching network; this could include providing coaching or coaching skills workshops or a venue. The feedback and “offers” will be fed into the OD STP group to be taken forward.

5.4 Ward Based Culture Change Aligned to the Model of Care

Health Education England produced a ‘Better Conversation Health Guide’ that uses the principles of the health coaching approach that has UK based published evidence. It identified a culture of ‘we will do it for you’ in some ward settings caring for elderly people, which was resulting in a reduction in individuals likelihood or returning back to their own home, on discharge. A model of supporting a culture shift towards ‘’I’ll do it with you rather than for you’ was evidenced to improve individual’s outcomes, reduce the average length of stay and significantly reduce the number of funded care home placements, required on discharge.

Locally, conversations were had between the Change Lead for Whole Population Personalised Care and the Head of OD to identify the opportunities and synergies with our model of care that the presented model availed.

Data was obtained from the performance team identifying:

- Wards where people were admitted from their own homes in the community and were discharged into a care home. Data included length of stay on the ward (most people did not change wards during their stay)
- Wards where people were admitted without any existing package of care and were discharged with a social care package of care. Data included length of stay (most people did not change wards during their stay).

The workforce team were able to overlay workforce intelligence data regarding levels of sickness absence, length of employment in the role, mandatory training records at specific ward level to give a wider perspective of each area. Senior leadership support was identified and active involvement in the initiation of the proposed project was obtained.

The three ward areas identified to test this approach with are

- Brixham Hospital
- Totnes Hospital
- Cheetham Hill

Several innovative solutions are being developed, including utilising evidence based activities to promote physical conditioning, confidence levels, social connectivity and other social prescribing activity both within the identified ward settings and the local communities and the undertaking of tailored OD change programme offering specific coaching training activities, identified by the ward multi-disciplinary teams through the use of an OD diagnostic tool.

Through a 'different conversation' coaching approach the overall aim of the project is promote an individuals' independence, both physically and emotionally; improve the flow through the system; support social connectivity reducing loneliness and reduce or delay to care home placements.

5.5 A Tailored Approach to Leadership Development

Medical Division

Ward Managers from Medical SDU have now undertaken four development days. These days, held quarterly have been the opportunity for the ward managers to come together, share their experiences, develop new strategies for service development, and develop new skills and personal resilience. The areas of focus have included communication preferences and models, managing performance, conversations and personal resilience and time management. Future topics will include maximising staff attendance and rostering, making the most of strengths within the team and self-organising teams.

Following the success of the ward manager development days a series of such days supporting Band 6 Junior Ward Sisters will commence in October. The content of days is likely be similar to Ward Managers but will be driven by the needs of the group.

Estates and Facilities Division

Over the summer months 2 programmes leading to the ILM Level 3 Award in Leadership and Management have been delivered for supervisors in Estates and Facilities. These courses have been built around the Understanding Leadership and Managing Performance modules. The programme has provided supervisors from acute and community settings and from estates, facilities and hotel services, to take the time to see themselves as leaders in their teams, consider ways they may come across to others, develop new skills and increase their confidence in appropriately giving feedback and challenging underperformance in the workplace.

Self-Organising Teams

A team of facilitators drawn from the Workforce and OD team have come together to support teams across the organisation in moving towards becoming self-organising. This supports the change in thinking required to underpin the new operational structure. The facilitators are already working with teams that include: HR Managers Torbay Community Physios, Paignton and Brixham Community Matrons, Newton Abbot Health and Wellbeing Co-ordinators and Theatres.

6.0 Health & Wellbeing

6.1 Military Challenge

During the weekend of 7 September a team of 11 members of staff went to Okehampton to take part in the latest Military Challenge which involved health care teams from organisations across the south west. The team represented different staff groups from across the organisation and included a Consultant, Junior Doctors, Communications Manager, Emergency Nurse Practitioner, Technical Support Officer and a Speech and Language Therapist. The Interim Chief Executive and Health and Wellbeing Lead went along to support the team.

The team were put through many different outdoor scenarios that included: care under fire, shooting on rifle range using an army communication system, assault course and stretcher bearing.

Team Torbay and South Devon did really well coming 8th out of 17.

6.2 Getting 'Crafty' for Christmas

Following feedback from the health and wellbeing week during June and the newly formed whole-being network the health and wellbeing lead is creating spaces for staff to make "Christmas Crafts". Dates and venues are yet to be released but will they be during November and December.

6.3 Refreshed 'Whole-being' Network

Aligned to the concept of self-organised teams a refreshed network approach has replaced the traditional forum for health and wellbeing. The 'Whole-being' network is designed to support the 'whole-person', improve staff experience and their levels of wellness. The approach uses conversations, stories and social media to help support and empower staff individually, at team or department level addressing whatever is important to them.

A Twitter account is now up and running and a new closed Facebook group page is under construction to enable conversations, ideas and stories to be shared across the Trust. The intention is that by using this approach we see a different way of this raising awareness of what is happening within the organisation and local area regarding health and wellbeing and it will bring likeminded people together to make a difference and to support each other with realising local wellbeing issues across all sites.

Informal 'open conversation' groups have been set up monthly for people to share what is happening in their area and bring ideas to the group in order to grow support. Already brought positive news of great new projects happening and these we can now follow, support and celebrate as there are brought into reality. These include:

- Across the board supervision whether clinical, managerial or personal in the community supported by the Community Associate Director of Nursing
- Wellbeing and resilience training for Social care staff developed by a programme manager
- Development of a new mental health video using real staff members addressing mental health issues

Torbay and South Devon NHS
NHS Foundation Trust

TRUST APPRENTICESHIP STRATEGY RELAUNCH

1. Progress Update on Trust Apprenticeship programmes:

Current numbers and type of apprenticeship: -

We presently have 125 apprentices with the Trust. (31 are new apprentice staff all Level 2 Healthcare or Level 2/3 Business Admin)

Level 4 Project Management x 4

Assistant Practitioner x 25

Level 3 Team LEAD x 3

Level 5 Operations Manager x 2

Level 2 Business Admin x 8

Level 3 Business Admin x 18

Level 6 CMI Leadership and Management x 3

Level 3 Engineering Technician x 3

Level 4 Engineering Maintenance x 1

Level 2 Customer Service x 1

Level 4 Healthcare Science x 1

Level 3 Laboratory Technician x 1

Level 5 Lead Adult Care worker x 3

Level 2 Healthcare x 9

Level 3 Healthcare x 16

Level 4 Business Admin x 1

Level 3 HR x 3

Level 5 HR x 1

Level 2 Improving Operational Performance; Business improvement techniques x 22 (Torbay Pharmaceuticals)

Planned future apprenticeships: - (for 2018 and 2019)

Assistant Practitioner =20 Prep to APEL in to the second year of either OT.PT Pod/Bridging programmes

<u>September 2018</u>

Level 6 Nursing Degree Apprenticeship (Plymouth University) – 8

Level 6 Healthcare Science in Cardiology (Respiratory) (UWE) – 1

Level 4 Assistant Practitioner (SDC) - 20

Level 4 Nursing Associate - 10

Level 6 – CMI L&M Degree - 2

Level 5 – CMI Operations Manager – 4

Level 3 - Team Leader/Supervisor – 1

Level 4 - Project Manager – 4

Level 5 Human Resources – 2

Level 3 Business Administration (Includes 11 NHS bespoke course including Medical Terminology, Letter formatting, grammar and speed typing skills) – 14

Level 7 Leadership and Management MSc (Exeter University) – 7

Level 3 AAT (accounting) – 1

Level 3 – Cleaning and Supervision – 1

Level 2 – Hospitality – 6

Level 2 Healthcare – 10 + (as per appropriate vacancies)

Level 3 Healthcare – 15/20

Others in development and planned against the levy for 2019: -

Level 6 Degree Podiatry (Plymouth University) - for 2019 - 3

Level 6 Degree in Audiology (Aston University) – for 2019 – 1

Level 6 Digital Solutions (Plymouth University) – for 2019 – 1

Level 7 Advance Clinical Practitioner (Exeter University) – for 2019 - 3

Level 7 Physicians Associate (UWE) – for 2019 – TBC

Transferring 10% to connected organisations

We are now able to use up to 10% of our Levy to other organisations, if our Levy fund will allow us to. This means potentially we can support identified individuals in organisations such as those in the Private Healthcare Sector (Care homes) or GP surgeries. We will be able to use the Levy to enable progression and upskilling in these areas. Such as enabling a senior healthcare staff member to undertake the Assistant Practitioner qualification and even potentially progress onto the level 6 degree Nursing Apprenticeship

Any organisation we provide this service to must have a digital account to enable the monthly transfer of fees. We will continue to hold the EPA (End Point Assessment) fee until the final month.

Traineeships and the Employability Hub

Traineeships: - We presently have 5 Trainees on programme. All are progressing well, including 1 Trainee who is about to start on an Apprenticeship as a Support Worker at Walnut Lodge, Drug and Alcohol Service. We hope to enable 10 new Trainees into the Trust over the next 12 months; we presently have 3 more lined up to start shortly. We are in current discussions with South Devon College as we are looking to create a bespoke educational programme for our Trainees, which may include job coaching, interview skills, functional

skills, all to boost their employability skills and get them into paid employment. 85% percent of Trainees have gained paid employment following on from their Traineeships, 81% of these were within the Trust.

Aspire: - 7 Aspire students successfully graduated last week recently and a graduation award ceremony was held in June. Jess Piper, Head of Education, gave a speech about the Aspire programme and the students. All students have either gone on to a Traineeship with our Trust or secured employment within another organisation or returned to education. The Recruitment for 18/19 cohort has been completed and we have 8 new students starting in September.

Work Experience: We continue to offer work experience (WE) placements to students from Schools and Colleges in our area. We are currently redesigning the WE programme and hope to have a new format and more information for all shortly.

However we are offering 2 taster days for 16 – 19 year olds in July 2018. These days will be filled with lots of activities: - Lab tour, speakers from the Voluntary and Apprenticeships departments, hospital tour, Simulation suite experience and a quiz! We have 32 spaces already filled!

Centre for HealthCare Professionals (CHCP) ***formerly Devon Studio School:*** Study **(Industry)** 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 (45 – 60 days). 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 in a healthcare and science related role. This is an extremely exciting development and will be a valuable placement for these students.

We hope to offer these study placements from January 19. The feedback we have so far received from managers has been very positive and they are extremely keen to support this.

This will give great prestige to the CHCP and will greatly enhance the 'work experience' for those wishing to work within a health related role.

It may also be possible for those undertaking T levels to be used in some way to provide some 'back fill' to cover 20% off the job requirement for Apprentices.

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.

Once completed the learner will be able to progress onto an Apprenticeship or go on to a Technical Degree

2. Financial information – Actual 2017/18 and Forecast 2018/19

Due to Rica presently being out of the office we are unable to provide accurate figures, however we have received the information below from Finance in the interim.

The current average spend each month is around £74,500 and we have an Annual budget of £999,996. Therefore we are looking at a variance at the end of the year at around £106k.

3. Risk/Concerns

The following are the risks/concerns identified based on work done to date:

- The Trust may not fully utilise the levy within 24 months therefore losing the amount paid to HMRC
- Culture of the organisation whereby some areas not supporting apprenticeship
- Some Senior Managers overruling decisions made
- Apprenticeship strategy not fully embedded within the organisation on reviewing vacancies, workforce planning etc.
- Not collaborative/STP workforce plans for high risk of skill shortages, retention/recruitment,
- Not linked to general workforce issues as follows:
  -Ageing workforce
  -Not attracting young people to join the NHS,
  -Lack of supply into Health and Social care
  - Increase in demand versus lack of opportunities to progress – links back to retention and growing our own
  -High agency usage/spend
  -Lack of skills such as Nurses, Therapists, Physicians and Leaders/Managers for the future

4. Proposals to mitigate the risks identified above to support the Apprenticeship strategy:

- Creation of 'Apprenticeship working group' which will have oversight of levy use (circa £1.0m per annum including 10% top up) to ensure it is utilised effectively, efficiently to meet the Trust and employee needs. The working group will:

  -Review existing process,

  -Set up policy on applying for qualifications/courses funded under the levy

  -Assessing occupation group which will have priority access for levy use

  -Review of request from SDU's to access levy

  -Approving applications based on the prioritised list or other criteria

  -Ongoing review of apprenticeship programme, levy, government regulations etc.

  -Liaising with various stakeholders e.g. Education provider, ICO partners

  -Regular Progress Report (Quarterly) to relevant committees

- Widening access to various staff group as appropriate and when funding allows (Physician Associates, AHP's, Non Clinical)

- Inclusion of 'Apprentice levy expert' to vacancy panel to assess whether posts can be recruited via apprenticeship levy (save 20% of pay cost)
- Ensure that the apprentice strategy is part of workforce planning
- Identify CPD/training that can be utilised through levy
- Working with Education providers to offer new qualification (e.g. Exeter MBA)
- Consider a cost effective sustainable framework by maximising the apprenticeship minimum wage that reflects progression and incremental opportunities
- Converting existing roles to apprenticeships (where skills gaps have been identified and will bring positive career prospects
- Amend the contract of employment ensuring the new vacancy specifies the qualification that is required, for example - Leadership and Management or Business and Medical Administration.
- Maximising numbers through planned external recruitment, this could involve considering every externally recruited role in bands 1-4 and beyond into an existing vacancy. This could include Leadership and Management and Registered professions.
- Use 10% of our levy to connected organisations e.g. Private and Voluntary Independent (PVI) sector
- Monthly review of actual/forecast
- Set up a financial modelling tool to have better information in forecasting fund availability
- Support the communications strategy (described below) to spread information and knowledge within the Trust

5. Communication strategy

The following communication pathways will be utilised to promote the Apprenticeship strategy in the Trust and relevant stakeholders:

- All Managers meeting
- Weekly staff bulletin
- Link to a page in the Trust website (External)
- Dedicated webpage in ICON (Internal)
- Departmental meetings
- Open days
- Meeting with relevant stakeholders/ICO partners
- Brochure (attached)

6. Conclusion and Recommendation

It is recommended that the proposals outlined in sections '4 - Strategy to support apprentices in the Trust' and '5- Communications Strategy' are approved to ensure that the £0.9m levy is utilised efficiently and effectively to meet the need of the Trust.

There is no investment required – the levy is already a cost borne by Trust the since April 2017; the aim of this paper is to ensure we have a strategy to

maximise the funding available, support staff and work collaboratively with various stakeholders.

Once approved by the relevant Committees and Board, the recommendations outlined will be put in action as soon as possible - target start date is June 2018 to allow time for September intakes.

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July 2018

APPENDIX B

Torbay and South Devon NHS
NHS Foundation Trust

TALENT ON A PAGE

Definition

Talent Management (TM) represents organisations' efforts to attract, develop and retain skilled and valuable employees. Its goal is to have people with the capabilities, commitment and behaviours needed for current and future organisational success.

STP Context

The Devon Sustainability and Transformation Partnership have a focus on developing leadership talent. The shared approach aims to adopt a consistent framework across Devon that develops both the current, and future, leadership team. Concepts are already forming which would support this approach, together with harnessing talent across all levels of the Devon STP – for instance, consideration of shared resources in relation to vacancy management, including the introduction of shared or rotational posts. Organisations are already starting to develop joint careers events with a shared marketing approach to attract talent into the region. And further developments could include standard Job Descriptions for some roles. These factors will enable a consistent approach to be adopted across Devon and will make the best use of resources available as well as enable talent to be grown within Devon, for Devon.

Local Context

Whilst it is recognised that the Devon STP is focusing on leadership talent, there is a commitment locally to not exclude anyone within our organisation. The local commitment within TSDFT will focus on talent across all levels of the organisation (whilst it may be relevant to start with our leadership team). Torbay and South Devon has an aging population and thus an aging workforce. With many existing employee's considering retirement in the short- to mid- term, it is critical that we are able to effectively attract and harness new talent. Through the development and expansion of existing programmes, such as Apprenticeships, we can 'grow our own' workforce, fit for the future. This future focus must be the foundation to talent management locally, and must be linked to succession planning through the identification of critical posts. As many of our current workforce may choose to move on or retire in the near future, it is critical that local talent management supports and encourages retention through the continued development of existing staff.

Within TSDFT, we are keen to align our talent plans with exiting strategy – we do not intend to create a new, bespoke strategy which exists in isolation. Any local talent planning will be built into existing practices as an alternative to creating something new i.e. linking into existing achievement reviews and 1:1 management supervisions.

Guiding Principles

At TSDFT we intend to adopt an inclusive approach to talent management, therefore making it possible for any individual to maximise their strengths as an alternative to a large emphasis being on high-potential individuals. There is an acknowledgement that the organisation does have different career paths and developmental opportunities therefore a combination of an inclusive and differentiated approach will be used.

- Alignment with strategy; talent management must start with our workforce strategy by establishing what type of talent do we need for the future and placing the right person on the right seat on the right bus.
- Internal consistency; talent management practices cannot operate in isolation and our internal practices must fit in with each other. If we are to invest significantly on career paths/developmental opportunities, the same should apply to employee retention, succession planning etc.
- Cultural embeddedness; Research suggests that skills are better and easier to develop than personality traits, attitudes and values. We have already started to incorporate our organisational values into talent management processes such as selection methods, leadership development activities, performance management systems etc.
- Management Involvement; talent management needs to go beyond the ownership of HR and Recruitment, but owned by managers at all levels. One of the most powerful tools we can use to develop leaders is to involve line managers. By getting them to play a key role in the recruitment of talent and then making them accountable for developing the skills and knowledge of their employees.
- Employer branding; how we brand our organisation will have a direct impact on attracting talent to our organisation.

Talent Cycle

	What we are doing now	What needs to happen
Brand:	New recruitment films Use of some social media	Identify USP Marketing material Events material
Recruitment & Selection:	Assessment centres face to face interviews	Committed to weekly assessment centres Pre-application values based assessment Identifying potential talent at assessment centres that may not have been appointed for specific posts - External talent pool
On boarding & induction:	Trust induction Local induction	Welcome letters Being a social organisation New starters/buddy system to new in area
Assessment of performance & potential:	1-1 Management supervision (ad-hoc) Achievement review Supervision in general Team meetings Some 360 feedback	Introduction of a 1-1 proforma Involving elements of talent conversations Further amendments to achievement review Staff owning their performance through achievement review
Development:	Face to face courses Buzz videos	Involve talent conversations in current programmes Devising art of conversation course which focuses on performance conversations and talent conversations
Retention:	Stay interviews	Development of career pipelines for all staff
Succession & Exit	Ad-hoc	Development of an exit interview process (DT)